

SEVENOAKS CITIZENS ADVICE BUREAU – Questionnaire for benefits calculations.

Clients: please complete this questionnaire so that we can work out your entitlement to means-tested benefits and/or tax credits.

CLIENT'S NAME		CLIENT'S AGE	
PARTNER'S NAME		PARTNER'S AGE	
ADDRESS		CHILDRENS AGES	1. 2. 3. 4. 5.
TELEPHONE NUMBER			
Total savings (include all money in bank account, savings accounts, bonds etc)	£		
FOR EACH MEMBER OF YOUR HOUSEHOLD, PLEASE COMPLETE THE FOLLOWING BOXES ABOUT YOUR INCOME	CLIENT	PARTNER	ANY OTHER ADULT IN HOUSEHOLD
Please state amount in £ weekly, two-weekly or monthly			
Number of hours worked per week			
Wages gross			
Working Tax Credit			
Child Tax Credit			
Occupational Pension			
Maintenance Payments			
Income from Lodgers			
Income Support			
Jobseeker's Allowance			
Incapacity benefit			
Statutory Sick Pay			
Statutory maternity pay			
Child benefit			
Maternity Allowance			
Carer's Allowance			
Industrial Injuries Disablement Benefit			

Please turn over

INCOME CONTINUED	CLIENT	PARTNER	ANY OTHER ADULT IN HOUSEHOLD
Disability Living Allowance: Care Component Mobility Component:			
Attendance Allowance			
State Retirement Pension			
Bereavement Allowance			
Severe Disablement Allowance			
War Pensions			
Other income (give source)			
Housing benefit			
Council tax benefit			
HOUSING COSTS			
Rent per week or per month			
Amount of outstanding mortgage:			
Mortgage interest			
Was mortgage taken out before October 1995/ after October 1995 (please delete)			
Council Tax			
Ground rent			
Service charges			
CHILDCARE COSTS			

As you may be applying for TAX CREDITS, please give details of your income BEFORE TAX for the tax year 2004/5

Employment £.....
Benefits £.....
Other income £.....
£.....

TOTAL £.....

Please turn over