Help using this Veterans UK PDF form

About this form

- You must download and save this form to your computer before using it
- You can save data typed into this PDF form if you use the latest version of Adobe Acrobat Reader
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: DBS-OPTaC@mod.gov.uk
- Please do not send this form or any personal information to this email address. It is for feedback comments only



FINANCIAL ASSESSMENT FOR RESIDENTIAL/NURSING ACCOMMODATION ILFORD PARK POLISH HOME



Applicant	NI Number					
Information about any Savings or Capital Assets you hold NOTE: If any Savings are held jointly please record <i>half</i> the current balance of the account. Please attach copies of documentation showing details of your income/benefits and savings/capital assets e.g. copy letters from Pension Service, occupational pension provider, and bank statements.						
Savings in a Bank, Building Society or Name and Address of Bank/Building Society	Post Office Account Account Name & Number	Joint Account		Amount		
		Yes	No			
		Yes	No			
		Yes	No			
		Yes	No			
Other Sovings (am DOD NOO Banda 104)	DED's TECCA'S O					
Other Savings (eg: PSB, NSC, Bonds, ISA's, PEP's, TESSA'S, Cash) Nature of Savings		Joint A	ccount	Amount		
<u> </u>		Yes	No			
		Yes	No			
		Yes	No			
Investments (og: Stocke Shares Unit Truets)						
Investments (eg: Stocks, Shares, Unit Trusts) Nature of investments		Number of	of Shares	Value		
Property Details (within the last seven y Address	years)	Value of	Property	Date when Sold (if applicable)		
Have you gifted property or a sum of money to anyone in the last seven years?		Property Value or sum of money		When and to whom		
FOR OFFICE USE ONLY Total Capital A	ssets					
Amount of Cap	nount of Capital Disregard					
Assumed or Notional Income from Capital Assets						

Information About Your Income		Sin	gle/Couple	
Please give details of your weekly income	Amount	Disregard	Assessable income	
	£	£	£	
Retirement Pension				
Pension Credit				
Attendance Allowance				
DLA Care Element				
DLA Mobility Element (Mobility Allowance)				
War Disablement Pension				
War Widows Pension				
Industrial Injuries Benefit				
Industrial Death Benefit				
Severe Disablement Allowance				
Occupational pension				
Annuities				
Other Income (e.g. Trust Fund, Annuities) Please specify				
	Plus	Sub Total:		
DECLARATION	□ Notional Income from capital			
I understand that the information I have provided on this form will be used to determine the level of my assessed contribution for services provided at Ilford Park Polish Home.	□ Pension Cre			
	□ Pension Cre			
		Sub Total		
I confirm that the information provided on this form is true and accurate.	Minus			
	Occupational	Occupational Pension Transfer		
	□ Respite/Sho	Respite/Short Stay Expenses		
Signed	□ Savings Cre	dit Disregard		
Date	□ Personal Alle	□ Personal Allowance for Client's own use		
	□ Weekly Co	□ Weekly Contribution		
For Office Use Only				
Assessed by	Date	Assessment effective from		
Approved by				