Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Weekly income** | £ | **Weekly expenditure** | £ |
| **Wages** |   | Rent |   |
| Applicant |   | Mortgage |   |
| Partner |   | Council tax |   |
| Other |   | Water |   |
| **Benefits** |   | Gas |   |
| Housing benefit |   | Electric |   |
| Council tax benefit |   | Food and housekeeping |   |
| Income Support |   | Telephone costs - landline |   |
| Employment Support Allowance |   | Telephone costs - mobile |   |
| Carer's Allowance |   | TV licence/rental |   |
| Disability Living Allowance - care |   | Travel costs |   |
| Disability Living Allowance - mobility |   | Car costs |   |
| PIP - Daily Living component |   | Debt repayments - total weekly |   |
| PIP - Mobility component |   | Insurance payments |   |
| Attendance Allowance |   | **Other expenditure (please specify)** |   |
| Child Benefit |   |   |   |
| Child Tax Credit |   |   |   |
| Child maintenance |   |   |   |
| Working tax credit |   |   |   |
| **Pensions** |   |   |   |
| Retirement |   |   |   |
| Occupational |   |   |   |
| Pension Credit |   |   |   |
| Any other pension payment |   |   |   |
| **Other income (please specify)** |   |   |   |
|   |   |   |   |
| **Total weekly income** |   | **Total weekly expenditure** |   |

|  |  |
| --- | --- |
| **Savings - total amount** |   |

|  |  |  |
| --- | --- | --- |
| **Debts** |  |  |
| Amount | For | Weekly payments |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Please return completed forms to info@southwarkcarers.org.uk