

HOUSING BENEFITS OVERPAYMENT SECTION PERSONAL BUDGET FORM

NAME _____ CLAIM No. _____ TEL No. _____
ADDRESS _____

YOUR INCOME	WEEKLY	4WEEKLY	MONTHLY	FOR OFFICE USE
TAKE HOME PAY (inc. partner)				
STATE BENEFITS (please specify)				
CHILD BENEFIT				
OTHER INCOME (please specify)				
TOTAL INCOME - BOX A				

YOUR EXPENDITURE	WEEKLY	4WEEKLY	MONTHLY	FOR OFFICE USE
RENT/MORTGAGE				
COUNCIL TAX				
WATER RATES				
ELECTRICITY				
GAS				
OTHER FUEL (Please specify)				
BUILDINGS/CONTENTS INSURANCE				
LIFE INSURANCE				
HOUSEKEEPING (food etc.)				
T.V./ VIDEO/ SATELLITE HIRE				
T.V. LICENCE				
TELEPHONE/ CABLE (Please specify)				
CLOTHING				
SCHOOL MEALS				
CAR EXPENSES (petrol etc..)				
CAR TAX				
CAR INSURANCE				
CATALOGUE				
LOANS (Include loan period)				
CREDIT/STORE CARDS				
HIRE PURCHASE				
COURT FINES				
OTHER (Please specify)				
OTHER				
TOTAL EXPENDITURE - BOX B				
Total Income	BOX A - £			
Minus Total Expenditure	BOX B - £			
Disposable Income (BOX A - B)	BOX C - £			

I acknowledge that I owe the Isle of Wight council overpaid housing benefit of £_____ and would like you to consider my offer of repayment at £_____ per week

DECLARATION

I believe the information provided is accurate and a true reflection of my income and expenditure. I understand that proof may be required in support of this statement and authorise you to contact any of my creditors for confirmation.

SIGNED: _____ **DATE:** _____

PLEASE RETURN YOUR COMPLETED FORM TO: OVERPAYMENT SECTION, COUNCIL OFFICES, BROADWAY, SANDOWN, ISLE OF WIGHT, PO36 9EA.