



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	
Postcode	
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

	Weekly (£)	Monthly (£)
Drawings as per year end accounts for most recent year as recognised by HM Revenue & Customs		

2.2 Pensions, Allowances and Benefits

	Weekly (£)	Monthly (£)
Child Benefit		
Child Tax Credit		
Working Tax Credit		
Personal Independence Payment		
Income Support		
ESA		
Universal Credit		
Bereavement Benefit		
Housing Benefit		
Council Tax Benefit		
Maternity/Paternity/Adoption Pay		
State Pension		
Private Pension		
Maintenance/CSA payments		
Other (please specify)		

Please provide proof of all pensions, allowances and benefits (excluding child benefit).

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 below:		

3 Commitments and Outgoings

Your allowable commitments are the following. Please note the personal allowances used for income support purposes 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 (Full amount payable before deductions)		
Council Tax (Full amount payable before deductions)		
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 below:		

Please ensure that proof of all personal pension contributions and loan/hire purchase payments are provided.

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 are aware that the Provider & Foster Payments Team must be notified immediately if there is any significant change in my/our circumstances and/or the financial circumstances of the child

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: _____

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 4, 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