

## Appendix C: Financial Assessment Form

We need to know whether you should contribute towards the cost of caring for your child.  
Please complete the following and return in the pre-paid return envelope.

# **(PROOF OF ALL INCOME REQUIRED)**

## **PARENTAL CONTRIBUTION POLICY**

### **FINANCIAL REVIEW**

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#### 1. **ABOUT YOU AS APPLICANTS**

(i) Surname: \_\_\_\_\_  
*Please print*

Forenames: \_\_\_\_\_  
*Please print*

Mr/Mrs/Miss/Other: \_\_\_\_\_

Married/Separated/Divorced/Single/Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Address:

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Postcode: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

e-mail: \_\_\_\_\_

(ii) Surname: \_\_\_\_\_  
*Please print*

Forenames: \_\_\_\_\_  
*Please print*

Mr/Mrs/Miss/Other: \_\_\_\_\_

Married/Separated/Divorced/Single/Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

Address:  
(If different from above)

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Postcode: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

e-mail: \_\_\_\_\_

**2. DETAILS OF OTHER MEMBERS OF HOUSEHOLD FOR WHOM YOU ARE FINANCIALLY RESPONSIBLE**

Please give details below:

Full Name	Date of Birth	Relationship to You

**3. DETAILS OF OTHER FAMILY MEMBERS LIVING ELSEWHERE FOR WHOM YOU ARE FINANCIALLY RESPONSIBLE**

Please give details below:

Full Name	Date of Birth	Relationship to You

**4. YOUR HOME AND PROPERTY**

Do you own your home? **Yes** **No**

If **Yes**, please state amount of monthly mortgage repayment:

\_\_\_\_\_  
(Capital and interest including any endowment payments  
Linked to mortgage)

Remaining period of mortgage: \_\_\_\_\_

Please provide a copy of your most recent Mortgage Statement.

If **No**, are you a

Council Tenant

Housing Association Tenant

Tenant of a Private Landlord

To whom do you pay rent?

\_\_\_\_\_

Amount of monthly rent  
(after any housing benefit payable)

\_\_\_\_\_

Please provide a copy of your Rental Payments for last year.

**Council Tax** (after any council tax benefits payable)

\_\_\_\_\_  
**Per Month and whether for 10 months or 12**

**Do you own or part-own any other property or land? Yes No**

If **Yes**, please give details of this property/land and details of any income from  
this property/land:

Details:

\_\_\_\_\_

\_\_\_\_\_

Income:

\_\_\_\_\_

Have you sold, gifted, transferred or otherwise disposed of your interest in any property within the last 2 years?

Yes No

If **Yes**, please give details and date of disposal:

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We may ask further questions about this and request proof of the disposal.

**5. YOUR INCOME: We need proof of all household income**

**5(a) Earnings**

- Please supply copies of
- (a) P60 from previous Tax Year
  - or** (b) Pay slips for last 3 months/13 weeks
  - or** (c) Accountant's Statement of Earnings for Inland Revenue (most recent)
  - and** (d) All payslips and bank statements of last 3 months.

*Please enter **weekly** amount below*

	1st Applicant	2nd Applicant
<b>Main Job</b>  Number of hours worked/week _____  If self-employed please state nature of business:		
<b>Second Job</b>  Number of hours worked/week _____		
<b>Drawings if self employed</b>		

### **Other Income**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Payment from Boarders or Lodgers</b> Does this amount include Food?            Yes <input type="checkbox"/> No <input type="checkbox"/> Heating costs?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Rent from property or land</b>		
<b>Home Income Plan</b>		
<b>Annuity</b>		
<b>Maintenance from relative</b> (e.g., former spouse)		
<b>Charitable payments</b>		
<b>Any Other Income?</b> If Yes, please give details		

5(b) Do you receive any of the following?

### **Income-Related Benefits**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Income Support (Please supply copy award)</b>		
<b>Income-based Jobseekers' Allowance</b>		
<b>Child Tax Credit per household</b> <i>(please supply a copy of your current Tax Credit award).</i>		
<b>Working Families' Tax Credit</b>		
<b>Disabled Person's Tax Credit</b>		

**Care and Mobility Benefits**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Attendance Allowance</b> Low Rate <input type="checkbox"/> High Rate <input type="checkbox"/>		
<b>Disability Living Allowance</b> Care: Low rate <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Mobility: Low <input type="checkbox"/> High rate or Motability vehicle <input type="checkbox"/>		

**Illness and Disability Benefits**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Employers' sick Pay (after compulsory deductions)</b> From (date): _____		
<b>Incapacity Benefit/ Severe Disablement Allowance</b>		
<b>Industrial Injuries Disablement</b>		
<b>War Disablement Allowance</b>		

## **Family Benefits**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Child Benefit for each child.</b>		
<b>Widowed Mother's/Parent's Allowance</b>		
<b>Guardian's Allowance</b>		
<b>Statutory Maternity, Paternity and/or adoption pay</b>  From (date): _____		

## **Pensions**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>State Retirement Pension/Widow's Pension</b>		
<b>War Pension/War Widow's Pension</b>		
<b>Occupational or Public Service Pension</b>		
<b>Private Pension</b>		

## **Unemployment and Training**

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
<b>Jobseeker's Allowance Contribution-based</b>		
<b>Training Allowance</b>		
<b>Student Grant/Student Loan</b>		



**6. YOUR SAVINGS AND CAPITAL: We need proof of all capital**

You must provide details of **all** your savings, investments and other capital. Not all capital will be counted for this assessment.

***Please provide copies of your most recent statements***

*Please enter total amount below*

	<b>1st Applicant</b>	<b>2nd Applicant</b>
<p><b>Bank/Building Society Accounts</b></p> <p>Please give name of Bank/Building Society and account number for each account held</p>		
<p><b>Post Office:</b></p> <p><b>Ordinary Account</b></p> <p><b>Investment Account</b></p>		
<b>Income Bonds</b>		
<b>Premium Bonds</b>		
<p><b>National Savings Certificates</b></p> <p>Number of Units _____</p> <p>Issue _____</p> <p>Date of Purchase _____</p>		

	1st Applicant	2nd Applicant
<p><b>Stocks, Shares, Unit Trusts and other Investments, including any "free" share issues on conversion</b></p> <p>Please state company _____</p> <p>and number of shares/units held _____</p> <p><i>Please provide copies of your Share Certificates</i></p>		
<p><b>Other money/investments</b></p> <p>Please give details</p>		
<p><b>Have you gifted, transferred or otherwise disposed of any savings or other capital asset during the last 2 years?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If <b>Yes</b>, please give details and date of disposal</p>		

## 7. **OTHER INFORMATION**

Please use this space to tell us anything else that you think we may need to know about your circumstances, e.g., any exceptional expenses such as maintenance to a former spouse/dependent child/ren, parental contribution to student maintenance.

Please continue on a separate sheet if necessary.

**8. DECLARATION: *This section must be completed in all cases***

I declare that the information given is true and complete.

I authorise Achieving for Children, to make any necessary enquiries in respect of this information.

I agree to tell the Adoption Team, if any of the information given here changes.

I understand that legal action may be taken if I knowingly give false information.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*1st Applicant*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*2nd Applicant*

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***Please return completed Financial Assessment Form in the pre-paid return envelope***

