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PLEASE GIVE DETAILS OF YOUR INCOME INCLUDING YOUR PARTNER'S, IF APPLICABLE:

All benefits should be entered in full. Any deductions (e.g. social fund loans) should be listed as expenses. Specify the frequency of payments e.g. weekly, monthly etc.

ITEM	AMOUNT (£)	FREQUENCY	OFFICE USE
	AIVIOUNI (L)	FREQUENCT	OFFICE USE
Your Net earnings (after income tax and			
national insurance)			
Your Partner's Net earnings			
(after income tax and			
national insurance)			
Jobseeker's Allowance			
Income Support			
Retirement pension - self			
Retirement pension - partner			
Pension Credit			
Private pension			†
Widowed Mothers allowance			
Disability Living			
Allowance/PIP			
Invalid Care Allowance			
Incapacity			
Benefit/Employment &			
Support Allowance			
Child benefit			
Working Tax Credit			
Child Tax Credit			
Maternity Benefit			
Statutory sick pay			
Maintenance received			
Home Income Plan			
Student grant(s)			
Charitable/voluntary			
payment			
Other (please specify)			
Please state the total value of a	all your savings an	id investments e.g. I	oank, building
society, etc.:			
-			
Total value: £			
OFFICE LIGE ONLY		C	
OFFICE USE ONLY		£	
Total Income (weekly)			

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PLEASE GIVE DETAILS BELOW OF ALL YOUR EXPENSES:

This is your opportunity to give full details of where you spend the money you receive. It is important that you think about this carefully and are as accurate as possible. Where you do not have actual figures please give your best estimate e.g. if you have not yet had a gas bill. Specify amount and frequency of payments e.g. weekly, monthly etc.

ITEM	AMOUNT £	FREQUENCY	OFFICE USE
HOUSEHOLD	AMOUNT L	TINEQUENCT	OTTIOL OOL
Rent (after benefit)			
Council tax (after benefit)			
House insurance			
Contents insurance			
Water rates			
Electricity Gas			
Solid fuel heating			
Telephone - landline			
Telephone - mobile			
Food			
Household items e.g.			
washing powder, cleaners			
Clothing			
Other personal expenses –			
please specify:			
TRANSPORT			
Bus fares			
Petrol			
Motor vehicle tax			
Motor vehicle insurance			
FINANCIAL MATTERS			
Hire purchase			
Bank loan			
Overdraft			
Credit card repayments			
(minimum amount due)			
Maintenance payment order			
County court order			
Other fines			
Social Fund loan repayment			
Life insurance			
Catalogue payments			
Catalogue paymonts			

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ITEM	AMOUNT £	FREQUENCY	OFFICE USE
ENTERTAINMENT			
Television/video			
rental			
Cable/satellite			
television			
Television licence			
Cinema/theatre			
etc.			
OTHERS NOT			
INCLUDED			
ABOVE			
Please specify:			
	/	0	
OFFICE USE ONLY		£	
Total Expenditure (w	леекіу)		

ARREARS

If you are behind with any of the above payments and there is an amount included in the figures above, please give further details. You should only include debts you are actually repaying:

ITEM	BALANCE (£)	PAYMENT (£)	FREQUENCY	LAST PAYMENT

If you have other debts where you have not yet arranged payment, please give full details below:

ITEM	TOTAL DUE (£)

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Using the space below, tell us the hardship you will suffer if you have to repay the overpayment in question. Also, please give details of any exceptional circumstances you consider currently exist.
Please sign and date the declaration.
I confirm that the information given is correct to the best of my knowledge. Signed: Date:

Please return to:

The HB Recovery Team, Broxtowe Borough Council, Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB.

If the information is not provided, the Council will be unable to arrange for you to pay by instalments.

Privacy Notice

We will only use the data supplied in accordance with the General Data Protection Regulations (GDPR). For information on how we process and store your personal data see our privacy notice at

https://www.broxtowe.gov.uk/about-the-council/communications-web-social-media/legal-privacy/