



**Credit Union** Co Waterford

**Dungarvan Credit Union**  
Parnell Street  
Dungarvan  
Co Waterford

## STATEMENT OF MEANS FORM

Tel: 058 44088/44094  
Fax: 058 48188

Name \_\_\_\_\_

Address \_\_\_\_\_

Member Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Marital Status \_\_\_\_\_

Dependents \_\_\_\_\_

### FOR OFFICE USE ONLY

- Please continue to make payments to your loan account whilst this application is being assessed
- Please provide a) PROOF OF INCOME (recent payslips), b) PROOF OF OUTGOINGS (Bank statement, utility bill)

You are required to make weekly payments on the account until this form is assessed and an agreed sum approved

The details on this form will be used to decide the level of repayment that Dungarvan Credit Unions Credit Committee thinks you should be able to afford. You may wish to suggest a rate at which you think you will be able to repay this debt. We will consider your suggestion and let you know if we think it is acceptable.

*I offer to pay € \_\_\_\_\_ per week/fortnight/month to repay the debt.*

INCOME	WEEKLY €	MONTHLY €	OUTGOINGS	WEEKLY €	MONTHLY €
Pension			Mortgage		
Widow's Pension			Rent		
Disability Allowance			Water Rates		
Carer's Allowance			Gas		
Wages (net)			Electricity		
Partner's Wages (net)			TV Licence		
Statutory Sick Pay			Sky/NTL/Internet		
Statutory Maternity Pay			Telephone/Mobile		
Maternity Allowance			Child Minder/Creche		
Child Benefit			Health Insurance		
Maintenance			Catalogue Accounts		
Income Support			Credit Cards		
Jobseekers Allowance			Hire Purchase		
Social Welfare Allowance			Dungarvan Credit Union		
Incapacity Benefit			Car Loan		
Contributions (lodgers)			Car Insurance		
FIS			Car Tax		
Rental of Land			Maintenance		
Rent from Property			School Meals		
Other Income (Specify)			Food		
			Holidays		
			Loans - Personal		
			Loans - Business		
			Other Expenses – (Specify)		
<b>TOTAL</b>			<b>TOTAL</b>		

- I declare that the information I have given on this form is correct and complete and failure to maintain payments may result in Dungarvan Credit Union taking further action to recover the outstanding balance, which could result in additional costs being awarded against me.
- I know that I must let you know, in writing, about any change in my circumstances which might affect my claim.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_