



[www.insolvency.govt.nz](http://www.insolvency.govt.nz) | 0508 INSOLVENCY | 0508 467 658

Send your completed form to the Insolvency and Trustee Service by: Email: [applications@insolvency.govt.nz](mailto:applications@insolvency.govt.nz) or Post: Private Bag 4714, Christchurch

## Budget Form

### Personal details

Full legal name: \_\_\_\_\_

Insolvency number: \_\_\_\_\_

Any personal information collected is for the purpose of administering a Bankruptcy in accordance with the Insolvency Act 2006. The information will be released to other parties only with your authorisation or in compliance with the Privacy Act 2020 or the Insolvency Act 2006. You may have access to and request correction of any personal information. You are obliged to provide this information under the Insolvency Act 2006.

- If your income is from a salary or wages, please provide copies of your last two pay slips.
- If your income is from self-employment or contracting, please provide a copy of your latest financial statements.
- If you are flatting or boarding, please complete the budget for your income only, as well as your share of the household expenses and all other costs.
- Or, if you are living with a spouse/partner/family then please include all the income sources for your household, including your partner's earnings, and any child support or benefits received.

These expenses are joint with my spouse/partner/family:    Yes        No

Number of adults this budget covers: \_\_\_\_\_

Number of children this budget covers: \_\_\_\_\_

### Income

**Box A - My weekly income (before tax & other deductions):**        \$ \_\_\_\_\_

### Deductions:

PAYE/Tax	\$
Child Support	\$
Kiwisaver	\$
Student Loan	\$
Other - Explain below	\$
<b>Box B - Total Deductions</b>	\$

**Household Income:**

<b>Box C - My weekly take home pay</b> (Box A minus Box B)	\$
<b>Box D - My partners weekly take-home pay</b>	\$
<b>Box E - Other income – Explain below</b>	\$
<b>Total household income after deductions</b> (Box C add Box D add Box E)	\$

**Costs/Payments:**

**Do not include general repayments of money you owe, as payments to your unsecured creditors must stop on the date that your application is accepted.**

Rent/mortgage/board	\$
Phone/power/gas	\$
Home insurance/rates	\$
Food/groceries	\$
Car payments	\$
Car insurance/maintenance	\$
Fines	\$
Petrol/diesel	\$
Public transport/parking	\$
School fees and costs	\$
Doctor/dentist	\$
Medicines/prescriptions	\$
Clothes/shoes	\$
Other costs – Explain below	\$
<b>Total amount of weekly costs/payments</b>	\$

Please explain below if any of your costs are high for any specific reason. Proof of expenses may be requested.

### **Declaration**

I have attached two wage slips OR a letter from my employer detailing my job and wages.      Yes      No

*If you answered "No" to this statement, make sure you email one of the above documents to ITS within seven days of completing this form.*

I, \_\_\_\_\_ believe that this is a correct summary of my weekly income and expenses.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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**PLEASE RETURN YOUR COMPLETED BUDGET FORM TO:**

**Email: [applications@insolvency.govt.nz](mailto:applications@insolvency.govt.nz)**

**Post: Insolvency and Trustee Service, Private Bag 4714, Christchurch 8140**