

ASSESSMENT OF CHARGES and INCOME MAXIMISATION FORM

PLEASE COMPLETE THE DETAILS BELOW

Name:	
Address:	
Postcode:	
Date of Birth:	
NI Number:	
Spouse's / Partner's Name:	
Date of Birth:	
NI Number:	

HOUSING INFORMATION (PLEASE TICK BOX)

Do you live alone? Yes No Tenant (sole) Tenant (joint)

Owner (sole) Owner (joint) Rented (private)

Name of Landlord

Do you receive Housing Benefit? Yes No

Do you receive Council Tax Benefit? Yes No

If yes, how much? £

If yes, how much? £

HOW MUCH DO YOU PAY WEEKLY FOR THE FOLLOWING?

Rent	Council Tax (inc water)	Mortgage (interest payment only)	Other (please specify)
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

TELL US ABOUT YOUR WEEKLY INCOME AND (IF APPLICABLE) ABOUT YOUR SPOUSE'S / PARTNER'S INCOME (SEE NO 1 ON NEXT PAGE):

	You	Spouse / Partner
Savings / Capital	£ <input type="text"/>	£ <input type="text"/>
Pension Guaranteed Credit	£ <input type="text"/>	£ <input type="text"/>
Pension Savings Credit	£ <input type="text"/>	£ <input type="text"/>
Income Support	£ <input type="text"/>	£ <input type="text"/>
Retirement Pension	£ <input type="text"/>	£ <input type="text"/>
Work's Pension	£ <input type="text"/>	£ <input type="text"/>
Personal Independence Payment (PIP) Care Component	£ <input type="text"/>	£ <input type="text"/>
Personal Independence Payment (PIP) Mobility Component	£ <input type="text"/>	£ <input type="text"/>
Universal Credit	£ <input type="text"/>	£ <input type="text"/>
Attendance Allowance (AA)	£ <input type="text"/>	£ <input type="text"/>
Disability Living Allowance (DLA) Care Component	£ <input type="text"/>	£ <input type="text"/>
Disability Living Allowance (DLA) Mobility Component	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>
TOTAL	£ <input type="text"/>	£ <input type="text"/>

Does anyone receive Care Allowance for customer? Yes No

Does anyone receive Care Allowance for partner? Yes No

Is anyone in the house registered blind? Yes No

Does anyone else receive AA / DLA High or Middle Rate Care? Yes No

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Signature of Service User _____

Signature of Spouse / Partner (if appropriate) _____

Signature of Power of Attorney (if appropriate) _____

HAVE YOU REMEMBERED TO INCLUDE YOUR EVIDENCE (AS IDENTIFIED IN NO 1 BELOW)?

THIS SECTION WILL BE COMPLETED BY AN EAST DUNBARTONSHIRE COUNCIL OFFICER

Tariff Income	£		Less Housing Costs	£	
Partner's Income	£		Less Disregards	£	
TOTAL WEEKLY INCOME				£	

Claim	Customer		Date of Claim	Partner		Date of Claim
	Yes	No		Yes	No	
AA / DLA						
Pension Credit / Income Support						
Housing Benefit						
Council Tax Benefit						
Carer's Allowance						
EDC Charges (as per Charging Policy)						
Client Contribution Charge						
Day Service Charge						
Transport Charge						
ILF Contribution						

Signature of Worker (if appropriate) _____

Designation _____ Date _____

FURTHER INFORMATION

1. The section on income will be used to ensure you have all the benefits you are entitled to and, if appropriate, the correct charge is applied. We do not need to know about your spouse's / partner's income if they are not receiving a service, however, we do need to know both incomes to fully maximise your income and ensure you are both receiving the benefits you are entitled to. If you are living in Sheltered Housing, both incomes need to be detailed. If you, or your spouse / partner, have savings / capital, bonds, shares etc these should be included for the person receiving a service and where these are held on a joint basis only half of the amount should be included. (Please see page 6 of the charging booklet for details.) Evidence – in the form of your most recent bank statements, current DWP award letters – needs to be included to back up the information in the income section - please return to sharedservices.transactionalfinance@eastdunbarton.gov.uk. If you're completing this paperwork with your social worker, they will check your evidence, sign this form and forward to transactional finance on your behalf.
2. Page 6 of the charging booklet details the income we will disregard, when assessing your ability to contribute towards the cost of the service.
3. Should you require any further information or assistance please see page 11 of the charging booklet for contact addresses and phone numbers.
4. If a mandate has been enclosed, this will allow East Dunbartonshire Council to check if your income is fully maximised and that you are receiving the benefits you are entitled to.

This authority is under a duty to protect the public funds it administers and, to this end, will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see East Dunbartonshire Council's website (www.eastdunbarton.gov.uk) under GDPR / Privacy Statement or contact Transactional Finance on sharedservices.transactionalfinance@eastdunbarton.gov.uk