



**Adults & Family Wellbeing
Statement of Financial Circumstances
Non Residential Services**

A - CLIENT DETAILS – MUST BE COMPLETED**DO NOT WRITE IN SHADED AREAS**

Title		Surname	Forenames
Address			
Telephone Number			
Date of Birth			
National Insurance Number			

B - PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN IT. IF YOU SIGN (B) YOU ARE NOT REQUIRED TO COMPLETE THE FORM FURTHER

If you have over £23,250.00 in capital/savings or do not wish to disclose your financial circumstances you are only required to sign part A & B and you will be charged the full cost of the care services you receive.

Signed**Date****C- UNDERTAKING**

I declare that to the best of my knowledge and belief, the information contained within the Statement of Financial Circumstances is complete and correct and I will inform the **Financial Assessment Team** of any change in my financial circumstances as soon as the change occurs.

I authorise the Council to verify the details stated and to contact my Employer, Social Security Departments or any other organisation quoted in this Statement, as appropriate.

Signed**Date**

If you are signing on the client's behalf please state your name and your status/relationship below e.g., Appointee, Enduring/Lasting Power of Attorney under the Court of Protection. **You must enclose verification documents (originals) to confirm status as Appointee, Power of Attorney etc.** By acting as the service user's Appointee / EPA/LPA holder you are responsible for making client contribution payments on their behalf.

Where the above does not apply the client must sign below and this will act as their confirmation that they wish you to act on their behalf as a Financial Agent and receive correspondence relating to their account. If you have no formal status as the Financial Agent, you must ensure that the client fully understands their responsibility to pay client contribution.

Name & Address (Block Capitals)

Status/Relationship To client

Contact Telephone Number

Client Signature (where possible)

Date

D- SAVINGS AND INVESTMENTS – WE REQUIRE VERIFICATION/EVIDENCE OF ALL AMOUNTS ENTERED BELOW

Type	Name of Account holder (s)	Account Balance £	Date of the Balance
Bank accounts			
Building Society Accounts			
Post Office Accounts			
National Savings Bank Accounts			
Premium Bonds			
Income Bonds/Investment Bonds Life Assurance – Y / N -please circle as appropriate Please enclose full copy of the policy/bond terms & conditions			
National Savings Certificates			
Unit Trusts			
Shares			
PEPS/ISA's			
Any other savings, investments or capital resources (please give details)			

E – STATE BENEFITS – PLEASE ENCLOSE CURRENT AWARD NOTICE FOR THE BENEFITS YOU RECEIVE

Please give details	£	PP	Frequency
Attendance Allowance			
Housing Benefit			
Council Tax Benefit			
Disability Living Allowance - Care Component			
Disability Living Allowance – Mobility Component			
Employment Support Allowance			
Guaranteed Pension Credit			
Savings Credit			

Incapacity Benefit			
Income Support			
Industrial Injuries Disablement Benefit			
Carers Allowance			
Independent Living Fund Payments			
Jobseeker's Allowance			
Maternity Allowance			
Retirement Pension			
Severe Disablement Allowance			
War Pension			
War Widows Pension			
Widows Pension			
Widowed Parent's Allowance			

F – OTHER INCOME - WE REQUIRE VERIFICATION/EVIDENCE OF AMOUNTS ENTERED BELOW

Please give details	£	PP	Frequency
Occupational Pension			
Maintenance Payments received for yourself			
Money from a Trust Fund			
Training Allowance			
Money received from a charity or benevolent fund			
Payment in lieu of concessionary coal			
Private Pension			
Any other income			

G - EXPENSES AND OUTGOINGS - WE REQUIRE VERIFICATION/EVIDENCE OF AMOUNTS ENTERED BELOW

Enter details of payments (Please enter the amounts you pay and frequency for each payment)	£	PP	Frequency (weekly/monthly/quarterly/annually)
Rent			
Ground Rent if applicable			
Mortgage			
Council Tax			
Service Charges			

H- PROPERTY/LAND

Please give more details of the property you live in:						
Flat		Terraced		Semi-detached		Detached
Do you live on your own?				Yes		No
If you do not live on your own, please state your relationship to the other members of the household and their date of birth.						
How many other people live as part of your household?						
Do you own a second property? If yes please give address and whether currently for sale or rented. Please enter rental income.						

ADDITIONAL INFORMATION			
<p>Please use this space to record any other details you would like us to consider.</p>			

This section to be completed by a representative of the Welfare Benefit Team or Care Manager

Signed..... Date.....

Name.....Designation.....

Location.....Contact telephone number.....