

Financial Declaration Form

Please complete this form to help us work out how much you can afford to pay for the cost of your care or support.

If you need help completing this form, **please refer to the guidance notes that come with this form** or contact the Financial Assessment Team on:

Telephone: **020 7364 2038**

Email: **FinancialAssessmentTeam@towerhamlets.gov.uk**

When complete, please send this form to:-

**Financial Assessment Team
London Borough of Tower Hamlets
Albert Jacob House
1st Floor
62 Roman Road
London
E2 0PG**

Section 1 – Personal Details

You

Title (Mr, Mrs, Ms, Other)

First Name(s)

Surname

Marital Status

Date of Birth

Daytime Telephone Number

Mobile Phone Number

Email Address

Address

Postcode

National Insurance Number

Your Spouse/Partner/Civil Partner

Title (Mr, Mrs, Ms, Other)

First Name(s)

Surname

Marital Status

Date of Birth

Daytime Telephone Number

Mobile Phone Number

Email Address

Address

Postcode

National Insurance Number

Who Manages Your Financial Affairs If Not Yourself

This is the person who will manage your finances and also receive invoices for your care charges.

Title (Mr, Mrs, Ms, Other)

First Name(s)

Surname

Email Address

Address

Postcode

Daytime Phone Number

Mobile Phone Number

Please state their relationship to you:-

- ☐ Holder of Power of Attorney
☐ Receiver appointed by Court of Protection
☐ Appointee or Agent for DWP Benefits

☐ Other. Please Specify
.....

Please provide evidence of your relationship with your application form

Next of Kin

Please let us know the name and contact details for your Next of Kin.

Title (Mr, Mrs, Ms, Other)

First Name(s)

Surname

Email Address

Address

Postcode

Daytime Phone Number

Mobile Phone Number

Please state their relationship to you:-

- ☐ Spouse/Partner/Civil Partner
☐ Son or Daughter
☐ Brother or Sister
☐ I have no next of kin

☐ Other. Please Specify
.....

Section 2 – Maximum Charge

If you have capital and savings in excess of the upper capital limit, you will have to pay the full cost of your care up to the maximum charged by the Council. These limits may change each year. The current upper capital limit and maximum charge is shown in the guidance that comes with this form.

If you believe that you will have to pay the full cost of your care, you might not have to complete a full assessment. Please tick the box below and complete **Section 5** and **Section 10** only.

☐ I agree to pay the maximum charge for support services I receive.

I understand that if my circumstances change, and my capital and savings fall below the upper capital limit, I can ask for a reassessment of my charges.

Section 3 – About You

Please select the boxes that describes your living arrangements (more than one may apply):

- | | |
|---|--------------------------|
| I own my home (alone or jointly with someone else, owned outright or mortgaged) | <input type="checkbox"/> |
| I rent my home / room (alone or jointly with someone else) | <input type="checkbox"/> |
| I live with my family in their home | <input type="checkbox"/> |
| I live in a residential / nursing home | <input type="checkbox"/> |
| I am in receipt of Housing Benefit | <input type="checkbox"/> |

Section 4 – Income

Please provide details of the welfare benefits and pensions that you receive, and how often you receive them e.g. weekly, monthly etc.

Documentary evidence of benefits is not required. However please provide evidence of any occupational pension / annuity. We will need to see a one month statement.

Your spouse / partner / civil partner need only provide their information if you would like us to carry out a welfare benefits check to ensure you are receiving what you are entitled to.

Benefits and Pensions	You		Spouse / Partner / Civil Partner	
	Amount	Frequency	Amount	Frequency
Attendance Allowance				
Bereavement Allowance				
Carers Allowance				
Child Benefit				
Child Tax Credit				
Constant Attendance Allowance				
Disability Living Allowance (Care Component)				
Disability Living Allowance (Mobility)				
Employment and Support Allowance				
Severe Disablement Allowance				
Income Support				
Industrial Injuries Disablement Benefit				
Jobseekers Allowance				
Maternity Allowance				
Pension Credit (Guaranteed Credit)				
Pension Credit (Savings Credit)				
Personal Independence Payment (Daily Living)				
Personal Independence Payment (Mobility)				
State Pension				
Universal Credit				
War pensions and special payments				
Widows / Widowers Benefit				
Working Tax Credits				
Income from investments (e.g. dividends, interest, distributions from unit trusts)				
Private Occupational Pension / Annuity (1)				
Private Occupational Pension / Annuity (2)				
Other				

Section 5 – Capital

Savings, Capital and Investments

Please provide details of your savings, capital and investments.

Please also provide evidence with your application. This may include copies of your latest bank statements, account books and any certificates.

Please tell us if you are the account holder or if it is a joint account with someone else.

Do you have any bank accounts, building society accounts or Co-operative Share Accounts? Yes ☐ No ☐

If Yes, please provide details below.

Account Holder(s)	Joint	Bank Name	Account Number	Amount (£)
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Do you have any bonds, trusts, tax free savings, shares or National Savings Certificates? Yes ☐ No ☐

If Yes, please provide details below.

Premium And Savings Bond / Unit Trusts / PEP / TESSA / ISA

Account Holder(s)	Joint	Bank Name	Account Number	Amount (£)
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Stocks And Shares

Account Holder(s)	Number Held	Company Name

National Savings Certificates

Account Holder(s)	Joint	Purchase Price	Date of Purchase
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Section 6 – Property

Do you own land or property which is not your main home? Yes ☐ No ☐

If Yes, please provide the details below. Please also provide evidence. This might include copies of Deeds and formal notices. Where you rent out the property please provide a copy of the rental agreement. Please use the additional Information Section if you own, or have part ownership in more than two properties.

Address of Property

Approximate Value

Please state whether the property is solely / jointly owned and or whether you have a life interest in it

Who else lives in the property, what is their relationship to you?

Please state the name of the mortgage, or other lender, if the property has outstanding debt
How much is the outstanding mortgage / debt?

Do you receive rent for this property?

If yes, what is the monthly rent?

Property 1	Property 2
£	£
£	£
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
£	£

Have you previously owned a property which you have sold, transferred or given away? Yes ☐ No ☐

If yes, please provide the details below

Address	Date of Sale	Value of Sale
		£
		£

Have you given away or disposed of assets in the last two years? If so, please list below: Yes ☐ No ☐

Address	Date of Sale	Value of Sale
		£
		£
		£

Section 7 – Expenditure

Please give details of your expenditure below.

Please also provide documentary evidence. This might include copies of bills, statements or receipts.

Item	Frequency (e.g. Monthly)	Amount
Rent		£
Mortgage Payments		£
Council Tax		
Service Charge		
Ground Rent		£

Expenditure On Utilities

Gas		£
Electricity		£
		£

Expenditure Due to Disability (Please refer to the guidance notes and specify)

		£
		£
		£
		£
		£
		£
		£
		£
		£

Section 8 - Benefit Check

Many people do not realise that they may be entitled to extra money from the Government if they have a disability or long term health condition. These benefits are often paid on top of existing income and may not affect what you already get.

The Council can undertake a benefit check on completion of your financial assessment. This is a free service and we can assist you in completing any necessary application forms.

If you would like us to undertake a free benefit check, please complete the details below. If you don't want us to provide a benefits check you can go straight to section 9

Do you live alone? Yes ☐ No ☐

If No, please tell us who lives with you, and complete the parts relating to your spouse / partner / civil partner in Sections 1 and 4 if relevant.

Name	Relationship	Date Of Birth

What disabilities or long term health conditions do you have?

Does your disability or long-term health condition affect your walking or make it difficult to do certain activities at home? Yes ☐ No ☐

Does anyone receive Carer's Allowance for you? Yes ☐ No ☐

Earnings From Employment (we need this information to advise you about any benefits you may be entitled to, you do not need to send proof of this income)

I am..... Employed ☐ Number of hours per week hrs Net income after tax £
Self employed ☐

My spouse / partner / civil partner is..... Employed ☐ Number of hours per week hrs Net income after tax £
Self employed ☐

How many children do you have under 18?

If you have children under 18, do you pay child care or after school fees? Yes ☐ How Much? £

Do you have any children in Higher Education? Yes ☐ No ☐

Section 9 - Additional Information

[illegible]

Section 10 - Declaration

I declare that the information given is true and complete to the best of my knowledge and belief.

I authorise the Council to make enquiries with my bank, building society, post office, Department for Works and Pension or any other organisation connected with this assessment.

I agree to tell the Tower Hamlets Council if any information given here changes.

Where the Council is satisfied that I have disposed of any resources, whether before or after completing this form in order to reduce the charge, I understand that I will become responsible for the charge of the service. I understand that the Council will calculate the charge as if I still owned the resource.

Data Sharing Statement

I have read and understand the following data sharing statement:-

To ensure greater efficiency and to provide more integrated services, information provided to the Council will be made available to other departments of the London Borough of Tower Hamlets Council as appropriate in line with recent guidance from the Information Commissioner's Office.

All the information that has been collected will only be used for the delivery of Council services, and the public functions of the local authority. The Council will process (collect, store and use) the information in a manner that is compatible with the Data Protection Act 1998. The Council will endeavour to keep your information accurate and up to date. It will be held securely and kept only as long as it is deemed necessary. The Council will never pass your information to third parties for marketing purposes other than those with a legal entitlement to do so.

Signed

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Print Name

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Date

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If you are not the person receiving care, please indicate your relationship below:-

Holder of Power Of Attorney

☐

Receiver appointed by Court of Protection ☐
Appointee or Agent for DWP Benefits ☐
Other (Please Specify) ☐

Section 11 - Customer Consent

By providing the information below, you give your consent to the Department for Work and Pensions (DWP) to share information with the London Borough of Tower Hamlets Council. This reduces the amount of information we need from you, and will help ensure that you receive your full benefit entitlement.

Customer Consent To The Department For Work And Pensions To Disclose Relevant Personal Information Provided For Social Security Purposes To The London Borough Of Tower Hamlets Council For Financial Assessment Purposes

Title (Mr, Mrs, Ms, Other)

First Name(s)

Surname

National Insurance Number

Address

Postcode

Customer Consent

I agree that personal and financial information I have provided to the Department for Work and Pensions for the purpose of claiming social security benefit may be passed by them to the London Borough of Tower Hamlets Council for the purpose of assessing charges for the cost of social services care.

I also agree that such information may be passed to the London Borough of Tower Hamlets Council by the Department for Work and Pensions on a continuing basis.

I understand that I may withdraw my consent to the disclosure of such information by notifying, in writing, my local pension centre or Jobcentre Plus office.

Signed (Customer or Legal Representative)

Date

Checklist

Have you.....

- Completed all the sections in this form? ☐
- Provide evidence of all your income (e.g. Occupational/Private Pensions and Annuities but not Benefit payments) ☐
- Provided evidence of all your capital and investments? ☐
- Provided evidence of any property and assets that you own, have sold or transferred? ☐
- Provided evidence of your expenditure, including any disability related expenditure? ☐
- Signed and dated the declaration? ☐
- Signed and dated the Department for Work and Pensions consent form? ☐

When sending us evidence, we will accept photocopies of original documents.

Photocopies can be made at your nearest One Stop Shop.