Debtor's Account of Current State of Affairs

Bankruptcy (Scotland) Act 2016 Section 116(2)

Bankruptcy of :		
Case reference number:		<u> </u>
W	ARNING TO THE DEBTOR	
	ection 87(1) of the Bankruptcy (Scotland) Act 2016 for yours acquired by you for a period of 4 years after the date of	
On summary conviction you maximum period of three mont	by be liable to a fine not exceeding £5000, or imprisonmenths, or both.	t for a
CERTIFICATION		
	Insert name	
	Address	
	Town	
	County Postcode	
	Telephone number	
above warning and I understa information which is known to	I have provided in this form is complete and correct. I had that if I fail to divulge assets acquired by me or if I had be false that I may be subject to prosecution. I certify the complete and accurate to the best of my knowledge.	nave provided
"the date of bankruptcy" is-		
the date on which the sh decide whether you show	awarded following presentation of a petition for sequestraneriff granted warrant to require you to appear before the suld be made bankrupt; or esuch warrant was granted, the date on which the first su	sheriff to
(b) where your bankruptcy was awarded.	awarded following a debtor application, the date bankrup	cy was
Signature of debtor:	Date:	

Completion Guidance

You should complete this application pack using **BLACK INK** and **CAPITAL LETTERS** throughout.

The information on this page will help you complete the next page.

All sections of the questionnaire must be completed. If you feel that certain questions do not relate to your circumstances then you should write "not applicable".

If there is insufficient space provided for your answer, or if you have information which is not covered by any section but which your trustee should be made aware of, then additional sheets may be attached and submitted with this questionnaire.

			44.000.01				
Q 1.	(a)	If you are working, provide details of your occupation.					
	(b)	Answer "y source.	es" if Tax and Natio	onal Insurance is	deducted by you	r employer at	
	(c)	Provide de	tails of your Gross	Income (before o	leductions) from	your payslip.	
	(d)	Advise if y	our employer is aw	are of your bank	ruptcy.		
Q2.		de details of the typoyment All					
		hould also specify t kly/fortnightly/mon		w often you are p	aid		
Q3.	(a)	If you are	self-employed, pro	vide details of yo	ur occupation or	job title.	
	(b)	-	average income. Tased on earnings ov			or monthly	
	(c)	Answer "y	es" if you pay Natio	onal Insurance co	ntributions.		
Q1.	Indiv	viduals in employ	ment:				
	(a)	Occupation:					
	(b)	Tax and National	Insurance deducted	d by employer	YES	NO	
	(c)	Gross income (b	efore deductions)				
	(d)	Is your employer	aware of your banl	kruptcy ?	YES	NO	

Note: Please attach your two most recent wage/salary slips. Any documents received will be returned to you after a copy has been taken.

Q2. Individuals in receipt of Social Security benefit(s) or Tax Credits:

Benefit(s) claimed:

Type of benefit	Amount received	Frequency

Q3. Individuals who are self-employed:

(a)	Occupation:			
(b)	Average income (gross):			
(c)	Frequency of income (weekly, monthly etc):			
(d)	Are you paying National Insurance contributions	?	YES	NO 🗌

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Q4. (a) Answer "yes" if you receive any income in addition, or other than employment/benefit income (pensions annuities, grants, trusts, rents etc).

If "yes" you should provide details of any payment received. Attach any documentation relating to the payment and return it with this form.

(b) Answer "yes" if you have received any "one-off" payments since the date of bankruptcy or last report e.g. inheritances, gifts, pools/lottery wins, assurance policies, redundancy payments, or anything similar.

If "yes" you should provide details of any payments received. Attach any documentation relating to the payment and return it with this form.

Q5.	Provide details of ALL bank accounts you hold, including details of the name of the bank, branch, account type, account number and current balance.						bank, the	
Q4	Income otl	her than e	emplo	yment/benefits				
(a)	Do you have	e any othe	r sourc	e of income?	YE:	s 🗌 🛮 N	NO O	
	If "yes" ple	ase provid	e detai	ils below:				
Incor	me type		Amo	unt received		Date recei	ived	
(b)	Have you re	eceived any	/ "one-	off" payments?	YE:	s 🗌 n	NO O	
	If "yes" ple	-	e detai					
		-				Date recei	ived	
	If "yes" ple	-		ils below:		Date recei	ived	
	If "yes" ple	-		ils below:		Date recei	ived	
	If "yes" ple	-		ils below:		Date recei	ived	
	If "yes" ple	-		ils below:		Date recei	ived	
	If "yes" ple	ase provid	Amo	ils below:	ıjs a			
Q5	If "yes" ple	ase provid	Amo	unt received	A			
Incor Q5	If "yes" ple	of bank, b	Amo	g society or saving	A	ccount(s) c	operated by you:	
Incor Q5	If "yes" ple	of bank, b	Amo	g society or saving	A	ccount(s) c	operated by you:	

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The information on this page will help you complete the next 4 pages.

Q6. In order for your circumstances to be assessed fairly it is important that we receive an accurate account of the household income and expenses from all occupants. If you fail to provide the income and expenses of all parties living in the household it will be assumed that all persons pay an equal share of the household expenses.

Over the next 4 pages of this form you are required to complete the tables provided with your income and expenditure.

Q6. Income and Expenditure		
Total number of people in household Number of dependent children in household		
Salary and wages		
Income	Amount (£)	Frequency
Debtor's salary/wages		
Partner's salary/wages		
Income Debtor's salary/wages	Amount (£)	Frequency

Pensions

Pension(s)	Amount (£)	Frequency
State Pension(s)		
Private or work pension(s)		
Pension Credit		

Other income

Other income	Amount (£)	Frequency
Maintenance or child support		
Boarders or lodgers		
Non-dependant contribution		
Student loans or grants		
(To be completed with any other household income)		
(To be completed with any other household income)		
(To be completed with any other household income)		

Benefits

Type of benefit	Amount (£)	Frequency
Jobseeker's Allowance		
Income Support		
Working Tax Credits		
Child Tax Credits		
Employment and Support Allowance		
DLA, PIP or attendance allowance		
Carer's Allowance		
Housing Benefit/Local Housing Allowance		
Council Tax Reduction		
Universal Credit		
(Other)		

Please use the space provided below to give details of any benefit listed under

"other"			

Essential expenditure	Amount	Frequency
Rent		
Ground rent, service charges, factor fees		
Mortgages		
Other Secured Loans		
Building and Content Insurance		
Pension and Life insurance		
Council Tax		
Gas		
Electricity		
TV Licence		
Magistrates or Sheriff Court Fines		
Maintenance or Child Support		
Hire Purchase/Conditional Sales		
Childcare Costs		
Adult Care Costs		

Phone	Amount	Frequency
Home Phone		
Mobile Phone(s)		

Travel	Amount	Frequency
Public Transport (work, school, shopping, etc)		
Car Insurance		
Vehicle Tax		
Fuel (Petrol, Diesel, Oil, etc)		
MOT and car maintenance		
Breakdown and Recovery		
Parking Charges or Tolls		

Housekeeping	Amount	Frequency
Food and Milk		
Cleaning and Toiletries		
Newspapers and Magazines		
Cigarettes Tobacco and Sweets		
Alcohol		
Laundry and dry cleaning		
Clothing and Footwear		
Nappies and baby items		
Pet Food		

Other expenditure	Amount	Frequency
Health (dentist, glasses, prescriptions, health insurance)		
Repairs/house maintenance (including window cleaning, maintenance contracts)		
Hairdressing/haircuts		
Cable, Satellite and Internet		
TV, video and other appliance rental		
School meals and meals at work		
Pocket money and school trips		
Lottery and Pools etc.		
Hobbies/leisure/sport (include pub outings, etc.)		
Gifts (Christmas Birthday, Charity etc.)		
Vet Bills and Pet Insurance		
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All other expenses not covered above	Amount	Frequency

Please use the space provided below to explain any additional household expenses

Notes regarding all other expenses	