

**Asylum Support Application Form (ASF1)**

# Destitution Message

As set out in 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, failed asylum seekers or inadmissible 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:

# You must complete all fields that are relevant to your application;

1. Failure to disclose all necessary information or to knowingly provide false information about yourself or any dependant may lead to information being passed to the police or other agencies for investigation and possible further action by them;
2. Failure to supply the required information may result in your application for support being refused.

* **I have read and understood the destitution message**

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| **Section 1.**  **Reference**  **numbers** | **Tell us any reference numbers which may help us to identify you.** |
| Give details of any current Home Office reference numbers  Any other relevant reference numbers (i.e. NHS) | Home Office Reference Port Reference  Asylum Support Reference |
| **Type of support**  What type of support are you applying for?  What type of section 95 support are you applying for? | Section 95 ☐ (you must complete parts 1 – 18) Section 4 ☐ (you must complete parts 1 – 26)  Accommodation and subsistence ☐  Accommodation only ☐  Subsistence only ☐ |
| **Section 2. Personal**  **details** | **Tell us details about yourself.** |
| Name  **About other names you use now**  Do you currently use any other name? | Title: Mr ☐ Mrs ☐ Miss ☐ Ms. ☐ Dr ☐  Family Name: Given Names;  Yes ☐ No ☐ |

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| Details of other name | Title: Mr ☐ Mrs ☐ Miss ☐ Ms. ☐ Dr ☐  Family  Name:  Given Names: |
| Gender | Male ☐ Female ☐ |
| Date of birth (dd-mm-yyyy) | Day Month Year |
| Nationality |  |
| What is your first |  |
| language? |  |
| Do you speak English? | Yes ☐ No ☐ |
| Can you read English? | Yes ☐ No ☐ |
| Relationship status | * Married ☐ Single |
|  | * divorced ☐ Civil Partnership |
|  | * Separated ☐ Widowed |
|  | * Partner ☐ Same Sex Partner |
|  | * Dissolved partnership ☐ Surviving Civil Partner |
| How many dependants, in the UK, are to be included in this application for support |  |
| Do you have any dependants that are not on your asylum application that you wish to claim support  for? | Yes ☐ No ☐ |

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| Why are you requesting support for this person? |  | |
| **Section 3. Passport details** |  | |
| Do you have a current passport or travel document? | Yes | * No ☐ |
| Where is this document? |  |  |
| Do you have any other passports or travel documents? | Yes | * No ☐ |
| **Your Passport details** |  |  |
| Document number |  |  |
| Country of Issue |  |  |
| Date of Issue and expiry |  |  |
| Issuing Authority |  |  |
| **Section 4. Other**  **nationalities you hold now** | **Tell us if you hold another nationality** | |
| Do you have any other nationality? | Yes | * No ☐ |
| Other nationality |  |  |
| Other nationalities you have held in the past: |  |  |
| Have you had any other nationalities in the past? | Yes | * No ☐ |

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| Previous nationality.  When did you have this nationality? |  |
| **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 ☐ No ☐  Day Month Year |
| **Section 6. Address and contact details in the UK** |  |
| Do you have a current address? | Yes ☐ No ☐ (If no, provide a phone number where we can contact you) |
| Address | House Number or Name |
|  | Street Name |
|  | Town or City |
|  | County |
| Home telephone number | Postcode |
| Mobile telephone number |  |
| E- mail address. |  |
| **Your address:**  Is your current address also your correspondence address? | **Tell us where we can write to you:**  Yes ☐ No ☐ (if No fill in the correspondence address) |

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| Address | House number or name  Street Name Town or City County  Postcode   * Home Office * Relative * Partner * Street Homeless   Yes ☐ No ☐  Yes ☐ No ☐ | * Friend * Rented * Charity   Other? |
| Who currently provides you with accommodation? |
| Tell us who you currently live with? (please include their name and any contact details you have for them) |
| Do you pay towards the cost of your accommodation? |
| Amount per month |
| How are these payments made and how is this funded? |
| If you are claiming for subsistence only support, you must provide the following evidence. |
| Have you been asked to leave this accommodation?  If yes, state when you are expected to leave |

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| 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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| and explain why you can no longer be accommodated there.  When did you live at this address?  Any previous address history?  Provide the address and dates you lived at each place. | From To  Yes ☐ No ☐ |
| **Section 7. Legal representative** | **Provide us with the details of your legal representative** |
| Do you have a legal representative?  Who pays for your representative?  Name of the representative’s organisation  Name of representative  Contact telephone number  E mail address | Yes ☐ No ☐  Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐  Family Name: Given Names: |

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| Address of your representative | House Number or Name Street Name  Town or City County  Postcode | | |
| **Section 8. Support** | **Tell us more about all the support you or your dependants have received from your friends and or relatives.** | | |
| Have you or your dependants received any support from friends or relatives since arriving in the UK?  If yes, you must provide details of the support and why it stopped or cannot continue.  Who provided the support?  Address | Yes ☐ No ☐  Title: ☐ Mr ☐ Mrs ☐ ☐ Miss ☐ Ms ☐ Dr Family Name:  Given Names: Relationship to you:  House Number or Name:  Street Name: Town or City: County: | | |
| Postcode: |  |  |

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| Contact telephone number  E- mail address  Have you or your dependants received any support from any other friend or relative since arriving in the UK?  If yes, you must provide details of the support provided and why it stopped or cannot continue.  Who provided the support?  Contact telephone number  E- mail address |  |  |  |
| Yes ☐ No ☐  Title: ☐ Mr ☐ Mrs ☐ ☐ Miss ☐ Ms ☐ Dr Family Name  Given Names  Relationship to you  House Number or Name Street Name  Town or City County Postcode | | |

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| Any further information about the support you have been receiving? |  |
| **Section 9. Employment history** | **Tell us about any employment you have had whilst in the UK** |
| Name of your current employer or business |  |
| Address | House Number or Name |
|  | Street Name |
|  | Town or City |
|  | County |
|  | Postcode |
| Start date | Day Month Year |
| 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 | House Number or Name Street Name |
| Address | Town or City |
|  | County |
|  | Postcode |
| Start date | (dd-mm-yyyy) |
| End date | (dd-mm-yyyy) |

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| Have you ever had a National Insurance Number (NINO)?  If “Yes” please provide your National Insurance number. Also, provide P45 and P60 forms. | Yes ☐ No ☐ | | |
| **Section 10. Visa applications** | **Tell us about any visa applications you have made to enter the UK in the last 3 years.** | | |
| Have you ever applied for a visa to enter the UK?  Tell us about your visa application | Yes ☐ No ☐ | | |
| **Section 11A. Monetary assets in the UK** | **Tell us about any monetary assets you have access to in the UK.** | | |
| Do you have any cash funds?  Do you have any bank and or saving accounts? | Yes ☐ No ☐ | Provide details here |  |
| Yes ☐ No ☐ Provide details here | | |

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| 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? |  |

Do you have any credit cards and or loans?

Do you have a PayPal account?

Do you have a private and or state pension?

Do you have any Investments?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Provide details here

Provide details here

Provide details here

Provide details here

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| 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.

**Section 11B. Monetary assets abroad**

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| Name of bank or organisation | Account Number | Sort Code | Balance of Account |
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# Tell us about any monetary assets you have access to abroad.

Provide details here

Do you have any cash funds?

Do you have any bank and or saving accounts?

Do you have any credit cards and or Loans?

Do you have a PayPal account?

Yes ☐ No ☐

Yes ☐ No ☐

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| Currency | Value |
| Currency | Value |

Yes ☐ No ☐

Yes ☐ No ☐

Provide details here

Provide details here

Provide details here

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.

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| Name of bank or organisation | Account Number | Sort Code | Balance of Account | Currency |
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Yes ☐ No ☐

Yes ☐ No ☐

Provide details here

Provide details here

**Section 12A. Material assets 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

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

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.

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| Do you have a car or other vehicle?  Provide details of the car or other vehicle  If you have not yet sold this vehicle, please provide an explanation why. | Yes ☐ No ☐  Yes ☐ No ☐ |
| **Section 12B. Material assets held abroad** | **Tell us about the material assets you have outside the UK** |
| Do you own any land abroad?  Provide details of the land that you own  Do you own any property abroad?  Provide details of the property that you own | 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. |

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| Registration number |  |
| Value |  |

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| **Section 13. Welfare and Benefits** | **Tell us about any Welfare you receive.** |
| Are you in receipt of any UK welfare or benefits or support now or have you been in the previous 6 months?  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 ☐ Provide details here  Yes ☐ No ☐ Provide details here |
| **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  Brief Description  Do you hold  any supporting documents? | * Pregnant * Learning disabilities * Physical health problems (*including any mobility issues*) * Chronic disease * Mental health problems (*including high risk of suicide, serious self-harm or risk to others*) * Victim of domestic violence * Victim of modern slavery (*If yes, have you already been referred into the National Referral Mechanism? Have you received a decision?)* * Other * No additional reasons   Yes ☐ No ☐ |
| Are you currently registered with a doctor in the UK?  Doctor’s Name  Doctor’s Address | Yes ☐ No ☐ |
| House Number or Name |
| Street Name |
| Town or city |
| County |
| Postcode |
| Telephone |
| Email |

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| **Section 15.**  **Individual** | **Tell us about any accommodation requirements specific to you or your dependants’ individual needs we should be aware of.** |
| **accommodation** |  |
| **requirements** |  |
| Provide details, with evidence, about any specific accommodation requirements you or your dependants have.  In making decisions about the allocation of asylum accommodation, the Home Office has regard to the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. Do any of these apply to you? If so, which?  **Asylum accommodation is allocated on a no choice basis**, so it could be in any location in the UK. Accommodation types vary across the UK depending on availability. Initially, you will be allocated accommodation in any of the following (although this list is not exhaustive):   * hotels, Houses of Multiple Occupancy, hostels, refurbished accommodation that previously housed military personnel, large sites with communal living and communal sleeping quarters, or moored * vessels.   You may also be required to room share in any of the above accommodation.  Are there any factors we need to be aware of when allocating your accommodation? |  |
| **Section 16.**  **Dependants** | **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. |
| Dependants’ details | Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐  Family Name Given Names  Yes ☐ No ☐  Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ |
| Name |
| Do they currently use |
| any other name? |

Other names used

Date of birth Nationality Gender

Relationship to you

If other, please explain why you are requesting support for this person and provide evidence.

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)

Is the child’s other parent (not included on this form) claiming any support for the child?

Does this dependant live with you?

Address

Family Name Given Names

Day Month Year

Male ☐ Female ☐

* + Spouse
  + Child under 18
  + Unmarried partner
  + Other

Yes ☐ No ☐

If yes, you must provide an explanation for this.

Yes ☐ No ☐

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| Why does this dependant not live at your address? |  | |  |
| **Section 16A.**  **Visa applications** | **Tell us about your dependant’s visa applications.** | |
| Has your dependant ever applied for a visa to enter the UK? | Yes | * No ☐ |
| Tell us about your dependants’ visa application | 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? | |
| **Part 16B.**  **Employment of dependants** | **Tell us about your dependant’s UK employment history.** | |
| Have they ever had a National Insurance Number (NINO)? | Yes | * No ☐ |  |
| If “Yes” please provide their National Insurance number. |  | |
| Is this dependant currently in employment (working) in the UK? | Yes | * No ☐ |

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| Name of their employer or business  Address  Start date Their previous  employment details: Name of previous employer or business  Address  Start Date End date | House Number or Name Street Name  Town or City County Postcode  Day Month Year  House number or name Street name  Town or city County Postcode  (dd-mm-yyyy)  (dd-mm-yyyy) |  |
|  |  |
| **Section 16C. Education** | **Tell us about your dependant’s education in the UK.** |
| Does your dependant attend School, College or University?  Name of School College or University  How long have they been attending? | Yes ☐ No ☐  From To |

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| **Section 16D. Dependant monetary assets in the UK** | **Tell us about any monetary assets your dependants have access to in the UK.** | |  |
| Does your dependant  have any cash funds? | Yes ☐ No ☐  Currency Value  Yes ☐ No ☐ Provide details here  Yes ☐ No ☐ Provide details here  Yes ☐ No ☐ Provide details here  Yes ☐ No ☐ Provide details here  Yes ☐ No ☐ Provide details here  Name of bank Account Sort Code or organisation Number | Balance of Account |  |
| Does your dependant have any bank and or saving accounts? |
| Do you have any credit cards and or Loans? |
| Does your dependant have a PayPal account? |
| Does your dependant have a private pension? |
| Does your dependant have any investments? |
| 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. |
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| **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 outside of the UK? | Yes ☐ No ☐ Currency Currency  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Name of Account  bank or Number organisation | Value Value   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Sort Code | Balance of Account | Currency |
| Do they have any bank and or saving accounts? |
| Do you have any credit cards and or Loans?  Do they have a PayPal account?  Do they have a private pension?  Do they have any investments? |
| 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. |
| **Section 16F. Dependant material assets in UK** | **Tell us about the material assets your dependant has in the UK.** | | | |
| Do they own any land | Yes ☐ No ☐  Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.  Yes ☐ No ☐  Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence. | | | |
| in the UK? |
| Provide details of the |
| land that they own |
| Do they own any |
| property in the UK? |
| Provide details of the |
| property they own |

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| Do they have a car or other vehicle?  Provide details of the car or other vehicle  If they have not yet sold this vehicle, please provide an explanation why. | Yes ☐ No ☐ |
| **Section 16G.**  **Dependants material assets abroad** | **Tell us about the material assets your dependant has abroad.** |
| Do they own any land abroad?  Provide details of the land that they own  Do they own any property abroad?  Provide details of the property that they own | Yes ☐ No ☐  Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.  Yes ☐ No ☐  Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence. |
| **Section 16H.**  **Dependant Welfare and Benefits** | **Tell us about the Welfare or Benefits your dependant is receiving.** |
| Are they in receipt of any UK welfare or benefit payments or support or have they been in the previous 6 months? | Yes ☐ No ☐ If yes, you must give details and provide evidence |
| **Section 17. Additional details** | **Tell us who helped you to complete this form** |
| Who helped you complete this form | * Legal representative * Voluntary Sector * Relative * Other * Nobody |

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| Registration number |  |
| Value |  |

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| 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-](http://www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship) [borders-immigration-and-citizenship](http://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:**

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|  | **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.** |
| **Section 19.** | **APPLICATION for SECTION 4 SUPPORT** |
|  | **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. |

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| **Section 20. About your steps to leave the UK voluntarily** | **Tell us what steps you have taken, are taking, to leave the UK voluntarily, if any.** | | |
| Have you tried to obtain documentation to be able to return home? | Yes  Yes  Day  Yes | * No ☐   + No ☐   Month   * No ☐ | Year |
| Tell us the steps you are taking to obtain a travel document. |
| Have you applied for the Voluntary Return Service (VRS)? |
| What date did you apply? |
| Have you been offered a flight that you have failed to take up? |
| Details |
| **Section 21. About your impediment to travel** |  | | |
| Give a brief explanation as to why you cannot leave the UK  Have you submitted a section 4 medical declaration form or a maternity declaration (MATB1)?  Please submit if you have not done so already. | Yes | * No ☐ |  |
| **Section 22. No viable route to return** |  | | |

|  |  |
| --- | --- |
| Please say why you think you have no viable route home. |  |
| **Section 23. About your Judicial Review** |  |
| Has your case been given permission to proceed or granted leave to proceed to Judicial Review? | Yes ☐ No ☐ |
| **Section 24. Avoiding a breach of ECHR** |  |
| Have you submitted further submissions following the refusal of a protection or human rights claim, or where a protection or human rights has been withdrawn or treated as withdrawn, that you wish to be considered by the Home Office as a fresh human rights or protection claim?  State the reason, attaching evidence as appropriate, why you think a failure to provide section 4 support would breach your ECHR rights. | Yes ☐ No ☐ |
| **Section 25.**  **Previous section 4 applications** |  |
| 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? | Yes ☐ No ☐  Name of applicant, date of application and Home Office reference number if known etc. |
| If “Yes” to any part of the question above, please provide details |  |
| **Section 26** |  |

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|  | **Section 4 Declaration** |
|  | 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.  **Declaration**  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:   * 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. * 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. * 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. * 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 |

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|  | 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-](http://www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship) [borders-immigration-and-citizenship](http://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: |  |
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| **Section 27.** | **Additional Information** |
| Is there any other information you would like us to consider? |  |
| **Section 28.** | **Documents Checklist** |
|  | 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 necessary. All documents must be originals.   |  |  | | --- | --- | | **Document** | **Number of pages** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **Section 29.** | **Next Steps for Your Application** |
|  | 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.   1. Ensure you have read and signed the declaration for section 95 or section 4 support depending on which you are claiming for. 2. 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 e-mail the application to [S95NewApplications@migranthelpuk.org](mailto:S95NewApplications@migranthelpuk.org)if you are applying for section 95 support or [S4@migranthelpuk.org](mailto:S4@migranthelpuk.org) if you are applying for section 4 support.   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.   1. If you need to contact us after you have applied please contact: PO Box 471, Dover,   CT16 9FN. Telephone: **0808 8010 503**  **You must keep us informed of any changes to the information that you have provided.** |