Reference:	
Name:	
Address:	
New address:	
(if different to	
ahove)	



Address:			STANDARD FINANCIAL
New address: (if different to		Membership code nur	STATEMENT
above)		membership code hui	11ber: 12664333
Household		Employment	
Dependent children: Under 16: 16-18:		Please select:	
Other dependents:		☐ Full-time ☐ Part-time	Retired
Number of adults in household:		☐ Self-employed ☐ Unemployed	□ Carer
Number of vehicles in household:		☐ Not working due to illness / disability	□ Other
Occupation:		Employer:	
		Address:	
Monthly income	Amount (£)	Assets	Value (£)
Salary or wages		Property (current value less mortgage(s))	
Partner's salary or wages		Savings or investments	
Benefits		Shares	
Pension		Vehicles	
Other income		Other assets	
Total monthly income		Total assets	
☐ Please tick to confirm you have considere	ed (or discussed wi	th an adviser) the use of any assets to make lump s	um payments
Monthly fixed costs			
Home and contents	Amount (£)	Utilities and services	Amount (£)
Mortgage		Gas	
Rent		Electricity	
Ground rent & service charges		Other (coal, oil, calor gas etc.)	
Secured loans		Water	
Mortgage endowment		TV license	
Council tax/rates		Appliance or furniture rental	
Total home and contents		Total utilities and services	
Travel	Amount (£)	Care and health	Amount (£)
Fuel, parking and toll charges		Childcare costs	
Car insurance		Child support or maintenance	
Hire purchase or conditional sale		Adult care costs	
Road tax		Dentist and Optician costs	-
MOT and servicing		Medical insurance	
Breakdown cover		Prescriptions and medicines	
Public transport		Other care and health costs	
Total travel		Total care and health	
Pensions and insurances	Amount (£)	Other costs	Amount (£)
Pension (SIPP contributions)		School uniform	
Life insurance		After-school clubs	
Mortgage payment protection		School trips	
Buildings and contents insurance		Union fees	
Other insurances		Professional fees	
Total pensions and insurances		Total other costs	
		Total monthly fixed costs	
		Total monthly made costs	

Monthly flexible costs				
Communications and leisure	Amount (£)	Food and housekeeping	Amount (£)	
Home phone, internet, TV package	` '	Groceries	, ,	
Mobile phone		School meals and meals at work		
Film and streaming subscriptions		Laundry and dry cleaning		
Hobbies, leisure or sport		Alcohol		
Gifts (incl. charity donations)		Smoking or vaping products		
Childs pocket money		Vet bills & pet insurance		
Newspapers, magazines and postage		House repairs and maintenance		
Other communication or leisure costs		Other food and housekeeping costs		
Total communications and leisure		Total food and housekeeping		
Personal costs	Amount (£)	The Money Advice Service's suggest conside	ring saving up to	
Clothing and footwear	Amount (2)	10% of your available income (the income le	ft after outgoings	
Hairdressing		have been paid but before payments to cre subject to a £20 per month cap. This is to		
Toiletries		against unexpected expenses and is design	ed to reduce the	
Other costs		risk of disruption to your agreed repayments	should such an	
Total personal costs		expense occur. Total savings		
,				
		Total monthly flexible costs		
Debts				
Priority debts Only the arrears amount should be listed in and only the payment towards the arrears the 'offer' column.	should be listed in	Non-priority debts Please include the debt owed to client and the within this list.		
Arrears (£)	Offer (£)	Creditor/Agent Balance (£)	Offer (£)	
Mortgage or rent				
Secured loans				
Court fines				
Council tax				
Other tax				
Service Charge/Ground Rent				
Child support				
Utilities				
Total payments to priority debts				
☐ I am aware that payments towards prio				
take precedence over payments toward				
debts. I am aware that free independe can provide advice and assistance.	nt organisations	Total payments to non-priority debts		
Your offer		1 p. 3		
	C	which I can start to source	,	
I wish to offer monthly instalments of	£	which I can start to pay on dd /	nın J yy	
I wish to pay by ☐ Direct Debit ☐ Standing Order	□ Credit/Debit Care□ Postal Order/Che			
To conclude my liability I wish to offer le	ımp sum paymen	t of £ which I pay on /	1	
Contact preferences				
Telephone (landline)		My preferred method of contact is		
Telephone (mobile)		The best time to contact me is (Please select)		
Email address		□ mornings □ daytime □ evenings		
			Overmige	
I confirm that the information supplied is	accurate and the	offer of payment is affordable.		
Signed		Date dd / mm /		