



Private and Confidential

Please read carefully

Financial Assessment for Community Services

Office use only
Reference
Care Worker
Date Received
Capacity Y/N

**Are you registered as
Visually Impaired?**

YES / NO

When completed please return this form to:
Finance Assessments Section,
Erith Town Hall,
Erith, Kent, DA8 1TL
Email: Bexley.Finance.Assessments@capita.co.uk

Services to be received:

- | | |
|---|---|
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Supporting people | <input type="checkbox"/> Bell linkline |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Supported Living |
| <input type="checkbox"/> Direct payments | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Individual budgets | |

Applicant details

Surname
First Name
Title Mr/Mrs/Miss/Ms
Address
Postcode
Owner/Tenant
Daytime telephone
Email
Preferred contact method
Date of birth
Marital status married/single/divorced/civil partner/widowed
National Insurance number

Details of the person dealing with
financial affairs if not the applicant:

Surname
First Name
Address
Postcode
Daytime telephone
Email
Preferred contact method
Relationship to applicant

Capacity:

- Power of attorney (please specify)
- Appointee Deputy
- Receiver (appointed by the Public Guardianship Office)
- Other (please specify)

Part A - Payment of Full Cost Charge

If you intend to pay the full cost of the service(s) provided please sign this section.

If not leave blank and complete remainder of this form.

Title First name Surname

Signature of Applicant Date

For details of the full charge please contact the London Borough of Bexley's Care Audit Team or your care provider.

No further information is required

Part B – Details of Household

Details of anyone living in the property

Name	Date of Birth	Relationship to applicant e.g. wife, son, lodger, sub tenant

Part C Savings

Please list full details of your savings/capital, both those held by yourself and the full amount of any savings you hold jointly with someone else. Please include proof of capital.

If any accounts are linked to life insurance, please provide proof of these.

Also include Assets transferred within the last 6 months.

Savings type	Account name / Certificate / Bond number etc	Total Sum Invested	
		Applicant £	Joint £
Current account			
Other account			
ISAs/PEPs etc			
National savings certificates			
Income Bonds			
Other (please state)			

Shares (please specify the name of the holding and the number of shares held) Please use additional pages if necessary.

Name of company	number of shares held by Applicant	Joint
1.		
2.		
3.		
4.		

Property

Please give details of any property in which you have a financial interest that is NOT your main residence.

Address of Property

	Details	Cost per week
Income derived/Rent received		£
Expenditure for Property		£

Part D – Statement of Income

1. Income

Please list all income solely or jointly received

	Name of Provider	Weekly Amount			
		Applicant		Joint	
		£		£	
Actual Earnings (6 weeks or 2 months average after deductions for Tax, N.I. and Superannuation). Please enclose the latest 6 weeks or 2 months pay slips					
Private pension (After deduction of Tax)					
Retirement or State Pension					
Pension Credit - Guarantee Credit					
Pension Credit - Savings Credit					
Disability Living Allowance a) care component					
b) mobility component					
Personal Independence Payments a) Daily living					
b) mobility					
Attendance Allowance					
Industrial Injuries					
War Pensions					
War Widows special payments					
Family Tax Credit					
Child Benefit					
Incapacity Benefit					
Income Support/Employment and Support Allowance					
Other Income					

Part E

2. Expenditure

Please list all weekly household and living expenditure (Please note the Council will deduct from your income personal allowances to cover your normal standard of living)

	Weekly Amount			
	Applicant		Joint	
	£		£	
Rent or Ground Rent (after deduction of any Housing Benefit, Insurance and heating charges)				
Service charges on Property (give details)				
Council Tax (after deduction of benefit and allowance)				
Water Rates				
Mortgage repayments (including Endowment Policies)				
Board and Lodgings				
Other relevant expenses				
(Include expenses incurred in relation to Personal Care paid from Attendance or Disability Living Allowance/Personal Independence Payments)				

Part F - Invoices

Please confirm who to invoice should there be an assessed charge for this service.

Applicant

Person dealing with financial affairs

Declaration to be signed by all Applicants

You should read this declaration before you sign it

I declare that the particulars entered by me are, to the best of my knowledge, correct and that I will undertake to pay such amount as may be assessed and to notify the Assessments Section of any material change in my circumstances.

I understand that I may be required to pay the full charge pending investigation of my financial circumstances.

I understand that the Council may, if relevant, approach my employer to check the information given on this form. I authorise the Council to check any information declared on this form and to obtain related information.

I authorise, as necessary for the Company(ies) paying my private pension(s) and the Government Department(s) paying my retirement pension and benefits, to be asked to verify any particulars given on this form.

To give false information may result in prosecution.

Signed

Date

Declaration to be signed by Person dealing with the Applicant's Financial Affairs

NOTE: If someone has completed this form on your behalf, that person should also complete this section.

I understand that the information provided on this form is true and complete to the best of my knowledge. I will accept liability to repay any amounts should the applicant's charges fall into arrears, as a result of non-payment of the charges by the applicant or myself on behalf of the applicant.

I authorise in my capacity as the Applicant's Appointee, Power of Attorney, Deputy, Receiver, Person dealing with the Applicant's Financial Affairs (delete as appropriate), the Council to check any information declared on this form and to obtain further related information.

NOTE: Any person who provides false information or fails to disclose any material fact may be liable to prosecution.

Signed

Date

Information Sharing

We may pass the information you have supplied to other agencies or organisations such as the Department for Work and Pensions and Her Majesty's Revenue and Customs to help us check your application and to prevent or detect fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. We may check the information you have provided (or information about you that someone else has provided) with other information we hold. If you want to know more about what information we have about you, or the way we use your information you can ask the Council by telephoning 0208 303 7777 or emailing foi@bexley.gov.uk The following link gives further information about the Council's privacy policy: www.bexley.gov.uk

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