|  |  |
| --- | --- |
| **Application for financial assessment in respect of:** | **Please tick** |
| 1. **Adoption Support Payment** |  |
| 1. **Residence Order Payment** |  |
| 1. **Special Guardianship Order Payment** |  |

**By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr/Mrs/Miss/Ms/Dr |  | Mr/Mrs/Miss/Ms/Dr |  |
| Person ID Number |  | Person ID Number |  |

**In respect of:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child 1: |  | Date of Birth: |  |
| Child 2: |  | Date of Birth: |  |
| Child 3: |  | Date of Birth: |  |
| Child 4: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Social Worker: |  |
| Telephone No: |  |

# Part 1: General

Applicant 1

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Title: Mr/Mrs/Miss/Ms/Dr/Other: |  |
| Date of Birth: |  |
| N.I Number: |  |
| Main Address (Permanent Home): |  |
|  |  |
| Postcode: |  |
| Email address: |  |
| Telephone No: |  |

Applicant 2/ Partner

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Title: Mr/Mrs/Miss/Ms/Dr/Other: |  |
| Date of Birth: |  |
| N.I Number: |  |
| Main Address (Permanent Home): |  |
|  |  |
| Postcode: |  |
| Email address: |  |
| Telephone No: |  |

Children

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| Relationship: |  |

**Benefits received for child including child benefit:**

| Amount (£) | Per month/week/ 4 weekly |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| Relationship: |  |

**Benefits received for child including child benefit:**

| Amount (£) | Per month/week/ 4 weekly |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| Relationship: |  |

**Benefits received for child including child benefit:**

|  |  |
| --- | --- |
| Amount (£) | Per month/week/ 4 weekly |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| Relationship: |  |

**Benefits received for child including child benefit:**

| Amount (£) | Per month/week/ 4 weekly |
| --- | --- |
|  |  |
|  |  |

# Part 2: Income Details

Benefits: Applicant 1

| Benefit | Amount (£) | Per month/weekly/ 2-weekly 4-weekly |
| --- | --- | --- |
| Income Support |  |  |
| Pension Credit/Guarantee Credit |  |  |
| Pension Credit/Saving Credit |  |  |
| Income Based Job Seekers Allowance |  |  |
| Contribution Based Job Seekers Allowance |  |  |
| Child Tax Credit |  |  |
| Working Tax Credit |  |  |
| Retirement Pension |  |  |
| Occupational Pension |  |  |
| DLA (Care) |  |  |
| DLA (Mobility) |  |  |
| War Disablement Pension |  |  |
| War Widows Pension |  |  |
| Industrial Injuries Benefit |  |  |
| Attendance Allowance |  |  |
| Severe Disability Allowance |  |  |
| Statutory Sick Pay |  |  |
| Carers Allowance (ICA) Paid to you |  |  |
| Incapacity Benefit |  |  |
| Income Based Employment and  Support Allowance |  |  |
| Statutory Maternity Pay |  |  |
| Maternity Allowance |  |  |
| Statutory Adoption Pay |  |  |
| Statutory Paternity Pay |  |  |
| Other: Please state below: |  |  |

**Please provide verification of all benefits received by sending a copy of the award**

**notification or bank statement showing payment.**

**Provide verification of occupational pensions by sending a copy of your latest payslip or**

**bank statement showing payment.**

Benefits: Applicant 2 / Partner

| Benefit | Amount (£) | Per month/weekly/ 2-weekly 4-weekly |
| --- | --- | --- |
| Income Support |  |  |
| Pension Credit/Guarantee Credit |  |  |
| Pension Credit/Saving Credit |  |  |
| Income Based Job Seekers Allowance |  |  |
| Contribution Based Job Seekers Allowance |  |  |
| Child Tax Credit |  |  |
| Working Tax Credit |  |  |
| Retirement Pension |  |  |
| Occupational Pension |  |  |
| DLA (Care) |  |  |
| DLA (Mobility) |  |  |
| War Disablement Pension |  |  |
| War Widows Pension |  |  |
| Industrial Injuries Benefit |  |  |
| Attendance Allowance |  |  |
| Severe Disability Allowance |  |  |
| Statutory Sick Pay |  |  |
| Carers Allowance (ICA) Paid to you |  |  |
| Incapacity Benefit |  |  |
| Income Based Employment and  Support Allowance |  |  |
| Statutory Maternity Pay |  |  |
| Maternity Allowance |  |  |
| Statutory Adoption Pay |  |  |
| Statutory Paternity Pay |  |  |
| Other - Please state below: |  |  |

**Please provide verification of all benefits received by sending a copy of the award**

**notification or bank statement showing payment.**

**Provide verification of occupational pensions by sending a copy of your latest payslip or**

**bank statement showing payment.**

# Part 2: Income Details continued

Other Income

|  |  |  |
| --- | --- | --- |
| Applicant 1 Income | Amount (£) | Per month/weekly/ 4-weekly |
| Net Earnings |  |  |
| Maintenance |  |  |
| Annuity |  |  |
| Income from Boarders |  |  |
| Income from Tenants / Lettings |  |  |
| Other income – please state below: |  |  |

|  |  |  |
| --- | --- | --- |
| Applicant 2 / Partner Income | Amount (£) | Per month/weekly/ 4-weekly |
| Net Earnings |  |  |
| Maintenance |  |  |
| Annuity |  |  |
| Income from Boarders |  |  |
| Income from Tenants / Lettings |  |  |
| Other income – please state below: |  |  |

**Please provide verification of your earnings - at least 3 of your most recent payslips if you are paid monthly. If you are paid weekly, we will need to see at least 5 of your most recent payslips.**

Self Employed

|  |  |
| --- | --- |
| Applicant 1 | Amount (£) |
| Annual Net Income/ Profit |  |
| Applicant 2 / Partner | Amount (£) |
| Annual Net Income/ Profit |  |

**Leicester City Council may need to contact your Accountant to discuss your accounts or to obtain an up-to-date copy. Please provide the name and address of your Accountant and sign on the following page giving Leicester City Council the authority to contact your Accountant direct.**

Accountant details  
Applicant 1:

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Date: |  |
| Signature |  |

Applicant 2 / Partner:

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Date: |  |
| Signature |  |

# Part 3: Savings and Investments

Please provide details of savings owned by you and your partner below. Savings and investments include cash, stocks and shares etc. Please enclose Bank, Building Society statements etc to verify the amounts declared.

(For joint accounts please enter information once only and state that it is a joint account).

Applicant 1:

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Other Investments e.g. shares, ISAs etc (Give details e.g. name and numbers of shares held and current value of ISAs) |  |

Applicant 2 / Partner:

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Bank/Building Society (name) |  |
| Branch: |  |
| Account Name: |  |
| Account Number: |  |
| Balance £ |  |
| As at date: |  |

|  |  |
| --- | --- |
| Other Investments e.g. shares, ISAs etc (Give details e.g. name and numbers of shares held and current value of ISAs) |  |

# Part 4: Housing Tenure

Main Residence

|  |  |  |  |
| --- | --- | --- | --- |
| Do you/your partner own the property you occupy as your main residence | | | YES / NO |
| Do you have a mortgage on the property? | | | YES / NO |
| If YES please provide details (please provide verification) | 1ST Mortgage  Amount (£) | 2nd Mortgage  Amount (£) | |
| Monthly Payments |  |  | |
| Monthly Buildings Insurance Premium |  |  | |
| Do you/your partner own any other property? If yes please provide details in part 5 | | | YES / NO |
| If you are a tenant, please complete the following and provide verification | Amount (£) | Per month/weekly/ 4-weekly | |
| Gross rent |  |  | |
| Services |  |  | |
| Housing Benefit |  |  | |
| Rent Paid |  |  | |

Other Expenses

| If you are a tenant, please complete the following and provide verification | Amount (£) | Every – month, week, etc. |
| --- | --- | --- |
| Council Tax |  |  |
| Less Council Tax Benefit |  |  |
| Amount paid per year |  |  |
| Water Rates |  |  |
| House Contents Insurance |  |  |
| Life Insurance |  |  |
| Court Orders |  |  |
| Maintenance Orders |  |  |
| Other (Please specify other) |  |  |

# Part 5: Other Information

Use this space to tell us any other information you think we should know:

|  |
| --- |
|  |

# Part 6: Declaration – Data Protection

**The information collected on this form will be held on a computer and used forthe purposes of assessing the applicant's finances with a view to determining the level of adoption support payment, resident order payment or special guardianship order payment.**

1. I/we certify that the information given on this form represents a true statement of my/our financial circumstances;
2. I/We agree that Leicester City Council may make enquiries to my/our employer(s), to other Local Authority departments and agencies eg Department for Work and Pensions in order to verify this information.
3. I/We agree to notify Leicester City Council immediately of any change in my/our financial circumstances and accept that any financial assistance provided by Leicester City Council may be reviewed in accordance with any such change. In light of this/we accept that any overpayment we have received may be refunded to Leicester City Council.

# Signature of Applicants

**Applicant 1 Applicant 2 / Partner**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |

**This form contains confidential information which must not be disclosed to any person except with the consent of the applicant(s) or in accordance with the Data Protection Act 1998 and the department of health guidance to social services on that act.**