

## Council Tax Financial Information Form

Please phone 0191 553 4388 if you have any queries when completing this form

Your Council Tax account reference:

Your full name:

Your partner's full name:

Your full address:

Postcode:

Your phone number: Home:

Mobile:

### Yourself:

### Your partner:

National Insurance number:

Occupation:

Name and address of employer:

Payroll/works number:

Amount:

Please state if paid weekly, fortnightly or monthly.

Amount:

Please state if paid weekly, fortnightly or monthly.

Net pay (excluding Working Tax Credit):

Benefit (please specify):

Child Benefit:

Working Tax Credit:

Child Tax Credit:

Any other income not given above (including payments for board):

**Total income:**

Do you own or rent your home?

(Please tick): own

rent

I offer to pay my Council Tax by instalments of £  Weekly  Fortnightly  Monthly   
to start from:

I understand the council will make its decision on my offer using the information I have provided in this Financial Information Form. If I have not received an acknowledgement of my offer before the proposed start date, I will start the payments I have offered.

Please return this form to Council Tax, Civic Centre, Sunderland SR2 7DN