Benefit Calculation Information

Please complete both sides of this form

Client's Name	Partner's Name
Client's Date of birth	Partner's Date of birth
Names of Children Sex	Ages/Dates of birth
Client's Savings	Partner's Savings
£	£
Client's Wages £ net/gross	Partner's Wages £ net/gross
£ net/gross Per week/month/year	£ net/gross Per week/month/year
rei week/month/year	Fer week/month/year
Number of Hours worked per	Number of Hours worked per
week	week
Amount paid into pension	Amount paid into pension
£ per week/month/year	f per week/month/year
Client's Wages last tax year	Partner's wages last tax year
(April to April) £ net/gross	(April to April) £ net/gross
Worked for past 3 years? Y/N	Worked for past 3 years? Y/N
Does client (or child) receive	Does partner (or child) receive
any disability benefits? If child	any disability benefits? If child
put their name:	put their name:
DLA lower rate care Yes/No	DLA lower rate care Yes/No
DLA middle rate care Yes/No	DLA middle rate care Yes/No
DLA higher rate care Yes/No	DLA higher rate care Yes/No
DLA lower rate mobility Yes/No	DLA lower rate mobility Yes/No
DLA higher rate mobility Yes/No	DLA higher rate mobility Yes/No
PIP daily living standard Yes/No	PIP daily living standard Yes/No
PIP daily living enhance Yes/No	PIP daily living enhance Yes/No
PIP mobility standard Yes/No	PIP mobility standard Yes/No
PIP mobility enhanced Yes/No	PIP mobility enhanced Yes/No
AA middle rate Yes/No	AA middle rate Yes/No
AA higher rate Yes/No	AA higher rate Yes/No
Child maintenance received?	Child maintenance received?
Per week/month/year	Per week/month/year

Pension received?	Pension received?	
£	£	
Per week/every 4 weeks/month/year	Per week/every 4	
Any other income? Where does	weeks/month/year Any other income? Where	
it come from eg Carers	does it come from? E.g. Carers	
Allowance	Allowance	
Income type:	Income type:	
£ Der week (menth (veer	£ Der week (menth /veer	
Per week/month/year	Per week/month/year	
Income type:	Income type:	
£	£	
Per week/month/year	Per week/month/year	
Rent	Type of landlard:	
Kent	Type of landlord: Private/Council/ Housing	
£ per week/per month	Association	
- poi	No of bedrooms:	
	No of bearbonns:	
Council Tax Bill		
£ per week/per mo	nth/per year	
If unknown what Council Tay Da	nd is it as such as of hadroome	
If unknown, what Council Tax Ba	na is it or number of bedrooms	
and which town is property in?		
Leasehold Properties (flats, maisonettes)		
Ground Rent £ per week/per month/per year		
Service Charges £ per week/per month/per year		
per week/per month/per year		
Mortgage Balance outstanding (NOT the monthly payment)		
£		
Was this all for house purchase? Yes/ No If No, how much		
of the mortgage balance was money borrowed to buy the house?		
Year mortgage taken out?		
Childcare costs for approved provider? Per w/m/y		
How many children is this for?		
Does anyone else live with client/partner? Yes/No		
If Yes, what do they earn each week/month/year		
or which benefit are they on?		
Does anyone in the household ha	ve a disability? Yes/No	
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PLEASE COMPLETE BOTH SIDES OF THIS FORM
Updated November 2013