

FINANCIAL INFORMATION FORM

Name of Applicant/User:

**ILF Reference Number:
(if applicable)**

Please take your time to read through this form and the notes attached before completing it.

PART 1 All Fund Users please complete Part 1 in full

SECTION A1 About you – see notes on pages 21 - 22

1 Do you have a partner?

We use partner to mean your husband or wife or a person that you live with as husband or wife although you are not married. It also includes a same sex partner whether or not you have entered into a formal civil partnership

Yes No → **Please go to question 2**



If yes what is their date of birth?

2 What rate of DLA/AA do you receive for help with personal care?

Higher Middle Lower

3 Please tell us the amount of DLA/AA you receive per week

£

If your partner receives DLA/AA, please tell us the amount of DLA/AA they receive each week

£

4 Does anybody provide unpaid care for you or your partner for 35 hours or more per week?

Yes No

Do you/your partner or any other third party receive Carers Allowance?

Yes Partner Third party

5 Are you in receipt of Income-based Jobseeker's Allowance
(You may get this if you haven't paid enough NICs or you've only paid contributions for self-employment and you're on a low Income.)

No Yes → **Please go to question B1**



6 Are you in receipt of Contributions-based Jobseeker's Allowance
(You may get this if you've paid, or are treated as having paid, enough National Insurance contributions).

No Yes



Amount paid per week? £



Please go to section B1

INCOME SUPPORT

7 Do you, or does someone else on your behalf, currently receive Income Support?

Yes No → **Please go to question 10**



8 Is Severe Disability Premium (SDP) paid with Income Support?
ie Does your IS letter show that you get an additional amount because you are severely disabled.

Yes No → **Please go to question 9**



If yes, please state amount received £

9 If the claim for Income Support is **not** in your name, detail the name and National Insurance number of the person who does claim Income Support below:

Name

National Insurance number

10 Do you receive Pension Credit?

Yes No → **go to Section B1**

a If yes do you receive the Guarantee Credit?

Yes No → **go to Question C**

b Do you receive a Severe Disability Addition as part of this?

Yes No

If you have answered yes to question 10a and/or 10b please arrange for your confirmation letter to be forwarded to the Funds with this document. (Please do not send your benefit book).

c Do you receive a Savings Credit?

Yes No

If you are unsure which type of Pension Credit you receive please list information below or send a copy of your confirmation letter

SECTION B 1 Capital – see notes on pages 18 - 19

1 Do you or your partner have any money in a bank or building society account? (for our definition of partner, please see the notes on page 18)

Yes No → Please go to question 2



If yes, how much? £

2 Do you or your partner have any other capital? (Please refer to the notes on page 19 for a definition of capital).

Yes No → Please go to next question



If yes, please give details, including value, below.

If you have shares please state how many are held, with which company and the current value.

3 Do you have a Trust Fund, or receive any monies from a Trust Fund? (Including any monies that are paid from the Thalidomide Trust.) – see notes on page 19

Yes No → Please go to next question



amount £

(Please be aware the processing of Trust Fund cases may require extra time).

4 Do you have monies held by the Court of Protection (England and Wales) Office of Care and Protection (NI) or the Office of the Public Guardian (Scotland)?

Yes No → Please go to question 5



amount £

5 Are you or your partner pursuing, intending to pursue or have you or your partner ever received an award of compensation?

Yes No → Please go to question 6



Please read notes on pages 19 - 20

When was the compensation received?

How much received?

If you or your partner have not yet received it, when do you expect to?

6 IF YOU ARE IN RECEIPT OF INCOME SUPPORT, INCOME BASED JOB SEEKERS ALLOWANCE OR GUARANTEE CREDIT PLEASE GO TO PAGE 13 AND COMPLETE PART B3 IN FULL

IF YOU OR YOUR DEPENDENT DO NOT RECEIVE INCOME SUPPORT, INCOME BASED JOB SEEKERS ALLOWANCE OR GUARANTEE CREDIT PLEASE CONTINUE ON PAGE 7 AND COMPLETE PARTS 2 AND 3 IN FULL.

PART 2 Please complete Part 2 if you or the person who is receiving Child Benefit for you do NOT receive Income Support, Income Based Job Seekers Allowance or Pension Guarantee Credit

SECTION A2 Your Income – see notes on page 19

1 Benefits

We need to know all the benefits you, your partner or the person receiving Child Benefit for you receive and the amount paid. Please read the list of benefits below and complete the weekly amount where appropriate.

Type of Benefit	Weekly Amount	
	Applicant	Partner/other
Bereavement Allowance	£	£
Incapacity Benefit	£	£
Industrial Injuries Disablement Benefit	£	£
Retirement Pension	£	£
Severe Disablement Allowance	£	£
War Disablement Pension	£	£
War Widows Pension	£	£
Widowed Parent Allowance	£	£

If you have stated that you receive either **Industrial Injuries Disablement Benefit** or **War Disablement Pension** or **War Widows Pension**, please give a full breakdown in the space below of the components and amounts (you can obtain this from your benefits agency if you do not have a copy)

2 We need to know about the income you your partner or the person who is receiving Child Benefit for you receive and the amount paid. Please read the list of income below and complete the weekly amount where applicable.

Type of Income	Weekly Amount	
	Applicant	Partner/other
Child Maintenance		
Earnings, payments in lieu of earnings or working tax credit		
Statutory Sick Pay		
Student Loans		
Other		

3 Are you entitled to take out a student loan?

Yes No

4 Do you or your partner receive an Occupational Pension?

You

Yes No



If yes please give the monthly net amount(s) £

Your Partner

Yes No → Please go to next question



If yes please give the monthly net amount(s) £

Board and Lodging

- 5 Do you or your partner receive an income from boarders who pay to live in your household? (Please read the notes on page 20).**

Yes No → Please go to question 6



If yes, please state how many boarders live in your house and the amount they each pay per week below

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

Yes No → Please go to Section B2 on page 10



If yes, please state how much rent is paid each week by each tenant below

SECTION B2 Housing costs and other allowable expenses – see notes on page 21

Please use this section to tell us about your housing costs, giving exact figures

1 Do you or your partner make mortgage payments?

Yes No → Please go to next question



If yes, please give the monthly payment figure **exclusive** of house and contents insurance £

(The figure should include both parts of an endowment mortgage and linked insurance. Please see notes section on page 20 for information).

2 Do you or your partner make a payment to an insurance company to protect your mortgage payments against unemployment or sickness situations?

Yes No → Please go to next question



If yes please give the monthly payment figure £

3 Are your mortgage payments currently being made by an insurance company through a mortgage protection scheme?

Yes No → Please go to next question



Please notify the Funds when this arrangement ceases and see notes section page 21 for information

4 Do you or your partner pay rent by written agreement?

Yes No → Please go to next question



If yes, please state how much you or your partner pay after housing benefit has been deducted and how often you pay it £ per week/month/year (delete as appropriate)

5 Do you or your partner pay ground rent.

Yes No → Please go to next question



If yes, how much do you or your partner pay per year?

£

6 Do you or your partner pay Water Rates?

Yes No → Please go to next question



If yes how much do you or your partner pay per year?

£

7 Do you or your partner pay Council Tax?

Yes No → Please go to next question



If yes, how much do you or your partner pay per year, net of any benefits?

£

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

Yes No → Please go to next question



If yes, please tell us what sort of adaptations have been carried out

Please note that you need to enclose a copy of the loan agreement, including the amount the loan is for and the interest rate. **Failure to do so will delay the financial assessment process.**

9 Do you or your partner make payments to the Child Support Agency, or pay Child Maintenance?

Yes No



If yes, how much do you or your partner pay and how often?

£ Per week/month/year (delete as appropriate)

PLEASE NOW COMPLETE PART 3 IN FULL

PART 3 All clients please read this section then complete Part B on page 15 and 16 in full

SECTION A3 See notes on page 21 - 22

Please read through this section and then complete and sign the declaration and consent statements in Section B

How the Fund collects and uses information about you

When the Independent Living Funds asks you to give information it must deal with that information according to the Data Protection Act. The Act makes sure that we use the information you give us in the right way.

The Act tells us how we should collect and use the information about you. It says the information must –

- Be collected and dealt with fairly
- Only be used for proper purposes
- Be the right information
- Be correct and kept up to date
- Be kept only for as long as we need it
- Be kept safe



Where you see this sign on our forms it means that we are collecting information about you and that we will only use it in ways the Data Protection Act allows.

The information you have given on this form will be used to help us to process your application and administer any funding that may be awarded either now or in the future. It means that we can make sure that you get the right amount of money. In some cases this may mean that we can pay you more money.

On occasions we may also be asked to share the information to detect or prevent crime or to prevent misuse of public funds in other ways by organisations like with the police, a court or central government. The Funds will only do this if the law permits it to do so.

From time to time we may use the information for research, but this date is nameless. This means that nobody would know who the information came from or is about. We also use it to help us plan for the future.

By providing the information requested on this form you consent to the Fund processing personal data about you as described above, where it is necessary for the purposes set out.

We may need to share some of the information you have given us on this form with the Department of Work and Pensions (DWP) because we need to check what benefits you receive.

Over the page we ask you to give consent to the Independent Living Funds and the DWP sharing some information about you. This is because the Fund needs to check with DWP that you still get the benefits you have told us about in this form. We need to do this because we have an obligation to take reasonable steps to ensure that we are giving the right amount of money to the right person.

You have the right to ask for a copy of the information the Fund holds about you and correct anything that is wrong. If you would like a copy of the information please write to "The Information Manager" at the Independent Living Funds telling us who you are, what you would like to see. As soon as we can, and certainly within 40 days, we will send you what you asked for or explain if there is a reason why we can't send it.

Please contact the Information Manager if you would like more information about the Data Protection Act.

You can also contact the Information Commissioner at:

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

www.informationcommissioner.gov.uk

Please now turn over the page and sign the statements as the Funds will be unable to process your case without these.

**SECTION B3 – Declaration and Consent Signature –
see notes on page 19 - 20**

(i) Declaration

IMPORTANT – THIS DECLARATION MUST BE SIGNED IN ALL CASES

I confirm that, to the best of my knowledge, the information supplied in this form is true and complete and I understand that you will rely on this for the purposes of calculating and processing my payments. I understand that I will need to contact the Fund if my circumstances change.

Signature

Date

If you are signing on behalf of the applicant you must be their Power of Attorney or Benefits Appointee, please give your details below:

Name

Address

Telephone Number

Relationship to the User

Are you

1 Power of Attorney

2 Benefits Appointee

You must tick one box. We cannot accept this form if it has not been signed by either the user, or their benefits appointee or Power of Attorney.

(ii) Consent

IMPORTANT THIS MUST BE READ AND SIGNED BY ALL FUND USERS AND NEW APPLICANTS

In all cases you, your Power of Attorney or Benefits Appointee, must sign consent A below. If you have a partner who receives Income Support or Pension Credit for both of you then you or your Power of Attorney or Benefits Appointee must sign consent A and your partner must sign consent B over the page as well

Please write the name of the Fund user/applicant here

User/Applicant Name

National Insurance number

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A *"I consent to the Independent Living Funds (2006) ("the Fund") giving information I have provided about the benefits I receive to the Department for Work and Pensions ("DWP") and making any necessary enquiries with the DWP to check that this information is correct. I understand that I may have provided this information on my application to the Fund or at any other time during my relationship with the Fund. I agree that the DWP may carry out any necessary processing to check that this information remains correct and may tell the Fund about any relevant changes. I understand that, where the DWP tells the Fund about changes, the Fund will use this information to check whether I am eligible to continue receiving payments from the Fund".*

Signature of User/Power of Attorney/Benefits Appointee

Signature _____ Date _____

If your partner claims Income Support or Pension Credit for you they must sign the consent on page 17.

If your partner claims Income Support or Pension Credit for you they must sign the consent below.

B *I consent to the Independent Living Fund (2006) (“the Fund”) making such enquiries of the Department of Work and Pensions as are necessary to access the validity of this application to the Fund. The Department of Work and Pensions may carry out such processing as is necessary to check that this information is correct and may inform the Fund of any relevant changes that would affect the user’s eligibility to continue receiving payments from the Fund.*

Signature _____ Date _____

Name _____

National Insurance number

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NOTES TO HELP YOU COMPLETE THE FINANCIAL INFORMATION FORM

It is important that you or your appointee complete all the relevant sections on the form and provide all the information required.

When you have read the notes, if you have got any questions about how to fill in the form, please telephone the Fund on 0845 601 8815 and ask to speak to the person dealing with your surname. This is a local rate number but, if you are worried about the cost of the call, please ask the person dealing with your query to call you back.

You should complete and sign the form yourself if you can. If you cannot complete the form yourself you can ask someone else to do it for you. If you cannot sign it then it must be signed by the person who is your Appointee for benefits or by a person who has Power of Attorney to deal with your financial affairs.

In the form and notes we have used the term partner. This means your husband or wife or a person that you live with as husband or wife although you are not married. It also includes a same sex partner whether or not you have entered into a formal civil partnership.

The following notes refer to each question on the form and help to explain the information we need.

PART 1

SECTION A

Disability Living Allowance/Attendance Allowance

We only need to know the rate of care component of Disability Living Allowance or Attendance Allowance you receive. This is the amount you receive for help you need with personal care.

The rate will be 'higher', 'middle' or 'lower' if you receive Disability Living Allowance. There is no middle rate of Attendance Allowance.

The payment book you receive from the Benefits Agency should tell you if you receive Disability Living Allowance or Attendance Allowance and the rate. This information is usually found on the second page of your payment book.

If you are not sure what you receive you should check with your local Benefits Agency office.

Income Support – please complete as appropriate

Pensions Credit

If you are over 60 years old you may now be receiving Pensions Credit instead of Income Support. If so we require a complete breakdown of this.

SECTION B1

All applicants/ILF users must completed this section in full

Capital

Capital means the total value of any money that you have, any investments and any property that you own but do not live in. It includes any capital that is owned by your partner and the value of any trust fund as explained in the section “Trust Funds”.

If you have capital of less than £22,250 you can still receive payments from the Fund. We do not treat the property that you live in as capital.

You must tell us the value of any property that you own, but do not live in and what the property is. If there is a mortgage on the property you should tell us how much is outstanding.

If you own shares or other investments please tell us the number you have and the name of the company.

Trust Funds

From 1 April 2008 (Great Britain) and 1 July 2008 (Northern Ireland) the Fund will not normally make an award where you are a beneficiary under a trust fund where the assets/capital held by the trust exceeds £22,250.

It applies to you whether this is personal injury compensation or money from a family trust or will or from any other source (exceptions are listed below).

This applies whether or not any payment has actually been made from the trust fund to you and regardless of any future intentions to make payments from the trust fund.

If you have money, which is being administrated by the High Court, County Court or Court of Protection or consists of compensation paid under a Structured Settlement or by periodical payments we will apply the same procedure as we do with trust funds.

Where the value of the trust is £22,250 or less there is no restriction on how you or your trustees can spend any money paid from the Trust and payments from the Fund can still be made.

If you have money from one of the following funds you can still receive payments from the Fund regardless of the value:

Thalidomide Trust
Vaccine damage payments
The Macfarlane Trust
The Macfarlane (Special Payments) Trust
The Macfarlane (Special Payments) (No 2) Trust
The Fund
The Eileen Trust
The Skipton Fund
The London Bombings Relief Charitable Fund
Variant Creutzfeld-Jakob disease

PART 2

SECTION A2

Benefits

1 & 2 Where possible please state the weekly amount of each benefit you receive. If you do not know this please tell us the amount and how often the benefit is paid.

Other Income

- 5 A boarder is someone who makes regular payments to live in your household on a commercial basis. For example:
- a) where accommodation is provided for a charge that includes providing cooked or prepared meals or
 - b) where accommodation is provided in a hotel, guest house, lodging house or similar establishment.

It does not refer to a relative who may live with you and make voluntary contributions towards household expenditure.

SECTION B2

Housing costs and other allowable expenses

The Fund needs to know about your housing costs. These will be offset against any household income (except earned income, which is not taken into account for contribution purposes) when calculating your contribution towards your care package. The Funds cannot allow for house or contents insurance costs but will allow for Endowment linked life insurance (this cost will usually be built in with your overall mortgage costs.)

2 & 3 The Funds can allow for payments that you make to an insurance company to protect your mortgage against sickness or unemployment (usually known as a mortgage protection plan). If at any time your plan is activated so that the insurance company are covering your payments in place of you the Funds will not include your mortgage costs as an expenditure. This may impact on the amount of money you are asked to contribute towards your care package.

8 The Fund needs to see a copy of your loan agreement as we need to check if we can disregard any interest repayments.

We need to see proof that these payments are legally binding and are made on a regular basis.

PART 3

SECTIONS A3 and B3

Please ensure that you read all of this section. Should there be anything you do not understand please contact the Fund.

In order to process your application this form must be signed and dated. If you are unable to sign the form yourself it must be signed on your behalf by either your Appointee or someone with Power of Attorney for your affairs. The person signing on your behalf should give their full details.

ii Consent

This should be signed by all users so that we can obtain up to date relevant information regarding your benefits.

If you are unable to sign the consent it must be signed by the same person who signed the declaration (see above).

If you have a partner who receives Income Support or Pension Credit for both of you then you or your Power of Attorney or Benefits Appointee must sign consent A **and** your partner must sign consent B as well.