

Appendix B: 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

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:

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)

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:

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
Main Job Number of hours worked/week _____ If self-employed please state nature of business:		
Second Job Number of hours worked/week _____		
Drawings if self employed		

Other Income

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
Payment from Boarders or Lodgers Does this amount include Food? Yes <input type="checkbox"/> No <input type="checkbox"/> Heating costs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Rent from property or land		
Home Income Plan		
Annuity		
Maintenance from relative (e.g., former spouse)		
Charitable payments		
Any Other Income? 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
Income Support (Please supply copy award)		
Income-based Jobseekers' Allowance		
Child Tax Credit per household <i>(please supply a copy of your current Tax Credit award).</i>		
Working Families' Tax Credit		
Disabled Person's Tax Credit		

Care and Mobility Benefits

Please enter **weekly** amount below

	1st Applicant	2nd Applicant
Attendance Allowance Low Rate <input type="checkbox"/> High Rate <input type="checkbox"/>		
Disability Living Allowance 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
Employers' sick Pay (after compulsory deductions) From (date): _____		
Incapacity Benefit/ Severe Disablement Allowance		
Industrial Injuries Disablement		
War Disablement Allowance		

Family Benefits

*Please enter **weekly** amount below*

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

Pensions

*Please enter **weekly** amount below*

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

Unemployment and Training

*Please enter **weekly** amount below*

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

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

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

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

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

