



City of
Stoke-on-Trent

**Residence Order, Child
Arrangement Order &
Special Guardianship Order
Allowances**

1 Applicant Details

1.1 Applicant Name and Contact Details

	Title	First Name	Last Name	NI Number
Applicant 1	_____	_____	_____	_____
Applicant 2	_____	_____	_____	_____
Address	_____			

Post Code	_____	Telephone	_____	
Email Address	_____			

1.2 Name(s) of child(ren) to whom application relates

Name (first name only)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

1.3 Name of all others resident at the above address

Name	Relationship to applicant(s)	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 Income

Please make sure you have read the “Financial Assessment Guidance Notes” before completing this section.

Enter income under each heading using the weekly or monthly column as appropriate.

All income **must** be declared:

- Proof of income is required in the form of the most recent payslips. Provide the pay slips for the last 2 months if paid monthly or the last 8 weeks if paid weekly.
- Net wages or salaries from an employer (for both partners in the case of couples) before any contributions to a company pension scheme.
- Details of overtime and other earnings should be included.
- When providing your monthly wage or weekly wage an average should be taken over 2 months for monthly-paid, or 8 weeks for weekly-paid.
- If payslips cannot be provided, please arrange for your employer to complete and sign the attached particular of earnings.

2.1 Earnings

2.1.1 Wage Earners

	Weekly (£)	Monthly (£)
Average net salary or wages from an employer – Applicant 1	_____	_____
Average net salary or wages from an employer – Applicant 2	_____	_____
Average overtime payments – Applicant 1	_____	_____
Average overtime payments – Applicant 2	_____	_____

2.1.2 Self-employed people

Drawings as per year end accounts for most recent year as recognised by the Inland Revenue.

2.2 Pensions, Allowances and Benefits

	Weekly (£)	Monthly (£)
Child Benefit	_____	_____
Child Tax Credit	_____	_____
Working Tax Credit	_____	_____
Personal Independent Payment	_____	_____
Income Support	_____	_____
ESA	_____	_____
Bereavement Benefit	_____	_____
Housing Benefit	_____	_____
Council Tax Benefit	_____	_____
Maternity/Paternity/Adoption Pay	_____	_____
Employer's Sick Pay	_____	_____
State Pension	_____	_____
Private Pension	_____	_____
Maintenance/CSA Payment	_____	_____
Other (please specify) _____	_____	_____

2.3 Equity, Savings and Investments

	Weekly (£)	Monthly (£)
Income from investments, savings and annuities	_____	_____
Income from lodgers, tenants and sub-tenants, rental income	_____	_____
Any other income, please specify: _____	_____	_____
_____	_____	_____

3 Commitments and Outgoings

Your allowable commitments are the following. Please note the personal allowances calculated by the Inland Revenue will take into account all usual household expenses.

	Weekly (£)	Monthly (£)
Mortgage Repayment (or Mortgage Interest and Endowment Premium)	_____	_____
Contributions to Personal Pension Plans (see guidance notes)	_____	_____
Rent	_____	_____
Council Tax	_____	_____
Water Rates	_____	_____
Gas/Electricity	_____	_____
Transport	_____	_____
Life Assurance Premiums	_____	_____
Health Insurance Premiums	_____	_____
House Insurances – Buildings (where not included in mortgage payments) and contents	_____	_____
Loan/Hire purchase payments		
Any commitment under a Court Order (please give details)	_____	_____
Any other commitments and outgoings, please specify:	_____	_____
	_____	_____
	_____	_____

4 Declarations

I/We have read and understood the accompanying guidance notes.

I/We certify that the above details are correct to the best of my/our knowledge and I/we request an assessment for a residence order, child arrangement order or special guardianship order allowance.

I/We confirm that the above child(ren) (Please delete as appropriate):

a) still has/have his/her/their home with me/us or

b) is to be placed with me/us on: [Date] _____

Signed _____ Date: _____

Signed _____ Date: _____

If initial application please state name of Social Worker below

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.stoke.gov.uk/fraud or contact Tim Wheeldon, Civic Centre, Floor 1, Glebe Street, Stoke on Trent, ST4 1HH Tel: 01782 235972

STOKE ON TRENT CITY COUNCIL PARTICULAR OF EARNINGS

Employee's Name _____

Address _____

Postcode _____

The following section is to be completed by the employer showing earnings during the last 8 weeks/2 months

		No. of days worked	Net amount paid after deductions	
Week Ending			£	
Week Ending			£	
Week Ending			£	
Week Ending			£	
Week Ending			£	
Week Ending			£	
Week Ending			£	
Week Ending			£	

		No. of days worked	Net amount paid after deductions	
Month Ending			£	
Month Ending			£	

The above amounts are *above/equal to/below the employee's average earnings
*please delete as appropriate

Employer's Signature _____

Designation _____

Date _____

Company Stamp