You have agreed to be considered for making a contribution to the cost of someone else's care.

Completion of this form will help Hillingdon Council to determine whether or not you can afford to make a contribution toward the cost of care and the size of cont ribution you may be able to afford. If agreed, you will need to make this contribution in addition to the contribution the service user must make.

| Service user details | |
|----------------------|--|
| | |
| First name | |
| | |
| Last name | |
| | |
| Address | |
| | |
| | |
| Postcode | |
| | |

Name Date of birth National Insurance Number Please enter without spaces Telephone number Email address

Weekly income

| Your salary | | | | | | |
|--|--|---|--|---|-----|---|
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| Partner's salary | | | | | | |
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| Child benefit | | | | | | |
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| Child maintenance | | | | | | |
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| Other benefits | | ν | | | | |
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| Other income | | | | | | |
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| Total income | | | | | | |
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Weekly expenditure Mortgage Rent Council tax Other expenditure Please note that utilities (including gas, water and electric), as well as expenses such as food and clothing are all included in the Standard Living Costs (SLC) of £187.25 per week (£255.03 for couples) and should not be included here. **Total expenditure**

Declarations

| You have agreed to be considered for making a contribution to the cost of someone |
|--|
| else's care. Completion of this form will help enable Hillingdon Council to determine |
| what level of contribution you may be able to afford toward the cost of care. IF |
| agreed, you will need to make this contribution in addition to the assessed |
| contribution the service user must make toward their care. |
| ——— |
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| |
| Any change in circumstances may affect the third party agreement |
| |
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| |
| Termination of this agreement or failure of the third party to make a contribution wil |
| result in the service user having to be relocated to alternative accommodation that i |
| affordable and within Hillingdon Council's maximum payment level. |
| |
| |
| By out by itting this forms I among the III. |
| By submitting this form, I agree to the terms and conditions as set out in the Third |
| Party Agreement. I confirm the details provided by me within these forms are |
| accurate to the best of my knowledge. |
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