



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:

1. **You must complete all fields that are relevant to your application;**
2. 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;
3. Failure to supply the required information may result in your application for support being refused.

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

<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>	<input type="text"/>
<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>	<div> <input type="checkbox"/> Married <input type="checkbox"/> Single </div> <div> <input type="checkbox"/> divorced <input type="checkbox"/> Civil Partnership </div> <div> <input type="checkbox"/> Separated <input type="checkbox"/> Widowed </div> <div> <input type="checkbox"/> Partner <input type="checkbox"/> Same Sex Partner </div> <div> <input type="checkbox"/> Dissolved partnership <input type="checkbox"/> Surviving Civil Partner </div> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Why are you requesting support for this person?	
Section 3. Passport details	
Do you have a current passport or travel document?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is this document?	
Do you have any other passports or travel documents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Other nationality	
Other nationalities you have held in the past:	
Have you had any other nationalities in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <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?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, provide a phone number where we can contact you)		
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"/>		
Home telephone number	<input type="text"/>		
Mobile telephone number	<input type="text"/>		
E- mail address.	<input type="text"/>		
Your address: Is your current address also your correspondence address?	Tell us where we can write to you: Yes <input type="checkbox"/> No <input type="checkbox"/> (if No fill in the correspondence address)		

Address	House number or name <input style="width: 400px;" type="text"/>												
	Street Name <input style="width: 500px;" type="text"/>												
	Town or City <input style="width: 400px;" type="text"/>												
	County <input style="width: 400px;" type="text"/>												
	Postcode <input style="width: 400px;" type="text"/>												
Who currently provides you with accommodation?	<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 Other? _____												
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
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.	<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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Utility bill (Gas, Water, Electric)													
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Proof of who is paying the rent													
Have you been asked to leave this accommodation? If yes, state when you are expected to leave	Yes <input type="checkbox"/> No <input type="checkbox"/>												

ASF1_ V4.0

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"/>
Section 8. Support	Tell us more about all the support you or your dependants have received from your friends and or relatives.
<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: 10px 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>

<p>Contact telephone number</p> <p>E- mail address</p> <p>Have you or your dependants received any support from any other friend or relative since arriving in the UK?</p> <p>If yes, you must provide details of the support provided and why it stopped or cannot continue.</p>	<div data-bbox="523 192 986 257"></div> <div data-bbox="523 300 1474 365"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 521 1457 864"></div>
<p>Who provided the support?</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 <div data-bbox="732 996 1362 1061"></div></p> <p>Given Names <div data-bbox="732 1072 1356 1137"></div></p> <p>Relationship to you <div data-bbox="735 1149 1201 1216"></div></p> <p>House Number or Name <div data-bbox="880 1229 1232 1308"></div></p> <p>Street Name <div data-bbox="721 1317 1272 1382"></div></p> <p>Town or City <div data-bbox="721 1402 1281 1467"></div></p> <p>County <div data-bbox="724 1480 1283 1545"></div></p> <p>Postcode <div data-bbox="716 1552 1287 1615"></div></p>
<p>Contact telephone number</p> <p>E- mail address</p>	<div data-bbox="523 1697 1112 1767"></div> <div data-bbox="515 1883 1447 1962"></div>

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
<p>Name of your current employer or business</p> <p>Address</p> <p>Start date</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>	<div data-bbox="523 517 1453 616"></div> <div data-bbox="523 651 1453 712">House Number or Name</div> <div data-bbox="523 734 1453 795">Street Name</div> <div data-bbox="523 817 1284 878">Town or City</div> <div data-bbox="523 900 1219 960">County</div> <div data-bbox="523 983 1214 1043">Postcode</div> <div data-bbox="523 1066 1252 1126">Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></div> <p>Tell us about any previous employment you have had: (use additional information section if needed)</p> <div data-bbox="512 1272 1378 1350"></div> <div data-bbox="523 1397 1441 1458">House Number or Name</div> <div data-bbox="523 1480 1393 1541">Street Name</div> <div data-bbox="523 1563 1390 1624">Town or City</div> <div data-bbox="523 1646 1393 1706">County</div> <div data-bbox="523 1729 1401 1789">Postcode</div> <div data-bbox="523 1834 1040 1895">(dd-mm-yyyy) <input type="text"/></div> <div data-bbox="523 1917 1040 1977">(dd-mm-yyyy) <input type="text"/></div>

<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>																				
<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>																				
<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" data-bbox="515 831 1477 1523"> <tr> <td>Was the visa granted?</td> <td></td> </tr> <tr> <td>If not granted why not?</td> <td></td> </tr> <tr> <td>Date visa issued</td> <td></td> </tr> <tr> <td>Valid from</td> <td></td> </tr> <tr> <td>Valid until</td> <td></td> </tr> <tr> <td>Visa reference number</td> <td></td> </tr> <tr> <td>What financial information and or assets did you declare to support your application?</td> <td></td> </tr> <tr> <td>Do you still have access to the assets you declared to obtain a visa?</td> <td></td> </tr> <tr> <td>If not, why not?</td> <td></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?	
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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>																				
<p>Do you have any cash funds? Do you have any bank and or saving accounts?</p>	<table border="1"> <tr> <td data-bbox="515 1771 842 1843"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> </td> <td data-bbox="842 1771 1398 1843"> <p>Provide details here</p> </td> </tr> <tr> <td data-bbox="515 1917 842 1989"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> </td> <td data-bbox="842 1917 1398 1989"> <p>Provide details here</p> </td> </tr> </table>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Provide details here</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Provide details here</p>														
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<p>Do you have any credit cards and or loans?</p> <p>Do you have a PayPal account?</p> <p>Do you have a private and or state pension?</p> <p>Do you have any Investments?</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <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> </div> <div style="width: 55%;"> <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> </div> </div>																																
<p>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.</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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name of bank or organisation</th> <th style="width: 20%;">Account Number</th> <th style="width: 20%;">Sort Code</th> <th style="width: 27%;">Balance of Account</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Currency	Value	Currency	Value	Name of bank or organisation	Account Number	Sort Code	Balance of Account																								
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<p>Section 11B. Monetary assets abroad</p>	<p>Tell us about any monetary assets you have access to abroad.</p>																																
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<p>Section 12A. Material assets in the UK</p>	<p>Tell us about the material assets you have in the UK.</p>																																								
<p>Do you own any land in the UK?</p> <p>Provide details of the land that you own</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> </div> <div style="width: 50%; border: 1px solid black; padding: 10px; margin-top: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence</p> </div> </div> <div style="margin-top: 20px;"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> <p>What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> </div>																																								
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<p>Do you have a car or other vehicle?</p> <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> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="517 371 1465 521"> <tr> <td data-bbox="517 371 847 443">Registration number</td> <td data-bbox="847 371 1465 443"></td> </tr> <tr> <td data-bbox="517 443 847 521">Value</td> <td data-bbox="847 443 1465 521"></td> </tr> </table> <div data-bbox="517 577 1479 763" style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	Registration number		Value	
Registration number					
Value					
<p>Section 12B.</p> <p>Material assets held abroad</p>	<p>Tell us about the material assets you have outside the UK</p>				
<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 data-bbox="510 1077 1460 1348" 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 data-bbox="517 1565 1466 1841" 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>				

Brief Description	<div></div>
	<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div></div>
Do you hold any supporting documents?	
Are you currently registered with a doctor in the UK?	<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>
Doctor's Name	<div></div>
Doctor's Address	<div></div>
	<div>House Number or Name <div></div></div>
	<div>Street Name <div></div></div>
	<div>Town or city <div></div></div>
	<div>County <div></div></div>
	<div>Postcode <div></div></div>

	Telephone	
	Email	

Section 15. Individual accommodation requirements	Tell us about any accommodation requirements specific to you or your dependants' individual needs we should be aware of.
<p>Provide details, with evidence, about any specific accommodation requirements you or your dependants have.</p> <p>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?</p> <p>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</p>	

<p>(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.</p> <p>You may also be required to room share in any of the above accommodation.</p> <p>Are there any factors we need to be aware of when allocating your accommodation?</p>	
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 Name Do they currently use any other name?	<div>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></div> <div>Family</div> <div><div></div></div> <div>Name Given</div> <div>Names</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div><div></div></div> <div>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></div>

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? Tell us about your dependants' visa application	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1"> <tr> <td>Was the visa granted?</td> <td></td> </tr> <tr> <td>If the visa was not granted why not?</td> <td></td> </tr> <tr> <td>Date visa issued</td> <td></td> </tr> <tr> <td>Valid from</td> <td></td> </tr> <tr> <td>Valid until</td> <td></td> </tr> <tr> <td>Visa reference</td> <td></td> </tr> <tr> <td>What financial information or assets did they declare to support their application, or in support of your application?</td> <td></td> </tr> <tr> <td>Do they still have access to these assets?</td> <td></td> </tr> <tr> <td>If you do not have access to the assets they declared in the visa application, why not?</td> <td></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.																			
Have they ever had a National Insurance Number (NINO)? If "Yes" please provide their National Insurance number. Is this dependant currently in employment (working) in the UK?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1"> <tr> <td></td> </tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			

<p>Name of their employer or business</p> <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>	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>House Number or Name <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p> <p>Street Name <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div></p> <p>Town or City <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div></p> <p>County <div style="border: 1px solid black; width: 300px; height: 25px; display: inline-block;"></div></p> <p>Postcode <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p> <p>Day <div style="border: 1px solid black; width: 50px; height: 25px; display: inline-block;"></div> Month <div style="border: 1px solid black; width: 50px; height: 25px; display: inline-block;"></div> Year <div style="border: 1px solid black; width: 50px; height: 25px; display: inline-block;"></div></p> <div style="border: 1px solid black; height: 70px; margin-top: 10px;"></div> <p>House number or name <div style="border: 1px solid black; width: 250px; height: 25px; display: inline-block;"></div></p> <p>Street name <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div></p> <p>Town or city <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div></p> <p>County <div style="border: 1px solid black; width: 200px; height: 25px; display: inline-block;"></div></p> <p>Postcode <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p> <p>(dd-mm-yyyy) <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p> <p>(dd-mm-yyyy) <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></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> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p>From <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div> To <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p>

Section 16D. Dependant monetary assets in the UK	Tell us about any monetary assets your dependants have access to in the UK.																																			
<p>Does your dependant have any cash funds?</p> <p>Does your dependant have any bank and or saving accounts?</p> <p>Do you have any credit cards and or Loans?</p> <p>Does your dependant have a PayPal account?</p> <p>Does your dependant have a private pension?</p> <p>Does your dependant 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>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																			
	<p>Currency</p>		<p>Value</p>																																	
	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Provide details here</p>																																	
	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Provide details here</p>																																	
	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Provide details here</p>																																	
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	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Provide details here</p>																																	
	<table border="1"> <thead> <tr> <th data-bbox="517 1189 761 1267">Name of bank or organisation</th> <th data-bbox="761 1189 1002 1267">Account Number</th> <th data-bbox="1002 1189 1246 1267">Sort Code</th> <th data-bbox="1246 1189 1490 1267">Balance of Account</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of bank or organisation	Account Number	Sort Code	Balance of Account																												
	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.																																		
<p>Does your dependant have any cash funds 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>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="515 441 1492 591"> <tr> <td>Currency</td><td>Value</td></tr> <tr> <td>Currency</td><td>Value</td></tr> </table> <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> <table border="1" data-bbox="515 1093 1484 1411"> <thead> <tr> <th>Name of bank or organisation</th><th>Account Number</th><th>Sort Code</th><th>Balance of Account</th><th>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>	Currency	Value	Currency	Value	Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																									
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Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																															
Section 16F. Dependant material assets in UK	Tell us about the material assets your dependant has in the UK.																																		
<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>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="515 1650 1481 1785" style="border: 1px solid black; padding: 5px;"> <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 data-bbox="515 1841 1481 1960" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>																																		

<p>Do they have a car or other vehicle?</p> <p>Provide details of the car or other vehicle</p> <p>If they 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" data-bbox="517 295 1465 445"> <tr> <td>Registration number</td> <td></td> </tr> <tr> <td>Value</td> <td></td> </tr> </table> <div data-bbox="517 474 1465 604" style="border: 1px solid black; height: 58px;"></div>	Registration number		Value	
Registration number					
Value					
<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 data-bbox="517 851 1465 992" style="border: 1px solid black; padding: 5px;"> <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 data-bbox="517 1120 1465 1261" style="border: 1px solid black; padding: 5px;"> <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 data-bbox="836 1438 1469 1496" style="border: 1px solid black; padding: 2px;"> <p>If yes, you must give details and provide evidence</p> </div> <div data-bbox="517 1503 1481 1655" style="border: 1px solid black; height: 68px;"></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.	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"/>
Address of person or organisation who assisted you.	Given Names	<input type="text"/>
	Organisation name	<input type="text"/>
	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"/>
Telephone number and email address of the person who assisted you	<input type="text"/>	
	<input type="text"/>	
Section 18.	Section 95 declaration	
	<p>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</p>	

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>
Section 19.	<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> <p><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.</p> <p><input type="checkbox"/> I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason.</p> <p><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.</p> <p><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.</p> <p><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	Tell us what steps you have taken, are taking, to leave the UK voluntarily, if any.
<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 the Voluntary Return Service (VRS)?</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> <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <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: 60px; margin-top: 10px;"></div>
Section 21. About your impediment to travel	
<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>	<div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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 <input type="checkbox"/> No <input type="checkbox"/>
Section 24. Avoiding a breach of ECHR	
<p>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?</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>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> 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	

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. <input type="checkbox"/> I understand that my dependants, if I have any, may also be provided with support under section 4 subject to the same

	<p>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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I agree to the use of the data provided in this application in accordance with the Home Office's Information Charter.</p> <p>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.</p> <p>I confirm that I agree to all the above statements</p> <table border="1"> <tr> <td data-bbox="512 1384 831 1458">Signature:</td> <td data-bbox="831 1384 1506 1458"></td> </tr> <tr> <td data-bbox="512 1458 831 1532">Name: (print)</td> <td data-bbox="831 1458 1506 1532"></td> </tr> <tr> <td data-bbox="512 1532 831 1606">Date:</td> <td data-bbox="831 1532 1506 1606"></td> </tr> </table> <div data-bbox="501 1606 1511 2011"></div>	Signature:		Name: (print)		Date:	
Signature:							
Name: (print)							
Date:							

Section 27.	Additional Information
<p>Is there any other information you would like us to consider?</p>	

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 necessary. All documents must be originals.</p>																
	<table border="1"> <thead> <tr> <th data-bbox="517 564 1289 640">Document</th> <th data-bbox="1289 564 1481 640">Number of pages</th> </tr> </thead> <tbody> <tr><td data-bbox="517 640 1289 790"></td><td data-bbox="1289 640 1481 790"></td></tr> <tr><td data-bbox="517 790 1289 938"></td><td data-bbox="1289 790 1481 938"></td></tr> <tr><td data-bbox="517 938 1289 1086"></td><td data-bbox="1289 938 1481 1086"></td></tr> <tr><td data-bbox="517 1086 1289 1234"></td><td data-bbox="1289 1086 1481 1234"></td></tr> <tr><td data-bbox="517 1234 1289 1382"></td><td data-bbox="1289 1234 1481 1382"></td></tr> <tr><td data-bbox="517 1382 1289 1529"></td><td data-bbox="1289 1382 1481 1529"></td></tr> <tr><td data-bbox="517 1529 1289 1680"></td><td data-bbox="1289 1529 1481 1680"></td></tr> </tbody> </table>	Document	Number of pages														
	Document	Number of pages															

Section 29.	Next Steps for Your Application
	<ol style="list-style-type: none"> 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 e-mail the application to S95NewApplications@migranthelpuk.org if you are applying for section 95 support or 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. 4. If you need to contact us after you have applied please contact: PO Box 471, Dover, CT16 9FN. Telephone: 0808 8010 503 <p>You must keep us informed of any changes to the information that you have provided.</p>