

Financial Information

Southdown

Supported Employment

By providing us with this information we will be able to calculate the financial effects of paid work on your benefits

Name:

Partners Name:

Date of Birth:

Partners Date of Birth

Name of Employment Specialist:

➤ **Benefit Currently Received:** Please indicate all benefits currently received by you and your partner.

Claimant (C) or Partner (P)	Type of Benefit received	Please Tick ✓	Amount per week
	Jobseekers Allowance (contributory) (income based)		
	Incapacity Benefit		
	Employment and Support Allowance (contributory) (income related)		
	Are you in? Assessment phase (First 13 wks of claim)		
	Main phase (Work related activity Group)		
	Main phase (Support Group)		
	Income Support		
	Disability Living Allowance		
	Higher rate care		
	Middle rate care		
	Lower rate care		
	Higher rate mobility		
	Lower rate mobility		
	Housing Benefit		
	Council Tax Benefit		
	Carer's Allowance		
	Working Tax Credits		
	Child Tax Credits		
	Other benefits (please specify)		

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- **Please supply notification letters for the above benefits if possible** (These will be from Job Centre plus, HMRC, Pensions, Disability and Carers Service or the Local Council).

- **Are you provided with a vehicle under the invalid vehicle scheme?** _____

- **How long have you been out of work?**

0–10 weeks 10–20 weeks 20–30 weeks 30–40 weeks 40–50 weeks

50–55 weeks

Is it over 365 days Yes No

If you receive IB or ESA, what date did your claim begin?

- **If you are in receipt of IB, were you exempt from the Personal Capability Assessment?**

➤ Yes No

- **Does anyone get carer's allowance for looking after you?**

- **Living Arrangements:** (please circle)

Alone

With Partner

With Parents

With Friends

With Family/Children

- **Do you/both have any savings?** Yes No (We need to know this as the government may decrease any amount of money paid to you according to the amount of savings you have.)

How Much? _____

What amount of the Savings are in a Tax Free account? (ie: ISA or PEP) _____

- **Do you have a pension?**

➤ How much is *your* pension gross per week? _____

How much is *your* pension net per week? _____

- **Does your partner have a pension?**

How much is *your partner's* pension gross per week? _____

How much is *your partner's* pension net per week? _____

- **Do you receive any medical or insurance payments?**

How much do you receive each week? _____

➤ Housing Costs:

Your current Postcode _____

Rented Accommodation (owners see next section)

Who do you rent your accommodation from? (Please circle)

Private Landlord, Local Council, Housing Association, Family, Hostel

Have you had a pre-tenancy determination completed? Yes No

(A rent officer would have come around and assessed your maximum eligible rent)

If Yes: How much is the maximum eligible rent payable? _____

(Please fill in amount and tick box to show if amount is monthly/weekly/yearly)

Total rent due: £ _____ per month per week per year

Total Housing Benefit help you receive from the Government £ _____ per month per week

Amount you pay towards Rent £ _____ per month per week

➤ Local Housing Allowance

Please state the amount of your Local Housing Allowance (if known) _____

Please state how many bedrooms your property has _____

➤ Owner/occupiers

Have you put a claim in for Income Support/ESA/JSA to help pay your mortgage interest?

If yes: how long ago 8 weeks 13 weeks 26 weeks or other _____

Mortgage:

What fraction of the mortgage are you or your partner responsible for? _____

Did you take out your mortgage before 02/10/1995? _____

How much did you originally borrow? _____

How much do you owe now? _____

How much is in arrears? _____

What is your mortgage interest rate? _____

Total Mortgage due: £ _____ per month per week per year

Total Income support help you receive from the Government £ _____ per month per week

Amount you pay towards Mortgage £ _____ per month per week

Council Tax:

Total Council Tax due (including any discounts): £_____ per month per week per year

Amount of Council Tax help you receive from the Government £_____ per month per week

Amount you pay towards Council Tax £_____ per month per week

➤ Children's Details:

ONLY ENTER DETAILS FOR THE CHILDREN THAT LIVE WITH YOU

FIRST CHILD

Name: _____ Date Of Birth: _____

Does your child receive DLA? Yes No

Does the DLA include the highest rate Care Component? Yes No

Has the child got any savings? Yes No

If yes what is the value of the child's savings? _____

If your child is aged 16-18yrs, are they in full time education? Yes No

Is your child over the age of 19yrs, or 16-18 yrs but NOT in full time education? Yes No

How many hours do they work per week? _____

What is their wage £_____ per week per month per year

SECOND CHILD

Name: _____ Date Of Birth: _____

Does your child receive DLA? Yes No

Does the DLA include the highest rate Care Component? Yes No

Has the child got any savings? Yes No

If yes what is the value of the child's savings? _____

If your child is aged 16-18yrs are they in full time education? Yes No

Is your child over the age of 19yrs, or 16-18 yrs but NOT in full time education? Yes No

How many hours do they work per week _____ hrs/p/week?

What is their wage £_____ per month per week per year

If more than two children live with you, please give information at the end of the form.

➤ Child Care Costs:

Who provides your childcare? _____

Term Time costs? (Averaged over last four weeks) _____

Holidays : (Averaged over last two weeks) _____

Details of Income

➤ Previous Year Income Details: (April 10 – April 11) Total one year income

You should be able to get this Information
From your yearly P45 or P46 or P60 Substitute
form from Incapacity Benefit.

From Work: _____

From Incapacity Ben: _____

From Maintenance: _____

From Pension: _____

From Medical Insurance: _____

From interest earned on savings: _____

Other: _____

Partners- Previous Year Income details: (April 10 – April 11) Total one year income

Current Employment Details:

Hours Per week:

Wage per hour:

Annual Wage:

Partners Current Employment Details:

Partners Hours:

Partners Wage per hour:

Partners Annual Wage:

➤ Possible future employment

Future IDEAL Employment scenario 1:

Hours Per week:

Wage per hour:

Annual Wage:

Future Employment Details (if changing):

Partners Hours:

Partners Wage per hour:

Partners Annual Wage:

Future IDEAL Employment scenario 2:

Hours Per week:

Wage per hour:

Annual Wage:

Future Employment Details (if changing):

Partners Hours:

Partners Wage per hour:

Partners Annual Wage:

Future IDEAL Employment scenario 3:

Future Employment Details (if changing):

Hours Per week:

Partners Hours:

Wage per hour:

Partners Wage per hour:

Annual Wage:

Partners Annual Wage:

➤ **Working Tax Credit: (Fast Track Rules)**

Are receiving any of the following: Incapacity Credits, Incapacity Benefit at the short term low rate, National Insurance Credits Only or Statutory Sick Pay

Yes No

If yes:

1) You worked immediately before illness or disability and earnings on return to work will be reduced by 20%

Yes No

2) This will mean a reduction of £15.00 gross, or more, per week?

Yes No

3) Will your illness/disability last for at least 6 months?

Yes No

Data Protection

'Your personal information will be held and used in accordance with the Data Protection Act 1998. Any personal information you have shared with Southdown Housing Association (either electronically or paper files) will be kept secure, with access limited to only those people who need to see the information for the purpose of processing this application and providing an effective service, which will be outlined in assessment. Some information may be shared with other support agencies where necessary to access further services or to ensure integrated service delivery. If you would like to know more about the storage and use of personal information please contact your local Southdown Office.'

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I declare that I have recorded my personal information as accurately as possible and understand that this will be used to determine my financial forecast estimate

Client Signature: _____ **Date:** _____

ANY ADDITIONAL INFORMATION: