STATEMENT OF MEANS & OFFER TO REPAY HOUSING BENEFIT OVERPAYMENT

Customer Name: Customer Reference:									
1. Income (after deductions)			4. Tot			penditure			
Type of income		Monthly amount			Total Income (A)			£	
Wages/Salary/Pension (Self)		£	Less	Tot	al Expe	enses (B)			£
Wages/Salary/Pension (Partner)		£							
Income Support/JSA/ESA		£	=	Мо	ney fo	r bills (C)	£		
Working and/or Child Tax Credit		£							
Child Benefit		£	5. Pri	ority Pay	ments				
Money from non-dependent (s)		£	Туре	Type of payment			Monthly repayment amount		
Other		£	Rent	Rent arrears			£		
Total Income (A)		£	Mort	Mortgage arrears			£		
			2 nd M	2 nd Mortgage arrears			£		
2. Capital		Council Tax arrears				£			
Type of account i.e. current, saving	A, etc.	Wate	Water Rates arrears			£			
		£	Fuel o	lebts:	Gas		£		
		£			Elect	tricity	£		
		£			Othe	er	£		
		£	Fine a	rrears	•		£		
		£	Maint	enance a	rrears		£		
Total Capital		£	Other	Other					
			1.				£		
3. Expenses			2.				£		
Type of expense	Mo	onthly payment	Total	Total priority payments (D)			£		
Mortgage or rent	£								
2 nd mortgage	£			6. Total income & expenditure including priority payments					
Council Tax and/or Business Rates			Money for bills (C)				£		
House/contents insurance	£		Less	Less Priority Payments (D)			£		
Life insurance	£		=	Income available for oth payments (E)			r £		
Gas	£			payments (L)					
Electricity	£		7. Of	fers of re	navme	ent to Credit	ors		
Housekeeping	£			Creditor		Balance Owed			onthly offer of payment
TV Rental or license	£		1.						-
Maintenance Payments	£		2.	2.					
Travelling expenses	,		3.	3.					
School meals			4.	4.					
Clothing	£		5.	5.					
Laundry	£		6.						
Telephone	£		7.	7.					
Prescriptions	£		8.						
Other (please specify)	£								
			Total	debts		£			
Total Expenses (B)	£								
	•								
Total Monthly Payment Offer for repayment of			I offer to make the arrears payment as shown here commencing immediately on the date stated below and monthly thereafter.						
Housing Benefit overpayme	ent		1 st			10 th			20 th

Offer To Pay By Instalments

Please answer all questions and return to North Norfolk District Council, Holt Road, Cromer, Norfolk, NR27 9EN

On receipt of this completed form, the Council will confirm in writing whether your offer is acceptable.

Please provide the following	ng information Self ▼	Partner ▼
a) Name	Cen V	
Address		
	Postcode	Postcode
b) Employer's Name		
Employer's Address		
	Postcode	Postcode
c) Pay before deductions. (State Weekly/Monthly)	£	£
d) Payroll Number		
e) National Insurance Number		
f) In receipt of JSA	☐ Yes ☐ No	☐ Yes ☐ No
,	LI 163 LI NO	Les Like
g) Please give details of any additional income i.e. Pensions, Benefits etc	£	£
	£	£
	£	£
h) Number of adults in the ho	usehold?	
i) Number of dependant child	ren	Children's ages
Contactable telephone number	er	
	Signed:	Date:

The information contained on this form will be held on a computer where it is subject to the provisions of the Data Protection Act 1984