



Please return this form to us **completed and signed** to the above fax number or to:

**110 Manchester Road
Haslingden
Rossendale Lancashire
BB4 6NP
United Kingdom**

If you need assistance, please do not hesitate to call us on 01706218835.

I confirm that the information on the following pages is correct as far as I know,
and agree that it may be used as the basis for my proposal to my creditors.

Please print name(s) _____

Signature(s) _____

Date _____



PART 1: YOUR PERSONAL DETAILS

Is your partner aware you are in contact with us? Yes/No/Not Applicable

	Your Details	Your Partner's Details
Full name		
Title (Mr, Mrs, Ms etc)		
Sex		
Marital status		
Date of birth		
Full address (including postcode)		
Homeowner, tenant or living with parents?		
Occupation/Job		
Home phone number		
Mobile phone number		
Daytime phone number		
Home e-mail address		
Preferred contact time of day		
No. of dependant children		
No. of dependant children under 16		
No. of dependant children over 16 in full time education		

Names of persons in your household other than the above	Date of birth	Relationship to you



YOUR DEBTS – Continued

Creditor Or Loan Company Name	In Whose Name Is This Debt?	Amount owed*	Reference Number	Address of Creditor or Loan Company

***Amount Owed.**

Please include arrears. Enter estimation if exact figure is not known.

We need to be able to explain to your creditors how you came to be in financial difficulty. The more details you can provide the more your creditors will understand and be sympathetic to your situation. Please feel free to continue on additional sheets if necessary.



PART 3 - YOUR MONTHLY INCOME & EXPENDITURE

On which day of the month do you get paid?	
--	--

Income		£	Expenditure		£
Pay (after tax & NIC)			Mortgage / Rent / Board		
Income from a 2 nd job			Second Mortgage / Secured loan		
Your Partner's Monthly Income			Endowment Policy		
Child Benefit			Council Tax		
Child Maintenance			Water Rates		
Housing Benefit			Health Maintenance		
Income Support			Gas		
Council Tax Benefit			Electricity		
Working Families Tax Credit			Telephone (including mobile)		
From non-dependants			Insurance (buildings & contents)		
From rented properties			Other Insurance		
Other Income (Please specify)			Food / Toiletries / Cleaning Products		
			Contingency		
			School Meals		
			Clothing		
			Car Finance / HP		
			Petrol / Diesel		
			Car Insurance		
			Road Tax		
			Other Travelling Expenses		
			TV Licence / TV Rental / Sky / Internet		
			Childcare / Maintenance		
			Pets		
			Private Pension		
			Other (specify)		
		Other (specify)			
Total Household Income (A)			Total Household Expenditure (B)		
YOUR OFFER OF PAYMENT This is the difference between your income and expenditure (A) - (B)					