

## BENEFIT CHECK ENQUIRY FORM

**SELF**

**PARTNER/SPOUSE (if any)**

Name:.....

Name:.....

Address:.....

D.O.B:.....

.....

N.I.No.:.....

Postcode:.....

D.O.B.:.....

N.I.No.:.....

Tel. No.:.....

E-mail address:.....

Does anyone else live in your House?

NAME	AGE	RELATIONSHIP (child/parent etc.)	BENEFITS RECEIVED (if any)

Do you or partner or anyone in your house have any illnesses, or disabilities? If yes, give details below.

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**INCOME DETAILS**

**WEEKLY/MONTHLY**

	<u>SELF</u>	<u>PARTNER</u>
Jobseekers Allowance	£	£
Income Support	£	£
Pension Credit	£	£
Retirement Pension	£	£
Incapacity Benefit	£	£
Child Benefit	£	£
Child Tax Credits	£	£
Attendance Allowance	£	£
Disability Living Allowance	£	£
Occupational pension	£	£
Wages	£	£
Working Tax Credits	£	£
Other Income (please list)	£	£
	£	£
	£	£

If you receive AA/DLA, does anyone receive Carer's Allowance for looking after you? YES/NO

Capital/Savings over £3000

YES/NO

If yes how much?

£.....