Debt Management
Addendum - for internal use only

Brilliant Solutions

Number of dependents in house (including yourself):

Adults ☐ Children ☐

Reason for financial difficulty (✓):

Loss of job ☐ Reduced income ☐

Marriage breakdown ☐ Change of family circumstance ☐

Divorced ☐ Separated ☐

History: Please enter a brief history of your circumstances including how you came to be in the situation you are in now:

Do you have a medical condition that prevents you from working? (✓):

Yes ☐ No ☐

If Yes, please give details:

Does your partner have a medical condition that prevents them from working? (✓):

Yes ☐ No ☐

Current residential status(✓):

Homeowner ☐ Council tenant ☐

Private tenant ☐ Living with parents ☐

Other (please specify)

If you are a homeowner:

Remaining term on mortgage: years

Current mortgage lender:

Name:

Address:

Postcode

Do you have a Repossession Notice? (✓)?

Yes ☐ No ☐

If yes, is it the first or second notice? (✓) First ☐ Second ☐

When is your court date?:

Regular monthly expenditure:

Rent:		**TV licence:**	
Ground rent/service:		**TV rental:**	
Home/Contents insurance:		**Pension:**	
Buildings insurance:		**Endowment:**	
Council tax:		**ISA's/PEP's:**	
Water rates:		**School fees:**	
Electricity:		**Child care costs:**	
Gas:		**School meals:**	
Telephone:		**Vehicle tax:**	
Life assurance:		**Vehicle HP loan:**	
Car insurance:		**Travel expenses:**	
Car fuel:		**Parking:**	
Prescriptions/health:		**Clothing:**	
Food/housekeeping:		**Other (please state):**	

Total outgoings £

Current household arrears:

	Monthly arrears payments £:		Total outstanding arrears £:
Second mortgage:		**Second mortgage:**	
Rent:		**Rent:**	
Water rates:		**Water rates:**	
Electricity:		**Electricity:**	
Gas:		**Gas:**	
Council tax:		**Council tax:**	
TV licence:		**TV licence:**	
Other:		**Other:**	
Total £:		**Total £:**	

Additional information:

Would entering in to an IVA affect your employment? Yes ☐ No ☐

Do you have a pension scheme? Yes ☐ No ☐

If Yes, which type?: Personal ☐ Occupational ☐

Monthly contribution: £

Do you have any other policies? (Life assurance, endowment etc) Yes ☐ No ☐

If Yes, give details:

Do you have any funds in the bank or savings? Yes ☐ No ☐

Does anyone owe you money? Yes ☐ No ☐

If Yes, give details:

If you own a vehicle, please answer the questions below:

1st vehicle

Make and model:

Year of registration:

Is there an HP agreement on the car:

Please give details:

Estimated value of car:

2nd vehicle

Make and model:

Year of registration:

Is there an HP agreement on the car:

Please give details:

Estimated value of car:

Do you own any other type of vehicle? (motorhome, caravan, boat) Yes ☐ No ☐

If Yes, give details:

Additional information: