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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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