

Financial Statement

Account Number(s):	
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Name(s):	
Address:	

Borrower 1	
Employment	
Current job, if employed	
Hours worked per week	
Contact Numbers	
Home	
Work	
Mobile	

Borrower 2	
Employment	
Current job, if employed	
Hours worked per week	
Contact Numbers	
Home	
Work	
Mobile	

During the assessment of your financial statement, and where you have provided a mobile telephone number, we may contact you via text to update you on the progress of your request. No marketing or sales use will follow.

Number of people in the household	
Number of dependent children age under 14	
Number of dependent children age 14+	
Number of vehicles in household	

To enable us to assess your financial circumstances, we will require copies of the following documentation for each person:

- **Last 3 months bank statements**
- **Last 3 months payslips**
- **Evidence of the last 3 months income if payslips are not available**
- **3 years accounts if self employed**

Please also enclose copies of any documentation that will help to support your request, for example:

- Medical Evidence, (GP or consultant letter)
- Redundancy notice
- Sales particulars

Please Note: - Copies of documents are acceptable - please do not send original documents

Monthly Household Income

	1 st Borrower Monthly Income	2 nd Borrower Monthly Income
Monthly Salary	£	£
Bonus/Overtime	£	£
Second Job	£	£
Pensions	£	£
Maintenance or Child Support	£	£
Jobseekers' Allowance	£	£
Income Support	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Child Benefit	£	£
Incapacity benefit	£	£
Contributing Dependants	£	£
Lodgers or Boarders	£	£
Other – please list below	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Monthly Income	£	£

Total Joint Monthly Income	£
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BOX A

Non-priority Debts

Name of Creditor	Outstanding Balance	Current Payment	Negotiated Payment	End Date
1	£	£	£	
2	£	£	£	
3	£	£	£	
4	£	£	£	
5	£	£	£	
6	£	£	£	
7	£	£	£	
8	£	£	£	
Total	£	£	£	

Total Monthly Payment	£
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BOX B

Monthly Household Expenditure

	Monthly Cost		Monthly Cost
Essential Expenses		Communications	
Mortgage Payment	£	Home Phone	£
Endowment	£	Mobile Phone	£
Rent	£	Internet	£
Ground Rent / Service Charges	£	Cable/Satellite	£
Other secured loans	£	Total Regular Payments (4)	£
Building/Contents Insurance	£	Living Costs	
Pension	£	Food, Toiletries/Cleaning	£
Other Insurance – MPPI,ASU, life	£	Clothing and Footwear	£
Court Fines	£	Child Care	£
Maintenance/Child Support	£	Nappies and baby items	£
Total Essential Expenses (1)	£	School/work meals	£
Utilities		Medical – prescriptions, dentist	£
Council Tax	£	Pets – food, vets, insurance	£
Gas	£	Total Living Costs (5)	£
Electricity	£	Additional Expenditure	
Water rates	£	Health Insurance	£
Other fuel – Coal, Oil, etc..	£	Repairs/Property Maintenance	£
TV Licence	£	Hairdressing	£
Total Utility Costs (2)	£	Alcohol/Cigarettes	£
Travel		Pocket Money/School Trips/Clubs	£
Road Tax	£	Holidays/Special Occasions	£
Car Insurance	£	Gifts	£
Fuel	£	Charity	£
Mot / Maintenance	£	Total Additional Expenditure (6)	£
Parking	£	Other Expenditure – please list below	
Breakdown/Recovery	£		£
Public transport Travel	£		£
Total Travel Costs (3)	£		£
		Total Other Expenditure (7)	£
		Non Priority debts - Box B (8)	£
Total Overall Expenditure (add together all of the totals 1 – 8 above)			£ (BOX C)

Summary of Income and Expenditure

Total Monthly Income	Box A	£
Less Monthly Expenditure	Box C	£
Total Disposable income	£	

Additional Information

Please state the reason for submitting this form:

If you are in arrears, please detail your proposals for clearance of the arrears

Please tick one of the following:

I have obtained, or am in the process of obtaining, independent financial advice

I have not sought independent financial advice

Signed **Dated.....**

Signed..... **Dated.....**

Please return this form to:

**Post: Bank of Ireland
Credit Assessment
PO BOX 553
1 Temple Quay
Bristol
BS99 7FA**

Fax: 0117 9432701

Email: CreditAssessment@boipluk.co.uk
(Please note that information sent to the Bank by email will not be encrypted)