

Financial Information Form

Please fill in this form in pen (not pencil) using BLOCK CAPITALS.

ILF Ref:

Last name of user:

Title:

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

☐

First names:

National Insurance number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You can get this financial information form in Welsh and in other formats such as large print and Braille. If you would like this form in a different format or in Welsh, contact us as follows:

- Phone: 0845 601 8815 or 0115 945 0700
- Fax: 0115 945 0944
- Email: funds@ilf.org.uk

Part one - Child Benefit

If somebody is receiving Child Benefit for you (normally a parent or guardian), please give us their details below:

Last name:

Title:

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

☐

First names:

Date of birth:

National Insurance number:

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As you claim Child Benefit for the user, you need to complete the rest of this form as it is your financial information we need.

This means when we say “you” or “user” we mean the person who claims the Child Benefit.

Part two - your representative

If somebody else is responsible for the management of the ILF award they need to fill this page in. If you are filling the form in yourself, go straight to part three.

Tick the relevant box below to tell us how you are acting as the user's representative.

I have power of attorney.

☐

We will send all our letters to you. You must sign the declaration on page 14 on behalf of the applicant.

I am their:

- deputy under the Court of Protection in England and Wales; or
- guardian under a Guardianship Order in Scotland; or
- controller under the Office of Care and Protection in Northern Ireland.

☐

We will send all our letters to you. You must sign the declaration on page 14 on behalf of the applicant.

I am their benefits appointee.

☐

We will send all our letters to you. You must sign the declaration on page 14 on behalf of the applicant.

Your last name:

Title:

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

☐

First names:

Relationship to the user:

(If any.)

Address and postcode:

Phone number:

(Include the dialling code.)

Email address:

(Optional.)

Part three - about your family

Do you have a partner?

Yes

☐

No

☐

If yes, what is their date of birth?

 / /

Do you have any children under 19 in full-time education?

Yes

☐

No

☐

If yes, what are their dates of birth?

 / / / / / / / /

If you have more than four children, give their date of birth on a separate sheet of paper.

Does your partner get the care component of Attendance Allowance or Disability Living Allowance?

Yes

☐

No

☐

If yes, how much do they get each week?

 £

Does anybody get Carer's Allowance for looking after you?

Yes

☐

No

☐

If yes, who gets it?

Your partner

☐

Someone else

☐

Part four - about your income

Do you currently receive the care component of Attendance Allowance or Disability Living Allowance?

Yes ☐

No ☐

Do you currently receive Income Support, or does someone receive it for you?

Yes ☐

No ☐

If yes, do you or your partner get Severe Disability Premium paid with your Income Support? (Your letter from the Department for Work and Pensions will say that you get an extra amount because you are severely disabled.)

Yes ☐

No ☐

If yes, how much in total do you get each week?

£

Do you or your partner get income-based Jobseeker's Allowance?

Yes ☐

No ☐

If yes, do you or your partner get Severe Disability Premium paid with your Jobseeker's Allowance? (Your letter from the Department for Work and Pensions will say that you get an extra amount because you are severely disabled.)

Yes ☐

No ☐

If yes, how much in total do you get each week?

£

Part four - about your income continued

Do you or your partner get income-related Employment and Support Allowance?

Yes ☐ No ☐

If yes, do you or your partner get Severe Disability Premium paid with your Employment and Support Allowance? (Your letter from the Department for Work and Pensions will say that you get an extra amount because you are severely disabled.)

Yes ☐ No ☐

If yes, how much in total do you get each week?

£

Do you or your partner get contribution-based Jobseeker's Allowance or Employment and Support Allowance?

Yes ☐ No ☐

If yes, how much in total do you get each week?

£

Do you or your partner get Pension Credit?

Yes ☐ No ☐

If yes, do either of you get the Guarantee Credit?

Yes ☐ No ☐

If yes, do you or your partner get a Severe Disability Premium as part of this?

Yes ☐ No ☐

Do you or your partner get the Savings Credit?

Yes ☐ No ☐

If you are not sure which type of Pension Credit you get, send a copy of your confirmation letter with this form.

Part four - about your income continued

If the claim for Income Support, Jobseeker's Allowance, Employment and Support Allowance or Pension Credit is not in your name, please tell us whose name it is in.

Their National Insurance number:

Their relationship to you:

We need to know about the benefits you and your partner receive and the amounts you get. Please fill in the weekly amounts below for you and your partner.

Type of benefit	You	Your partner
Bereavement Allowance	£	£
Incapacity Benefit	£	£
Industrial Injuries Disablement Benefit	£	£
State Pension	£	£
Severe Disablement Allowance	£	£
War Disablement Pension	£	£
War Widow's Pension	£	£
Widowed Parent Allowance	£	£
Carer's Allowance	£	£

If you receive Industrial Injuries Disablement Benefit, War Disablement Pension or War Widow's Pension, please let us know the separate parts you get and the separate amounts you are paid. (The Benefits Agency can give you a breakdown if you don't have one.)

Part four - about your income continued

We need to know about the income you and your partner receive and the net amounts (amounts after tax).

Type of benefit	You	Your partner
Child maintenance	£	£
Earnings	£	£
Working Tax Credit		£
Statutory Sick Pay		£
Company pension		£

Do you or your partner receive any other type of income?

Yes

☐

No

☐

If yes, where is the income from and how much do you get each week?

Boarders and lodgers

Do you or your partner receive an income from boarders who pay to live in your home?

Yes

☐

No

☐

If yes, where is the income from and how much do you get each week?

£

Subletting

Do you or your partner receive an income from subletting part of your home?

Yes

☐

No

☐

If yes, how many tenants do you have?

What is the total rent you receive each week?

£

Part five - about savings and investments

Do you or your partner have any money in a bank or building society account?

Yes

☐

No

☐

If yes, how much do you have?

£

Yes

☐

No

☐

Do you or your partner own a property that you do not live in?

Do you or your partner have any other savings or investments?

Yes

☐

No

☐

If yes, please tell us what they are and the value. If you have shares, please tell us how many you have, the company they are held with and their current value. (Please continue on a separate sheet if necessary.)

Do you or your partner have a trust fund, or get money from a trust fund?

Yes

☐

No

☐

If yes, what is the fund type and how much is the fund worth?

Type

£

Do you or your partner have money held by a court of protection?

Yes

☐

No

☐

If yes, what is the amount?

£

Part five - about savings and investments continued

Have you or your partner received any compensation?

Yes

☐

No

☐

If yes, when did or will you receive the compensation?

How much did or will you get?

£

Are you or your partner planning to claim compensation?

Yes

☐

No

☐

Part six - housing costs and other expenses

Do you or your partner pay a mortgage?

Yes

☐

No

☐

If yes, how much each month?

£

(Don't include your house or contents insurance. If you have an endowment mortgage, include both payments - mortgage payment and endowment premium.)

Do you or your partner pay for a mortgage protection or income protection policy?

Yes

☐

No

☐

If yes, how much do you pay each month?

£

Are your mortgage payments currently being paid from a mortgage protection or income protection policy?

Yes

☐

No

☐

If yes, when will the payments stop being made?

Part six - housing costs and other expenses continued

Do you or your partner pay rent under a tenancy agreement?

Yes

☐

No

☐

If yes, how much do you pay (after Housing Benefit or Local Housing Allowance)?

How often do you pay it?

Weekly

☐

Monthly

☐

Yearly

☐

Do you or your partner pay ground rent?

Yes

☐

No

☐

If yes, how much do you pay each year?

£

Do you or your partner pay water rates?

Yes

☐

No

☐

If yes, how much do you pay each year?

£

Do you or your partner pay council tax?

Yes

☐

No

☐

If yes, how much do you pay each year (after Council Tax Benefit)?

£

Do you or your partner make any repayments towards a loan taken out to make disability related adaptations to your home?

Yes

☐

No

☐

If yes, tell us what sort of adaptations were carried out, and enclose a copy of the loan agreement, showing the amount of the loan and the interest rate.

Part six - housing costs and other expenses continued

Do you or your partner make any payments to the Child Support Agency, or pay child maintenance?

Yes

☐

No

☐

If yes, how much do you pay each month?

£

Declaration and consent

Please read through this section and then fill in and sign the declaration on page 14.

How we collect and use information about you.

When we ask you us to give information, we must treat it in line with the Data Protection Act.

The Data Protection Act says that information must:

- be collected and dealt with fairly;
- only be used for the purpose it was collected for;
- be accurate;
- be up to date;
- be kept only for as long as it is needed; and
- be kept safe.

We will use the information you give on this form to help us process your application and manage any funding you may be entitled to now or in the future.

We may also get information about you from other organisations or people, and we may be asked to share information. We would only do this if we are allowed to do so by law for example, if we need to so to:

- confirm that the information we have is accurate;
- detect or prevent crime; or
- prevent public funds from being misused.

Declaration and consent continued

The other organisations and people we may share information with are:

- the Department for Work and Pensions;
- your local authority's social services department (and any agents acting on their behalf);
- the representative or appointee acting for you;
- our solicitors and other professional advisors;
- the police; and
- our ILF assessors.

By providing the information we ask for on this form, you give us permission to process information about you as described above.

Your rights

You can ask for a copy of the information we hold about you. And you can ask us to correct any information that is incorrect. If you would like a copy of your information, or you would like to know more about your rights under the Data Protection Act, please write to our Records Manager at the address on the back of this form.

Or you can contact the Information Commissioner at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF.

Website: www.ico.gov.uk

Permission to contact the Department for Work and Pensions

We need to share some of the information you have given us on this form with the Department for Work and Pensions. This is because we need to check that you still get the benefits you have told us about in this form. We have to do this because we must take reasonable steps to make sure that we are giving the right amount of money to the right person.

Declaration

You or the person responsible for the management of the ILF award (your representative), must sign and date both the declaration and consent.

Declaration

I confirm that, as far as I know, the information I have given in this form is true and complete. I understand that you will rely on this information to work out and process my payments. I understand that I will need to tell you if my circumstances change.

Signature:

(Yours or your representative's.)

Name:

(Please print.)

Date:

If you are signing on behalf of the applicant, you must be acting as their representative. Please give us your details below.

Name:

Address:

Phone number:

Consent - first consent

You or the person responsible for the management of the ILF award (your representative), must sign and date the first consent.

First consent

- I give the Independent Living Fund (2006) (“ILF”) permission to give any information I have provided, at any time, about benefits to the Department for Work and Pensions, and to make any necessary enquiries to check that this information is correct.
- I agree that the Department for Work and Pensions may carry out any necessary checks to make sure the information I have provided is correct, and they may tell you about any relevant changes.
- I understand that if the Department for Work and Pensions tells you about changes, you will use that information to check whether I can continue receiving payments from you.

Signature:

(Yours or your representative's.)

Name:

(Please print.)

Date:

Consent - second consent

If your partner claims Income Support, Jobseekers Allowance, Employment and Support Allowance or Pension Credit for you they must sign and date the second consent.

Second consent

- I give the Independent Living Fund (2006) (“ILF”) permission to ask the Department for Work and Pensions for information you need to check that this application is accurate. The Department for Work and Pensions can process these enquiries as necessary to check that this information is correct, and may tell you about any relevant changes that would affect my partner’s eligibility to continue receiving payments from you.

Signature:

Name:

(Please print.)

Date:

Users National Insurance Number:

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Need any further assistance completing this form?

Telephone: 0845 601 8815 or 0115 945 0700

Fax: 0115 945 0945

Textphone: 0845 601 8816

Email: funds@ilf.org.uk

Web: www.ilf.org.uk

Please return the completed form to:

Independent Living Fund

Equinox House

Island Business Quarter

City Link

Nottingham

NG2 4LA