

STATEMENT OF MEANS & OFFER TO PAY COUNCIL TAX

CUSTOMER NAME: _____

CUSTOMER REFERENCE: _____

1. INCOME (after tax & national insurance have been taken off)	
	Monthly
Wages/Salary/Pension (Self)	_____
Wages/Salary/Pension (Partner)	_____
Income Support	_____
Job Seeker's Allowance	_____
Working Tax Credit/Child Tax Credit	_____
Child Benefit	_____
Money from non-dependant	_____
Other	_____
TOTAL INCOME (A)	_____

Name & address of Employer Self:

Partner:

2. EXPENSES	
	Monthly
Mortgage	_____
2nd mortgage/secured loan	_____
Rent	_____
Council Tax	_____
Business Rates	_____
Water Rates	_____
Ground Rent	_____
House/contents insurance	_____
Life insurance	_____
Gas	_____
Electricity	_____
Housekeeping	_____
TV rental	_____
TV licence	_____
Fines	_____
Maintenance payments	_____
Travelling expenses	_____
School meals	_____
Clothing	_____
Laundry	_____
Telephone	_____
Prescriptions	_____
Child's pocket money	_____
Emergency fund	_____
Other1.....	_____
2.....	_____
TOTAL EXPENSES (B)	_____

3. TOTAL INCOME (A)	_____
Less TOTAL EXPENSES (B)	_____
MONEY FOR BILLS (C)	_____

4. PRIORITY PAYMENTS	Monthly payment of
Rent arrears	_____
Mortgage arrears	_____
2nd mortgage arrears	_____
Council Tax arrears	_____
Water Rates arrears	_____
Fuel debts: Gas	_____
Electricity	_____
Other	_____
Fines arrears	_____
Maintenance arrears	_____
Other	_____
1.....	_____
2.....	_____
TOTAL PRIORITY PAYMENTS (D)	_____

MONEY FOR BILLS (C)	_____
LESS PRIORITY PAYMENTS (D)	_____
= FOR OTHER PAYMENTS (E)	_____

Offers of repayment to Creditors

5. CREDIT DEBTS			
	Creditor	Balance Owed	Monthly offer of repayment
1	.....	_____	_____
2	.....	_____	_____
3	.....	_____	_____
4	.....	_____	_____
5	.....	_____	_____
6	.....	_____	_____
7	.....	_____	_____
8	.....	_____	_____
9	.....	_____	_____
10	.....	_____	_____
11	.....	_____	_____
TOTAL CREDIT DEBT		_____	_____
TOTAL MONTHLY PAYMENT OFFER			_____

I offer to make the arrears payment as detailed above commencing immediately on the date stated below and monthly thereafter.

1 st		10 th		20 th	
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Do you require a swipe card? Yes No Do you require a standing order? Yes No



Offer To Pay By Instalments

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

Please read the separate notes from the Clerk to the justices and the guidance notes sent with your Summons.

If you pay in full including the costs before the date of the hearing no further action will be taken and proceedings will be withdrawn. Payment details are shown on the reverse of the summons.

If you cannot make full payment before the date of the hearing and wish to arrange payment by instalments, **please complete both sides of this form and return it as soon as possible to North Norfolk District Council**

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

The Magistrates will still be asked to grant a Liability Order if they have not already done so, but providing your offer of payment is accepted and strictly adhered to, no further recovery action will be taken.

Please provide the following information

	Self ▼	Partner ▼
a) Employers Name	<input type="text"/>	<input type="text"/>
Employers Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
b) Pay before deductions. (State Weekly/Monthly)	£ <input type="text"/>	£ <input type="text"/>
c) Payroll Number	<input type="text"/>	<input type="text"/>
d) National Insurance Number	<input type="text"/>	<input type="text"/>
e) In receipt of JSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Please give details of any additional income i.e. Pensions, Benefits etc	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
h) Number of adults in the household?	<input type="text"/>	
i) Number of dependant children	<input type="text"/>	Children's ages
Contactable telephone number	<input type="text"/>	

Signed: _____ Date: _____