



**WEEKLY OUTGOINGS**

Rent (less benefit)	£ .....	per week
Council Tax (less benefit)	£ .....	per week
Water Rates	£ .....	per week
House Insurance/Life Assurance	£ .....	per week
Gas	£ .....	per week
Electricity	£ .....	per week
Coal	£ .....	per week
Other Fuel	£ .....	per week
Food/Household Materials	£ .....	per week
Telephone	£ .....	per week
TV Rental/Licence	£ .....	per week
Video Rental	£ .....	per week
Childminder/Nursery/Playgroup Fees	£ .....	per week
Travel to Work	£ .....	per week
Vehicle Running Costs/Petrol	£ .....	per week
Vehicle Insurance/Tax	£ .....	per week
Cigarettes/Alcohol	£ .....	per week
Clothes	£ .....	per week
Hire Purchase/Credit Commitments	£ .....	per week
Other Expenses - (please state what)		
_____		
_____		
_____		
_____		
_____	£ .....	per week
Total Weekly Outgoings	£ _____	per week

Please return this form to: Department of Community and Children's Services, Benefits Section,  
Barbican Estate Office, 3 Lauderdale Place, Barbican, London EC2Y 8EN