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## Welfare Benefits Calculation Questionnaire

Please complete this form as fully as possible as it will help us to calculate your potential entitlement to Welfare Benefits.

*(All information is treated in the strictest confidence)*

Our calculations will be **ESTIMATES ONLY** and will be based entirely on the information that you have provided. If you provide inaccurate or incomplete information, this will inevitably lead to incorrect estimates.

### About you

Name: .....

Address: .....

.....Postcode.....

Home Telephone No: .....Mobile No: .....

E-mail Address: .....

National Insurance No: ..... Date of Birth: ...../...../.....

Marital Status: Single / Married / Widowed / Separated / Living with Partner or Civil Partner

### Partner Details

*(If applicable)*

Name: .....

Mobile No: .....E-mail Address: .....

National Insurance No: ..... Date of Birth: ...../...../.....

**People Living With You**

*(Please give details – names and dates of birth, continue in additional information section if necessary)*

Children *(who you receive Child Benefit for, please tell us about this in the Benefit Section)*

Name: ..... Date of Birth: ...../...../.....

Name: ..... Date of Birth: ...../...../.....

Name: ..... Date of Birth: ...../...../.....

Non Dependents *(e.g children who you no longer claim benefit for, parents, other relatives, friends etc. It may be necessary for us to contact you for further details depending on the income received)*

Name: ..... Age: ..... Type of Income: .....

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**Employment**

Are you or your partner currently in full or part-time employment? Y / N *(If yes, please give details)*

Average hours worked: Self: ..... Partner: .....

Normal Gross Earnings: Self: ..... Partner: .....

Normal Net Earnings: Self: ..... Partner: .....

How often are you paid? Self: ..... Partner: .....

Occupational Pension Deductions: Self: ..... Partner: .....

Any other deductions: Self: ..... Partner: .....

*(Please specify)*

Do you pay a Registered Childminder to look after your children? Y / N *(If yes, please give details)*

Name of Childminder: .....

Amount Paid: ..... How often? .....

**Benefits**

*Please list all benefits you currently receive (including State Pensions and Child Benefit details, Tax Credits, Disability Benefits, etc)*

Benefit	Paid to	Amount	How often paid
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Other Income**

*Please list details of any other income you receive (e.g. occupational / private pensions, maintenance, etc)*

Income	Paid to	Amount	How often paid
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Savings**

*Please give details of all savings and investments*

Bank/Building Society	Account Holder	Balance
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Other Savings**

*Please give details of any other savings or investments (e.g Shares, Bonds, ISA's, other property, etc)*

Type	Approximate Current Value
.....	.....
.....	.....
.....	.....
.....	.....

**Health**

*(Optional information, however not filling in this section may result in you missing out on benefit that you may be entitled to)*

Does anyone in your family have any health problems? Y / N  
*(Remember this problem can be physical or mental)*

If yes, who has the health problems? .....

Please state the nature of the illness/disability .....

Does this person have any mobility problems? Y / N

If yes, on an average day how far can they walk outside without experiencing discomfort?  
..... metres / minutes

Is supervision needed outdoors? Y / N

Please circle all of the daily tasks below for which help is required or difficulty is encountered.

- |            |          |                               |                     |
|------------|----------|-------------------------------|---------------------|
| Getting up | Dressing | Moving around indoors         | Taking medication   |
| Cooking    | Eating   | Is supervision needed indoors | Bathing             |
| Toiletting | Drinking | Getting up from a chair       | Are falls a problem |

Do they require help or encounter difficulty during the night? Y / N

**Accommodation Information**

Which Council Tax Band is your property in? A / B / C / D / E / F / G / H *(Please circle as appropriate)*

