

# Income & Expenditure Form

## How to complete this form

- Check the signature strip on the back of your card to see if it is provided by Avant Money.
- We will assess your current financial situation based on the information provided on this form. It is important you complete every section as accurately as possible.
- All amounts should be monthly amounts.
- The amount you pay to us must be a fair reflection of the level of debt you have outstanding. To calculate the amount to pay you need to:
  - ✓ Total up your monthly income and enter the amount in box A
  - ✓ Total up your monthly expenditure and enter the amount in box B
  - ✓ Total up your borrowings and enter the amount in box C
  - ✓ Calculate the total available to repay your creditors by subtracting amount B from amount A (A-B). Enter this amount in box D
  - ✓ The amount to pay is calculated by dividing the Avant Money balance by the total amount owed to creditors (box C) and then multiplying this result with the amount in box D

Please complete and return this form to us at:

Avant Money Customer Assistance Team,  
Dublin Road,  
Carrick on Shannon,  
Co. Leitrim.

## Important Information

Once we have received your Income and Expenditure form, we will take the most appropriate action for your circumstances. This information could be visible on your credit file for the duration of our agreement and up to five years later, which could be viewed by other creditors and affect your ability to obtain future credit. If you would like to discuss how this may affect you, please contact us before you send your Income and Expenditure details.

To avoid unnecessary delays, you should complete the form in full to ensure we fully consider your circumstances. All amounts are monthly and any boxes that are not relevant should be updated with €0.00. If you have any questions regarding the purpose of the requested information, please contact us. Fields marked with “\*” require mandatory completion.

## Personal Information

Name*	<input type="text"/>
Address	<input type="text"/>
Account number*	<input type="text"/>
Home number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>
Number of adults in the household*	<input type="text"/>
Number of dependent children under the age of 18	<input type="text"/>
Number of vehicles in the household*	<input type="text"/>

## Residential Status\*

Homeowner	<input type="checkbox"/>
Tenant	<input type="checkbox"/>
Living with parents	<input type="checkbox"/>

Other (Please state)

In a few words, please let us know the reason for your financial difficulties\*:

## Monthly Income

	Amount
Your net income*	€ <input type="text"/>
Partner's net income	€ <input type="text"/>
State benefits (ie. Social welfare, children's allowance)*	€ <input type="text"/>
Other income (ie. Pension, student grants, investments)*	€ <input type="text"/>
Please specify other	<input type="text"/>

## Employment Status\*

Full Time	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Part Time	<input type="checkbox"/>	Student	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Other (Please State)			
<input type="text"/>			

**Total Monthly Income** **A** €

## Monthly Expenditure Repayment Amount

Mortgage or Rent*	€ <input type="text"/>
Household Charge*	€ <input type="text"/>
Secured Loans*	€ <input type="text"/>
Gas*	€ <input type="text"/>
Electricity*	€ <input type="text"/>
Water*	€ <input type="text"/>
Refuse Charges*	€ <input type="text"/>
TV Licence*	€ <input type="text"/>
Home Insurance (Buildings and/or Contents)	€ <input type="text"/>
Other Insurances (inc. Life, Healthcare)	€ <input type="text"/>
Vehicle Expenses* (i.e. Car tax, Insurance)	€ <input type="text"/>
Hire Purchase	€ <input type="text"/>

## Monthly Expenditure Repayment Amount

Petrol*	€ <input type="text"/>
Travel Expenses (inc. Public transport, commuting but excluding vehicle expenses)	€ <input type="text"/>
Home Phone*	€ <input type="text"/>
Mobile Phone*	€ <input type="text"/>
Pet Care (inc. Pet Insurance and Vet Bills)	€ <input type="text"/>
Housekeeping (inc. Food, Toiletries, Newspapers, Cigarettes, Clothing and Footwear, Nappies etc)	€ <input type="text"/>
Child Maintenance	€ <input type="text"/>
School / Nursery Fee	€ <input type="text"/>
Other (Hairdresser, Cable/Satellite, School/Work meals)	€ <input type="text"/>
Please Specify Other	<input type="text"/>

**Total Monthly Expenditure** **B** €

## Creditors Information

Lender's name and type of debt - unsecured loan, credit card, including Avant Money balance (s)	Amount Owed
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>
<b>Total Owed</b> <b>C</b>	€ <input type="text"/>

## Financial Statement\* (Must be completed)

	Amount
Total Monthly Income* (Enter amount from box A)	€ <input type="text"/>
Total Monthly Expenditure* (Enter amount from box B)	€ <input type="text"/>
Total available for Creditors ([A-B] Amount A minus Amount B) <b>D:</b>	€ <input type="text"/>
Avant Money card minimum payments*	€ <input type="text"/>
Amount to pay Avant Money Credit Card* (Avant Money balance divided by amount in box C and then multiplied by D)	€ <input type="text"/>

You can append any additional information you feel may be relevant to assess your situation.

By signing and sending this form, you are consenting to us completing an enquiry with a Credit Reference Agency and you acknowledge that once we have received your Income and Expenditure form we will take the most appropriate action for your circumstances. This may result in a reduced payment programme. Such information is visible on your credit file for the duration of our agreement and up to five years later and could affect your ability to obtain future credit.

*Signature: 	Date of signature:
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