





## **TOWER HAMLETS - REASSESSMENT FORM**

Name:

FWI number:

Weekly Income (Please state if monthly, yearly etc.)	Amount £	Weekly Income (Please state if monthly, yearly etc.)	Amount £
Retirement Pension		Income Support	
Attendance Allowance		Pension Credit	
Employment & Support Allowance		Savings Credit	
Private Pension 1		Disability Living Allowance Care Component/PIP Daily Living	
Private Pension 2		Other income:	

## Please provide a statement for any bank account/s which you are detailing below

Savings, Income and Capital (e.g. bank/building society/premium bonds)	Amount £	Personal or Joint (enter Personal value OR Joint)
Account 1		P / J
Account 2		P / J
Account 3		P / J
Account 4		P / J
Account 5		P / J
Other		P / J

## Please provide evidence of any household expenditure which you are detailing below

Household Expenditure	Weekly Amount £
Rent	
Council Tax	
Mortgage Repayments	
Other (Please explain)	

Continued on reverse;

Disability Related Expenditure	Weekly Amount £

## **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 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.

Name:

Signature of Resident: (Or person dealing on his/her behalf)

Date: \_\_\_\_\_

Please return this form to:

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