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 or Foxit on a PC

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FINANCIAL ASSESSMENT FOR
RESIDENTIAL/NURSING ACCOMMODATION
ILFORD PARK POLISH HOME

Ministry of Defence

Applicant		**NI Number**	

Information about any Savings or Capital Assets you hold

NOTE : If any Savings are held jointly please record ***half*** 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 Post Office Account Name and Address of Bank/Building Society	Account Name & Number	Joint Account	Amount
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Other Savings (eg: PSB, NSC, Bonds, ISA's, PEP's, TESSA'S, Cash) Nature of Savings	Joint Account	Amount
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Investments (eg: Stocks, Shares, Unit Trusts) Nature of investments	Number of Shares	Value

Property Details (within the last seven years) Address	**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**

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Total Capital Assets	
Amount of Capital Disregard	
Assumed or Notional Income from Capital Assets	

Information About Your Income

Single/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			

Sub Total:	
Plus	
❑ Notional Income from capital	
❑ Pension Credit Guarantee Credit	
❑ Pension Credit Savings Credit	
Sub Total	
Minus	
❑ Occupational Pension Transfer	
❑ Respite/Short Stay Expenses	
❑ Savings Credit Disregard	
❑ Personal Allowance for Client's own use	
❑ **Weekly Contribution**	

DECLARATION

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.

I confirm that the information provided on this form is true and accurate.

Signed

Date

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Assessed by ……..... Date …….. Assessment effective from …….

Approved by .....