

# Financial Assessment Form



The information requested in this form is necessary for the Council to determine charges to be made for services supplied within the requirements of the Care Act 2014.

If you do not wish to declare your income or assets you can agree to pay the full cost of your services by completing the full cost declaration.

For official use only

FWID Number:

Category:

Type:

Assessor:

## Part 1 About you and your partner

### 1.1 You.

Mr  Mrs  Miss  Ms

Forename

Date of birth

Surname

NI number

**1.2 Your partner.** By partner we mean your husband or wife or someone you live with as if you were married to them; or a civil partner or someone you live with as if you are civil partners.

Mr  Mrs  Miss  Ms

Forename

Date of birth

Surname

NI number

### 1.3 Your home address.

House number

Street name

District

City

Postcode

Telephone

### 1.4 Your residential home / nursing home / supported accommodation address.

Name of home

House number

Street name

District

City

Postcode

Telephone

Please tell us the date that you moved to this address



## Part 1 About you and your partner (continued)

**1.5 Does anyone look after your financial affairs?**

No

Yes

If Yes, please give the following details

Mr  Mrs  Miss  Ms

Forename	<input type="text"/>	Surname	<input type="text"/>
House number	<input type="text"/>	Relationship to you	<input type="text"/>
Street name	<input type="text"/>		
District	<input type="text"/>	City	<input type="text"/>
Postcode	<input type="text"/>	Telephone	<input type="text"/>

**1.6 Should correspondence concerning this financial assessment be sent to the person named above?**

No

Yes

**1.7 Does this person have Power of Attorney to act on your behalf?**

No

Yes

**1.8 Has the Court of Protection made an Order appointing this person to act on your behalf?**

No

Yes

**1.9 Have you made a will?**

No

Yes

If Yes, please supply the name address of the person holding your will.

Full name	<input type="text"/>		
House number	<input type="text"/>		
Street name	<input type="text"/>		
District	<input type="text"/>	City	<input type="text"/>
Postcode	<input type="text"/>	Telephone	<input type="text"/>

## Part 2 Full cost declaration

**2.1 Complete this section if you do not wish to disclose your income or assets and agree to pay the full cost for your services.**

I agree to accept the offer of residential accommodation or package of services provided by the Council or other agency on behalf of the Council, and I agree to pay the full charge for accommodation or services provided.

I understand that full charges may be varied from time to time and that written notice of the charges and any changes will be given to me.

I have sufficient funds to meet such charges.

Signature	<input type="text"/>	Date	<input type="text"/>
Witnessed by	<input type="text"/>	Date	<input type="text"/>
Full name	<input type="text"/>	Relationship to you	<input type="text"/>

If you have completed this declaration, please now go to Part 8 "Declaration and Undertaking".

## Part 3 Children who live at your home address

### 3.1 Do you have any children living with you?

No

Yes

If Yes, please give the following details

Forename

Surname

Date of birth

Is this child blind or in receipt of Disability Living Allowance care component at the middle or higher rate?

No

Yes

Do you receive Child Benefit for this child ?

No

Yes

Forename

Surname

Date of birth

Is this child blind or in receipt of Disability Living Allowance care component at the middle or higher rate?

No

Yes

Do you receive Child Benefit for this child ?

No

Yes

## Part 4 Other people who live at your home address

### 4.1 Does anyone else live with you?

No

Yes

If Yes, please give the following details

Forename

Surname

Date of birth

Relationship to you

Is this person blind or in receipt of Attendance Allowance or Disability Living Allowance care component at the middle or higher rate?

No

Yes

Forename

Surname

Date of birth

Relationship to you

Is this person blind or in receipt of Attendance Allowance or Disability Living Allowance care component at the middle or higher rate?

No

Yes

### 4.2 Does anyone live with you (or at another address), and receive Carer's Allowance for looking after you?

No

Yes

If Yes, please give the following details

Forename

Surname

Date of birth

Relationship to you

## Part 5 Income and Welfare Benefits Received

### 5.1 Please tell us about the money you and your partner have coming in each week.

	You	Your partner
Retirement Pension	£	£
Pension Credit – Guarantee Credit	£	£
Pension Credit – Savings Credit	£	£
Income Support/Universal Credit	£	£
Attendance Allowance	£	£
Disability Living Allowance – care component	£	£
Disability Living Allowance – mobility component	£	£
Incapacity Benefit/Employment and Support Allowance	£	£
Severe Disablement Allowance	£	£
Industrial Injuries Disablement Benefit	£	£
Carer’s Allowance	£	£
Widow’s Pension	£	£
War Disablement Benefit/War Pension/War Widows Pension	£	£

### 5.2 Please tell us about you and your partner’s private / occupational pension(s) Use Part 9 if you or your partner has more than one pension.

	You	Your partner
Pension provider		
Amount received before deduction of tax	£	£
Amount received after deduction of tax	£	£
Is this amount received	weekly/monthly/four weekly	weekly/monthly/four weekly

### 5.3 Please tell us about your earnings.

	You	Your partner
Earnings before deduction of tax, NI and pension contribution	£	£
Net earnings after deductions	£	£

### 5.4 Please tell us about any other income.

Please give details	You	Your partner
	£	£
	£	£

Please provide proof of your benefits and allowances and any other income. This can include letters from the Department for Work and Pensions which are up to date and show the current amounts. For private or occupational pensions please provide a letter or statement from the company paying the pension.

## Part 6 Accounts, Savings, Assets and Investments

### 6.1 Please tell us about you and your partner's bank, building society, post office and Paypal accounts.

Name of bank or building society	Name of account	You	Your partner
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total value		£ <input type="text"/>	£ <input type="text"/>

### 6.2 Please tell us about you and your partner's National Savings Certificates, Premium Bonds, stocks, shares, unit trusts, or any money held in Trust.

Name of company	Name of product	You	Your partner
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total value		£ <input type="text"/>	£ <input type="text"/>

### 6.3 Please tell us about any other savings and investments.

Please give details	You	Your partner
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total value	£ <input type="text"/>	£ <input type="text"/>
<b>Total value of all savings and investments.</b>	£ <input type="text"/>	£ <input type="text"/>

Please provide proof of all your savings and investments. For bank, building society and post office accounts we need to see your savings book or original statement from each account.

For National Savings Certificates, Premium Bonds or stocks and shares please provide the certificates or documents showing the amounts and value.

## Part 7 Property

### 7.1 Do you own or part own your own home?

No  Yes

If Yes, please give the following details.

Do you own the property?

Solely  Jointly

If Jointly, please give further details in Part 9 "Additional Information".

### 7.2 Do you rent out part of your home?

No  Yes

If Yes, please give the following details.

Name of Tenant/s

The weekly amount you receive

£

### 7.3 If you live in a residential or nursing home does anyone still reside in your home?

No  Yes

If Yes, please give the following details.

Forename

Surname

Is the person mentioned above

Incapacitated or disabled?

No

Yes

Over 60 years of age?

No

Yes

### 7.4 Do you own other property or land in this country or abroad?

No  Yes

If Yes, please give the following details.

Name of Property

House number

Street Name

District

City

Postcode

Value

£

### 7.5 Have you sold or handed over ownership of any property or land in the past three years?

No  Yes

If Yes, please give the following details.

Name of new owner

The date of the transfer or sale

The amount that you received

£

### 7.6 Please tell us about your weekly housing costs.

Full rent

£

Full Council Tax

£

Housing Benefit

£

Council Tax Benefit

£

Net rent

£

Net Council Tax

£

Mortgage

£

Endowment Insurance

£

Ground rent

£

Service charge (leasehold)

£

## Part 8 Declaration and undertaking

### 8.1 This section must be completed before returning this form.

I declare, having read or having had the document read to me, that the information contained in this financial assessment is true and complete to the best of my knowledge and belief.

I agree to Haringey Council may verify any of the information given with other public and private bodies including the Department for Work and Pensions.

I agree to pay Haringey Council or other Agency any sums lawfully due in respect of services provided. I understand that I will be informed of these charges in writing.

I agree to notify the Finance Assessment Team of any changes in my financial circumstances and I note that from time to time I may be required to complete further financial assessments.

If this form is signed by an attorney or another person who receives money on behalf of a person who is liable to pay for services, I confirm that I have been instructed to pay the charges from the money received.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Witnessed by	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	Relationship to you	<input type="text"/>				

Please note that any person, whether fraudulently or otherwise, who misrepresents or fails to disclose any material fact within this Financial Assessment Form, may have proceedings brought against them by Haringey Council to recover any sum not paid to Haringey Council as a result of the misrepresentation or failure to disclose. In addition it is a criminal offence to make any statement or representation which a person knows to be false for the purpose of obtaining any benefit (either for himself/herself or another or for any third party) or for avoiding or reducing any liability to Haringey Council.

Where this Authority is satisfied that the applicant or other person acting on their behalf, including Executor or Trustee, has disposed of any income or assets, whether before or after completing this form in order to reduce the charge, the applicant or other person acting on their behalf will become responsible for the charge of the service. The Authority will calculate the charge as if the applicant still owns the income or assets. There is no time limit after which the disposal of income or assets will not be investigated.

**8.2 If for any reason the applicant cannot give their own signature or mark, one of the following may sign. Please indicate the capacity of the signatory by ticking the appropriate box. If you have Power of Attorney or have been appointed by the Court of Protection please provide a certified copy of your authority with this form.**

Court of Protection

Power of Attorney

Spouse

Department for Work and Pensions Appointee

Other authorised Personal Representative (please give details)

## Part 9 Additional information

Please provide any further information which you feel is relevant (continuing on a separate sheet if necessary). Tell us, for example, of any circumstances affecting the sale of your property, outstanding bills which may affect your capital or details of joint financial arrangements.

## Part 10 Where to send this form

### Please make sure you have completed all the questions.

Remember to include proof of your income, earnings, savings, investments, housing costs and Department for Work and Pensions notification letters.

Please send this form and any proof to:

Finance Assessment Team  
2nd Floor, River Park House  
225 High Road  
Wood Green  
N22 8HQ

Tel: 020 8489 5501

Email: [financeassessmentteam@haringey.gov.uk](mailto:financeassessmentteam@haringey.gov.uk)

Shqip Përnjë kopje në gjuhën tuaj të këtij formulari të Vlerësimit Financiar, ju lutem shënjoni ✓ kutinë, plotësoni formularin dhe dërgojeni tek adresa e mëposhtme me postim falas.

Polski Jeżeli chcesz otrzymać kopię Finansowego Dokumentu Opiniodawczego wtwoim języku, zaznacz odpowiednie pole, wypełnij aplikację i wyślij na bezpłatny, poniższy adres.

Français Pour obtenir un exemplaire dans votre langue, de ce formulaire d'évaluation de situation financière, veuillez cocher la case, remplir le coupon et le renvoyer à l'adresse ci-dessous (inutile de timbrer l'enveloppe).

Soomaali Si laguugu soo dirto faomka Qiimaynta Aamaha Dhaqaalaha oo kuqoran afkaaga hooyo, fadlan calaamadee sanduuxka kuuxina faomka ka dibna dib ugu soo dirwaanka hoos kuxusan. Dib usoo dirista faomku lacag kaada ma baahna.

Kurdî Kurmancî Heke hun kopiyekê wê Nixandîna Dîrawîn bi zîmanê xwe dixwazîn, ji kerema xwe qutîkê îşaret bikin, formê tije bikin û jî navnîşana posta bêpere ya jêrîn re bişînin.

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Please tell us if you would like a copy of this booklet in another language that is not listed above or in any of the following formats, and send the form to the Freepost address below.

In large print

On audio tape

In Braille

In another language, please state:

Name:

Tel:

Address:

Email:

Please return to: Freepost RLXS-XZGT-UGRJ, Haringey Council,  
Translation and Interpretation Services, 8th Floor, River Park House, 225 High Road, London N22 8HQ

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Financial Assessment Form



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