

Main guardian details

This part of the form is to be completed by the main guardian of the person applying for the benefit.

1. What is your name?

First name(s)

Surname or family name

2. How are you related to the person applying for the benefit? (eg mother, guardian)

3. Are you receiving a benefit?

No

Yes

▶ Type of benefit:

4. Do you receive family tax credit payments?

No

Yes

5. Are you in paid employment?

No

▶ Go to Question 8

Yes

6. Who do you work for?

Q6 note: Give the name, telephone number and address of the firm or person you work for.

Q7 note: Give gross amount (before tax).

7. How much is your gross weekly wage?

\$

Q8 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

8. Did you get income from any other source in the last 52 weeks?

No

Yes

▶ Please provide details below:

Source (eg bank account number)

Gross income (eg interest)

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

9. Do you have any other children in your care that you support?

No

Yes

▶ Number of other children:

Statement

This statement is to be signed by the **main guardian** of the person applying for income support.

This information is required under section 12 of the Social Security Act 1964.

The information I have provided on this form is true and complete.

Main guardian's name (print)

Main guardian's signature

Day	Month	Year

Second guardian details

This part of the form is to be completed by the second guardian of the person applying for the benefit.

1. What is your name?

First name(s)

Surname or family name

2. How are you related to the person applying for the benefit? (eg father, guardian)

3. Are you receiving a benefit?

 No

 Yes

▶ Type of benefit:

4. Do you receive family tax credit payments?

 No

 Yes

5. Are you in paid employment?

 No

▶ Go to Question 8

 Yes

6. Who do you work for?

Q6 note: Give the name, telephone number and address of the firm or person you work for.

Q7 note: Give gross amount (before tax).

7. How much is your gross weekly wage?

\$

Q8 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

8. Did you get income from any other source in the last 52 weeks?

 No

 Yes

▶ Please provide details below:

Source (eg bank account number)

Gross income (eg interest)

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

9. Do you have any other children in your care that you support?

 No

 Yes

▶ Number of other children:

Statement

This statement is to be signed by the **second guardian** of the person applying for income support.

This information is required under section 12 of the Social Security Act 1964.

The information I have provided on this form is true and complete.

Second guardian's name (print)

Second guardian's signature

Day Month Year

OFFICE USE ONLY

Decision:

Processor's signature

▶

Day	Month	Year

Authenticator's signature

▶

Day	Month	Year

Checker's signature

▶

Day	Month	Year

Bring up

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Day	Month	Year

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