

Section 1: Your details

Name	
Date of birth	
Address	
Post code	
Email	
Contact telephone	
National insurance number	

1.1 Are you dealing with your own finances?

yes if yes, proceed to 1.8
no

1.2 Has the Court of Protection appointed a receiver or deputy to manage your finances?

yes
no

1.3 Is there a Power of Attorney, Enduring or Lasting Power of attorney in force?

yes
no

If you have answered **yes** to either **1.2** or **1.3**, please provide a certified copy of the order.

1.4 Is there a Department for Works and Pensions (DWP) appointee in place?

yes
no

1.5 Is someone else acting as your financial representative?

yes
no

1.6 Please give details below of the person dealing with your finances.

Name	
Address	
Post code	
Email	
Contact telephone	
Financial relationship	

1.8 Do you have a next of kin?

yes

no

If **yes**, please give details below.

Name	
Address	
Post code	
Contact telephone	
Email	
Relationship	

1.9 Do you have a spouse or partner?

yes

no

1.10 Do you live alone?

yes

no

If **no**, please give details of the person who lives in the property with you.

Name	
Relationship	

Your income

Please give details of all types of income you are receiving in the table below.

Please state whether you receive this weekly or monthly and the date you normally receive it.

Income type	Amount received	How often (weekly / monthly)
Annuity		
Attendance Allowance High / Low		
Carers Allowance		
Disability Living Allowance (care)		
Disability Living Allowance (mobility)		
Disabled Persons Tax Credit		
Employment & Support Allowance		
Industrial Injuries Benefit		
Jobseekers Allowance		
Occupational Pension		
Paid Employment		
Pension Credit (Guarantee Credit)		
Pension Credit (Savings Credit)		
Personal Independence Payment (care)		
Personal Independence Payment (mobility)		
Severe Disablement Allowance		
State Retirement Pension		
Universal Credit		
War Disablement Pension		
War Widows Pension		

War Widows Special Pension (Ministry of Defence)		
Widowed Parents Allowances / Bereavement Allowance		
Any other income not listed above (please give details)		

Your housing

4.1 Do you own, or have you ever owned any property or land?

yes
 no

If **yes**, please give the following information:

Address or description of the property / land	Percentage of your share of the value	Current value of the property / land or value when sold	Amount of mortgage outstanding on the property / land	Is this property / land to be sold? If already sold, please give the date of sale

4.2 If you have a mortgage outstanding, how much are your monthly mortgage payments?

£ per month

Please provide a copy of your latest mortgage statement

4.3 Is this a joint mortgage?

yes
no

4.4 Is there a loan attached to the mortgage? (e.g. a re-mortgage)

yes
no

4.5 Do you have any other assets such as land or any interests in a business?

yes
no

If **yes**, please give details below.

Details of the asset	Current value

4.6 Do you rent any property?

yes
no

If **yes**, please give details below.

Landlord / owner name	
Address	
Post code	

4.7 How much are your full contractual monthly rent payments?

£ per month

4.8 Are any services such as heating etc. included in your rent.

If **yes**, please give details below.

Service	Amount

4.9 Do you receive housing benefit?

yes
no

If **yes**, how much per week do you receive?

£ per week

If you do not know the amount, please sign the declaration at the end of this form. This will give us your permission to access your Housing Benefit records.

4.10 How much are your monthly council tax payments?

£ per month

4.11 Do you receive council tax benefit?

yes
no

If **yes**, how much per week do you receive, per week?

£ per week

Spouse and partner details

5.1 Please give details below:

Spouse / partner name	
Address	
Post code	
Email	
Contact telephone	
National Insurance number	

5.2 Please give details of your spouse or partner's income below:

Income type	Amount	How often received

5.3 Please give details of your spouse or partner's savings below:

Savings type	Amount

5.4 Please give any other relevant details of your spouse / partners finances below: (e.g. outgoings)

Declaration and consent

I declare the information provided in this form is true to the best of my knowledge and belief. I understand that this information will be used to calculate the assessed contribution towards my eligible care and support costs. This information may be shared with other agencies and used for the prevention and detection of fraud.

Privacy notice

In accordance with General Data Protection Regulations 2018, Gateshead Council will use any personal data to process your financial assessment. We may also share this data with other council services or public organisations if required by law to do so. Your personal data will only be used in respect of your assessment and not for marketing purposes or passed to third parties.

To read how we will use your information, please view our full privacy notice, at www.gateshead.gov.uk/GDPR.

Signed (Service User)		Date	
Signed (Representative) <i>(if applicable)</i>		Date	