

Welfare Benefit Assessment Factfind

Client Detail

NAME _____	NATIONAL INSURANCE NO. _____
DATE OF BIRTH ____/____/____	CONTACT TEL. NO. _____
ADDRESS _____	EMAIL _____
_____	_____
_____ POSTCODE _____	_____

Solicitor Details

NAME OF FIRM _____	CONTACT TEL. NO. _____
SOLICITOR _____	EMAIL _____
ADDRESS _____	

_____ POSTCODE _____	

Household Details

DO YOU HAVE A PARTNER WHO NORMALLY LIVES WITH YOU? YES NO

PARTNER'S NAME _____ PARTNER'S DATE OF BIRTH ____/____/____

ARE YOU OR YOUR PARTNER A FULL TIME STUDENT? YES NO

HAS YOURS OR YOUR PARTNER'S HEALTH CHANGED IN THE LAST 12 MONTHS? YES NO

ARE THERE ANY NON DEPENDANTS IN THE HOUSEHOLD? *(By this we mean anyone other than you or your partner who is over 18 and not a joint tenant)* IF YES, PLEASE INDICATE HOW MANY AND THEIR NAMES:

1. _____
2. _____
3. _____

Dependant Children

DO YOU OR YOUR PARTNER HAVE ANY DEPENDANT CHILDREN WHO NORMALLY LIVE WITH YOU?
If so, please indicate the number of children, their ages and if you or your partner receive Child Benefit for them:

NAME	DATE OF BIRTH	WEEKLY CHILD BENEFIT £

ARE ANY OF THE CHILDREN REGISTERED BLIND OR DO YOU RECEIVE DISABILITY LIVING ALLOWANCE FOR ANY OF THEM?
If yes, please provide the name of the child and the relevant disability benefit:

NAME	DISABILITY BENEFIT

Dependants continued

DO ANY OF THE CHILDREN HAVE ANY SAVINGS? If yes, please indicate how much: £ _____

DO YOU OR YOUR PARTNER PAY A REGISTERED CHILDCARE PROVIDER FOR CHILDCARE?

If so, how much?: £ _____ per _____

Benefits

DO YOU OR YOUR PARTNER RECEIVE ANY OF THE FOLLOWING BENEFITS? If yes, please indicate which you receive and the weekly entitlement:

BENEFIT	YOU £	YOUR PARTNER £
Income Support		
Income Based Jobseeker's Allowance		
Contributions Based Jobseeker's Allowance		
Income Related ESA		
Contributory Related ESA		
Incapacity Benefit		
DLA/PIP (Mobility)		
DLA/PIP (Care/Daily Living)		
Universal Credit		
Carer's Allowance		
Child Tax Credit		
Working Tax Credit		
Housing Benefit		
Council Tax Support		
Pension Credit		
Maternity Allowance		
Industrial Injuries Disablement Benefit		
Statutory Sick Pay		
Statutory Maternity/Paternity Pay		
Widowed Parent's Allowance		
Bereavement Allowance		
Severe Disablement Allowance		
Attendance Allowance		
State Retirement Pension		



Earnings

PLEASE INDICATE ANY GROSS EARNINGS FOR YOU AND YOUR PARTNER INCLUDING ANY DEDUCTIONS AND THE FREQUENCY OF PAY: This is used to calculate Tax Credits (note: tax year runs from 6th April to 5th April).

EARNINGS PREVIOUS TAX YEAR

	Gross Amount	Pension Contributions	Charitable Donations	Other income above £300
YOU				
YOUR PARTNER				

EARNINGS THIS TAX YEAR

	Gross Amount	Pension Contributions	Charitable Donations	Other income above £300
YOU				
YOUR PARTNER				

HOURS WORKED YOU _____ YOUR PARTNER _____

Other Income

PLEASE SPECIFY IF YOU OR YOUR PARTNER RECEIVE ANY OTHER INCOME (such as private pensions, maintenance payments, income from lodger etc):

	Type of income	Amount £	Frequency
YOU			
YOUR PARTNER			

Non dependants

PLEASE LIST THE INCOME OF ANY NON DEPENDANTS (*By this we mean anyone other than you or your partner who is over 18 and not a joint tenant*), HOW MUCH THEY ARE PAID AND HOW OFTEN:

Name	Type of income	Amount £	Frequency

Capital

WHAT IS THE TOTAL FIGURE OF ANY SAVINGS AND INVESTMENTS HELD FOR BOTH YOURSELF AND YOUR PARTNER? This includes Bank/Building Society Accounts/Shares/Bonds/Unit Trusts etc.

TOTAL £ _____

DO YOU OR YOUR PARTNER OWN ANY OTHER PROPERTY OTHER THAN THE PROPERTY YOU ARE LIVING IN?

VALUE £ _____ OUTSTANDING MORTGAGE £ _____



Your property

DO YOU OR YOUR PARTNER PAY RENT FOR YOUR PROPERTY? YES NO

If yes, please indicate: gross rent charged £ _____ per _____

DO YOU PAY RENT TO? PRIVATE LANDLORD LOCAL AUTHORITY HOUSING ASSOCIATION

DO YOU HAVE A JOINT TENANCY WITH ANYONE ELSE OTHER THAN YOUR PARTNER?
(By joint tenant we mean anyone who is included on the tenancy agreement and has a liability to pay rent) YES NO

If yes, please indicate what proportion of the rent you are liable to pay? (i.e. 50%) _____

IF YOU ARE A HOMEOWNER, PLEASE INDICATE THE AMOUNT OF INTEREST YOU PAY ON YOUR MORTGAGE (IF APPLICABLE):

AMOUNT OF INTEREST CHARGED £ _____ per _____

HOW MANY ROOMS IN THE PROPERTY? _____

ARE ANY SERVICES INCLUDED? WATER HOT WATER LIGHTING COOKING HEATING
OTHER FUEL OTHER _____

WHO IS LIABLE TO PAY COUNCIL TAX FOR THE PROPERTY? _____

HOW MUCH IS THE ANNUAL COUNCIL TAX BILL FOR THE PROPERTY BEFORE ANY DISCOUNTS ? £ _____

Additional Income

PLEASE USE THIS SPACE TO ADD FURTHER INFORMATION THAT YOU MAY THINK WILL BE USEFUL FOR YOUR CALCULATION:

What happens next?

We will use the information you have provided to review your current Welfare Benefit situation and confirm that you are getting the correct entitlement. We will also identify any additional benefits or assistance you may be eligible to receive based on your circumstances. Once the calculation is complete we will write to you with a copy of the assessment and any further recommendations.

This information will be used to calculate any entitlement to Welfare Benefits and will be treated in the strictest confidence. We may wish to contact you for additional information depending on your circumstances and your answers to certain questions.

PLEASE RETURN THE COMPLETED FORM TO ONE OF THE FOLLOWING:

FAX: 0161 763 4809

EMAIL: info@nestor.co.uk

POST: Nestor, Controlled House, Waterfold Business Park, Rochdale Road, Bury, Lancashire BL9 7BR

