Provider	Membership Number

Name:	Contact Number:
Address:	Email Address:
Date of Birth:	

Total number of people in the household:_____

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_____

Are you a Sovereign Housing tenant: Yes/No

Pets: Yes/No If so, what do you have? _____

Do you have any savings? Yes/No

Balance in **ALL** bank accounts-_____

Household Budget Review:

	Weekly:	**Monthly:**
Household Income: Wages, Earnings and/or Benefits		
Wages Adult 1		
Wages Adult 2		
Wages Adult 3		
Wages Adult 4		
Disability Benefits (PIP/DLA)		
Child Benefit		
Universal credit/Pension Credit		
Child Maintenance		
Total Amount In:		

Money Out:	**Weekly:**	**Monthly:**
Mortgage		
Rent		
Council tax		
Water		
Gas		
Electric		
TV/Subscriptions		
Phone/Mobile		
Insurance		
Internet		

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Provider	Membership Number

Childcare/Maintenance Payment		
Education Costs		
Personal Finance:		
Credit card/ Store Card		
DMP/IVA		
Loan Payments		
Debt Arrears		
Food/ Toiletries/ Cleaning		
Transport: Petrol, Insurance, Tax, Public Transport		
Home and Property: DIY, Furniture, Homeware, etc		
Shopping: Clothes, Shoes, Music, Books, etc.		
Travel and Leisure: Holidays, Clubs and Activities, Hair/Beauty appointments, etc.		
Personal Spending:		
Health, Prescriptions, Dentist, Opticians		
Pet Care Costs & Food		
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:

EST. TURNING HEADS CHANGING PERCEPTIONS AND LIVES 2018

Provider	Membership Number

Date: