

NOAH'S ARK MONEY ADVICE SERVICE CLIENT INFORMATION FORM

In order for your referral to be accepted by Noah's Ark Money Advice Service (NAMAS) we required the attached form completing to the best of your ability. We will not make a face-to-face appointment with you until this form is completed and returned to us.

Please:

- Read through each question and answer as accurately as possible.
- Sign the client authority and client contract at sections 13 and 14.
- Complete section 12.
- Return the form to us either by email, in person or by post.
- **DO NOT ENTER TAKE OUR ANY FURTHER CREDIT WITHOUT FIRST CONSULTING WITH NAMAS.**

Thank you in advance for your cooperation.

Noah's Ark Money Advice Service
322-326 Ovenden Road
Halifax
HX3 5TJ
T: 01422 364664
E: debt@noahsarkcentre.org.uk
W: www.noahsarkcentre.org.uk

We are very grateful to the National Lottery Community Fund who kindly fund this project.



NOAH'S ARK MONEY ADVICE SERVICE CLIENT INFORMATION FORM

DATE

NAMAS REF.:

Part 1: BASIC DETAILS

	1 ST PERSON	2 ND PERSON
Surname:		
First Name(s):		
Address:		
Postcode:		
Date of Birth:		
Telephone (M):		
Email Address:		
NI Number:		

Part 2: REFERRING ORGANISATION

Referring Organisation:		Caseworker:	
Contact Number:		Email Address:	

Part 3: BRIEF SUMMARY OF CLIENTS PRESENTING PROBLEMS

IS THERE ANY URGENCY IN THE CLIENT(S) SITUATION? E.G. BAILIFF'S, EVICTION ORDER, COMMITTAL, ARREST WARRANT

YES / NO

If yes please advise:

Part 4: FAMILY & DEPENDENTS

Full Name	Relationship	D.O.B.	Occupations	Financially Dependent?

Part 5: CONSENT TO REQUEST CREDIT FILE FROM EXPERIAN

Client consents to Noah's Ark Money Advice Service requesting a copy of their credit file?	YES / NO
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Part 6: SIX YEAR CLIENT ADDRESS HISTORY (INCLUDING CURRENT)

Address:	Dates from & till:

Part 7: INCOME1ST PERSON2ND PERSON**7(i): EARNINGS**

	Amount	Frequency	Amount	Frequency
Salary or Wages (take home pay)	£		£	
Income from Self -Employment	£		£	
Other Salary or Wages	£		£	

7(ii): BENEFITS AND TAX CREDITS

Job Seekers Allowance (income or contribution)	£		£	
Universal Credit	£		£	
Income Support	£		£	
Working Tax Credits	£		£	
Child Tax Credits	£		£	
Child Benefit	£		£	
Employment Support Allowance or SSP	£		£	
Disability Living Allowance or PIP	£		£	
Carers Allowance	£		£	
Housing Benefit or Local Housing Allowance	£		£	
Council Tax Reduction	£		£	
Other Benefits (e.g. SMP, Guardianship)	£		£	

7(iii): PENSIONS

State Pension	£		£	
Pension Credit	£		£	
Private and Work Pensions	£		£	
Other Pensions	£		£	

7(iv): OTHER INCOME

Maintenance or Child Support	£		£	
Boarders or Lodgers	£		£	
Non-dependants Contribution	£		£	
Student Loans or Grants	£		£	
Other	£		£	

7(v): 3RD PARTY DEDUCTIONS

Do you have any 3 rd party deductions from your benefits or earnings?	Yes / No
If yes, please confirm who:	

Part 8: INSOLVENCY HISTORY

Have you ever previously been insolvent i.e. been Bankrupt, subject to an Individual Voluntary Arrangement or had a Debt Relief Order?	Yes / No
If yes, what type of insolvency and when:	

Part 9: EXPENDITURE**9(i): FIXED COSTS**

Expenditure	Amount	Frequency				
		Monthly	Weekly	2 weekly	4 weekly	Annual
HOME & CONTENTS						
Rent	£					
Mortgage	£					
Secured Loans	£					
Council Tax / Rates	£					
Mortgage Endowment	£					
Secured Loans	£					
Appliance & Furniture Rental	£					
Ground Rent / Service Charge	£					
TV Licence	£					
Other costs	£					

		Monthly	Weekly	2 weekly	4 weekly	Annual
UTILITIES						
Gas	£					
Electricity	£					
Other Fuel e.g. Coal / Oil	£					
Water	£					
CARE & HEALTH COSTS						
Childcare Costs	£					
Adult-care Costs	£					
Prescriptions & medicines	£					
Dentistry & opticians	£					
TRANSPORT & TRAVEL						
Public transport	£					
HP or conditional sale vehicle	£					
Car Insurance	£					
Road Tax	£					
MOT and Ongoing Maintenance	£					
Breakdown Cover	£					
Fuel, Parking etc	£					
Other costs e.g. taxi's	£					
SCHOOL COSTS						
School Uniform	£					
After School Clubs & Trips	£					
Other School costs	£					
PENSION & INSURANCES						
Pension Payments	£					
Life Insurance	£					
Mortgage Payment Protection	£					
Buildings & Contents Insurance	£					
Health Insurance	£					
PROFESSIONAL COSTS						
Professional Courses	£					
Union Fees	£					
Professional Fees	£					
OTHER ESSENTIAL COSTS						
Other Essential Costs	£					
Other Essential Costs	£					
9(ii): COMMUNICATIONS AND LEISURE						
Home Phone, Internet, TV etc	£					
Mobile Phone	£					
Hobbies, Leisure or Sport	£					
Gifts (birthdays, Xmas)	£					
Pocket Money	£					
Newspapers & Magazines	£					
Other	£					
9(iii): FOOD & HOUSEKEEPING						
Groceries food, pet food, drinks	£					
Nappies & Baby Items	£					
School Meals & Work Meals	£					
Laundry & Dry Cleaning	£					
Alcohol	£					
Smoking Products	£					
Vet Bills & Pet Insurance	£					
House Repairs & Maintenance	£					
Other	£					
9(iv): PERSONAL COSTS						
Clothing & Footwear	£					
Hairdressing	£					
Toiletries	£					
Other	£					

Part 10: DEBTS**10(i): PRIORITY DEBTS**

Type of Debt / Arrears	Creditor Details	Account Number	Who's Name is Debt in	Approx. Amount Owed £
Mortgage				
Rent				
Secured Loan				
Gas				
Electricity				
Council Tax				
Council Tax				
Council Tax				
Council Tax				
Council Tax				
Council Tax				
Maintenance / CSA				
HP Arrears (essential)				
Water rates				
Universal Credit Advance Payment				
Housing Benefit Overpayment				
Tax Credit Overpayment				
Other				

10(ii): NON-PRIORITY DEBTS (EVERYONE ELSE NOT INCLUDED ABOVE)

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

13.				
14.				
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17.				
18.				
19.				
20.				
21.				
22.				
23.				

Part 11: ASSETS

11(i): YOUR HOME

Do you own your own home?	Yes / No
How much is your home worth?	£
How much is the total amount of mortgage owing?	£
Do you have any secured loans?	£
Total Equity in Property	£

11(ii): OTHER ASSETS

Do you own any other property?	Yes / No
How much is the property worth?	£
Total Net Value of Other Assets	£

11(iii): CAR

Do you own a vehicle(s)?	Yes / No
What is the value or your vehicle(s)?	£
Is there any hire purchase attaching? Amount owed?	Yes / No £
Total Value of Vehicle	£

11(iv): SAVINGS

Current Account Balance	£
Savings Account Balance	£
Value of ISA's	£
Total Value of Savings	£

11(v): OTHER INVESTMENTS

Share Portfolio	£
Unit / Investment Trust	£
Stocks & Shares ISA	£
Other Investments	£
Total Value of Other Investments	£

11(vi): PENSIONS

Do you have a pension plan?	Yes / No
Name of Pension Provider(s)	
Is this an Approved Pension Provider(s)?	
Has client considered encashment?	Yes / No
Approximate value of Pension fund(s)?	£
Total Value of Pension Fund(s)	£

11(vii): OTHER ASSETS

Do you have any other assets e.g. business items, jewellery, antiques, money owed to you etc?	Yes / No
Total Value of Other Assets	£

**Part 12 (a): EMOTIONAL WELLBEING
(SOLE OR JOINT)**

NAMAS REF.:

We are interested in both your emotional and financial health. Debt is often the cause of anxiety and depression. The Lottery Community Fund funds our project and they would like to know how our advice has impacted on your mental health and your ability to manage your finances. The following questions will enable us to provide meaningful feedback. Please put a cross in the box that best fits how you've felt in the last week.

YOU DO NOT NEED TO COMPLETE THIS SECTION IF YOU FEEL YOU'D RATHER NOT PROVIDE THIS INFORMATION.

1st person: over the last week in regards your emotional wellbeing:

	Never	Rarely	Some times	Often	Most of the time
1. I've felt edgy or nervous	1				5
2. I haven't felt like talking to anyone	1				5
3. I've felt able to cope when things go wrong	5				1
4. There's been someone I felt able to ask for help	5				1
5. My thoughts and feelings distressed me	1				5
6. My problems have felt too much for me	1				5
7. It's been hard to go to sleep or stay asleep	1				5
8. I've felt unhappy	1				5
9. I've done all the things I wanted to	5				1

2nd person: over the last week in regards your emotional wellbeing:

	Never	Rarely	Some times	Often	Most of the time
1. I've felt edgy or nervous	1				5
2. I haven't felt like talking to anyone	1				5
3. I've felt able to cope when things go wrong	5				1
4. There's been someone I felt able to ask for help	5				1
5. My thoughts and feelings distressed me	1				5
6. My problems have felt too much for me	1				5
7. It's been hard to go to sleep or stay asleep	1				5
8. I've felt unhappy	1				1
9. I've done all the things I wanted to	5				1

Part 12(b): PLEASE USE THIS SPACE TO TELL US HOW YOUR MONEY PROBLEMS ARE MAKING YOU FEEL

Part 13: AUTHORITY TO ACT (SOLE OR JOINT)

CLIENT NAME (1):

CLIENT NAME (2):

ADDRESS:

To whom it may concern

Authorisation

I / we give consent for Noah's Ark Centre to act on my / our behalf. I / we confirm the information provided to them is true and correct to the best of my / our knowledge.

I / we confirm Noah's Ark Centre of 322-326 Ovenden Road, Halifax HX3 5TJ is assisting me / us with my / our financial affairs and I hereby authorise them to act on my / our behalf. I / we authorise you to supply to Noah's Ark Centre any relevant information that you may hold about me / us and any accounts that I / we may have with you.

SIGNED (1):

CLIENT NAME (2):

SIGNED(1):

CLIENT NAME (2):

Date



working in association with
community money advice

Noah's Ark Centre is authorised and regulated by the Financial Conduct Authority.
Registration number 618810.

Part 14: CLIENT CONTRACT (SOLE OR JOINT)

You have asked for help from Noah’s Ark Money Advice Service (NAMAS) with your finances and/or debt issues and this agreement is so that both you and NAMAS understand how we will work together. NAMAS is a free service and you will not be asked to make payment for any work that we do for you or asked to make any contribution.

All information obtained by NAMAS about your circumstances will remain confidential to NAMAS. All paperwork will be locked away when not in use and any electronic records are always password protected. We are required under the Data Protection Act to keep your records for six years following the closure of your case. You are free to see a copy of your case notes and correspondence at any time and your adviser will provide paper copies on request. The details of your creditors will be revealed to other creditors on production of the financial statement, especially when making any offers of repayment.

Your circumstances will only be discussed with anyone outside of NAMAS with your express permission. The only exception to this is if information is requested by the process of law. If during the course of working together, you do not carry out any actions necessary to prevent benefit/tax fraud or you fail to cease being involved in anything identified as illegal activity, we will have no option but to close your case.

You agree that whilst working with NAMAS, you will not seek to take out any further borrowing without first consulting with your adviser. If you do take out or seek to take out further borrowing, then we may have to close your case.

If you fail to keep appointments without giving reasonable notice or explanation we may feel it necessary to terminate the advice process. We provide an important service to our clients and our time is valuable – failing to attend appointments means that our time is wasted; time which could be better utilised helping others.

Whilst working with you we will be completing a financial statement. This will require you to supply details of your income and outgoings and we are required to confirm that we have seen proof of your income.

As a result of our involvement with your case your credit rating may be adversely affected. This is because the credit rating agencies will become aware of your situation.

If you have a complaint please discuss it with your adviser first but if you are not satisfied, you may contact the following, marking any correspondence Private & Confidential: The Manager, Noah’s Ark Money Advice Service, 322-326 Ovenden Road, Halifax, HX3 5TJ.

You consent to Noah’s Ark Money Advice Service contacting you by:

- POST PHONE EMAIL

You consent to your personal data being retained and processed by Noah’s Ark Money Advice Service for the purposes of money/debt advice. You understand that you can at anytime request for your personal data to be deleted, except where the process of law requires your personal data to be retained.

SIGNED (1):

CLIENT NAME (2):

SIGNED(1):

CLIENT NAME (2):

DATE:

Part 15: FILE NOTES

Empty space for file notes.

Part 16: CHECKLIST

CMA CENTRE LEAFLET GIVEN	CLIENT CONTRACT SIGNED
EXPERIAN CHECK DISCUSSED	DEBT OPTIONS DISCUSSED
DRO REASON WHY LETTER SIGNED	COPY DRO APPLICATION GIVEN
SFS SIGNED	CLIENT AUTHORITY SIGNED