**Leicester City Council**

**CHILDREN ACT 1989**

|  |
| --- |
| **Application for financial assessment in respect of:** |

1. Adoption Support Payment
2. Residence Order Payment
3. 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 |
| Tel No |

PART 1 **GENERAL**

|  |  |
| --- | --- |
| **Applicant 1** | **Applicant 2/Partner** |
| Surname | Surname |
| Forenames | Forenames |
| Title   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Mr | Mrs | Miss | Ms | Dr |   Other (please state) | Title   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Mr | Mrs | Miss | Ms | Dr |     Other (please state) |
| Date of Birth | Date of Birth |
| N.I Number | N.I Number |
| Main Address (Permanent Home)  Post Code | Main Address (Permanent Home)  Post Code |
| Email | Email |
| Tel No | Tel No |

|  |  |
| --- | --- |
| **Children** | |
| 1 | 2 |
| Surname | Surname |
| Forenames | Forenames |
| Date of Birth | Date of Birth |
| Relationship | Relationship |
| **Benefits received for child including child benefit** | **Benefits received for child including child benefit** |
| Amount £ | Amount £ |
| mth/wk/4wk | mth/wk/4wk |
| 3 | 4 |
| Surname | Surname |
| Forenames | Forenames |
| Date of Birth | Date of Birth |
| Relationship | Relationship |
| **Benefits received for child including child benefit** | **Benefits received for child including child benefit** |
| Amount £ | Amount £ |
| mth/wk/4wk | mth/wk/4wk |

PART 2 **INCOME DETAILS**

|  |  |
| --- | --- |
| **Benefits** | |
| **Applicant 1** | **Applicant 2 Partner** |
| Income Support **Amount :**  **Per mth/wk/2wk/4wk** | Income Support **Amount :**  **Per mth/wk/2wk/4wk** |
| Pension Credit/Guarantee Credit **Amount :**  **Per mth/wk/2wk/4wk** | Pension Credit/Guarantee Credit **Amount :**  **Per mth/wk/2wk/4wk ……** |
| Pension Credit/Saving Credit **Amount :**  **Per mth/wk/2wk/4wk** | Pension Credit/Saving Credit **Amount :**  **Per mth/wk/2wk/4wk** |
| Income Based Job Seekers Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Income Based Job Seekers Allowance **Amount :**  **Per mth/wk/2wk/4wk** |
| Contribution Based Job Seekers | Contribution Based Job Seekers |
| Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Allowance **Amount :**  **Per mth/wk/2wk/4wk** |
| Child Tax Credit **Amount :**  **Per mth/wk/2wk/4wk** | Child Tax Credit **Amount :**  **Per mth/wk/2wk/4wk** |
| Working Tax Credit **Amount :**  **Per mth/wk/2wk/4wk** | Working Tax Credit **Amount :**  **Per mth/wk/2wk/4wk** |
| Retirement Pension **Amount :**  **Per mth/wk/2wk/4wk** | Retirement Pension **Amount :**  **Per mth/wk/2wk/4wk** |
| Occupational Pension **Amount :**  **Per mth/wk/2wk/4wk** | Occupational Pension **Amount :**  **Per mth/wk/2wk/4wk** |
| DLA (Care) **Amount :**  **Per mth/wk/2wk/4wk** | DLA (Care) **Amount :**  **Per mth/wk/2wk/4wk** |
| DLA (Mobility) **Amount :**  **Per mth/wk/2wk/4wk** | DLA (Mobility) **Amount :**  **Per mth/wk/2wk/4wk** |
| War Disablement Pension **Amount :**  **Per mth/wk/2wk/4wk** | War Disablement Pension **Amount :**  **Per mth/wk/2wk/4wk** |
| War Widows Pension **Amount :**  **Per mth/wk/2wk/4wk** | War Widows Pension **Amount :**  **Per mth/wk/2wk/4wk** |
| Industrial Injuries Benefit **Amount :**  **Per mth/wk/2wk/4wk ……** | Industrial Injuries Benefit **Amount :**  **Per mth/wk/2wk/4wk** |
| Attendance Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Attendance Allowance **Amount :**  **Per mth/wk/2wk/4wk** |
| Severe Disability Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Severe Disability Allowance **Amount :**  **Per mth/wk/2wk/4wk** |
| Statutory Sick Pay **Amount :**  **Per mth/wk/2wk/4wk** | Statutory Sick Pay **Amount :**  **Per mth/wk/2wk/4wk** |
| Carers Allowance (ICA) Paid to you **Amount :**  **Per mth/wk/2wk/4wk** | Carers Allowance (ICA) Paid to you **Amount :**  **Per mth/wk/2wk/4wk** |
| Incapacity Benefit **Amount :**  **Per mth/wk/2wk/4wk** | Incapacity Benefit **Amount :**  **Per mth/wk/2wk/4wk** |
| Income Based Employment and | Income Based Employment and |
| Support Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Support Allowance **Amount :**  **Per mth/wk/2wk/4wk** |
| Statutory Maternity Pay **Amount :**  **Per mth/wk/2wk/4wk** | Statutory Maternity Pay **Amount :**  **Per mth/wk/2wk/4wk** |
| Maternity Allowance **Amount :**  **Per mth/wk/2wk/4wk** | Maternity Allowance **Amount : Per mth/wk/2wk/4wk ……** |
| Statutory Adoption Pay **Amount :**  **Per mth/wk/2wk/4wk** | Statutory Adoption Pay **Amount :**  **Per mth/wk/2wk/4wk** |
| Statutory Paternity Pay **Amount :**  **Per mth/wk/2wk/4wk** | Statutory Paternity Pay **Amount :**  **Per mth/wk/2wk/4wk** |
| Other **Amount : Per mth/wk/2wk/4wk** | Other **Amount : Per mth/wk/2wk/4wk** |
| **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** | | | **Applicant 2/Partner** | |
| Amount (£) | | Per mth/wk/4wk | Amount (£) | Per mth/wk/4wk |
| Net Earnings |  |  |  |  |
| Maintenance |  |  |  |  |
| Annuity |  |  |  |  |
| Income from Boarders |  |  |  |  |
| Income from Tenants/  Lettings |  |  |  |  |
| Other Income (*state* |  |  |  |  |

|  |
| --- |
| **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 below giving Leicester City Council the**  **', authority to contact your Accountant direct.** |

|  |  |
| --- | --- |
| **Self Employed** | |
| **Applicant 1** | **Applicant 2/Partner** |
| **Annual Net Income/Profit**  **£** | **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 below giving Leicester City Council the ', authority to contact your Accountant direct.** | |
| **Accountant** | **Accountant** |
| Name | Name |
| Address  Post Code | Address  Post Code |
| Date | Date |
| Signature | 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** | **APPLICANT 2** |
| 1 | 2 |
| Bank/Building Society (*name*) | Bank/Building Society (*name*) |
| Branch | Branch |
| Account Name | Account Name |
| Account Number | Account Number |
| Balance £ as at (date) | Balance £ as at (date) |
| 3 | 4 |
| Bank/Building Society (*name*) | Bank/Building Society (*name*) |
| Branch | Branch |
| Account Name | Account Name |
| Account Number | Account Number |
| Balance £ as at (date) | Balance £ as at (date) |
| 5 | 6 |
| Bank/Building Society (*name*) | Bank/Building Society (*name*) |
| Branch | Branch |
| Account Name | Account Name |
| Account Number | Account Number |
| Balance £ as at (date) | Balance £ as at (date) |
| OTHER INVESTMENTS eg shares, ISAs etc (Give details eg name and numbers of shares held and current value of ISAs) | OTHER INVESTMENTS eg shares, ISAs etc (Give details eg 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)* | | | | | |
| Monthly payment | | | 1ST Mortgage  £  £ | 1ST Mortgage  £  £ | |
| Monthly Buildings Insurance Premium | | |  |  | |
| Do you/your partner own any other property? *If yes please provide details in part 5 below* | | | Yes | No | |
| If you are a tenant, please complete the following *and provide verification* | | | | | |
| Gross rent | | £ per week | | | |
| Services | | £ per week | | | |
| Housing Benefit | | £ per week | | | |
| Rent Paid | | £ per week | | | |
| **OTHER EXPENSES** | | | | |
| Council Tax £ | Medical Expenses (specify) £ Every | | | |
| Less Council Tax Benefit £ | Court Orders £ Every | | | |
| Amount paid per year £ | Maintenance Orders £ Every | | | |
| Water Rates £ Every |  | | | |
| House Contents Insurance £ Every |  | | | |
| Life Insurance £ Every |  | | | |
| Other *(Please specify other)* £ Every |  | | | |

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| PART 5 **OTHER INFORMATION**  *Use this space to tell us any other information you think we should know* |

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| **DECLARATION**  **DATA PROTECTION**  **THE INFORMATION COLLECTED ON THIS FORM WILL BE HELD ON A COMPUTER AND USED FOR**  **THE 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. |

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| **SIGNATURE OF APPLICANTS**  **APPLICANT 1 APPLICANT 2/Partner**  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** |

Complete forms to be sent to: -

Leicester City Council