

Affordability Assessment



Payment Plan Budget Form

All information will be treated as strictly confidential.
You must complete all sections of the form for your application
to be considered and assessed correctly.

Name:

CCS Reference:

Telephone:

Mobile:

E-mail:

Please return the completed form to:

CCSCollect, 797 London Road, Thornton Heath, Surrey, CR7 6YY

or by e-mail: correspondence@ccscollect.co.uk

Step 1: Income

All figures should represent monthly amounts

| | |
|---------------------------|--|
| Salary: | |
| Partner's Salary: | |
| Pension | |
| Child Benefit | |
| Working Family Tax Credit | |
| JSA | |
| Income Support | |
| Incapacity Benefits | |
| Other (please specify) | |
| | |
| Total Income: | |

Step 2: Outgoings

All figures should represent monthly amount.

| | |
|-------------------------|--|
| Mortgage/Rent | |
| Council Tax | |
| Home Insurance | |
| Food & Housekeeping | |
| Gas | |
| Electricity | |
| Water | |
| Telephone | |
| Child Care Costs | |
| Transport/Petrol | |
| Car Insurance | |
| Car Tax | |
| Loans | |
| Clothing | |
| Personal Pension | |
| TV License/Satellite TV | |
| Entertainment | |
| Alcohol/Tobacco | |
| Health Care | |
| Other (please specify) | |
| | |
| | |
| Total Outgoings: | |

Step 3: Priority Debts

Balance Owed Repayment

Mortgage Arrears
Rent Arrears
Utility Arrears
Council Tax Arrears
Court Fines or Arrears
Child Maintenance
Other (please specify)

Total Priority:

**Priority Debt Repayment:
Money for Creditors:**

Step 4: Creditors

Creditor Balance Owed Repayment

- 1.
- 2.
- 3.
- 4.
- 5.

Total Repayment:

Step 5: Monthly Repayment to CCS

Payment Amount:
Payment Frequency:
Start Date:
Payment Method:

Step 6: Further Information

No. Adults in Household:
Occupation/s:

Daytime Contact Number:
Best Time to Call:
Other Relevant Information:

I confirm this is an accurate record of my current financial position.

Name:

Signature:

Date: