



Doncaster Council

Housing Benefit and Council Tax Support
Section,
Civic Office, Waterdale,
Doncaster. DN1 3BU
Telephone: 01302 735336

Details of the money you have coming in and what you spend it on

Mr Mrs Miss Ms

First names _____

Surname _____

Address _____

Post Code _____ Phone number _____

Housing Benefit reference _____

Your rent £ _____ a week

Your Housing Benefit £ _____ a week

Number of people in your household _____

Number of adults _____

Number of children and their ages _____

| The money you have coming in each week after tax | Weekly £ | The money you spend each week and what you spend it on (we may ask for proof of these amounts) | Weekly £ |
|--|-------------|---|--|
| Your wages or salary | | Rent you have to pay | |
| Your employers name: | | Buildings and contents insurance | |
| Your partner's wages or salary | | Life assurance or pension payments | |
| Your employers name: | | Council Tax and Community Charge | |
| Income Support | | Water rates or meter charges | |
| Jobseeker's Allowance | | Ground rent or service charge | |
| Working Tax Credit | | Coal | |
| Child Tax Credit | | Gas and electricity | |
| Child Benefit | | Maintenance payments | |
| Incapacity Benefit | | TV and video rental | |
| Other benefits (please give details) | | TV licence | |
| | | Telephone | |
| | | Travelling expenses | |
| | | Car loan | |
| | | Car insurance and car tax | |
| Pensions (please give details) | | Petrol | |
| | | Car repairs and MOT | |
| | | Food including meals at work or for children at school | |
| | | Laundry and dry cleaning | |
| Maintenance | | Other housekeeping | |
| | | Clothing | |
| Payments for board from other adults who live with you | | Money you pay someone for looking after your child | |
| | | Pets | |
| Investments (please say what they are) | | Prescriptions and charges for dental treatment | |
| | | Entertainment or money spent on treats | |
| Income from investments (for example, interest from savings) | | Cigarettes | |
| Other income (please give details) | | Other (please say what you buy) | |
| | | Other loans or debts for example, credit cards and store cards, HP agreements, bank loan or overdraft, rent arrears, DSS overpayment or Social Fund loan | |
| | | Company, bank or person you owe money to | Date you will have paid the money back |
| | | Amount you pay back a week | |
| | | Amount you still owe | |
| | | Other money you owe for example, ground rent or court fines | |
| | | Company or person you owe money to | Date you will have paid the money back |
| | | Amount you pay back a week | |
| | | Amount you still owe | |
| Total you have coming in a week | £ | Amount you spend a week | £ |
| Your offer of repayment per week | £ | The money you have left | £ |

Your signature: _____

Date: _____