



Asylum Support Application Form (ASF1)

Destitution Message

Under the terms of the Immigration and Asylum Act 1999, the Secretary of State may provide, or arrange for the provision of support for asylum seekers, dependants of asylum seekers or failed asylum seekers who appear to be destitute or are likely to become destitute within a 14 day period.

An applicant is deemed destitute if:

“They and their dependants do not have adequate accommodation or any means of obtaining it, even if other essential living needs are met, or they and their dependants have adequate accommodation or the means of obtaining it, but cannot meet essential living needs.”

Failure to disclose all necessary information or to provide false information regarding myself or any of my dependants may lead to information being passed to the police or other agencies for investigation.

Note that failure to supply the required information may result in your application for support being refused.

I have read and understood the destitution message*

Note: You must complete all the mandatory fields that are denoted with an asterix *

Customise Your Form	
Are you applying from within the UK:	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of support are you applying for? *	S95 <input type="checkbox"/> Please complete sections 1 - 25 S4 <input type="checkbox"/> Please complete sections 1 - 33
What type of Section 95 support are you applying for? *	Accommodation & Subsistence <input type="checkbox"/> Subsistence only <input type="checkbox"/> Accommodation only <input type="checkbox"/>
On what date did you enter the UK? *	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
On what date did you claim asylum? *	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
How many dependants, in the UK, are to be included in this application for support *	<input type="text"/> If there are no dependants included in this application you do not need to complete sections 12 to 20
Are you currently in employment/working in the UK?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been previously employed elsewhere in the UK within the last six months? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If you have answered 'no' to this question and the question above you do not need to complete section 8
Do you have a legal representative? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If you have answered 'no' to this question you do not need to complete Section 6.

Section 1. Your current circumstances	Street homeless means you will actually be sleeping on the street. Tell us when you will have no other option but to sleep on the street.
<p>Are you or will you become destitute or street homeless within 14 days? *</p> <p>On what day will you become street homeless?*</p> <p>Who presently provides you with accommodation? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="checkbox"/> Home Office <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Rented</p>
Section 2. Personal Details	Tell us more detail about yourself.
<p>Name *</p> <p>About other names you use now</p> <p>Do you currently use any other name? *</p> <p>Other name*</p>	<p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name * <input type="text"/></p> <p>Given Names * <input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name * <input type="text"/></p> <p>Given Names * <input type="text"/></p>
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship Status *	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Dissolved partnership <input type="checkbox"/> Surviving Civil Partner
Date of birth *	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

<p>Have you previously applied for support as a dependant of another asylum seeker? *</p> <p>Name*</p> <p>Their asylum support reference number *</p> <p>Have you previously applied for support in your own right? *</p> <p>Your asylum support reference number *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name * <input type="text"/></p> <p>Given Names * <input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Other nationalities you hold now:</p> <p>Do you have any other nationality?*</p> <p>Other nationality *</p>	<p>Tell us if you hold another nationality:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Other nationalities you have held in the past:</p> <p>Have you had any other nationalities in the past?*</p> <p>Previous nationality *</p> <p>When did you have this nationality?*</p>	<p>Tell us if you have held any other nationalities in the past:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>From</p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>To</p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>

Section 3. Address & contact details in the UK	
<p>Do you have a current address? *</p> <p>Address*</p> <p>Home telephone number</p> <p>Mobile telephone number</p> <p>Work telephone number</p> <p>E mail address.</p> <p>When did you move into this address? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>
<p>Do you have any previous UK addresses? *</p> <p>Address*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p>

<p>When did you live at this address?*</p>	<p>From Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>To Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>If you have more than one previous address you have lived in please complete annex C</p>
<p>Your Correspondence address:</p> <p>Is your current address also your correspondence address? *</p> <p>Address*</p>	<p>Tell us where we can write to you:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p>
<p>About your accommodation:</p> <p>Who do you live with? *</p> <p>Do you pay towards the costs of your accommodation? *</p> <p>Amount per month *</p> <p>Have you been asked to leave this accommodation? *</p>	<p>Tell us more about where you are currently living:</p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section 4. Reference Numbers	Tell us about your immigration reference numbers
<p>Give details of any current Home Office reference numbers</p> <p>Do you have any previous Home Office reference numbers*</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>* Please give details on a separate sheet</p>
Section 5. Passport or Travel document	Tell us about your passport or travel document
<p>Do you have a current passport or travel document?*</p> <p>Where is this document? *</p> <p>Do you have any other passports or travel documents*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Lost</p> <p><input type="checkbox"/> Stolen</p> <p><input type="checkbox"/> No separate Travel document – included in someone else's document</p> <p><input type="checkbox"/> Already with the Home Office</p> <p><input type="checkbox"/> The document is available to be provided</p> <p><input type="checkbox"/> Expired (returned to National Authorities)</p> <p><input type="checkbox"/> Child born in the UK - application for passport currently with the home Government</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>*Please give details on a separate sheet</p>
Your passport details	
Document number?*	<input type="text"/>
Country of Issue?*	<input type="text"/>

<p>Date of Issue and expiry?*</p> <p>Issuing Authority</p> <p>Details of lost/stolen passport</p> <p>Please explain the circumstances of it being Lost, Stolen or with the Home Office*</p> <p>Tell us about where you reported the loss or theft of your passport</p> <p>Crime Reference Number</p> <p>Police Station</p> <p>Date reported to Police</p>	<p>From</p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>To</p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>
<p>Section 6. Legal Representative's Details</p>	
<p>Who pays for your representative?*</p> <p>Name of the representative's organisation*</p>	<p>You do not have to complete this section if you answered 'no' to the legal representative question on page 2.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

<p>Name of representative *</p> <p>Contact telephone number *</p> <p>Fax number</p> <p>E mail address</p> <p>Address*</p>	<p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name * <input type="text"/></p> <p>Given Names * <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p>
<p>Section 7. Your National Insurance Number</p>	
<p>Do you have a National Insurance Number?*</p> <p>National Insurance Number*</p> <p>Have you ever had a different National Insurance Number?*</p> <p>National Insurance Number</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Section 8. Your Employment details</p>	<p>Tell us about your current UK employers</p>
	<p>You do not have to complete this section if you have answered 'no' to the employment questions on page 2</p>

<p>Name of your employer or business*</p> <p>Address*</p> <p>Start date*</p>	<div data-bbox="555 277 1219 367" style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <p>House number or name <input data-bbox="912 450 1347 495" type="text"/></p> <p>Street name <input data-bbox="730 506 1347 562" type="text"/></p> <p>Town or city <input data-bbox="730 577 1347 633" type="text"/></p> <p>County <input data-bbox="730 651 1347 707" type="text"/></p> <p>Postcode <input data-bbox="730 725 1118 781" type="text"/></p> <p>Day <input data-bbox="619 837 692 893" type="text"/> Month <input data-bbox="810 837 884 893" type="text"/> Year <input data-bbox="1002 837 1075 893" type="text"/></p>
<p>Your previous employment details:</p> <p>Name of previous employer or business</p> <p>Address *</p> <p>Start date</p> <p>End date</p>	<p>Tell us about any previous employment you have had:</p> <div data-bbox="555 1066 1203 1144" style="border: 1px solid black; height: 35px; margin-bottom: 10px;"></div> <p>House number or name <input data-bbox="912 1167 1347 1211" type="text"/></p> <p>Street name <input data-bbox="730 1223 1347 1279" type="text"/></p> <p>Town or city <input data-bbox="730 1294 1347 1350" type="text"/></p> <p>County <input data-bbox="730 1368 1347 1424" type="text"/></p> <p>Postcode <input data-bbox="730 1442 1118 1498" type="text"/></p> <p>Day <input data-bbox="619 1554 692 1610" type="text"/> Month <input data-bbox="810 1554 884 1610" type="text"/> Year <input data-bbox="1002 1554 1075 1610" type="text"/></p> <p>Day <input data-bbox="619 1644 692 1700" type="text"/> Month <input data-bbox="810 1644 884 1700" type="text"/> Year <input data-bbox="1002 1644 1075 1700" type="text"/></p> <p>If you have any other previous employment you wish to add please complete Annex D</p>
<p>Section 9. Monetary Assets</p>	<p>Tell us more about all the cash and savings to which you have access</p>
<p>Do you have any of the following?</p>	

<p>Cash held in the UK*</p> <p>Currency*</p> <p>Value*</p> <p>Savings Accounts in the UK*</p> <p>Type of account *</p> <p>Value *</p> <p>Name of the Bank or Building society in the UK *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Savings held outside UK *</p> <p>Describe the Asset*</p> <p>Currency*</p> <p>Value*</p> <p>Name of Bank or Building Society*</p> <p>Can you access these funds*</p> <p>Why not*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>

<p>Investments in the UK?*</p> <p>Describe the Asset*</p> <p>Value*</p> <p>Name of Bank or Building Society*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Offshore Accounts?*</p> <p>Describe the asset *</p> <p>Value *</p> <p>Name of Bank/Building society *</p> <p>Can you access these funds? *</p> <p>Why not? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Section 10. Material assets</p>	<p>Tell us more about all the other assets you have</p>
<p>Do you have any of the following?</p> <p>Property inside the UK *</p> <p>Value of the property inside the UK*</p> <p>Can you liquidate this asset?*</p> <p>Why not? *</p> <p>Property outside the</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>UK *</p> <p>Value of the property outside the UK*</p> <p>Currency</p> <p>Can you liquidate this asset?*</p> <p>Why not? *</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Land in the UK?*</p> <p>Currency?*</p> <p>Value of the land in the UK?*</p> <p>Can you liquidate this asset?*</p> <p>Why not? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Land outside the UK*</p> <p>Currency?*</p> <p>Value of the land outside of the UK?*</p> <p>Can you liquidate this asset?*</p> <p>Why not? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Valuable Jewellery*</p> <p>Value?*</p> <p>Can you liquidate this</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>

asset?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
TV/DVD/Electrical Goods	Yes <input type="checkbox"/> No <input type="checkbox"/>
Value?*	<input type="text"/>
Can you liquidate this asset?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Car/Vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>
Value?*	<input type="text"/>
Can you liquidate this asset?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving licence number?*	<input type="text"/>
Section 11. Public funds – working age benefits	Tell us more about all the benefits that you receive
Do you receive any of the following?	
Disability living allowance*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date funds commenced?*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Value?*	<input type="text"/>
Frequency?*	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Income based Jobseeker's allowance?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date funds commenced?*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Value?*	<input type="text"/>

Frequency?*	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Income support?* Date funds commenced?* Value?* Frequency?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Income Related Employment and Support Allowance?* Date funds commenced?* Value?* Frequency?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Universal Credit?* Date funds commenced?* Value?* Frequency?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Personal Independence Payment* Date funds commenced?* Value?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>

<p>Frequency?*</p>	<p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Public Funds – non working age benefits:</p> <p>State Pension credit?*</p> <p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Do you receive any of the following:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Attendance allowance?*</p> <p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Public funds – non age related benefits:</p> <p>Local housing allowance?*</p> <p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Tell us more about the accommodation benefits that you receive:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Council tax benefit?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Public funds – non age related benefits:</p> <p>Social fund payment?*</p> <p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Tell us more about all other benefits you receive:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Working tax credit?*</p> <p>Date funds commenced?*</p> <p>Value?*</p> <p>Frequency?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly</p>
<p>Section 12. Children's Benefits</p>	<p>Tell us more about the benefits you receive for your child</p>
<p>Child tax credit?*</p> <p>Date funds commenced?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>

Value?*	<input type="text"/>
Frequency?*	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Child benefit?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date funds commenced?*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Value*	<input type="text"/>
Frequency?*	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Carer's allowance?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date funds commenced?*	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Value?*	<input type="text"/>
Frequency?*	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Section 13. Dependant 1 Personal Details	Please complete this section for your 1st dependant. If you have other dependants please complete annex A for each dependant you wish to include in your application
Name*	Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
	Family name* <input type="text"/>
	Given names* <input type="text"/>
About other names this dependant uses now	
Does this dependant currently use another name?*	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Name*</p> <p>Gender*</p> <p>Date of birth*</p> <p>Village, town or city of birth*</p> <p>Country of birth*</p> <p>Dependant's nationality*</p> <p>To which age group does this dependant belong?*</p> <p>Why is the child's other parent unable to support them?*</p>	<p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family name* <input type="text"/></p> <p>Given names* <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> <6 <input type="checkbox"/> 6 -15 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 64 and over</p> <p><input type="text"/></p>
<p>Section 14. Dependant's Attributes</p>	<p>Tell us about your relationship with this dependant</p>
<p>What is this dependant's relationship to you?*</p> <p>Is this person dependent on you?*</p>	<p><input type="checkbox"/> Spouse <input type="checkbox"/> Child under 18 <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section 15. Dependant's contact details in the UK	Tell us about this dependant's current address
Does this dependant live with you?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address*	House number or name* <input type="text"/>
	Street name* <input type="text"/>
	Town or city* <input type="text"/>
	County* <input type="text"/>
	Postcode* <input type="text"/>
Why does this dependant not live at your address?*	<input type="text"/>
Section 16. Dependant's Education	
Does the child attend school, college or university?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of school, college or university?*	<input type="text"/>
Section 17. Dependant's National Insurance Number	
Does this dependant have a national Insurance number?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance number	<input type="text"/>
Section 18. Dependant's current UK employers	Tell us if this dependant is currently working in the UK

<p>Is this dependant currently in employment/working in the UK?*</p> <p>Name of this dependant's employer or business?*</p> <p>Employer address*</p> <p>Start date*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>House number or name* <input type="text"/></p> <p>Street name* <input type="text"/></p> <p>Town or city* <input type="text"/></p> <p>County* <input type="text"/></p> <p>Postcode* <input type="text"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>If your dependant has had any previous employment you wish to add please complete Annex E.</p>
<p>Section 19. Dependant's assets</p>	
<p>Material assets</p> <p>Cash held in the UK?*</p> <p>Savings accounts in the UK?*</p> <p>Savings held outside the UK?*</p> <p>Investments in the UK?*</p> <p>Offshore accounts?*</p> <p>Investments outside the UK?*</p>	<p>Does this dependant have any of the following</p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>

<p>Dependant's material assets:</p> <p>Property inside the UK *</p> <p>Property outside the UK *</p> <p>Land in the UK?*</p> <p>Land outside the UK*</p> <p>Valuable Jewellery*</p> <p>TV/DVD/Electrical Goods*</p> <p>Car/Vehicle*</p>	<p>Does this dependant have any of the following:</p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>
<p>Dependant's Public funds - working age benefits</p> <p>Disability living allowance?*</p> <p>Income based job seekers allowance?*</p> <p>Income support?*</p> <p>Income related employment and support allowance?*</p>	<p>Does this dependant receive any of the following</p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>
<p>Public funds – non-working age benefits</p> <p>State pension credit?*</p> <p>Attendance allowance?*</p>	<p>Does this dependant have any of the following</p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>
<p>Public funds non-working age benefits</p> <p>Local housing allowance?*</p>	<p>Does this dependant receive any of the following</p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p>

<p>Council tax benefit?*</p> <p>Social fund payment?*</p> <p>Working tax Credit?*</p>	<p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>
<p>Section 20. Children's Benefits</p>	<p>Does this dependant receive any of the following</p>
<p>Child Benefit?*</p> <p>Carer's allowance?*</p>	<p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>* You must complete Annex B for each dependant</p>
<p>Section 21. Support from friends and relatives</p>	<p>Tell us more about all the support your friends and/or relatives have provided you with</p>
<p>Have you received any support from friends since arriving in the UK?*</p> <p>Name*</p> <p>Address?*</p> <p>Describe the support your friend has provided*</p> <p>Why can they no longer support you?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family name* <input type="text"/></p> <p>Given names* <input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

<p>Have you received any support from your relatives since arriving in the UK?*</p> <p>Name*</p> <p>Address?*</p> <p>Describe the support your relative has provided*</p> <p>Why can they no longer support you?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family name* <input type="text"/></p> <p>Given names* <input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Section 22. Your Special Circumstances</p>	<p>Tell us if there are any additional reasons why we should prioritise your application</p>
<p>Brief description*</p>	<p><input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> Mental health problems</p> <p><input type="checkbox"/> Serious physical health problems</p> <p><input type="checkbox"/> Victim of domestic violence</p> <p><input type="checkbox"/> Victim of trafficking</p> <p><input type="checkbox"/> No additional reasons</p> <p><input type="text"/></p>

<p>Do you hold any supporting documents?*</p> <p>Details*</p> <p>Are you currently registered with a doctor in the UK?*</p> <p>Doctor's name*</p> <p>Doctor's address*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p>
<p>Section 23. Your special accommodation requirements</p>	
<p>Do you have any specific accommodation requirements due to a medical condition?*</p> <p>Give details*</p> <p>Do you have any specific accommodation requirements due to a disability?*</p> <p>Give details*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>25 ASF1 manual V3 April</p>	

Section 24. Additional details	
<p>Who helped you complete this form*</p> <p>Name of person who assisted you?*</p> <p>Address of person who assisted you?*</p> <p>Telephone number of the person who assisted you</p> <p>Email address of the person who assisted you</p> <p>Which asylum support team will be handling your application?*</p>	<p> <input type="checkbox"/> Legal representative <input type="checkbox"/> Voluntary sector <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Nobody </p> <p>Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family name* <input type="text"/></p> <p>Given names* <input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Please provide any additional details that you believe the Home Office should take into account at page 32.</p>

Section 25**Section 95 Declaration**

**If you are applying for Section 4 support, do not sign here.
You must go to sections 26 – 32, complete them, and sign the section 4
declaration at section 33.**

Once you submit this application you will agree to the following terms:

- I confirm that the information I have given on this form is correct and complete.
- I understand that if I give false information, you may take action against me and I could be prosecuted.
- I confirm that I will tell you if my or my dependants' circumstances change or there is new information that is relevant to this application.
- I agree that you can pass the information on this form to the prescription pricing authority so they can give me and my family help toward health costs.
- You can use this information to check that my family and I are entitled to help, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me.
- You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

I agree to the use of the data provided in this application in accordance with the Home Office's Information Charter: I confirm that I agree to all the above statements*

Name:

Signature:

Date:

If you are applying for section 95 support and you do not have any additional details that you wish to add on page 32, you do not need to complete and print the remaining pages of this form.

Section 26.

SECTION 4

I CONSIDER THAT I AM ELIGIBLE FOR SUPPORT UNDER SECTION 4 BECAUSE:

Part 1 - I AM DESTITUTE, (Note: You should demonstrate, in your answers to questions below, that you are without adequate accommodation or the means of obtaining it now, or within 14 days, or, if you have adequate accommodation, that you cannot meet your other essential living needs now, or within 14 days. If you have been without support from the Home Office or a local authority for some time, you will be expected to explain how you have supported yourself during this period and provide evidence where necessary).

Part 2 - AND I SATISFY AT LEAST ONE OF THE CRITERIA LISTED BELOW (PLEASE TICK ALL THAT APPLY) as set out under 3(2) of the Immigration and Asylum (Provision for Accommodation to Failed Asylum-Seekers) Regulations 2005.

- I am taking all reasonable steps to leave the UK or place myself in a position in which I am able to leave the UK. This could include complying with attempts to obtain a travel document to facilitate departure.
- I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason.
- I am unable to leave the UK because in the opinion of the Secretary of State there is currently no viable route of return available.
- I have made an application in Scotland for judicial review of a decision in relation to my asylum claim or, in England and Wales or Northern Ireland, I have applied for such a judicial review and been granted permission or leave to proceed.
- The provision of accommodation is necessary for the purpose of avoiding a breach of a person's Convention rights, within the meaning of the Human Rights Act 1998.

**Section 27.
About your steps to
leave voluntarily**

Have you tried to obtain documentation to be able to return home*?
Tell us the steps you are taking to obtain this*

Yes No

<p>Have you applied for Assisted Voluntary Return (AVR)?</p> <p>When did you apply?*</p> <p>Have you been offered a flight that you have failed to take up?*</p> <p>Details*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>Section 28. About your impediment to travel</p>	
<p>Give a brief description why you cannot leave the UK?*</p> <p>Have you submitted a section 4 medical declaration form or a maternity declaration (matb1)?*</p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 29. No viable route to return</p>	
<p>Give details*</p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p>Section 30. About your Judicial Review</p>	
<p>Has your case been given permission to proceed or granted leave to proceed?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 31. Avoiding a breach of ECHR</p>	
<p>Have you submitted further submissions that you wish to be</p>	

<p>considered by the Home Office as a fresh claim for asylum?*</p> <p>State the reason, attaching evidence as appropriate, why a failure to provide section 4 support would breach your ECHR rights*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Section 32. Previous Section 4 applications</p>	
<p>Have you applied for section 4 support before?*</p> <p>Have you been refused section 4 support before?*</p> <p>Why were you refused section 4 support?*</p> <p>Have you applied for or been offered section 4 support before but did not take up the offer of support?*</p> <p>Give details*</p> <p>Have you ever had section 4 support discontinued?*</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 33</p>	<p>Section 4 Declaration</p>
<p>Declaration</p> <p>* Indicates required information</p> <p>The information you have provided in the Section 4 application form will be treated in confidence. However, it may be disclosed to other UK government departments or agencies, local authorities, law enforcement agencies, foreign governments and other</p>	

bodies for immigration or research purposes to carry out their functions. The Home Office may also obtain information about you from other organisations (including credit reference agencies) to assess whether you are eligible for section 4 support.

In submitting this application for support under section 4 of the Immigration and Asylum Act 1999, I understand that I am also accepting the conditions under which this support is provided. Conditions may include specific standards of behaviour, reporting, residence or complying with steps to facilitate departure from the UK. These conditions will be set out in a notice in writing.

- I understand the criteria for eligibility for support under section 4, and that I must continue to satisfy the relevant criteria to remain eligible for and be provided with support.
- I understand that should a decision be taken to provide me with support under section 4, I will be notified of the conditions under which support is provided. I also understand that should I fail to comply with any of these conditions the support provided to me may be discontinued for breach of conditions.
- I understand that should a decision be taken to provide me with support under section 4, it may be necessary for me to relocate to another area to access this support on a no choice basis. I understand that any failure on my part to conform to the Home Office's reporting imposed in a notice in writing may result in discontinuation of support for breach of conditions.
- I understand that failure to disclose all necessary information regarding myself or my dependants may lead to the withdrawal of section 4 support.
- I understand that failure to disclose all necessary financial information regarding myself or any dependants may lead to the withdrawal of section 4 support.
- I understand that my dependants, if I have any, may also be provided with support under section 4 subject to the same conditions as myself. If any of the conditions on the continued provision of support to my dependants vary from my own, those conditions shall be set out separately to them in writing.
- I understand that you can use this information to check that my family and I are entitled to help, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me.
- You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.
- I agree to the use of the data provided in this application in accordance with the Home Office's Information Charter:

I confirm that I agree to all the above statements*

Signature:	
Name:	
Date:	

Additional Information

Documents checklist

Please complete this part of the form to help us check that we have received your supporting documents. At “A” tell us how many of each of the listed items you are providing with your application. At “B” list any other documents provided by you and state how many in each case. Continue on a separate sheet if necessary and enclose it with this form. All documents must be originals.

A. Listed items	How many?	A. Listed items	How many?
Passport (current or expired)		Investments/savings you have declared	
Travel document		Public funds you receive or have received	
Marriage certificate/document		MATB1 – original	
Your birth certificate		Letter from recognised medical authority confirming medical/physical condition	
Your children’s full birth certificate (must be original)		Letter from school/college	
Your partner’s birth certificate		Letters relating to previous S4/S95 claims	
Identification documents		Letters of any pending judicial reviews	
Any official documents you have received from the Home Office regarding your asylum claim		Proof of rent paid	
Any official documents you have received from the Home Office regarding any asylum support claim		Rent letter/book/invoices	
Payslips		Judicial review letter/s	
Letters from employers		Refusal letter for previous S4 claim	
Driving licence		Appeal forms	
Bank/building society statements		B. Any other documents	

Next steps for your application Confirmation of Documents

Use the document checklist to ensure you have enclosed all the necessary documents, which are being enclosed with the application form. Failure to supply documents will lead to delays in reaching a decision and may lead to a rejection of your claim.

Send your application

Once you are satisfied that your application is complete, collate your form and documents together and post to your regional asylum team. A list of regional Asylum Support teams and their contact details can be found on the Home Office website at:
<http://www.ukba.homeoffice.gov.uk/asylum/helpandadvice/asylum-support-teams/>

If you use Recorded or Special Delivery, this will help us to record the receipt of your application. Make sure that you keep the Recorded or Special Delivery number.

What happens next?

If you would like any documents returned by Special Delivery, you must provide a prepaid Special Delivery envelope which is large enough for all of your documents.

You must keep us informed of any change to the information that you have provided, including change of address.

If you need further information, please consult your form guidance document.

Contacting us after you have applied

For any further correspondence on your application, please contact your regional asylum team. <http://www.ukba.homeoffice.gov.uk/asylum/helpandadvice/asylum-support-teams/>

Please provide the following details in your letter:

- Applicant's full name, date of birth and nationality
- Your Recorded or Special Delivery number if applicable
- The date on which the application was posted or made in person
- Your Home Office reference number if you have one

