

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, Norfolk House, Wellesley Road, Croydon, CR0 1GR
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: