



# STOCKPORT

METROPOLITAN BOROUGH COUNCIL

**Overpayment Team, Stopford House, Stockport SK1 3ZY  
Direct Line: 0161 217 6015**

**Claim Number :**

**This form asks for information about your savings, income, expenditure and your current circumstances. The information will help us to decide how much you can pay and to make arrangements on any outstanding accounts. Please complete the form and send it to the above address.**

<b>Type of Bank Account</b>	<b>Account Numbers</b>	<b>Balance</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full Name: \_\_\_\_\_

Partner's Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number (Home / Work / Mobile): \_\_\_\_\_

	<b>Your Details</b>	<b>Partner's Details</b>
Name and Address of employer		
Works Number/ Pay Reference		
Name and Address of Business if self employed		
Type of Benefits Received		
Benefits Agency Office Where Benefits are claimed		

**PLEASE INCLUDE 3 MONTHS BANK STATEMENTS WITH THIS FORM**

<b>INCOME (1)</b>	<b>WEEKLY/ MONTHLY</b>	<b>PRIORITY DEBTS (3)</b>	<b>Amount of Arrears</b>	<b>WEEKLY/ MONTHLY</b>
WAGES/SALARY	£	MORTGAGE ARREARS	£	£
WAGES/SALARY – PARTNER	£	RENT ARREARS	£	£
WORKS PENSION	£	COUNCIL TAX ARREARS	£	£
WORKS PENSION - PARTNER	£	GAS ARREARS	£	£
WORKING FAMILIES TAX CREDIT	£	ELECTRICITY ARREARS	£	£
CHILD BENEFIT	£	WATER RATES ARREARS	£	£
INCAPACITY BENEFIT/ ESA	£	FINES ARREARS	£	£
INCOME SUPPORT	£	MAINTENANCE ARREARS	£	£
JOB SEEKERS ALLOWANCE	£	2 <sup>ND</sup> MORTGAGE / SECURED LOAN ARREARS	£	£
FAMILY MEMBER CONTRIBUTION	£	OTHER ARREARS	£	£
MAINTENANCE / CSA PAYMENTS	£	<b>TOTAL PRIORITY DEBT PAYMENTS</b>	<b>£</b>	<b>£</b>
RETIREMENT PENSION	£	<b>CREDIT DEBTS (4)</b>		
RETIREMENT PENSION – PARTNER	£			
OTHER EG RENTAL INCOME	£	CAR LOAN	£	£
<b>TOTAL INCOME</b>	<b>£</b>	BANK LOANS (please list)		
<b>EXPENSES (2)</b>			£	£
DO NOT INCLUDE ANY ARREARS IN THIS SECTION			£	£
MORTGAGE	£		£	£
RENT	£	CREDIT CARDS (please list)	£	£
GROUND RENT	£		£	£
2 <sup>ND</sup> MORTGAGE / SECURED LOAN	£		£	£
HOUSE / CONTENTS INSURANCE	£		£	£
LIFE INSURANCE / ENDOWMENT	£	CATALOGUES (please list)	£	£
MAGISTRATES COURT FINES	£		£	£
MAINTENANCE / CSA PAYMENTS	£		£	£
COUNCIL TAX	£		£	£
GAS	£	OTHERS (please list)	£	£
ELECTRICITY	£		£	£
WATER RATES	£		£	£
TELEPHONE	£		£	£
CABLE / SATELLITE TV	£	<b>TOTAL CREDIT DEBTS</b>	<b>£</b>	<b>£</b>
TV /VIDEO RENTAL	£	<b>SUMMARY</b>		
TV LICENCE	£	<b>TOTAL INCOME (1)</b>	<b>£</b>	
CAR		<b>LESS TOTAL EXPENSES (2)</b>	<b>£</b>	
TAX, INSURANCE, MAINTENANCE			<b>£</b>	
PETROL	£	<b>TOTAL FOR CREDITORS</b>	<b>£</b>	
OTHER TRAVEL EG BUS FARES	£	<b>LESS TOTAL PRIORITY DEBTS (3)</b>	<b>£</b>	
SCHOOL DINNERS / MEALS AT WORK	£		<b>£</b>	
CLOTHES AND SHOES	£	<b>TOTAL AVAILABLE FOR CREDIT DEBTS</b>	<b>£</b>	
HOUSEKEEPING	£			
PRESCRIPTIONS	£			
CHILDCARE/BABYSITTERS	£			
ENTERTAINMENT/TOBACCO	£			
OTHER OUTGOINGS EG HP RENTAL	£			
<b>TOTAL EXPENSES</b>	<b>£</b>			

**Other people living in your home**

Number of children in each age group

Under 11                            11-15                            16-17        
Other adults       (18 or over)

Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any of the above adults work? \_\_\_\_\_

If no, what is their source of income? \_\_\_\_\_

**Offers of payment**

Please note that any offer you make must include your weekly rent and / or Council tax liability plus a payment of the arrears. Your offer will be considered and we will contact you to confirm whether or not it is acceptable. In the meantime please start to make payments immediately.

Rent £ \_\_\_\_\_ per week / fortnight / month

Council Tax £ \_\_\_\_\_ per week / fortnight / month

Overpaid Housing Benefit £ \_\_\_\_\_ per week / fortnight / month

Business Rates £ \_\_\_\_\_ per week / fortnight / month

Your Date of Birth \_\_\_/ \_\_\_/\_\_\_

Your National Insurance Number \_\_\_\_\_

Your Partner's Date of Birth \_\_\_/ \_\_\_/\_\_\_

Your Partner's National Insurance Number \_\_\_\_\_

If there is any other information which affects how much you can pay please give details

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We will only use this information you have given as we are allowed to by the Data Protection Act.  
We may use some of it to help with administering and collecting Council Tax or Housing Benefit.

The information provided on this form is an accurate record of my financial position as at:

Date \_\_\_\_\_

Signed \_\_\_\_\_