Household Expenditure



Applicant(s) Full Name	C
Applicant Reference	

Please detail below your typical monthly outgoings. It is important that you complete this form honestly and accurately to allow us to assess the affordability of this loan.

BILLS	
Council Tax	£
Gas / Electricity / Fuel	£
Water	£
Mobile (please specify how many)	£
Telephone / Broadband / Sky / Cable	£
TV Licence	£
Pension (not on payslip) / Life Insurance	£
Home Insurance	£
Ground Rent / Service Charge	£
FOOD AND HOUSEHO Food / Laundry / Cleaning / To iletries Alcoholic Drinks / Cigarettes / To bacco	£
Clothing & Footwear Health (Dentist / Prescriptions / Opticians)	£
Health (Dentist / Prescriptions / Opticians)	
Health (Dentist / Prescriptions / Opticians) CHILDREN	£
Health (Dentist / Prescriptions / Opticians) CHILDREN Maintenance / Childcare / School Fees	£
Health (Dentist / Prescriptions / Opticians) CHILDREN Maintenance / Childcare / School Fees TRANSPORT	£

O.T.U.F.S.	
OTHER	
Others (Pet Care / Memberships / Savings)	£
Gambling / Betting / Lottery	£
Other BTL Costs (i.e. not covered by AST & / or management company	£
fees – e.g. water / maintenance / council tax) Other	£
Other	
HOUSEHOLD / LEISURE / EMERG	GENCY
Household / Appliances / Furniture / Entertainment / Going-Out	& f
Unexpected Expenditure /	
NOTES	
CUSTOMER DECLARATION	
COSTOMER DECEMBER	
I/We confirm the above information is an accurate reflection of r	my/our typical monthly outgoings.
Applicant 1 Signature Applicant 2	Signature

Date

Date