



Loan Application Additional Details

About Your Finances

Please complete accurately and in full. This is an important part of your application.

Your Name	
Your Membership No.	
Your Email Address	
Your Phone No.	

Weekly/4 weekly/Monthly Income (please specify in the 'per' column below)			
TABLE 1	You £	Partner £	Per
Average take home pay (wages/salary)			
Additional Pay (wages/salary)			
Pension(s)			
Child Benefit			
Child Tax Credit / Working Tax Credit			
Maintenance/CSA			
Income Support			
Housing Benefit			
Job Seeker's Allowance/Employment & Support Allowance			
Carer's Allowance/Disability Living Allowance/Personal Independence Payment			
Universal Credit			

Other Income			
TOTAL			

Weekly/4 weekly/Monthly Household Expenditure			
TABLE 2	You £	Partner £	Per
Rent/mortgage/board			
Council Tax			
Gas/electricity/oil			
Water			
Landline telephone/Internet			
Mobile Phone			
TV Licence			
TV Rental/Sky/Cable			
Travel expenses (bus/train/taxi fares)			
Car maintenance/MOT/services			
Car Insurance			
Petrol/Diesel			
Housekeeping/groceries			
Clothing/footwear/hair			
Entertainment/tobacco/alcohol/socialising			
Childcare/nursery fees/pocket & dinner money/nappies			
Maintenance/CSA paid			
Pets			
Other spending (please specify)			
Total of weekly payments from Table 3			
TOTAL			

Details of other loans/credit cards/home credit

TABLE 3	Current outstanding balance £	Weekly payment amount £	Any arrears amount £
Name of creditor			
Loans			
Credit Cards			
Catalogues/Mail Order			
Overdraft			
Hire Purchase (e.g. BrightHouse etc.)			
Home Credit			
Doorstep Lender (e.g. Provident)			
Payday Loans (e.g. Wonga)			
Community Fund Loan			
Debt management plan			
Other (please specify)			
TOTAL			

I declare that all the information I have given on this form is, to the best of my knowledge and belief, accurate and in full. I understand that the provision of any false information is fraud and that Leicester Caribbean Credit Union may take appropriate action against me if I am found to have deliberately provided false or misleading information.

Your signature: _____

Date: _____

Print Name: _____

Partner's signature: _____
(if income included above)

Date: _____

Print Name: _____