

Budget Sheet

Name.....

Membership Number.....

This form is to help you, and us, to be sure that you can afford to take out a loan.
 If you have difficulty understanding or reading this form, please ask a member of staff at the office.
Complete either weekly or monthly column, but only one.

EXPENDITURE		Weekly	Monthly
HOUSING	Rent/ mortgage		
	Insurance		
	Council tax		
	Gas/ Electricity		
	Water		
	Telephone/ mobile phone		
HOUSEHOLD	Groceries/ cleaning		
	Snacks/ lunches		
	Clothing		
TRANSPORT	Petrol		
	Car maintenance/ tax/ MOT		
	Bus/ train/ taxi		
LEISURE	TV License/ cable		
	Lottery/ betting		
OTHER	Toiletries/ cosmetics/ hairdressing etc.		
	Child care		
	Alcohol/ tobacco		
	Pension		
	Other (please state.....)		
CREDIT / SAVINGS PAYMENTS			
	Credit Union savings or loan payments		
	Credit Card repayments		
	Other loan repayments		
	Other savings		
TOTAL EXPENDITURE			
INCOME	Wages/ salary (take home pay)		
	Child Maintenance		
	Job Seekers Allowance		
	Income Support		
	Pensioner Tax Credit		
	Housing Benefit		
	Working Tax Credit		
	Child Tax Credit		
	Child Benefit		
	Pension/s		
	Attendance Allowance		
	Disability Living Allowance		
	Other Benefit (please state.....)		
TOTAL INCOME			
INCOME LESS EXPENDITURE =			