

INCOME & EXPENDITURE SUMMARY

Name _____ Membership Number _____

This form must be completed if applying for a loan above your current shareholding, and **must** be accompanied by **bank statements** and **proof of income** (such as **2 recent payslips** or a **DWP letter** detailing benefits). **Your application cannot be considered if incomplete.**

You do not need to calculate all of the totals if you do not wish to, but we need a reasonable and accurate statement of incomings and outgoings.

Occupation _____ Employer's Name _____

Employer's Address _____

INCOME

	Weekly	Fortnightly	Monthly	Termly	Quarterly	Yearly
Main Employment						
Other Employment						
Money from Family or Carers						
Student Grant/Loan						
Benefits (Universal Credit)						
Child Benefits						
Child Maintenance						
Tax Credits						
Income Support						
Jobseeker's Allowance						
Disability-Related Benefits						
Housing Benefit						
State Pension/Pension Credit						
Works Pension						
Investment Income						
Other						
Totals						

Now please complete and sign the other side of this form.

Do not include repayments to DFCU, either for the new amount, or any existing loan with us. If the purpose of your loan application is debt consolidation (for example, to clear a credit card balance), do not include payments that will no longer be necessary should your loan be granted.

EXPENDITURE

	Weekly	Fortnightly	Monthly	Termly	Quarterly	Yearly
Rent/Mortgage						
Council Tax						
Phones & Internet						
TV Licence & Subscriptions						
Gas, Electricity & Water						
Building/Contents Insurance						
Life Insurance/Annuities						
Childcare/Child Support						
Household Shopping						
Medical/Dental/Eyecare						
Travel (fares)						
Vehicle (petrol)						
Vehicle (maintenance/MOT)						
Vehicle (insurances & tax)						
Course Fees/Subscriptions						
Social/Clothing/Other						
Bank Loan Repayments						
Credit/Store Card Repayments						
Student Loan Repayments						
Hire Purchase Repayments						
Other Loan Repayments						
Pension Contributions						
Totals						

Total income less Outgoings

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I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and full information. I understand that the provision of false information is fraud and that DFCU may take appropriate action if I am found to have deliberately provided false, or misleading information.

Signature _____ **Date** _____

FOR OFFICE USE

Name	Signature	Interviewed on	Interviewed by
_____	_____	_____	_____
APPROVED / DECLINED			
Payment terms agreed: £ _____ W/M/F			
First payment due: _____			
Reason if Declined _____			
