Additional Information

	Self	Partner
Name:		
Full Address:		
Phone Number:	Day: Evening: Mobile: Email:	Day: Evening: Mobile: Email:
Marital Status of Applicant:		Best Time to Contact:
Number of Dependants:		
Age of Dependants:		
Please indicate your preferred date of payment:		

Checklist

I ENCLOSE

- ☑ Completed Confidential Financial Questionnaire (please remember to sign below)
- ☑ An additional information sheet, (if required)
- ☑ Recent copy payslips for myself (and partner where applicable)
- ☑ Recent statements from creditors (where available)

Please return in the FREEPOST envelope provided.

PLEASE REMEMBER - By returning the above, you are under no obligation to follow our advice. We shall contact you shortly with our recommendations based on the facts that you have given us and it is then your decision if you wish to proceed.

To Whom it May Concern

Dear Sir / Madam

Please accept this as my/our authority to allow Harrington Brooks (Accountants) Ltd to act on my/our behalf in relation to my/our debt with yourselves. This request is made within the provisions contained in Section 34(6) of the Data Protection Act 1984.

Self	Partner
Signed: ✘	Signed: ✘
Date: ✘	Date: ✘

By signing the above I/We confirm that I/We have read and understood Harrington Brooks (Accountants) Limited terms and conditions of trading.

Confidential Financial Questionnaire

harrington brooks

We can arrange the following:

- Loans
- Debt Management
- IVAs
- Trust Deeds (Scotland)
- Remortgages

0800 068 0686

Please visit our website:

www.harringtonbrooks.com

Your Reference:

Please complete, sign and return in the freepost envelope provided.

Income and Expenditure

PLEASE ENCLOSE A COPY OF A RECENT PAYSLIP IF AVAILABLE

INCOME

	Weekly £	OR Monthly £
WAGES Wages / Salary		
Wages / Salary (Partner)		
Pension		
BENEFITS Income Support		
Housing Benefit		
Unemployment Benefit		
Maternity Benefit		
Invalidity Allowance		
Child / One Parent		
CONTRIBUTIONS Maintenance		
Lodger Contributions		
OTHER (please specify)		
.....		
.....		
TOTAL INCOME	£	£

EXPENDITURE

	Weekly £	OR Monthly £
Rent/Mortgage		
Rent/Mortgage Arrears		
Mortgage Protection		
Endowment		
Life Assurance		
Council Tax (incl. arrears)		
House & Contents Insurance		
Electricity (incl. arrears)		
Gas (incl. arrears)		
Water rates		
Telephone (incl. arrears)		
TV Licence & Rental		
Car (Tax/Insurance/Petrol)		
Food/Drink		
Secured Loans/HP		
OTHER (please specify)		
.....		
.....		
TOTAL EXPENDITURE	£	£

PLEASE REMEMBER - It is important to ensure all your essential expenses are met. Please ensure the amounts included above are sufficient to meet your needs. It is also important, however, that there is surplus income left over to make a single payment towards your debts.

Your Home

Do you own your own home:	YES / NO
IF YES: What is the approximate value of your home (if Known)	£
The approximate amount of your outstanding mortgage (if Known)	£

Data Protection Act

I understand that Harrington Brooks (Accountants) Ltd, may use and disclose details it has about me whether or not my application is accepted, including to provide me with information about goods or services offered by Harrington Brooks Ltd or other organisations.
If you do not wish to receive this information tick this Box. ☐

YOUR DEBTS - Please include all Unsecured Loans, Credit Cards, Store Cards etc.

PLEASE ENCLOSE RECENT STATEMENTS AND CORRESPONDENCE WHERE AVAILABLE

Full name and address of Creditors	Account Number	Amount Owed (where known)	Minimum Monthly Payment	Number of Months in Arrears
Example: A. Bank plc Anytown Anywhere POSTCODE	*77-00-00* *76543264*	*£3,450*	*£124*	*2*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PLEASE ENSURE ALL YOUR PARTNERS DEBTS HAVE BEEN INCLUDED
IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE AN ADDITIONAL SHEET

PLEASE REMEMBER - If you require any advice on completing the questionnaire please do not hesitate in contacting our HELPLINE 0800 0680686
EMAIL:enquiries@harringtonbrooks.com

PLEASE TURN OVER