

**Please return this form to:**  
HOUSING BENEFIT OVERPAYMENTS  
STRATEGIC RESOURCES  
PETERBOROUGH CITY COUNCIL  
TOWN HALL  
PETERBOROUGH  
PE1 1BF



## FINANCIAL STATEMENT

NAME	
ADDRESS	
POST CODE	

Please complete this form as accurately as possible, taking into account all your existing commitments. Then add up your outgoings from sections 6 to 9 and compare them to your total income in section 5. You can then calculate your disposable income to decide how much you believe you can afford to repay at section 10.

Date Issued:

### SECTION 1 – Personal Details

INVOICE NUMBER	
NATIONAL INSURANCE NUMBER	
TELEPHONE NUMBER(S)	
MARRIED / SINGLE / OTHER	
EMPLOYED/SELF EMPLOYED/UNEMPLOYED/PENSIONER	

### SECTION 2 – People you look after financially

PLEASE LIST YOUR DEPENDANTS DETAILS	AGE	D.O.B.	RELATIONSHIP

### SECTION 3 – Main Employer Details (if applicable)

EMPLOYER NAME	
EMPLOYER ADDRESS	
WORKS NUMBER / PAY REFERENCE	

### SECTION 4 – Your capital / savings

PLEASE LIST YOUR BANK / BUILDING SOCIETY ACCOUNTS OR OTHER SAVINGS	ACCOUNT BALANCE
	£
	£
	£
	£

### SECTION 5 – Income

Income description	Weekly Income	Monthly Income
My usual take home pay (including overtime, bonuses, commission)	£	£
My partner's usual take home pay	£	£
Tax Credits	£	£
Income Support	£	£
Jobseekers Allowance	£	£
Child Benefit	£	£
Other state benefits	£	£
State pension(s)	£	£
Private / occupational pension(s)	£	£
Money from boarders / those who live in the home	£	£
Maintenance received	£	£
Other income(s): - give details	£	£
	£	£
<b>Total Income</b>	<b>£</b>	<b>£</b>

