

AToM Debt Solutions

Fact Find



1) Number of dependants in house (including yourself)

Adults

Children

Marital Status

Married

Single

Living together

Widowed

Divorced

Separated

2) Reason for Financial difficulty

Loss of Job

Reduced Income

Marriage Breakdown

Change of family circumstances

Financial over commitment

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

3) Employment Status

Are you:

Employed *Part time* *Full time*

Self Employed Unemployed Retired Long term sick

If yes, please give details

Do you have a medical condition that prevents you from working?

Yes No

If yes, please give details

If you are self employed:

What is the nature of your business?

Trading Name

Business Assets

Are you a Director of ANY company?

PARTNER

Is your partner:

Employed

Part time

Full time

Self Employed

Unemployed

Retired

Long term sick

If yes, please give details

Do you have a medical condition that prevents you from working?

Yes

No

If yes, please give details

4) Current Residential Status

Homeowner

Council Tenant

Private Tenant

Living with parents

Other (please specify)

How long have you lived at this address? Years

If you are a homeowner

What is the value of your current property?

What is your current outstanding mortgage?

How much do you pay on your mortgage each month?

What is the remaining term? Years

What is the name of your current mortgage lender?

Name

Address

Reference Number

Do you have any mortgage arrears? Yes No

If yes, how many months have you missed?

Do you have a second charge on your property? Yes No

Who is it with?

What is your current monthly amount?

Do you currently have a Repossession Notice?

Yes

No

If yes, is it the first or second notice?

First

Second

When is your court date?

5) Regular Monthly Income

| INCOME | £ |
|--------------------------------|----------------------|
| Wages/Salary (NET) | <input type="text"/> |
| Overtime | <input type="text"/> |
| Partners Income (NET) | <input type="text"/> |
| Income Support | <input type="text"/> |
| Child Benefit | <input type="text"/> |
| Maintenance | <input type="text"/> |
| Retirement/Work pension | <input type="text"/> |
| Other Income | <input type="text"/> |
| Working Family Tax Credit | <input type="text"/> |
| Child Tax Credit | <input type="text"/> |
| Disability Living Allowance | <input type="text"/> |
| TOTAL INCOME | <input type="text"/> |

6) Regular Monthly Expenditure

| EXPENDITURE | £ | £ |
|-------------------------|----------------------|---|
| Mortgage | <input type="text"/> | TV Licence <input type="text"/> |
| Rent | <input type="text"/> | TV Rental <input type="text"/> |
| Second Mortgage | <input type="text"/> | Pension <input type="text"/> |
| Secured Loan | <input type="text"/> | Endowment <input type="text"/> |
| Ground Rent/Service | <input type="text"/> | ISA's/PEP's <input type="text"/> |
| Home Contents Insurance | <input type="text"/> | School Fees <input type="text"/> |
| Buildings Insurance | <input type="text"/> | Child Care Costs <input type="text"/> |
| Council Tax | <input type="text"/> | School Meals <input type="text"/> |
| Water Rates | <input type="text"/> | Vehicle Tax <input type="text"/> |
| Electricity | <input type="text"/> | Vehicle HP Loan <input type="text"/> |
| Gas | <input type="text"/> | Travel Expenses <input type="text"/> |
| Telephone | <input type="text"/> | Parking <input type="text"/> |
| Life Insurance | <input type="text"/> | Clothing <input type="text"/> |
| Car Insurance | <input type="text"/> | Other (please state) <input type="text"/> |
| Car Fuel | <input type="text"/> | |
| Prescriptions & Health | <input type="text"/> | |
| Food & Housekeeping | <input type="text"/> | |
| | | TOTAL OUTGOINGS £ |
| | | <input type="text"/> |

10) Additional Information

Have you or your partner ever been made bankrupt? Yes No

If yes, who and when?

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

Do you have a pension scheme? Yes No

If yes, is it personal or occupational? Personal Occupational

What is your monthly contribution?

Do you have any other policies? (life assurance, endowment) Yes No

If yes, please give details

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

Does anyone owe you money? Yes No

Please give details

IF YOU OWN A VEHICLE PLEASE ANSWER THE QUESTIONS BELOW:

1st Vehicle

Make and Model

Year of Registration or letter

Is there an HP agreement on the car

Please give details

Estimated value of car

2nd Vehicle

Make and Model

Year of Registration or letter

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, etc) Yes No

If yes, please provide details

Additional Information

Data Protection Act 1988 – Authority

I/we confirm that I am/we are aware that information provided to you in this form may be disclosed to third parties who may be able to further assist my/our situation, and I/we hereby authorise the disclosure of such information for such purposes.

I/we also confirm that the information provided by me/us is correct to the best of my/our knowledge

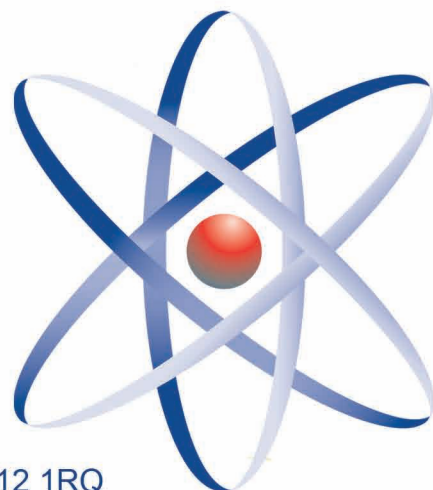
Signature(s) of client(s)

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Introducer

Name _____ Signature _____ Date _____



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