**CITIZENS ADVICE EDINBURGH DEBT PACK (for completion by Client)**

Thank you for seeking money advice from Citizens Advice Edinburgh. To assess your case and help you, we need full details about your personal circumstances, your income and expenditure and details of your debts and your creditors.

**DETAILS AND CIRCUMSTANCES:**

**If you have any difficulty completing this form, please still seek advice.**

Title:……………. Forename:…………………………………………………………… Surname:……………………………………………………….…

Address:……………………………………………………………………………………………………………………………………….Postcode:………………….

Preferred contact telephone number:……………………………………………………………….

**STATUS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | You | Partner | **Please tick one** | You | Partner |
| Date of Birth |  |  | Divorced |  |  |
| Nat Insurance No |  |  | Married |  |  |
| Cohabiting |  |  |
| Nationality (If not British, residency status) |  |  | Separated |  |  |
| Single |  |  |
| Male |  |  | Civil Partnership |  |  |
| Female |  |  | Widowed |  |  |

**FAMILY (Children or dependents) PROPERTY** (tick all that apply)You Partner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship | Date of birth |  | Owned |  |  |
|  |  |  | Mortgaged |  |  |
|  |  |  | Arrears |  |  |
|  |  |  | Registered Social Landlord |  |  |
|  |  |  | Private Tenant |  |  |
|  |  |  | Council tenant |  |  |
|  |  |  | Other/carer (please give details) |  |  |

**EMPLOYMENT STATUS BENEFITS** (tick all that you receive or are waiting to hear about)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Please tick one**  You Partner | |  | **Benefit Type** | You | Partner |
| Full time |  |  |  | Income Support/JSA/ESA |  |  |
| Part time |  |  |  | Housing Benefit |  |  |
| Unemployed: |  |  |  | Council Tax Benefit |  |  |
| Job start |  |  |  | Tax Credits |  |  |
| Job end date |  |  |  | DLA/ IB |  |  |
| Pensioner |  |  |  | Pension Credit |  |  |
| Student |  |  |  | Other |  |  |
| Self employed |  |  |  | Official Use only |  |  |
| Other |  |  |  | Benefit Check Required |  |  |

**HEALTH ISSUES**

Please let us know if you have any condition affecting your ability to manage your finances or attend interviews.

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**Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YOU** | | **YOUR PARTNER** | |
| **How much do you receive?** | **How often is this paid?** | **How much do you receive?** | **How often is this paid?.** |
| Employed earnings/wages | £ |  | £ |  |
| Sole Trader | £ |  | £ |  |
| Job Seekers Allowance | £ |  | £ |  |
| Working Tax Credit | £ |  | £ |  |
| Subletting income | £ |  | £ |  |
| Board and Lodging income | £ |  | £ |  |
| Child Maintenance | £ |  | £ |  |
| Child Benefit | £ |  | £ |  |
| Child Tax Credit | £ |  | £ |  |
| Housing Benefit | £ |  | £ |  |
| Local Housing Allowance | £ |  | £ |  |
| Employment Support Allowance | £ |  | £ |  |
| Disability Living Allowance | £ |  | £ |  |
| Personal Independence Payment (PIP) | £ |  | £ |  |
| Attendance Allowance | £ |  | £ |  |
| Carers Allowance | £ |  | £ |  |
| Occupational Pension | £ |  | £ |  |
| Private Pension | £ |  | £ |  |
| Pension Credit | £ |  | £ |  |
| State Retirement Pension | £ |  | £ |  |
| Universal Credit | £ |  | £ |  |

**Please provide: payslips; P60; accounts; tax returns; award letters, as appropriate.**

**Assets**

**Do you own?**

* Property or Land **Yes/No**
* Car/Motorbike **Yes/No**
* Savings/Investments **Yes/No**

**Please bring any documentation which you may have, relating to the assets and/or their value, to your appointment.**

**Expenditure**

|  |  |  |
| --- | --- | --- |
|  | **How much do you pay?** | **How often is this sum due?** i.e. weekly, fortnighly, monthly, etc. |
| Rent | £ |  |
| Ground rent/service charges | £ |  |
| Mortgage | £ |  |
| other secured loans | £ |  |
| Mortgage endowment and MPPI | £ |  |
| Buildings and contents insurance | £ |  |
| Pension and life insurance | £ |  |
| Council tax (rates in NI) | £ |  |
| Gas | £ |  |
| Electricity | £ |  |
| Water (N/A Scotland and NI) | £ |  |
| Other utilities | £ |  |
| TV Licence | £ |  |
| Magistrates/Sheriff Court fines | £ |  |
| Maintenance or child support | £ |  |
| Hire purchases/conditional sales | £ |  |
| Adult care costs | £ |  |
|  | £ |  |
| Home Phone | £ |  |
| Mobile Phone | £ |  |
| Other Phone (please give details) | £ |  |
|  | £ |  |
| Public transport (work, school, shopping, etc.) | £ |  |
| Other (e.g. taxis) | £ |  |
| Car insurance | £ |  |
| Vehicle tax | £ |  |
| Fuel (petrol, Oil, Diesel, etc.) | £ |  |
| MOT and car maintenance | £ |  |
| Breakdown or recovery | £ |  |
| Parking charges or tolls | £ |  |
| Other car costs (please give details) | £ |  |
|  | £ |  |
| Food and milk | £ |  |
| Cleaning and toiletries | £ |  |
| Newspapers and magazines | £ |  |
| Cigarettes, tobacco and sweets | £ |  |
| Alcohol | £ |  |
| Laundry and dry cleaning | £ |  |
| Clothing and footwear | £ |  |
| Nappies and baby items | £ |  |
| Pet food | £ |  |
|  | £ |  |
| Health (dentist, glasses, prescriptions, health insurance) | £ |  |
| Repairs/house maintenance (Window cleaning, etc.) | £ |  |
| Hairdressing/haircuts | £ |  |
| Cable, satellite, internet | £ |  |
| TV, video other appliance rental | £ |  |
| School meals and meals at work | £ |  |
| Pocket money and school trips | £ |  |
| Lottery and pools etc. | £ |  |
| Hobbies/leisure/sport (including pub, gym, etc.) | £ |  |
| Gifts (Christmas, Birthdays, charity etc.) | £ |  |
| Vet bills. Pet insurance | £ |  |
| Other (please give details) | £ |  |
| Other (please give details) | £ |  |
| **TOTAL EXPENDITURE (total of all outgoings)** | £ |  |

**Please provide at least one recent bank statement to help us to assess your expenditure.**

**Banks, Catalogues and Credit Cards**

1. Which banks or building societies are yours and your partner’s income is paid into?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Give details of any accounts with Catalogues, Credit Cards, Banks or Building Societies that you **need** to continue using? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you have any debts** (Overdrafts, bank loans, credit cards, etc.) **with any of these organisations?**

**Yes/No**

**Priority Debts**

**Are you in arrears with payments due to any of the following organisations?**

* Your mortgage provider **Yes/No**

**We may need to act quickly when contacting these organisations.**

**Please provide all relevant documentation relating to these arrears.**

* Secured loan provider **Yes/No**
* Your Landlord **Yes/No**
* Your current energy provider **Yes/No**
* Council Tax **Yes/No**
* Government/Social fund **Yes/No**
* Sheriff Officers **Yes/No**

Are you in arrears with Maintenance? **Yes/No**

**Please give more details of these debts on the next page.**

**Creditors/Debts**

**Please use the table below to give details of all the people and organisations that you owe money. (See overleaf for any additional creditors)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Creditor Name  Give the name of the original creditor **and** the name of collector, where appropriate. | Account or reference number | What type of debt is this?  *Arrears, Credit card, Overdraft,*  *Loan, Catalogue*  *Store card,*  *Hire Purchase,*  *Finance Agreement.* | Is document  Provided?  Y/N | Please provide creditor/collector address for contact.  ***(bring any relevant documentation with you to your first appointment)*** | How much do you owe?  £ | Whose name is this debt in?    Yours,  Your partners  Or Joint? |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
| Creditor Name  Give the name of the original creditor **and** the name of collector, where appropriate. | Account number | What type of debt is this?  *Arrears, Credit card, Overdraft,*  *Loan, Catalogue*  *Store card,*  *Hire Purchase,*  *Finance Agreement.* | Is document  Provided?  Y/N | Please provide creditor/collector address for contact.  ***(bring any relevant documentation with you to your first appointment)*** | How much do you owe?  £ | Whose name is this debt in?    Yours,  Your partners  Or Joint? |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |
|  |  |  | Y/N |  |  |  |