

Affordability Calculator



Account Number:	
Name:	
Address:	
	Arrears outstanding (at the end of last month):
	Normal monthly payment:
Contact Number:	
.....	
.....	

Employment

	Borrower 1	Borrower 2
Employer Name		
Employer Address		
Occupation		
Date Started		
Temp/Perm		

Income

Basic Monthly Income	£	£
Average Overtime	£	£
Part Time Employment	£	£
DWP Benefits	£	£
Maintenance Payments	£	£
Other (specify)	£	£
Subtotal	£	£
Total Household Income	£	£

Expenditure (use only monthly figures)

Mortgage	£
Council Tax	£
Endowment Premiums	£
Ground Rent/Service Charge	£
Water	£
Gas	£
Electric	£
Telephone - Landline	£
- Mobile	£
Sky/Cable	£
Buildings & Contents Insurance	£
Travel-Incl: Petrol, Tax, Insurance	£
Food/Toiletries	£
Meals (school/work)	£
Pension/ Other Insurance	£
Maintenance Payments	£
TV License	£
TV Rental	£
Childcare/Nursery Fees	£

Total Expenditure £

Expenditure Continued

Pet	£
Lottery	£
Cigarettes	£
Other (Please specify)	£
	£
	£
	£
	£

Number of people at home:	
Number of adults:	
Number of children:	
Ages of children:	

Do you have a bank account with a direct debit facility?	YES / NO
Is your bank account overdrawn?	YES / NO
If YES, how much?	£

PTO

Other Commitments

Loan / Repayment Details	Provider	Interest Rates	Balance Outstanding	Monthly Payment	Remaining Term	Secured Yes/No
Bank Loan			£	£		
Finance Company Loan			£	£		
Hire Purchase			£	£		
Car Finance			£	£		
Credit Card			£	£		
Store card			£	£		
Catalogue			£	£		
Magistrates' Court Fine			£	£		
Other			£	£		
Total			£	£		

Savings

Bank / Building Society	Balance

Please give as much detail of the reason(s) of why you feel that a reduced payment is required:

Do you have a Mortgage Payment Protection Insurance Policy in place?	YES	NO
If applicable, has a claim been made on the policy?	YES	NO

By signing this form I/we agree to the Society carrying out any relevant credit reference agencies searches.

The Society will assess these figures and contact you either by phone or in writing.

I/ We can confirm that the Affordability Calculator has been completed by and that the figures present an accurate and true reflection of my/our financial circumstances at the time of signing the form.

Signed Date

Signed Date

Office Use Only		Action and Rational: (to be completed if no forebearance checklist is used)
Total Household Income	£	
Total Expenditure	£	
Total Other Commitments	£	
Disposable Income	£	
Checked <small>(to be signed if no forebearance checklist is used)</small>		
Authorised <small>(to be signed if no forebearance checklist is used)</small>		