Total number of people in the household:\_\_\_\_\_

Name: Contact Number:

Address: Email Address:

Adults (aged 18-65)\_\_\_\_\_ Adults (65+)\_\_\_\_\_

Children (aged 0-5)\_\_\_\_\_ Children (aged 6-13)\_\_\_\_\_ Children (aged 14-17)\_\_\_\_\_

Number of household members with a disability: Adults\_\_\_\_\_ Children\_\_\_\_\_ I’d rather not say\_\_\_\_\_

**Household Budget Review:**

|  |  |  |
| --- | --- | --- |
|  | Weekly | Monthly |
| **Household Income:** Wages, Earnings and/or Benefits | | |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Amount In:** |  |  |
|  | | |
| **Money Out:** | Weekly | Monthly |
| Mortgage/Rent |  |  |
| Council tax |  |  |
| Water |  |  |
| Gas |  |  |
| Electric |  |  |
| TV |  |  |
| Phone |  |  |
| Mobile |  |  |
| Internet |  |  |
| Childcare |  |  |
| Education Costs |  |  |
| **Personal Finance:** Loans, Credit Cards, Insurance, Debt Arrears, Maintenance Payments. | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Food** |  |  |
|  |  |  |
|  |  |  |
| **Transport:** Petrol, Insurance, Tax, Public Transport | | |
|  |  |  |
|  |  |  |
| **Home and Property:** DIY, Furniture, Homeware, etc | | |
|  |  |  |
|  |  |  |
|  |  |  |
| **Shopping:** Clothes, Shoes, Toiletries, Music, Books, etc. | | |
|  |  |  |
|  |  |  |
|  |  |  |
| **Travel and Leisure:** Holidays, Clubs and Activities, Hair/Beauty appointments, etc. | | |
|  |  |  |
|  |  |  |
| **Personal Spending:** | | |
| Smoking, Drinking and Socialising. |  |  |
| Health, Prescriptions, Dentist, Opticians |  |  |
| Pet Care Costs |  |  |
| Memberships/Subscriptions |  |  |
| Charity Donations |  |  |
| **Other:** |  |  |
|  |  |  |
|  |  |  |
| **Total Amount Out:** |  |  |

**Total Amount In minus Total Amount out: …………………………………………………….**

I agree that the personal data about me on this form may be held & processed on records & may be disclosed to other organisations within Torbay Food Alliance.

Signed:

Date: