

Income Maximisation Team
Finance Service
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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 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?
..... yds / mts

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)

