

# EALING COUNCIL ADULTS' SERVICES

## Financial Circumstances Form

### FOR OFFICE USE ONLY

Form sent by (Block Capitals) \_\_\_\_\_ Team \_\_\_\_\_

Section 117  Signed \_\_\_\_\_ Date \_\_\_\_\_

### FOR CUSTOMER TO COMPLETE

**Before you complete your form you should have read the booklet 'Determining Your Financial Contribution'. For help completing your finance form please call 020 8825 7066.**

### PART 1: PERSONAL DETAILS

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Married / Single / Widowed / Divorced / Co-Habiting / Civil Partnership / Separated (Please Circle)

National Insurance No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Are you registered as having a hearing impairment?  Yes  No

Are you registered as having a visual impairment?  Yes  No

### YOUR PARTNER

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

### MANAGEMENT OF YOUR FINANCIAL AFFAIRS

Do you manage your own money (e.g. pay your bills)?  Yes  No

If no please give details of the person who deals with your finances.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Please tick the option below that describes the legal right that the above named person has.

Power of Attorney  Enduring Power of Attorney (Property & Affairs)

Lasting Power of Attorney (Property & Affairs)  DWP Appointee  Deputy (Property & Affairs)

Informal Representative  Other (please specify) \_\_\_\_\_

**You must provide us with a copy of the document proving this person has the right to manage your finances and money.**

Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

## PART 2: FULL COST DECLARATION

If you do not want a financial assessment or do not wish to disclose your financial circumstances and are willing to pay the full cost of your adult social care then please sign the declaration below.

### DECLARATIONS

(only if you wish to pay the full cost of your adult social care)

I understand that as a result of not providing any financial information I will be assessed as able to pay the full costs of my care services. If receiving care and support at home or in the community, I will be required to pay a arrangement fee as stated in the "Determining Your Financial Contribution" booklet.

Customer Name  Printed

Customer Signature

Name of person signing on behalf of the customer (if applicable)

Printed

Signature

Date

### CONFIDENTIALITY

Information you provide will be treated as confidential although it may be shared with other agencies where it would be lawful to do so.

Your case may be reviewed by officers who hold the Advice Quality Standard in connection with the Quality Mark held by the Community Benefits Team, The General Data Protection Regulation sets out the standards you can expect from Ealing Council in the way it handles your personal information in order to comply with the Data Protection Act 2018.

Please see the "Determining Your Financial Contribution" booklet for the full privacy notice and further information about how your information is collected, processed, shared and stored. Ealing Council is committed to protecting your privacy.

### FINANCIAL ASSESSMENT

You should complete parts 3, 4, 5, 6, 7, 8 & 9 in order to be financially assessed to determine your financial contribution towards your adult social care. If you do not fully complete and sign this financial circumstances form and provide supporting documentaion you will be assessed as being able to pay the full cost of your adult social care.

## PART 3: YOUR INCOME

If you receive benefits jointly as a couple please provide details of both yours and your partners benefits and income. Please give details of the income you receive or your partner receives on your behalf:

Wkly = per week      4wkly = per four weeks      Mthly = per calendar month

**PART 3: YOUR INCOME** (continued)

Income	How Often (Please circle)	Amounts Received		Assessor's Initials
		You	Partner	
Attendance Allowance	Wkly / 4wkly / Mthly	£	£	
Carers Allowance	Wkly / 4wkly / Mthly	£	£	
Disability Living Allowance (Care Component)	Wkly / 4wkly / Mthly	£	£	
Disability Living Allowance (Mobility)	Wkly / 4wkly / Mthly	£	£	
Earnings from Employment	Wkly / 4wkly / Mthly	£	£	
Employment Support Allowance	Wkly / 4wkly / Mthly	£	£	
Incapacity Benefit	Wkly / 4wkly / Mthly	£	£	
Income Support	Wkly / 4wkly / Mthly	£	£	
Industrial Injuries Benefit	Wkly / 4wkly / Mthly	£	£	
Job Seekers Allowance	Wkly / 4wkly / Mthly	£	£	
Maintenance Payments	Wkly / 4wkly / Mthly	£	£	
Personal Independence Payment (Daily Living Component)	Wkly / 4wkly / Mthly	£	£	
Personal Independence Payment (Mobility Component)	Wkly / 4wkly / Mthly	£	£	
Pension Credit (Guarantee Credit)	Wkly / 4wkly / Mthly	£	£	
Pension Credit (Savings Credit)	Wkly / 4wkly / Mthly	£	£	
Private Occupational Pension (1)	Wkly / 4wkly / Mthly	£	£	
Private Occupational Pension (2)	Wkly / 4wkly / Mthly	£	£	
Rental Income from Property	Wkly / 4wkly / Mthly	£	£	
State Retirement Pension	Wkly / 4wkly / Mthly	£	£	
Statutory Sick Pay	Wkly / 4wkly / Mthly	£	£	
Universal Credit	Wkly / 4wkly / Mthly	£	£	
Veteran War Pension	Wkly / 4wkly / Mthly	£	£	
War Widow's Special Payment	Wkly / 4wkly / Mthly	£	£	
War Widow's Supplementary Pension	Wkly / 4wkly / Mthly	£	£	
War Pension (Non Veteran)	Wkly / 4wkly / Mthly	£	£	
Other Income	Wkly / 4wkly / Mthly	£	£	
Other: (please give details e.g Housing /Council Tax Benefit)	Wkly / 4wkly / Mthly	£	£	

**You need to provide proof of your income e.g. DWP breakdown form, benefit entitlement letters, pension letters, bank statements, annual statements. Non-disclosure of supporting documentation of your income will result in you being charged the full cost of your care and support.**

If you have applied for additional benefits please give details in the box below (including Housing Benefit)

Benefit applied for  Date of application

Benefit applied for  Date of application

You need to inform the council once you receive your benefit award. Failure to do so will result in the benefit being included in a backdated financial assessment which could result in an increase in your charge or being charged the full cost of your care and support.

## PART 4: YOUR CAPITAL (Money you have)

You need to provide your last 3 months bank statements and supporting documentation for all capital/savings. Failure to provide sufficient proof of your savings/capital will result in you being charged the full cost of your care and support. Please give details of all capital that you have including bank accounts held abroad. Please specify whether it is jointly owned.

### CURRENT / SAVINGS / DEPOSIT ACCOUNTS

Bank / Building Society	Sort Code	Account Number	Balance	Joint Account?	Assessor's Initials
			£	YES / NO	
			£	YES / NO	
			£	YES / NO	
			£	YES / NO	

### STOCKS & SHARES / INVESTMENTS (Including Premium Bonds and ISA's)

You need to provide proof of your shares and investments.

Company	Value	Number Of Units	Joint Investment?	Assessor's Initials
			YES / NO	
			YES / NO	
			YES / NO	

If you have not included a bank/post office account above, please tell us where and to whom your income and benefits are paid

### GIFTS

Have you given any cash gifts to relatives, friends etc in the last twelve months?  Yes  No

If YES, please supply details

Amount

Who have you given the gift to?

Reason for gift

Please provide proof showing that the gift has been given, e.g. bank statement showing transfer of funds.

## PART 5: YOUR SPENDING

Please detail your expenditure.

Item	How Often (Please circle)	Amount		Assessor's Initials
		You	Partner	
Rent (less Housing Benefit)	Week / Month / Year	£	£	
Service Charge / Ground Rent	Week / Month / Year	£	£	
Mortgage Repayments	Week / Month / Year	£	£	
Council Tax (less CTax Support)	Week / Month / Year	£	£	
Buildings / Mortgage Insurance (Excluding Contents)	Week / Month / Year	£	£	
Boiler insurance	Week / Month / Year	£	£	
Other	Week / Month / Year	£	£	
Other	Week / Month / Year	£	£	

**You will need to provide evidence of your spending. Expenditure listed without proof of payment will not be included.**

## PART 6: DISABILITY RELATED EXPENDITURE

(Non Residential and Community Based Services only)

You will currently retain 35% of your Personal Independence Payment (Care Component), Disability Living Allowance (Care Component) or Attendance Allowance to allow reasonable expenditure needed for your independent living, this is called Disability Related Expenditure (DRE). Any additional costs of DRE that you have over and above these amounts will be considered on production of receipts and if it has been agreed in your support plan.

You only have to provide details of the expenses you may have in relation to your illness / disability if it is greater than 35%, if no expenses are listed then 35% of your disability benefit will be given as an allowance for DRE. If you do not receive Personal Independence Payment (Care Component), Disability Living Allowance (Care Component) or Attendance Allowance you will not receive an allowance for DRE. Please refer to the DRE guidance notes in the Determining Your Financial Contribution booklet for the exact amount this year and for an extended list of items.

Item	How Often (Please circle)	Amount		Assessor's Initials
		You	Partner	
Additional Heating	Week / Month / Year	£	£	
Equipment	Week / Month / Year	£	£	
Incontinence Expenses	Week / Month / Year	£	£	
Extra Laundry & Washing	Week / Month / Year	£	£	
Clothing and Footwear	Week / Month / Year	£	£	
Internet Access	Week / Month / Year	£	£	
Alarm Monitoring Service	Week / Month / Year	£	£	
Transport Costs	Week / Month / Year	£	£	
Private Carers	Week / Month / Year	£	£	
Other	Week / Month / Year	£	£	
Other	Week / Month / Year	£	£	

**The Council will require evidence of expenses such as statements, invoices and receipts. Please see Disability Related Expenditure(DRE) guidance in the Determining Your Financial Contribution booklet for a list of evidence required. Expenses listed without supporting evidence will not be considered.**

**PART 7A: YOUR ACCOMMODATION**

Do you currently own or jointly own a property or land?  Yes  No

(If yes please provide address of property)

Since you have needed care and support have you sold, gifted, transferred ownership or made a deed of trust on any property or land  Yes  No

(If yes please provide address)

Does any of the following apply?

Property ownership status:  Sole Owner  Joint Owner  Joint Tenancy  Tenants in Common  
Property legal Ownership:  Leasehold  Freehold  
(if leasehold how many years left on the lease)

Is the property  Flat  Terrace  Detached  Semi Detached

Title Number

Approximate value of the property

Percentage of property owned

Percentage of property owned by co-owners (if applicable)

Details of co-owners (name, address, contact details)

Mortgage amount or secured loan remaining on property

(Please provide proof of outstanding mortgage and payments e.g. bank statement)

Do you receive any rental income for the property listed above  Yes  No

Please provide details of the amount £ Weekly, 4 weekly, Monthly (please circle)

**PART 7B: YOUR ACCOMMODATION**

Do you own property or land in addition to the property previously listed  Yes  No

(If yes please provide address)

Do you own a property or land abroad?  Yes  No

(If yes please provide address)

Have you previously owned an interest in property or land?  Yes  No

(If yes please provide address)

Date property or land ceased to be in your name if sold (DD/MM/YY)

## PART 7C: YOUR ACCOMMODATION

Are you living in rented accommodation?

Yes

No

Do you receive Housing Benefit?

Yes

No

Who owns the property if it is rented? (Please provide name and address)

The council will require proof of rent statement. If your property is neither rented, nor owned by you, what are the circumstances?

Does anyone else live in the property?  Yes  No

If YES what are their names, relationship to you, dates of birth and duration of time residing in the property.

Name	Relationship to you	Date of Birth	Duration of stay in property

Are any of the people named above disabled or registered blind?

Yes

No

If YES please tell us their disability:

Are any of the people named above disabled or registered blind?

Yes

No

If YES please tell us their disability:

Are any of the people listed as living in the property receiving the following benefits?

Incapacity Benefit

Yes

No

Severe Disablement Allowance

Yes

No

Personal Independence Payment (care component)

Yes

No

Disability Living Allowance (care component)

Yes

No

Attendance Allowance

Yes

No

Armed Forces Independent Payments

Yes

No

Evidence will need to be provided of benefits received

Are you in the process of selling the property?

Yes

No

If YES, who is dealing with the sale? e.g. Solicitors

Contact Address

Telephone no.

## PART 8: DOCUMENT CHECKLIST

For an accurate financial assessment, please make sure to provide us with the following supporting documentation. Failure to do so may result in paying the full cost of your care and support as you will not have provided sufficient evidence to receive financial assistance.

### Financial Affairs (Please tick as appropriate)

- Power of Attorney       Lasting or Enduring Power of Attorney       Deputy / Receiver  
 DWP Appointee       Solicitor

### Savings (Please tick as appropriate)

- Bank Statement(s)       Post Office Statement(s)       Share Certificate(s)

### Income (Please tick as appropriate)

- DWP Benefit Entitlement Breakdown       Annual Pension(s) Statement  
 Bank statements showing benefits being paid

### Expenses (Please tick as appropriate)

- Rent Statement, Council Tax Statement, Service Charge Statement, other property expenses  
 Mortgage Statement       Receipts for Disability Related Expenses       Buildings Insurance  
 Proof of Purchase of Disability Related Equipment

### Property (Please tick as appropriate)

- Property Trust Document       Title Deed of Property or Land Abroad  
 Annual Mortgage Statement or Details of Loan Secured on Property

## DECLARATIONS: PART 9

### If you would like to be financially assessed please sign and complete below

1. The information that I have given on this form is true and complete
2. I understand that if my financial circumstances change I must notify the council immediately
3. I understand that this information has been given for the purpose of assessing my entitlement to the Department of Work and Pensions and other welfare benefits and that my financial contribution will be calculated on the basis of the benefits I am entitled to claim, whether I choose to claim or not
4. I agree that Ealing Council may contact the Department of Work and Pensions, other council departments and statutory bodies and relevant financial institutions in order to verify information including my income and/or benefit entitlement
5. I authorise Ealing Council Community Benefits Team to represent me in all matters regarding the Department of Work and Pensions and Disability benefits, including in writing and in person before legally constituted review hearings or appeal tribunals
6. I understand that I may indicate withdrawal of my consent to the disclosure of the information contained in this form, or terminate my authorisation for the Community Benefits Team to represent me, at any time, by writing to Assessment Team, Perceval House, 14-16 Uxbridge Road, London, W5 2HL
7. I have read the booklet Determining Your Financial Contribution, and understand that I shall be required to pay such amount as the council may determine, having regard to my financial circumstances including benefits which I may claim.
8. I understand that if I do not pay the amount due, the council may take legal action and charge interest and costs to recover the amount due

Customer Name  Printed

Customer Signature  Date

Name of person signing on behalf of the customer (if applicable)  Printed

Representative Address

Representative Signature  Date