

## Debtor – Questionnaire (Gibson Booth)

All questions contained in this questionnaire are strictly confidential  
Should you require any assistance completing this questionnaire please do not hesitate to contact us on 01226 215999

Name (Last, First, M.I.):		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Occupation:	Employed <span style="float: right;"><input type="checkbox"/> Self Employed <input type="checkbox"/></span>			
Address			Home Telephone Number	
			Mobile Telephone Number	
	Post Code		Best time to call you?	
<b>DEPENDANTS</b>				
Do you have any dependant Children?		<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes please complete below, If No move to next section)		
Name (Of dependant child)			Age	
<b>RESIDENTIAL DETAILS</b>				
Do you?	<input type="checkbox"/> Own you own home <input type="checkbox"/> Live in rented accommodation <input type="checkbox"/> Live with parents			
If you own your own property please complete this section. If you do not, please move onto next section.				
Type of property?	<input type="checkbox"/> Detached <input type="checkbox"/> Semi Detached <input type="checkbox"/> Terrace <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Other - Please specify:			
Number of Bedrooms?		When did you buy the property?		
How much do you think the property is worth?				
What is the outstanding mortgage?				
How is the property owned?			<input type="checkbox"/> In my sole name <input type="checkbox"/> Jointly with: (Please specify)	
Do you have any other secured loans against the property?			<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes please detail below)	
Name of Creditor	Address		Amount Outstanding	
<b>MOTOR VEHICLES</b>		<b>VEHICLE ONE</b>		<b>VEHICLE TWO</b>
Vehicle Make & Model				
Year of Registration				

Vehicle Owner		
Estimated Value		
Condition of vehicle		
Valid MOT / expires		
Valid Insurance / expires		
Is car subject to Hire Purchase? (If yes please supply name and address and reference number of Hire Purchase company)		
What are your monthly repayments?		
What Month and Year do payments end?	Month:                      Year:	Month:                      Year:

**OTHER ASSETS**

Description (e.g. motor bike, boat)	Estimated Value	Legal Owner

**YOUR DEBTS**

**Please list all creditors – Please use additional sheets if necessary**

Name of Creditor	Address	Reference No	Total Amount Outstanding	In whose name is the debt?
				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint
				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint
				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint
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**YOUR DEBTS**

Please list all creditors – Please use additional sheets if necessary

Name of Creditor	Address	Reference No	Total Amount Outstanding £	In whose name is the debt?
				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint
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				<input type="checkbox"/> Self <input type="checkbox"/> Partner

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				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint
				<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Joint

**TOTAL CREDITORS**

**MONTHLY HOUSEHOLD INCOME & EXPENDITURE**

Please see Expenditure Guidelines on page 6

INCOME	Self	Partner	Total	EXPENDITURE	Self	Partner	Total
<b>Employed</b>				<b>Household</b>			
Average net salary/wage				Mortgage			
Regular Overtime				Rent or board			
Commissions				Secured Loan			
				Life Assurance			
<b>Benefits</b>				<b>Building Insurance</b>			

				Contents Insurance			
Unemployment benefit				Gas/Electricity			
Invalidity benefit				Council Tax			
WFTC benefit				Water Rates			
Child Benefit							
Other: Please state:				<b>Personal Expenditure</b>			
				Housekeeping (food etc)			
<b>Self Employed</b>				Sky/Digital			
				Internet			
Drawings				Landline telephone			
Commissions				Mobile Telephone			
Bonuses				TV License			
				Clothing			
<b>Other Income</b>				Entertainment			
				School trips / activities			
Pensions				<b>Travel Expenses</b>			
Investments				Vehicle Finance			
Partners Income				Vehicle Spares & Servicing			
Bank/Building Soc interest				Road Tax			
State Retirement pension				Insurance			
				Fuel / parking			
Dividend				Public Transport			
				<b>Health / Discretionary</b>			
				Pension			
				Medicines/prescriptions			
				Dentist/Optical			
				Medical/Accident Insurance			
				Sports/Hobbies/Entertainment			
				Sundries/emergencies			
				Pets, Petfood/insurance			
<b>Total Income</b>				<b>Total Expenditure</b>			

**BACKGROUND INFORMATION**

We need to be able to explain to your creditors how you came to be in financial difficulty. The more details you can provide the more your creditors will understand and be sympathetic to your situation

**When did you realise you had debt problems? (If there is any particular event such as redundancy, moving house, divorce, pregnancy etc. Please provide details)**

**What steps have you taken to manage your debt before speaking with us? (e.g. debt consolidation loan, informal arrangement, borrowing money from friend and family etc).**

**Is there any other information that you can provide that will assist us in explaining your circumstances to your creditors?**

Should you require any assistance of further information please do not hesitate to contact Head office on 01226 215999

Please return the questionnaire to the following address:

Gibson Booth Business Solutions & Insolvency  
15 Victoria Road  
Barnsley  
S70 2BB

OR Email [info@gibsonboothinsol.com](mailto:info@gibsonboothinsol.com)

## EXPENDITURE GUIDELINES

The following are guideline expenditure levels

CIRCUMSTANCES	SINGLE	COUPLE	Extra Adult / Child Multiplier	
Budget Item				
Food, Toiletries & Cleaning	£110 minimum £169 guideline £222 maximum	£192 minimum £287 guideline £354 maximum	Adult £75 minimum £105 guideline £138 maximum	Child £54 minimum £71 guideline £86 maximum
Clothing & Footwear	£0 minimum £25 guideline £34 maximum	£0 minimum £40 guideline £53 maximum	Adult £0 minimum £25 guideline £34 maximum	Child £9 minimum £18 guideline £20 maximum
Sports Hobbies & Entertainment	£0 minimum £11 guideline £17 maximum	£0 minimum £16 guideline £27 maximum	Adult £0 minimum £6 guideline £11 maximum	Child £0 minimum £6 guideline £12 maximum
Sundries & Emergencies	£0 minimum £11 guideline £12 maximum	£0 minimum £16 guideline £23 maximum	Adult £0 minimum £11 guideline £12 maximum	Child £0 minimum £6 guideline £11 maximum
Telephone inc Mobile	£0 minimum £49 guideline £57 maximum	£0 minimum £60 guideline £74 maximum	Adult £0 minimum £12 guideline £29 maximum	Child £0 minimum £7 guideline £10 maximum
Dentist and Opticians	£0 minimum £11 guideline £14 maximum	£0 minimum £22 guideline £28 maximum	Adult £0 minimum £11 guideline £14 maximum	
Medicines / Prescriptions	£0 minimum £11 guideline £11 maximum	£0 minimum £22 guideline £22 maximum	Adult £0 minimum £11 guideline £11 maximum	
Hairdressing	£0 minimum £12 guideline £12 maximum	£0 minimum £24 guideline £24 maximum	Adult £0 minimum £12 guideline £12 maximum	Child £0 minimum £5 guideline £7 maximum
School Trips			Child £0 minimum £7 guideline £7 maximum	
Childs Pocket Money			Child £0 minimum £12 guideline £12 maximum	
Meals at work	£36 maximum	£72 maximum	Adult £36 maximum	
School Meals			Child £50 maximum	
<b>Budget Item - Per Car</b>				

Fuel & parking	£0 minimum £130 guideline £202 maximum		
Spares & Servicing	£10 minimum £15 guideline £30 maximum		
<b>Budget Item – Per Household</b>			
Satellite	£26 maximum		
Pets Pet food and insurance	£0 minimum £23 guideline £34 maximum		

**SHOULD YOUR INCOME EXCEED THESE GUIDELINES PLEASE PROVIDE AN EXPLANATION AS TO THE REASON WHY**