

D. Repayments for Loans or Debts (e.g. Hire Purchase, Credit Cards, Catalogue)

Name of Creditor	Item Purchased	Start Date	Balance	Repayment Amount
1) _____	_____	_____	Outstanding	£ _____
2) _____	_____	_____	£ _____	£ _____
3) _____	_____	_____	£ _____	£ _____
			£ _____	

Total Repayment for Loans or Debts Subtotal D £ _____

If you have more repayments please continue on a separate sheet, include all repayments in Subtotal D.

Outstanding balance on other debts

Rent / Mortgage Arrears (Total)	£ _____
Council Tax Arrears (Total)	£ _____
Maintenance Arrears (Total)	£ _____
Water / Sewerage Arrears (Total)	£ _____
Electric Arrears (Total)	£ _____
County Court Debt / Court Fine	£ _____
Telephone Arrears (Total)	£ _____
Overdraft (Total)	£ _____
Other _____	£ _____
Other _____	£ _____
Other _____	£ _____
TOTAL	£ _____

If you are experiencing any debt problems and need specialist advice, help is available from:

The Citizens Advice Bureau: 0870 120 2425 or

www.adviceguide.org.uk

Chelmsley Advice & Resource Agency:

0121 770 3773

National Debtline: 0808 808 4000 or

www.nationaldebtline.co.uk

To contact us regarding this form or any other Council Tax matter, please phone us on 0121 704 8100 or email us at council.tax@solihull.gov.uk

E HOUSEHOLD EXPENDITURE

Rent / Mortgage / Lodgings	£ _____
Council Tax	£ _____
Maintenance	£ _____
Water Rates / Sewerage	£ _____
Electric	£ _____
Gas	£ _____
Fines / Court Orders	£ _____
House Telephone	£ _____
Mobile Phone/s	£ _____
Food	£ _____
Nappies	£ _____
Child Minder / Nursery	£ _____
Insurance: House	£ _____
Personal	£ _____
Car	£ _____
School Meals	£ _____
Fare / Petrol	£ _____
Television Licence	£ _____
Appliance Rental (e.g. TV, DVD)	£ _____
Satellite / Cable / Internet	£ _____
Cigarettes / Alcohol	£ _____
Other _____	£ _____
Other _____	£ _____
E HOUSEHOLD EXPENDITURE	£ _____

1. TOTAL INCOME	£ _____
2. LESS TOTAL EXPENDITURE	£ _____
BALANCE REMAINING	£ _____

2. TOTAL HOUSEHOLD EXPENDITURE (D + E)
£ _____

I offer to repay the Council Tax Arrears by:

£ _____ **WEEKLY / MONTHLY**

Date of first payment ____/____/____

You should continue to make Council Tax payments as we have previously requested until this form has been reviewed and confirmation received that we have accepted your offer of payment

I confirm the above facts and figures are true and correct to the best of my knowledge and belief.

Signed Date