



Bedford Borough Council
HOUSING BENEFIT
INCOME/EXPENDITURE SHEET

DHP	O/P

Name		Claim Number:		
Address:		Employers Name and Address:		
Daytime Telephone:				
INCOME	Weekly/Monthly	CAPITAL (savings/assets)		Amount / Value
Wages (yourself and partner - net)		Post Office Account(s)		
JSA / Income Support		Bank Account(s)		
Child Tax / Working Tax Credit		Building Society Account(s)		
Company Pension		National Savings		
Pension Credit / State Pension		Premium Bonds		
Incapacity Benefit		Cash Savings		
Child Benefit		Stocks & Shares		
Maintenance / C.S.A.		ISA(s) / PEP(s)		
Board/Lodgings		TOTAL SAVINGS/ASSETS		
DLA (Care and / or Mobility)		Any interest in any present property other than your home, in this country or abroad		
Is Mobility paid towards a car?	Yes / No			
Student Loan / Grant				
Non-dependant Contributions				
Other (Please state)				
		CREDIT / NON-PRIORITY DEBTS / ARREARS		
EXPENDITURE	Weekly/Monthly	Creditor	Balance Owed	Monthly Repayment
Rent (Do not include Housing Benefit)				
Council Tax		Loans		
Gas		Credit Cards		
Electricity		Catalogues		
Water Rates		Court Fines / CCJ's		
Telephone - Landline / Mobile		Utility Arrears		
Food / Housekeeping				
Adult clothes / shoes		1) TOTAL HOUSEHOLD INCOME		
Children clothes / shoes				
Home / Contents Insurance		2) TOTAL HOUSEHOLD EXPENDITURE		
Public Transport				
Life Insurance / Pension		3) DISPOSABLE INCOME (1 – 2)		
Car Insurance				
Road Tax		4) OFFER OF PAYMENT (HB overpayment only)		
Fuel				
Car Repairs / MOT / Service		WEEKLY / FORTNIGHTLY / MONTHLY		
TV Licence / Sky / Cable		OVERPAYMENT ONLY		
Broadband / Internet		<p>If I am entitled to Housing Benefit again I understand that Bedford Borough Council will recover the overpayment via deduction from my weekly Housing Benefit entitlement. If this offer of payment is more than the rates of recovery as detailed by the Department for Work and Pensions, I confirm that you may deduct the higher amount from my weekly Housing Benefit entitlement to recover the overpayment.</p> <p style="text-align: center;">(Please only sign if you understand this statement)</p>		
TV / Video / DVD Hire				
Entertainment				
Tobacco / Alcohol				
Birthdays				
Childcare				
Child Maintenance / C.S.A.				
Regular Prescriptions				
Other (Please state)				
		Date:		

PLEASE RETURN THIS FORM TO:
BEDFORD BOROUGH COUNCIL, HOUSING BENEFITS (COLLECTION HUB),
BOROUGH HALL, CAULDWELL STREET, BEDFORD, MK42 9AP F191