



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.”

As an applicant, you should note that:

1. **You must complete all fields that are relevant to your application;**
2. Failure to disclose all necessary information or to provide false information about yourself or any dependant may lead to information being passed to the police or other agencies for investigation;
3. Failure to supply the required information may result in your application for support being refused.

I have read and understood the destitution message

Section 1. Reference numbers	Tell us any reference numbers which may help us to identify you.
<p>Give details of any current Home Office reference numbers</p> <p>Any other relevant reference numbers (i.e. NHS)</p>	<p>Home Office Reference <input type="text"/></p> <p>Port Reference <input type="text"/></p> <p>Asylum Support Reference <input type="text"/></p> <p><input type="text"/></p>
<p>Type of support</p> <p>What type of support are you applying for?</p> <p>What type of section 95 support are you applying for?</p>	<p>Section 95: <input type="checkbox"/> (you must complete parts 1 – 18)</p> <p>Section 4 <input type="checkbox"/> (you must complete parts 1 – 26)</p> <p>Accommodation and subsistence <input type="checkbox"/></p> <p>Accommodation only <input type="checkbox"/></p> <p>Subsistence only <input type="checkbox"/></p>
Section 2. Personal details	Tell us details about yourself.
<p>Name</p> <p>About other names you use now</p> <p>Do you currently use any other name?</p>	<p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input checked="" 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>Details of 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>Gender</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>Date of birth (dd-mm-yyyy)</p>	<p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>
<p>Nationality</p>	<p><input type="text"/></p>
<p>What is your first language?</p> <p>Do you speak English?</p> <p>Can you read English?</p>	<p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Relationship status</p> <p>How many dependants, in the UK, are to be included in this application for support</p> <p>Do you have any dependants that are not on your asylum application that you wish to claim support for?</p>	<p> <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"/> Partner <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Dissolved partnership <input type="checkbox"/> Surviving Civil Partner </p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Why are you requesting support for this person?</p>	<div style="border: 1px solid black; height: 60px;"></div>
<p>Section 3. Passport details</p>	
<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>Your Passport details</p> <p>Document number</p> <p>Country of Issue</p> <p>Date of Issue and expiry</p> <p>Issuing Authority</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 40px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 25px;"></div>
<p>Section 4. Other nationalities you hold now</p>	<p>Tell us if you hold another nationality</p>
<p>Do you have any other nationality?</p> <p>Other nationality</p> <p>Other nationalities you have held in the past:</p> <p>Have you had any other nationalities in the past?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Previous nationality. When did you have this nationality?	<input type="text"/>
Section 5. Your current circumstances	
Are you, or will you be, without accommodation or the means to meet your essential living needs within 14 days? If "Yes" when will this be from?	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Section 6. Address and contact details in the UK	
Do you have a current address? Address Home telephone number Mobile telephone number E- mail address. Your address: Is your current address also your correspondence address?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, provide a phone number where we can contact you) 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"/> <input type="text"/> <input type="text"/> <input type="text"/> Tell us where we can write to you: Yes <input type="checkbox"/> No <input type="checkbox"/> (if No fill in the correspondence address)

<p>Address</p>	<p>House number or name <input style="width: 100%;" type="text"/></p> <p>Street Name <input style="width: 100%;" type="text"/></p> <p>Town or City <input style="width: 100%;" type="text"/></p> <p>County <input style="width: 100%;" type="text"/></p> <p>Postcode <input style="width: 100%;" type="text"/></p>												
<p>Who currently provides you with accommodation?</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Home Office</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Relative</td> <td><input type="checkbox"/> Rented</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Charity</td> </tr> <tr> <td><input type="checkbox"/> Street Homeless</td> <td><input type="checkbox"/> Other? _____</td> </tr> </table>	<input type="checkbox"/> Home Office	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Rented	<input type="checkbox"/> Partner	<input type="checkbox"/> Charity	<input type="checkbox"/> Street Homeless	<input type="checkbox"/> Other? _____				
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<input type="checkbox"/> Partner	<input type="checkbox"/> Charity												
<input type="checkbox"/> Street Homeless	<input type="checkbox"/> Other? _____												
<p>Tell us who you currently live with? (please include their name and any contact details you have for them)</p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>												
<p>Do you pay towards the cost of your accommodation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>												
<p>Amount per month</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>												
<p>How are these payments made and how is this funded?</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>												
<p>If you are claiming for subsistence only support, you must provide the following evidence.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Evidence of the rent amount, and how much you pay towards it.</td> <td style="width: 30%;"></td> </tr> <tr> <td>Entitlement to reside in the property</td> <td></td> </tr> <tr> <td>Council tax bill</td> <td></td> </tr> <tr> <td>Utility bill (Gas, Water, Electric)</td> <td></td> </tr> <tr> <td>Bank statements for partner / other dependants</td> <td></td> </tr> <tr> <td>Proof of who is paying the rent</td> <td></td> </tr> </table>	Evidence of the rent amount, and how much you pay towards it.		Entitlement to reside in the property		Council tax bill		Utility bill (Gas, Water, Electric)		Bank statements for partner / other dependants		Proof of who is paying the rent	
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Proof of who is paying the rent													
<p>Have you been asked to leave this accommodation? If yes, state when you are expected to leave</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>												

<p>and explain why you can no longer be accommodated there.</p> <p>When did you live at this address?</p> <p>Any previous address history?</p> <p>Provide the address and dates you lived at each place.</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>From <input type="text"/> To <input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Section 7. Legal representative	Provide us with the details of your legal representative
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<p>Do you have a legal representative?</p> <p>Who pays for your representative?</p> <p>Name of the representative's organisation</p> <p>Name of representative</p> <p>Contact telephone number</p> <p>Fax number</p> <p>E mail address</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <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> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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Address of your representative	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"/>
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Section 8. Support	Tell us more about all the support you or your dependants have received from your friends and or relatives.
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<p>Have you or your dependants received any support from friends or relatives since arriving in the UK?</p> <p>If yes, you must provide details of the support and why it stopped or cannot continue.</p> <p>Who provided the support?</p> <p>Address</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div> <p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p>Family Name: <input type="text"/></p> <p>Given Names: <input type="text"/></p> <p>Relationship to you: <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>
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Contact telephone number
Fax number

[Input field]
[Input field]
[Input field]

E- mail address

Have you or your dependants received any support from any other friend or relative since arriving in the UK?

Yes No

If yes, you must provide details of the support provided and why it stopped or cannot continue.

[Large text input area]

Who provided the support?

Title: Mr Mrs Miss Ms Dr

Family Name [Input field]

Given Names [Input field]

Relationship to you [Input field]

House Number or Name [Input field]

Street Name [Input field]

Town or City [Input field]

County [Input field]

Postcode [Input field]

Contact telephone number
Fax number

[Input field]
[Input field]

E- mail address

[Input field]

Any further information about the support you have been receiving?	
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Section 9. Employment history	Tell us about any employment you have had whilst in the UK
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Name of your current employer or business	<input style="width: 95%;" type="text"/>
Address	House Number or Name <input style="width: 80%;" type="text"/> Street Name <input style="width: 95%;" type="text"/> Town or City <input style="width: 80%;" type="text"/> County <input style="width: 60%;" type="text"/> Postcode <input style="width: 60%;" type="text"/>
Start date	Day <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> Year <input style="width: 30px;" type="text"/>
Your previous employment details:	Tell us about any previous employment you have had: (use additional information section if needed)
Name of previous employer or business	<input style="width: 95%;" type="text"/>
Address	House Number or Name <input style="width: 80%;" type="text"/> Street Name <input style="width: 95%;" type="text"/> Town or City <input style="width: 80%;" type="text"/> County <input style="width: 60%;" type="text"/> Postcode <input style="width: 60%;" type="text"/>
Start date	(dd-mm-yyyy) <input style="width: 60%;" type="text"/>
End date	(dd-mm-yyyy) <input style="width: 60%;" type="text"/>

<p>Have you ever had a National Insurance Number (NINO)? If "Yes" please provide your National Insurance number. Also, provide P45 and P60 forms.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>Section 10. Visa applications</p>	<p>Tell us about any visa applications you have made to enter the UK in the last 3 years.</p>
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<p>Have you ever applied for a visa to enter the UK? Tell us about your visa application</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1"> <tr> <td data-bbox="499 862 978 920">Was the visa granted?</td> <td data-bbox="978 862 1461 920"></td> </tr> <tr> <td data-bbox="499 920 978 981">If not granted why not?</td> <td data-bbox="978 920 1461 981"></td> </tr> <tr> <td data-bbox="499 981 978 1041">Date visa issued</td> <td data-bbox="978 981 1461 1041"></td> </tr> <tr> <td data-bbox="499 1041 978 1102">Valid from</td> <td data-bbox="978 1041 1461 1102"></td> </tr> <tr> <td data-bbox="499 1102 978 1162">Valid until</td> <td data-bbox="978 1102 1461 1162"></td> </tr> <tr> <td data-bbox="499 1162 978 1223">Visa reference number</td> <td data-bbox="978 1162 1461 1223"></td> </tr> <tr> <td data-bbox="499 1223 978 1364">What financial information and or assets did you declare to support your application?</td> <td data-bbox="978 1223 1461 1364"></td> </tr> <tr> <td data-bbox="499 1364 978 1476">Do you still have access to the assets you declared to obtain a visa?</td> <td data-bbox="978 1364 1461 1476"></td> </tr> <tr> <td data-bbox="499 1476 978 1552">If not, why not?</td> <td data-bbox="978 1476 1461 1552"></td> </tr> </table>	Was the visa granted?		If not granted why not?		Date visa issued		Valid from		Valid until		Visa reference number		What financial information and or assets did you declare to support your application?		Do you still have access to the assets you declared to obtain a visa?		If not, why not?	
Was the visa granted?																			
If not granted why not?																			
Date visa issued																			
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What financial information and or assets did you declare to support your application?																			
Do you still have access to the assets you declared to obtain a visa?																			
If not, why not?																			

<p>Section 11A. Monetary assets in the UK</p>	<p>Tell us about any monetary assets you have access to in the UK.</p>
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<p>Do you have any cash funds? Do you have any bank and or saving accounts?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="826 1809 1382 1883" style="border: 1px solid black; padding: 2px;">Provide details here</div> <div data-bbox="791 1924 1347 2004" style="border: 1px solid black; padding: 2px; margin-top: 10px;">Provide details here</div>
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Do you have any credit cards and or loans? Yes No

Do you have a PayPal account? Yes No

Do you have a private and or state pension? Yes No

Do you have any Investments? Yes No

Yes No

Currency	Value
Currency	Value

You must provide details of any accounts held using the table, and indicate that you have included, at least, statements for the last six months.

Name of bank or organisation	Account Number	Sort Code	Balance of Account

Section 11B. Monetary assets abroad Tell us about any monetary assets you have access to abroad.

Do you have any cash funds? Yes No

Currency	Value
Currency	Value

Do you have any bank and or saving accounts? Yes No

Do you have any credit cards and or Loans? Yes No

Do you have a PayPal Yes No

account?
 Do you have a private pension?
 Do you have any Investments?
 You must provide details of any accounts held using the table and indicate that you have included, at least, statements for the last 6 months.

Yes No
 Yes No

Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency

Section 12A. Material assets in the UK

Tell us about the material assets you have in the UK.

Do you own any land in the UK?
 Provide details of the land that you own
 Do you own any property in the UK?
 Provide details of the property that you own
 Do you have a car or other vehicle?

Yes No

Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence

Yes No

What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.

<p>Provide details of the car or other vehicle</p> <p>If you have not yet sold this vehicle, please provide an explanation why.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Registration number</td> <td></td> </tr> <tr> <td>Value</td> <td></td> </tr> </table> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Registration number		Value	
Registration number					
Value					

Section 12B. Material assets held abroad	Tell us about the material assets you have outside the UK
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<p>Do you own any land abroad?</p> <p>Provide details of the land that you own</p> <p>Do you own any property abroad?</p> <p>Provide details of the property that you own</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>
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Section 13. Welfare and Benefits	Tell us about any Welfare you receive.
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Are you in receipt of any UK welfare or benefits or support now or have you been in the previous 6 months?

Yes No

If yes, you must give details and provide evidence

Are you (or someone else) in receipt of any welfare or benefit support in relation to any dependants on this claim? Or have been in the previous 6 months?

Yes No

If yes, you must give details and provide evidence

Section 14. Individual circumstances

Tell us about any individual circumstances for you or your dependants that we should be aware of.

Provide details of your individual circumstances

- | | |
|---|--|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Physical health problems |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Victim of domestic violence |
| <input type="checkbox"/> Victim of trafficking | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> No additional reasons |

Brief Description

Do you hold any supporting documents?

Yes No

Are you currently registered with a

<p>doctor in the UK?</p> <p>Doctors Name</p> <p>Doctors Address</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>Telephone <input type="text"/></p> <p>Email <input type="text"/></p>
<p>Section 15. Individual accommodation requirements</p>	<p>Tell us about any accommodation requirements specific to you or your dependants' individual needs we should be aware of.</p>
<p>Provide details with evidence about any specific accommodation requirements you or your dependants have?</p>	<p><input type="text"/></p>
<p>Section 16. Dependants</p>	<p>You must complete this section for your 1st dependant. Complete a separate Section 16 for each of your dependants. Attach the completed copies to your application.</p>
<p>Dependants details Name</p> <p>Do they currently use any other name?</p> <p>Other names used</p>	<p>Title: <input type="checkbox"/>Mr <input type="checkbox"/>Mrs <input type="checkbox"/>Miss <input type="checkbox"/>Ms. <input type="checkbox"/>Dr</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><input type="text"/></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr</p>

<p>Date of birth</p> <p>Nationality</p> <p>Gender</p> <p>Relationship to you</p> <p>If other, please explain why you are requesting support for this person and provide evidence.</p> <p>If applicable please provide the other parent's details (Name, DOB, and Nationality) and an explanation as to why they are unable to support them. (If the child's parent is not part of the claim)</p> <p>Is the child's other parent (not included on this form) claiming any support for the child?</p> <p>Does this dependant live with you?</p> <p>Address</p> <p>Why does this dependant not live at</p>	<p>Family Name <input type="text"/></p> <p>Given Names <input type="text"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child under 18 <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other</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>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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your address?																				
Section 16A. Visa applications	Tell us about your dependant's visa applications.																			
<p>Has your dependant ever applied for a visa to enter the UK?</p> <p>Tell us about your dependants' visa application</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="501 533 1465 1339"> <tr> <td data-bbox="501 533 979 591">Was the visa granted?</td> <td data-bbox="979 533 1465 591"></td> </tr> <tr> <td data-bbox="501 591 979 667">If the visa was not granted why not?</td> <td data-bbox="979 591 1465 667"></td> </tr> <tr> <td data-bbox="501 667 979 730">Date visa issued</td> <td data-bbox="979 667 1465 730"></td> </tr> <tr> <td data-bbox="501 730 979 792">Valid from</td> <td data-bbox="979 730 1465 792"></td> </tr> <tr> <td data-bbox="501 792 979 855">Valid until</td> <td data-bbox="979 792 1465 855"></td> </tr> <tr> <td data-bbox="501 855 979 931">Visa reference</td> <td data-bbox="979 855 1465 931"></td> </tr> <tr> <td data-bbox="501 931 979 1115">What financial information or assets did they declare to support their application, or in support of your application?</td> <td data-bbox="979 931 1465 1115"></td> </tr> <tr> <td data-bbox="501 1115 979 1191">Do they still have access to these assets?</td> <td data-bbox="979 1115 1465 1191"></td> </tr> <tr> <td data-bbox="501 1191 979 1339">If you do not have access to the assets they declared in the visa application, why not?</td> <td data-bbox="979 1191 1465 1339"></td> </tr> </table>		Was the visa granted?		If the visa was not granted why not?		Date visa issued		Valid from		Valid until		Visa reference		What financial information or assets did they declare to support their application, or in support of your application?		Do they still have access to these assets?		If you do not have access to the assets they declared in the visa application, why not?	
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Do they still have access to these assets?																				
If you do not have access to the assets they declared in the visa application, why not?																				
Part 16B. Employment of dependants	Tell us about your dependant's UK employment history.																			
<p>Have they ever had a National Insurance Number (NINO)?</p> <p>If "Yes" please provide their National Insurance number.</p> <p>Is this dependant currently in employment (working) in the UK?</p> <p>Name of their employer or business</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="501 1615 1474 1733" style="border: 1px solid black; height: 53px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="560 1966 1289 2029" style="border: 1px solid black; height: 28px; width: 100%;"></div>																			

<p>Address</p> <p>Start date</p> <p>Their previous employment details: Name of previous employer or business</p> <p>Address</p> <p>Start Date</p> <p>End date</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><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>(dd-mm-yyyy) <input type="text"/></p> <p>(dd-mm-yyyy) <input type="text"/></p>
<p>Section 16C. Education</p>	<p>Tell us about your dependant's education in the UK.</p>
<p>Does your dependant attend School, College or University?</p> <p>Name of School College or University</p> <p>How long have they been attending?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>From <input type="text"/> to <input type="text"/></p>
<p>Section 16D. Dependant monetary assets in the UK</p>	<p>Tell us about any monetary assets your dependants have access to in the UK.</p>

Does your dependant have any cash funds?

Yes No

Does your dependant have any bank and or saving accounts?

Currency	Value
----------	-------

Yes No

Provide details here

Do you have any credit cards and or Loans?

Yes No

Provide details here

Does your dependant have a PayPal account?

Yes No

Provide details here

Does your dependant have a private pension?

Yes No

Provide details here

Does your dependant have any investments?

Yes No

Provide details here

You must provide details of any accounts held using the table below, and indicate that you have included, at least, statements for the last 6 months.

Name of bank or organisation	Account Number	Sort Code	Balance of Account

**Section 16E.
Dependant monetary assets abroad**

Tell us about any monetary assets your dependants have access to abroad.

Does your dependant have any cash funds

Yes No

<p>outside of the UK?</p> <p>Do they have any bank and or saving accounts?</p> <p>Do you have any credit cards and or Loans?</p> <p>Do they have a PayPal account?</p> <p>Do they have a private pension?</p> <p>Do they have any investments?</p> <p>You must provide details of any accounts held using the table below, and indicate that you have included, at least, statements for the last 6 months.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Currency</td> <td style="width: 40%;">Value</td> </tr> <tr> <td>Currency</td> <td>Value</td> </tr> </table>	Currency	Value	Currency	Value																									
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<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of bank or organisation</th> <th style="width: 20%;">Account Number</th> <th style="width: 20%;">Sort Code</th> <th style="width: 20%;">Balance of Account</th> <th style="width: 15%;">Currency</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																									
Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																										
<p>Section 16F. Dependant material assets in UK</p>	<p>Tell us about the material assets your dependant has in the UK.</p>																													
<p>Do they own any land in the UK?</p> <p>Provide details of the land that they own</p> <p>Do they own any property in the UK?</p> <p>Provide details of the property they own</p> <p>Do they have a car or other vehicle?</p> <p>Provide details of the car or other vehicle</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Registration number</td> <td> </td> </tr> <tr> <td>Value</td> <td> </td> </tr> </table>	Registration number		Value																										
Registration number																														
Value																														

<p>If they have not yet sold this vehicle, please provide an explanation why.</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Section 16G. Dependants material assets abroad</p>	<p>Tell us about the material assets your dependant has abroad.</p>
<p>Do they own any land abroad?</p> <p>Provide details of the land that they own</p> <p>Do they own any property abroad?</p> <p>Provide details of the property that they own</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>
<p>Section 16H. Dependant Welfare and Benefits</p>	<p>Tell us about the Welfare or Benefits your dependant is receiving.</p>
<p>Are they in receipt of any UK welfare or benefit payments or support or have they been in the previous 6 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; display: inline-block;"> <p>If yes, you must give details and provide evidence</p> </div> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div>
<p>Section 17. Additional details</p>	<p>Tell us who helped you to complete this form</p>
<p>Who helped you complete this form</p>	<p> <input type="checkbox"/> Legal representative <input type="checkbox"/> Voluntary Sector <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Nobody </p>

Name of person or organisation who assisted you.

Address of person or organisation who assisted you.

Telephone number and email address of the person who assisted you

Title: Mr Mrs Miss Ms Dr

Family Name

Given Names

Organisation name

House Number or Name

Street name

Town or City

County

Postcode

Section 18.

Section 95 declaration

If you are applying for section 4 support, do not sign here. You must also complete sections 19 to 25 and sign the declaration at Section 26

Once you submit this application you have agreed to accept 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 information held 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.

The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at: www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship. This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

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:

	<p>If you are applying for section 95 support and you do not have any additional details that you wish to add on page 31, you do not need to complete and print the remaining pages of this form.</p>
<p>Section 19.</p>	<p>APPLICATION for SECTION 4 SUPPORT</p>
	<p>I Consider that I am eligible for support under section 4 because:</p> <p>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).</p> <p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.

<p>Section 20. About your steps to leave the UK voluntarily</p>	<p>Tell us what steps you have taken, are taking, to leave the UK voluntarily, if any.</p>
<p>Have you tried to obtain documentation to be able to return home?</p> <p>Tell us the steps you are taking to obtain a travel document.</p> <p>Have you applied for Assisted Voluntary Return (AVR)?</p> <p>What date 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><input type="text"/></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> <p><input type="text"/></p>
<p>Section 21. About your impediment to travel</p>	
<p>Give a brief explanation as to why you cannot leave the UK</p> <p>Have you submitted a section 4 medical declaration form or a maternity declaration (MATB1)? Please submit if you have not done so already.</p>	<p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 22. No viable route to return</p>	

<p>Please say why you think you have no viable route home.</p>	<div style="border: 1px solid black; height: 50px;"></div>
<p>Section 23. About your Judicial Review</p>	
<p>Has your case been given permission to proceed or granted leave to proceed to Judicial Review?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 24. Avoiding a breach of ECHR</p>	
<p>Have you submitted an ECHR further submission that you wish to be considered by the Home Office as a fresh claim for asylum?</p> <p>State the reason, attaching evidence as appropriate, why you think 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: 150px; margin-top: 20px;"></div>
<p>Section 25. Previous section 4 applications</p>	
<p>Have you previously applied for section 4 support, had an application for section 4 support refused or discontinued or ever been the dependant of another asylum seeker?</p> <p>If "Yes" to any part of the question above, please provide details</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Name <input type="checkbox"/> of applica <input type="checkbox"/> te of application and Home Office reference number if known etc.</p> </div>

Section 26	Section 4 Declaration
	<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 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.</p> <p>Declaration</p> <p>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. Additionally:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I understand the criteria for eligibility for support under section 4, and that I must continue to satisfy all relevant criteria to remain eligible for and be provided with support. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> I understand that failure to disclose all necessary information regarding myself or my dependants may lead to the withdrawal of section 4 support. <input type="checkbox"/> 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 the information in my application to check that my family and I are entitled to support, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me.
- I understand that 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 information 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.

The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at: www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship. This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

I confirm that I agree to all the above statements

Signature:	
Name: (print)	
Date:	

Section 27.	Additional Information

Section 28.	Documents Checklist
	<p>Use the table below as a checklist of all the supporting documents you are providing with your application. Tell us how many of each of the documents listed that you have included. Ensure that all supporting documents and evidence is listed. Add extra lines if</p>

necessary. All documents must be originals.

Document	Number of Pages

Section 29.	Next Steps for Your Application
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1. Ensure the application is complete and that you have provided answers to all questions relevant to your claim for support. Ensure that you have provided evidence to support the answers in your application form where required.

See the guidance document to ensure you have included all the necessary supporting documents and evidence which are being enclosed with the application form. Failure to supply documents and or evidence will lead to delays in reaching a decision and may lead to the rejection of your claim.

2. Ensure you have read and signed the declaration for section 95 or section 4 support depending on which you are claiming for.
3. Once you are satisfied that your application is complete, collate your form and documents together and send to: **PO Box 471, Dover, CT16 9FN**. If no original documents are required then you can email the application via ASCorrespondence@migranthelpuk.org

If you use recorded or special delivery, this will help us to record the receipt of your application. Make sure you keep the recorded delivery or special delivery number.

Consideration will be given to the information you have provided.

You will be notified in writing of our decision.

4. If you need to contact us after you have applied please contact: PO Box 471, Dover, CT16 9FN. Telephone: **0808 8000 630**

You must keep us informed of any changes to the information that you have provided.