

Isle of Wight Citizens Advice


Charity number 1050217 Company number 3116361



Authorised & Regulated by the Financial Conduct Authority
FRN:617677

Isle Help Hub
7 High Street
Newport
Isle of Wight
PO30 1SS



 **Money Advice Admin:**
01983 823898 ext 2825
debtenquiries@iwcab.org.uk
Advice Line: 03444 111 444

The Money Advice Unit Self Referral

You have requested advice from the Money Advice Unit. In order to help it is important that we know all relevant information regarding your situation including information on your debts, income and expenditure.

Attached is our self referral pack.

The pack needs to be fully completed & returned to us either in the post at the above address or brought to your appointment

If you are returning this form by post, please ensure that you apply the correct postage otherwise it will not reach us. It is advisable to have this weighed at the Post Office as a standard first or second class stamp may not be enough.

When your referral form has been processed you will be contacted by the Money Advice Unit to discuss the options and debt solutions available to you.

It is important that you provide us with contact telephone numbers and state clearly whether or not messages can be left.

PLEASE INCLUDE DETAILS OF YOUR INCOME AND EXPENDITURE
WHEN YOU RETURN THIS PACK

This should be recent copies (within the last 3 months) of:

Type of Evidence	Supplied	If not supplied, date you can provide this: (this is a requirement in order to assist you)
• Wage Slip	Y / N	___ / ___ / ___
• Bank Statement	Y / N	___ / ___ / ___
• Award Notice	Y / N	___ / ___ / ___
• Most recent creditor letters	Y / N	___ / ___ / ___

The Money Advice Unit is unable to assist with **Business Debts** and offer or manage long term **Debt Management Plans**.

The Isle of Wight Citizens Advice has a complaints handling procedure. You can request a copy of the complaints leaflet to be emailed or posted to you"

The Isle of Wight Citizens Advice is an Independent Charity supported by:





Money Advice Self Referral

Surname: _____ **Surname:** _____

Forenames: _____ **Forenames:** _____

Date of Birth: ___/___/___ **Date of Birth:** ___/___/___

Nat. Ins No. _____ **Nat. Ins No.** _____

Address: _____ **Telephone:** _____

_____ **Mobile:** _____

_____ **Email:** _____

Postcode _____ **Can we leave messages Yes / No**

Martial Sta- Married Cohabiting Civil Single Widow Separated Divorced
tus partnership
 Please circle

Number of dependant children: _____ Ages: _____ Any Non-dependant Adults/children

Housing Sta- Owner Shared Rented, Private Living with No fixed Other
tus Occupier Ownership or Housing family abode
 (please circle) Association

Employment Full Part Unemployed Home Retired Sick Student Seasonal Self
Status Time Time Carer
 (please circle) Employed

PRIORITY DEBTS - The following debts are classed as priorities if you have arrears on the accounts:-

Mortgage Secured Rent Council Gas Electric Income CSA Magistrates
 Loan Tax Tax Tax Tax Tax Tax Arrears Court Fine

NON-PRIORITY DEBTS - The following debts are classed as non priorities if you have arrears on the accounts:-

Water Personal Catalogues Bank Credit Card Store cards Benefit Hire Telephone
 Loan Overdraft Overpayment Purchase

Old Fuel Supplier Other

Please make a full list of your creditors on the sheet provided with this form and please advise us if you are disputing any of your debts or any of the following action has been taken:-

Court Action (such as County Court Judgement (CCJ) / Charging Order / Fines etc)

Bailiff Action



Income Details

How much is your take home pay each month

How much is your partners take home pay each month

Do you receive any other income, including State benefits or Tax credits Yes No

IF YES, state the source in the box below (for example pension, pension, state benefits—name of benefit, part-time earnings, child benefit etc) and how much you receive each month

How much do other members of your households contribute each moth. (such as non-dependants / lodgers etc)

The Total Monthly Income of the Household

If any of your payments are made weekly use the following calculation

- To find the monthly figure : take weekly figure x 52 ÷ by 12
- Quarterly figures: take the ¼ figure x 4 ÷ by 12
- For Annual figures: Annual figures ÷ by 12

OUTGOINGS

The information provided in this section may be used to work out how much, if anything, you can afford to pay your creditors each month. It is important that it is accurate and that you include **ALL** necessary expenditure

How much do you spend on the following each month:-

MORTGAGE PAYMENTS OR RENT ON YOUR HOME

£

HOUSEKEEPING, INCLUDING FOOD & CLEANING

£

GAS

£

ELECTRICITY

£

WATER

£

HOME TELEPHONE

£

MOBILE TELEPHONE

£

TRAVELLING EXPENSES

£

MAINTENANCE PAYMENTS & FINES

£

COUNCIL TAX

£

TV LICENCE

£

* OTHER ESSENTIAL PAYMENTS (e.g life/household Insurance etc)

£

TOTAL MONTHLY EXPENDITURE

£

*** OTHER EXPENDITURE BREAKDOWN—details and monthly amounts:-**

CREDITOR DETAILS SECTION

CREDITOR Name & Contact Address	ACCOUNT NUMBER	DATE ACCOUNT LAST USED (**See note at end of this sheet)	AMOUNT OWED

Please continue over the page if you have further creditors to add

** Please note that if your card account has been used or you have taken out credit within the last 3 months we may not be able to assist you fully. You will be advised in regards to this upon the booking of your appointment

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Ext: 2825
Fax Number: 01983 523167
Advice Line: 03444 111 444
debtenquiries@iwcab.org.uk

LETTER OF AUTHORITY

CLIENTS NAME: _____

CLIENTS NAME: _____

ADDRESS: _____

I / We hereby authorise the Isle of Wight Citizens Advice at: 7 High Street, Newport, Isle of Wight, PO30 1SS, to correspond with you on MY/OUR behalf, concerning MY/OUR financial affairs.

Date: _____

Signature: _____

Signature: _____

The Isle of Wight Citizens Advice is an independent charity

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