**Non-residential Financial Assessment Form 3**

**Income, Capital and Investments -**

**SECTION 1: BASIC INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **DOB** |  |
| **Telephone No.** |  | | **NI No.** |  |
| **Permanent Address** |  | | | |
| **Email Address** | |  | | |

**SECTION 2: NON DISCLOSURE**

If you do not wish to disclose your financial details please tick the below box and sign Section 13. By doing so you will be required to pay the full cost of your care and support.

|  |  |
| --- | --- |
| **Non-Disclosure Assessment required** | YES |

**SECTION 3: HOUSEHOLD DETAILS**

|  |  |  |
| --- | --- | --- |
| **a)Do you have a Partner** | Yes | No |
| **B) do you live alone** | Yes | No |
| **b)Do you have dependent children who live with you who are under 16 years or under 20 years if still in full time education** | Yes | No |



If Yes to b. above please provide details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Children** | | | |
|  | 1 | 2 | 3 | 4 |
| **Date of Birth** |  |  |  |  |
| **Relationship to you** |  |  |  |  |
| **Do you receive Child Benefit** |  |  |  |  |
| **Are they registered blind** |  |  |  |  |
| **Do they receive Disability Living Allowance** |  |  |  |  |
| **Do they receive the highest care component of Disability Living Allowance** |  |  |  |  |
| **Do they have over £3000 in savings and/or investments** |  |  |  |  |

**Any additional information**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **c. About the place you are living in:** | | |
| **I own/jointly own the property** | | |
| Do you get Council Tax Benefit or any discount? | **Yes** | **No** |
| **I rent the property** | | |
| Do you get Housing Benefit? | **Yes** | **No** |
| **I don’t rent or own the place I live in** (for example - living with family/parents/friends/carer) | | |
| **Please give details below** | | |
|  | | |

**SECTION 3: OTHER DETAILS**



Select any of the following that apply:

|  |  |
| --- | --- |
|  | I own, or jointly own a property which I do not currently live in |
|  | I have a partner and neither of us receive Income support, employment & support allowance, job seekers allowance or pension credit |
|  | I have a partner and one or both of us receive carer's allowance |
|  | I receive income from insurance policies/ annuities/ investment bonds |
|  | I have business assets which I am currently disposing of |

**SECTION 4: BENEFITS & OTHER INCOME**

Please complete details for any benefits and other income that you receive. Leave the box blank if it doesn’t apply. If you need more space, please use the additional comments in section 8.

| **Income** | **Amount Self per month** | **Amount Partner per month** | **Name of company/provider** | **Office use only**  **Verified by** |
| --- | --- | --- | --- | --- |
| **Occupational Company Pension or Private Pensions** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Earnings These are ignored when we work out how much you have to pay towards your care.** | **Amount Self per month** | **Amount Partner per month** | **Full Time or Part Time** | **Office use only**  **Verified by** |
|  |  |  |  |  |
| **Income from renting out a property** | **Amount Self per month** | **Amount Partner per month** | **Address of Property** | **Office use only**  **Verified by** |
|  |  |  |  |  |
| **Any other income – please give details** |  | | | |

| **Social Security Benefit** | **Amount Self** | **Amount Partner** | **How Often** | **Office use only**  **Verified by** |
| --- | --- | --- | --- | --- |
| **Social Security Benefit** | 0.00 | 0.00 |  |  |
| **Attendance Allowance** |  |  |  |  |
| **Disability Living Allowance (mobility component)** |  |  |  |  |
| **Disability Living Allowance (care component)** |  |  |  |  |
| **Income Support** |  |  |  |  |
| **Jobseekers Allowance** |  |  |  |  |
| **Pension Credit Guarantee Credit** |  |  |  |  |
| **Pension Credit Savings Credit. (**Not taken into account ) |  |  |  |  |
| **State Retirement Pension** |  |  |  |  |
| **Employment Support Allowance** |  |  |  |  |
| **Universal Credit** |  |  |  |  |
| **Severe Disablement Allowance** |  |  |  |  |
| **Any other social security benefits** please give details if you need more space, please use Section 8 - Additional Information |  | | | |

**SECTION 5 : CAPITAL & SAVINGS**

If you need more space, please use Section 8 – Additional Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Bank name** | **Names of any Joint account holders (leave blank if in your name only)** | **Date of balance** | **Balance Amount** | **Office Use Only Verified By** |
| **Bank current Accounts, savings Account, Building Society and post office savings Accounts** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **ISA/TESSA/PEP** |  |  |  |  |  |
| **National Saving Certificates** | **Name of share /Unit Trust** | **Reference Number** | **Value** | **Are these yours or your partners** | **Office Use Only Verified By** |
|  |  |  |  |  |
|  |  | £ |  |  |
| **Shares**  Don’t worry if you don’t know what your shares are worth, we will work out for you what shares and national savings certificates are currently worth. | **Number of shares** | **Share with** | **Share value (£)** | **Are these yours or your partners** | **Office Use Only Verified By** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION 6: PEOPLE WHO ACT ON YOUR BEHALF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a friend, relative or representative who deals with your financial affairs | Yes | | No  If No, please go to Section 8 | |
| Does the person act on your behalf as an:  Appointee (benefits only)  Receiver appointed by the Court of Protection  Attorney by virtue of a Power of Attorney  Lasting power of attorney (LPA)  Attorney by virtue of an Enduring Power of Attorney: (“EPA”) | | | | |
| Please give their details below: | | | | |
| Name | |  | | |
| Address | |  | | |
| Telephone Number | |  | | |
| |  |  | | --- | --- | | Email Address |  |   Relationship to you | |  | | |
| Do you want all your correspondence and invoices from the London Borough of Newham to be sent to this person | | Yes | | No  If No, please go to Section 9 |

**SECTION 7: CURRENT LIVING SITUATION**

|  |
| --- |
| **Select where appropriate** |
| Do you own your own home? |
| Do you pay rent? |
| Are you a council tenant/private/housing association tenant? |
| Are you a boarder/lodger? |
| Are you living with relatives? |
| Are you living in hospital? |

**SECTION 8: HOUSEHOLD EXPENSES – Please provide evidence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | | **Amount** | **Please state frequency** | **Verified by** |
| **Mortgage Payments** | |  |  |  |
| **Loans for repairs or improvements** | |  |  |  |
| **Rent (after any housing benefit)** | |  |  |  |
| **Council Tax (after any benefit)** | |  |  |  |
| **Service charges** | |  |  |  |
| **Ground rent** | |  |  |  |
| **Buildings Insurance** | |  |  |  |
| **Heating costs** | **Gas** |  |  |  |
|  | **Electric** |  |  |  |

**SECTION 9: DISABILITY RELATED EXPENSES**

The level of disability related disregard is dependent upon the level of Disability Living Allowance/ Attendance Allowance paid to you.

We allow everyone standard Disability Related Expense Allowance. Expenses that are covered are Special diet, Chiropody and Hairdressing.

The current Disability Related Expense is as follows,



* Aged between 18-59 and receiving Low DLA - £10.00
* Aged between 18-59 and receiving Mid DLA - £15.00
* Aged between 18-59 and receiving High DLA - £25.00

Over 60 and receiving Attendance Allowance

* Low AA - £15.00
* High AA - £25.00

The standard Disability Related Expense is updated annually.

If you feel that you have exceptional costs specific to your medical condition above can you please complete the below

**Expense Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Amount** | **Please**  **state frequency** | **Verified** |
|  |  |  |  |
|  |  |  |  |
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SECTION 10: ADDITIONAL INFORMATION

Additional information about your income, savings, and personal circumstances can be provided here

|  |
| --- |
|  |

**SECTION 11: DATA PROTECTION INFORMATION**

The Data Controller is the London Borough of Newham and we are responsible for the collection and processing of your personal information. Processing includes the organisation, retrieval, consultation, use and deletion or destruction of information and its disclosure to other agencies.

The information you provide will be processed mainly in connection with the administration charges for Adult Social Care Services.

Your personal information may however, be processed by other Council services where appropriate to facilitate the provision of services in respect of any of the Council’s activities including (but not limited to) benefits, to verify data accuracy, housing, environmental health and care services.

There may be a need to share with external partners and organisations e.g. health and other local authorities or information may be used in the prevention and detection of fraud and crime.

A full list of what information we control and process and for what purposes is set out in the Council’s data protection notifications filed annually with the Information Commissioner.

All information collected will be processed and held securely under the principles of the Data Protection Act 1998. For further information on data protection, the Council’s use of information sharing, please contact the Information Governance Team on 020 8430 3737 or [information.governance@newham.gov.uk](mailto:information.governance@newham.gov.uk).

**SECTION 12: DECLARATION**

I certify that the information I have given is a full and true statement of my income and capital assets. I understand that I may be asked to provide further evidence of these details to the London Borough of Newham. I understand that I may be liable to criminal prosecution if I have misrepresented my financial situation.

I will notify the London Borough of Newham of any changes in my income or capital/savings

I have completed this form as a record of my finances, because I either current receive or intend to take up a service provided by the London Borough of Newham.

I agree that, if assessed as liable to pay, I must make regular and prompt payments to the London Borough of Newham. If my services are provided to me or a representative through a Direct Payment, I understand that any charges towards my care will be deducted from the payment.

Signed:

Print Name:

Date:



Please note that the client named at section 1 should sign the form unless someone has legal authority to act on their behalf. If signed by a relative, agent, Attorney or appointee, please ensure that your details are shown at Section 7

**Independent Advocacy**

If you would like independent advice or support, Voiceability provides free and confidential advocacy services for Newham Residents. For further information call **020 3355 7142** or log on to **www.voiceability.org**