

Financial Assessment form 2015 -16

Private and Confidential: Only authorised people will be allowed to read this form

Please return completed form with original supporting documents (as applicable) to:

Daedra O'Connor
Barnet Council, Building 2 2nd Floor
North London Business Park,
Oakleigh Road South,
London
N11 1NP

Or email to :

Daedra.oconnor@barnet.gov.uk

Telephone : 0208 359 3837

Ref : Family Services Finance Team/SGO/RO/1516

Section 1 For ALL to READ

Please read the notes below before you fill in the financial assessment form.

The purpose of the financial assessment is to ascertain whether you are eligible for financial support and, if so, how much. It is important you complete all relevant sections and declare savings and capital assets (e.g. property).

If you do not complete a financial assessment we will be unable to assess you for financial support.

If you have any questions or need help completing the form then please contact us for assistance. Contact details are included on the front page of the form.

As part of the review, we will need to see the following documentation as applicable:

- 2 months' payslips if employed
- Latest set of filed accounts if self employed
- Details of all pension payments (e.g. state, private and occupational)
- Current, rent or mortgage statement
- Rental income on second properties
- Dividend income
- Current council tax statement
- Current water, electricity and gas bills
- Current housing benefit statement
- Any benefit award statements e.g. Job Seekers, DLA, PIP, Income support, child and working tax credits
- 3 months Bank statements (to include all Savings accounts)

It is recommended that you return the form and documents by **recorded delivery**. However, electronic copies will be accepted.

If after this form has been completed, your financial circumstances change, you will need to contact us immediately so we can update our records and reassess your financial situation.

Section 2 Your Details

Title Mr Mrs Miss Ms Other

First Names

Surname

Address

Postcode

**Home &
Mobile
number**

Email address

Date of birth

Marital Status:

Single With Partner Married Separated Divorced Widowed

Section 3 Other people including children in household

Do you have any dependants or other adults living with you? Yes No If 'Yes', please give details below

First Name	Surname	Relationship to you	Date of birth	In full time education Y/N
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Section 4 Your Weekly Income

Column 1

Column 2

Please provide documentation as applicable

Income

	Your Own income	State if weekly or monthly	Your partners income	State if weekly or monthly	Notes
Income from Employment (including any overtime)					
Bonus from employment					
State Pension					
Occupational Pension					
Private Pension					
Any Other Pension					
War Widows / War Disablement Pension **					
Attendance Allowance					

Column 1**Column 2****Please provide documentation as applicable****Income**

	Your Own income	State if weekly or monthly	Your partners income	State if weekly or monthly	Notes
Income Support (IS)					
Jobseeker's Allowance (JSA)					
Employment Support Allowance (ESA)					
Personal Independent Payment (PIP)					
Disability Living Allowance (DLA) – Care Component					
Disability Living Allowance (DLA) – Mobility Component					
Carer's Allowance					
Severe Disability Allowance					
Industrial Injuries Disablement Benefit					

Column 1**Column 2****Please provide documentation as applicable**

Income

Your Own income
State if weekly or monthly**Your partners income**
State if weekly or monthly**Notes**

Child Benefit

Child Tax Credit

Working Tax Credit

Child Maintenance you receive

Existing SGO/RO Allowance

Statutory/Maternity allowance

Any Other Income 1

Any Other Income 2

Any Other Benefits 1

Any Other Benefits 2

Total Income

	Your Own income	State if weekly or monthly
Child Benefit		
Child Tax Credit		
Working Tax Credit		
Child Maintenance you receive		
Existing SGO/RO Allowance		
Statutory/Maternity allowance		
Any Other Income 1		
Any Other Income 2		
Any Other Benefits 1		
Any Other Benefits 2		
Total Income	£	

	Your partners income	State if weekly or monthly	Notes
Child Benefit			
Child Tax Credit			
Working Tax Credit			
Child Maintenance you receive			
Existing SGO/RO Allowance			
Statutory/Maternity allowance			
Any Other Income 1			
Any Other Income 2			
Any Other Benefits 1			
Any Other Benefits 2			
Total Income	£		

2nd and Subsequent properties owned or partly owned either in the UK or Abroad

Address 1:	Rental income	expenses
Address 2:	Rental income	expenses
Address 3:	Rental income	expenses

Please continue on a separate sheet if necessary.

Section 5 Savings and Investments

Please enter in this section detail of all savings and investments that you have. If they are held jointly with your partner or any other person or persons you must show the full amount. We will assume that jointly held savings and investments will be shared equally unless you can give us documentary proof to show that they are held in different proportions. **You must send us proof of all savings and investments, for example, photocopies of a recent full bank statement or a savings account book, will give us the evidence we need.**

Do you, your partner or any other person(s) have any of the following? Please complete for each bank account / stock holding held and provide 3month's worth of statements.

	Name on Account	Current Balance £	Interest earned £	State if monthly/annual
Bank Account 1				
Bank Account 2				
Bank Account 3				
Bank Account 4				
Bank Account 5				
Post Office Savings Account				
ISA Account 1				
ISA Account 2				
ISA Account 3				

Name on Account	Current Balance £	Interest earned £	State if monthly/annual
Premium Bonds			
National Savings Certificates			
Income Bonds / Capital Bonds (Capital Holding)			
Court of Protection Funds			
Funds Held in Trust			
Any other savings (please supply details)			

Stocks and Shares

Name of Company shares held in

Number of shares	Current Value	Dividend income per annum

Are you holding any of these savings and investments for a specific purpose?

Yes

No

If you have answered 'Yes' please give details and amounts below.

Section 6: Your Property Details and expenditure

1 Are you an owner-occupier?

Yes

No

6 Are you in receipt of Housing Benefit? **If so how much**

Yes

No

2 Are you a Council tenant? Yes No

3 Are you a housing association tenant? Yes No

4 Are you a tenant of a private landlord? Yes No

5 Are you another category of tenant? Yes No

7 Do you own or are you a part owner of any another property, in this country or abroad? Yes No
If 'Yes' please supply details in the box below

If answered 'Yes' to 2, 3, 4 or 5 who is your landlord? If 'Yes' to 6 who is this and how much are you receiving?

Housing costs- please provide documentation

	Amount £	State if cost is Weekly, Monthly or Annual	Evidence Y/N
Council Tax			
Rent			
Housing benefit			
Mortgage payment on property			
Ground Rent/management charge			
Annual water rates charge			

Housing costs- please provide documentation

	Amount £	State if cost is Weekly, Monthly or Annual	Evidence Y/N
Annual Gas charge			
Annual Electricity charge			
Wages paid to housekeeper			
Abnormal Expenditure due to serious or prolonged illness or disability in the family. Give details			
Any other regular expenditure (e.g. childcare)			

Section 10 Declaration:

- I understand that if I do not wish to provide details of my finances, I will not be eligible to receive any allowance that may be payable by the London Borough of Barnet.
Please tick this box if the above statement applies and sign the declaration.
- I declare that to the best of my knowledge, the information given which will be used to assess my financial circumstances is accurate and represents a full and true statement of my income and savings.
- I will immediately inform the Family Services Finance Team about any changes to my financial circumstances.
- I will immediately inform the Family Services Finance Team should there be any changes in my personal circumstances or that of the child in my care.

- I understand the information I have provided will be held on computer and may be disclosed to other agencies, such as Service Providers or the Department of Works and Pensions.
- I understand that should I be overpaid, I must repay the amount in full and the Council will take action against me for recovery of the outstanding balance

Your signature

Date

Your Partners signature

Date

Any other relevant information:

Please return completed form to :

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London
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