**OneSource Enforcement Services**

**Financial Statement from:…………………………………..**

Reference Number: ……………………………………………

 **INCOME**

|  |  |  |
| --- | --- | --- |
| **Type of Income** | **Amount (£)** | **Frequency (e.g.per week/month)** |
| Wages/Salary (you) | £ | Week / Month |
| Wages/Salary (partner) | £ | Week / Month |
| Tax Credits (Working) | £ | Week / Month |
| Tax Credits (Child) | £ | Week / Month |
| Child Benefit | £ | Week / Month |
| Income Support | £ | Week / Month |
| Job Seekers Allowance | £ | Week / Month |
| Incapacity Benefit | £ | Week / Month |
| Disability Benefit | £ | Week / Month |
| Retirement/Works Pension | £ | Week / Month |
| Maintenance | £ | Week / Month |
| Contributions (Non-Dependants, Lodgers, ect) | £ | Week / Month |
| Savings and investments | £ | Total Value as of: |
| **TOTAL INCOME:** | **£** | **Week / Month** |

**OUTGOINGS**

|  |  |  |
| --- | --- | --- |
| **Type of Outgoing** | **Amount (£)** | **Frequency (e.g.per week/month)** |
| Mortgage/Rent | £ | Week / Month |
| Second Mortgage | £ | Week / Month |
| Building/Contents Insurance | £ | Week / Month |
| Life Insurance/Pension | £ | Week / Month |
| Council Tax | £ | Week / Month |
| Water Services Charges | £ | Week / Month |
| Gas | £ | Week / Month |
| Electricity | £ | Week / Month |
| Telephone | £ | Week / Month |
| House Keeping | £ | Week / Month |
| Clothing | £ | Week / Month |
| TV License | £ | Week / Month |
| Broadband | £ | Week / Month |
| Travelling Expenses (specify) | £ | Week / Month |
| Maintenance Payments | £ | Week / Month |
| Court Fines | £ | Week / Month |
| Other (specify) | £ | Week / Month |
| Other (specify) | £ | Week / Month |
|  |  |  |
| **TOTAL OUTGOINGS:** | **£** | **Week / Month** |

*Continued Over…*

**RECOVERY TEAM**

**Financial Statement From: (Name)**

**Reference: (Reference)**

**BALANCE**

|  |
| --- |
| TOTAL INCOME : £ ***Take Away***TOTAL OUTGOINGS : £ ***Equals***MONEY REMAINING FOR CREDITORS: £ We can afford to pay on a weekly / monthly basis (delete accordingly). ***Amount:*** £ \_\_\_\_\_\_\_\_\_\_Signature:\_ Date:  |

**Please return this financial statement, with your supporting evidence. If you are completing this form on behalf of someone else, please also complete the below authority to act letter.**

Your Name

 Your Address

oneSource Enforcement Services

Newham Dockside

1000 Dockside Road

London

E16 2QU

Date:

Enforcement Agent Reference(s):

Client Reference(s):

Dear Sir/Madam,

I, (Insert your name) authorise

 (Insert name of authorised person) to act on my behalf and discuss the above account(s) with you.

Signed:

Print:

**Please complete and return this form by post to oneSource Enforcement Services, Newham Dockside, 1000 Dockside Road, London, E16 2QU or by email to oses@onesource.co.uk**