



# MONEY AND DEBT ADVICE

**Q. Are you having debt / money problems?**

**Q. Are you receiving the benefits you are entitled to?**

Leeds City Council is working in partnership with local independent advice agencies who offer help and advice **FREE** of charge.

**Together we will:**

- try to resolve your outstanding debt / money problems, such as Council Tax, Rent and other **non-Council** debts.
- try to ensure that you claim and receive the benefits you are entitled to.
- try to ensure that you gain the full support and help you need to address your financial problems.

All contact is treated in the strictest confidence and we only ask that we are able to share your information with our advice partners who will be trying to help you.

A booklet "Overcoming Financial Difficulty" provides further information about our partners in Leeds and is available at all Council One Stop Centres.

Please complete your income and outgoings on the Personal Budget sheet (over), together with details of any contact information, sign the authorisation, and return to the address below or any Council One Stop Centre. Upon receipt, we will re-contact you. Instead, you may telephone any of the numbers below or visit one of the Council One Stop Centres.

**If you do not contact us, we cannot offer you any help.**

Telephone: 0113 3760364

E-mail: [CorporateDebts@leeds.gov.uk](mailto:CorporateDebts@leeds.gov.uk)

Website: [http://www.leeds.gov.uk/Advice\\_and\\_benefits/Council\\_tax/Serious\\_debt\\_problems.aspx](http://www.leeds.gov.uk/Advice_and_benefits/Council_tax/Serious_debt_problems.aspx)

Address: Leeds City Council, PO Box 60, 2 Great George Street, Leeds, LS2 8ZP

**Budget Sheet**

Money coming in (£)	Money going out (£)	Arrears (£)
<b>Your name :</b> _____	Mortgage : _____ wk	_____
<b>Address :</b> _____	Rent : _____ wk	_____
Wage after deductions : _____	Gas or other fuel : _____ wk	_____
*Employer's name : _____	Electricity : _____ wk	_____
*& address : _____	Water rates : _____ wk	_____
National Insurance Number : _____	Council Tax ( <i>any other Council Tax arrears</i> ) : _____ wk	_____
Date of birth : _____	Food / household : _____ wk	_____
Customer's state pension: _____	Telephone : _____ wk	_____
<b>Partner's name :</b> _____	Mobile : _____ wk	_____
Partner's wage after deductions: _____	Building/Contents insurance : _____ wk	_____
*Employer's name : _____	Building repairs/maintenance : _____ wk	_____
*& address : _____	Bus & rail fares : _____ wk	_____
National Insurance Number : _____	Child maintenance : _____ wk	_____
Date of birth : _____	Childcare : _____ wk	_____
Partner's state pension : _____	Clothing : _____ wk	_____
Income Support : _____	Secured loans e.g. on property : _____ wk	_____
Who claims this ? _____	When will these payments end ? _____	_____
Job Seekers' Allowance : _____	Unsecured loans : _____ wk	_____
Who claims this ? _____	When will these payments end ? _____	_____
Incapacity Benefit : _____	Court fines : _____ wk	_____
Sickness Benefit : _____	When will these payments end ? _____	_____
Disability Benefit : _____	Health expenses : _____ wk	_____
Working Tax Credit : _____	Car / motoring costs : _____ wk	_____
Child Tax Credit : _____	TV rental / licence : _____ wk	_____
Child Benefit : _____	TV satellite / cable : _____ wk	_____
Child Maintenance : _____ wk	<b>If you have debts other than Council Tax, please</b>	_____
Work Pensions : _____ wk	<b>give details below and the full amount outstanding of</b>	_____
Board from lodgers / family : _____ wk	<b>each debt, not just the monthly / weekly repayments.</b>	_____
Total savings : _____ wk	<b>Please write any other comments below.</b>	_____
Other income or benefits : _____ wk	_____	_____
_____ wk	_____	_____
<b>* Optional Completion</b>	_____	_____
<b>Total income:</b> _____ wk	<b>Total outgoings</b> _____ wk	_____

How many adults live at your address? \_\_\_\_\_

And how many children under 18? \_\_\_\_\_

Daytime telephone no: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile telephone no: \_\_\_\_\_

Other Contact no: \_\_\_\_\_

Do you want a benefit check ? Yes / No

Do you want debt and/or money advice ? Yes / No

Agreed interim Arrangement: Council Tax \_\_\_\_\_ wk

Rent \_\_\_\_\_ wk

Specify: Other \_\_\_\_\_ wk

**ADDITIONAL INFORMATION:**
**CUSTOMER AUTHORISATION**

I agree to Leeds City Council, housing management organisations and independent advice partners, acting on my behalf and disclosing such personal and financial information as necessary, to assist in maximising benefits and providing money / debt advice. (delete as applicable)

 Yes  No

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_