

## **Income & Expenditure Form**

## How to complete this form

- · Check the signature strip on the back of your Credit Card to see if it is provided by An Post Money.
- We will assess your current financial situation based on the information provided on this form. It is important you complete every section as accurately as possible.
- · All amounts should be monthly amounts.
- The amount you pay to us must be a fair reflection of the level of debt you have outstanding. To calculate the amount to pay you need to:
  - Total up your monthly income and enter the amount in box A
  - ✓ Total up your monthly expenditure and enter the amount in box B
  - ✓ Total up your borrowings and enter the amount in box C
  - Calculate the total available to repay your creditors by subtracting amount B from amount A (A-B).
     Enter this amount in box D
  - ✓ The amount to pay is calculated by dividing the An Post Money balance by the total amount owed to creditors (box C) and then multiplying this result with the amount in box D

Please complete and return this form to us at:

An Post Money Customer Assistance Team,

Dublin Road.

Carrick on Shannon,

Co. Leitrim.

## **Important Information**

Once we have received your Income and Expenditure form, we will take the most appropriate action for your circumstances. This information could be visible on your credit file for the duration of our agreement and up to five years later, which could be viewed by other creditors and affect your ability to obtain future credit. If you would like to discuss how this may affect you, please contact us before you send your Income and Expenditure details.

To avoid unnecessary delays, you should complete the form in full to ensure we fully consider your circumstances. All amounts are monthly and any boxes that are not relevant should be updated with €0.00. If you have any questions regarding the purpose of the requested information, please contact us. Fields marked with "\*" require mandatory completion.

Personal Information	Residential Status*
Name*	Homeowner
Address	Tenant
	Living with parents
Account number*	Other (Please state)
Home number	
Mobile number	
Email address	
Number of adults in the household*	
Number of dependent children under the age of 1	
Number of vehicles in the household*	
In a few words, please let us know the reason for	al difficulties*:

Monthly Income		Amount E		Employ	Employment Status*			
Your net income*		€		Full Time	Full Time Ur		mployed	
Partner's net income		€	Part Time			Stuc	lent	
State benefits (ie. Social welfare, children's allowance)*		€		Self Emplo	yed [	Retir	red	
Other income (ie. Pension, student grants, investments)*		€	Other (Please State)					
Please specify other								
Total Monthly Income	A:	€						
Monthly Expenditure Repaym	nent Amou	nt	Monthly Expe	nditure		Repaym	nent Amou	
Mortgage or Rent*	€		Petrol*				€	
Household Charge*	€		Travel Expenses				€	
Secured Loans*	€		commuting but 6	excluding ve	hicle e	expenses)		
Gas*	€		Home Phone*				€	
Electricity*	€		Mobile Phone*				€	
Water*	€		Pet Care (inc. Pe	t Insurance	and V	et Bills)	€	
Refuse Charges*	€ Housekeeping (inc. Food, Toiletrie Newspapers, Cigarettes, Clothing							
TV Licence*	€		Footwear, Nappies etc)				€	
Home Insurance (Buildings and/or Contents)	€		Child Maintenan	се			€	
Other Insurances (inc. Life, Healthcare)	€		School / Nursery	Fee			€	
Vehicle Expenses* (i.e. Car tax, Insurance)	€		Other (Hairdresser, Cable/Satellite			е,	€	
School/Work meals)								
	<u> </u>		Please Specify C	other				
Total Monthly Expenditure	B:	€						
Creditors Information								
Lender's name and type of debt – unsecured	d loan, credi	t card, includ	ling An Post Money	balance (s)		Amoun	t Owed	
						€		
						€		
						€		
						€		
						€		
						€		
						€		
			Tota	l Owed	C:	€		
Financial Statement* (Must be completed)						Amount		
Total Monthly Income* (Enter amount from box A)						€		
Total Monthly Expenditure* (Enter amount fro	ŕ					€		
		n+ D\			_			
Total available for Creditors ([A-B] Amount A minus Amount B)  D:					ט:	€		
An Post Money card minimum payments*						€		
Amount to pay An Post Money Credit Card*  (An Post Money balance divided by amount in box C and then multiplied by D)					€			
You can append any additional information ye	ou feel may b	pe relevant to	o assess your situa	tion.				
By signing and sending this form, you are con acknowledge that once we have received you your circumstances. This may result in a reduction of our agreement and up to five year	ur Income an ced payment	d Expenditui t programme	e form we will take e. Such information	the most ap is visible on	prop your	riate action	for	
*Signature:			Date of signat	Date of signature:				