

Perth Citizens Advice Bureau
7 Atholl Crescent, Perth PH1 5NG
Tel: 01738 450580
Website: www.perthcab.org.uk



Income Maximisation Service

Please complete the attached form so a trained adviser can check for any benefits or services you may be entitled to. You will then receive a letter or telephone call telling you about possible benefit options.

Please return the completed form to Perth CAB. A response should be given within 10 working days. **The advice, options and calculations that we provide will be based on the information you have given us. It is therefore important that you check all the details are correct.**

If you would prefer to come to the CAB we can help you to fill in the form and the benefits checks may be done while you are here (time permitting).

If you can claim extra benefits or other money we can help you to fill in claim forms or to contact relevant agencies.

Perth Citizens Advice Bureau operates a free, confidential and impartial advice service:

- “drop in” enquiries Monday to Friday 10.am to 12pm
- Appointments: 1.00pm, 2.00pm or 3.00pm. Later times may be arranged on request.
- Telephone enquiry line is open from 10.00am to 4.00pm
- home visits for clients unable to access the CAB (resources permitting)
- Regular outreach surgeries at Aberfeldy, Blairgowrie, Crieff, Pitlochry and Kinross.

The income maximisation service has been introduced to help the Bureau to promote one of its aims: “To ensure that individuals do not suffer through ignorance of their rights and responsibilities or of the services available; or through an inability to express their needs”

Perth Citizens Advice Bureau is not part of the Government or the Local Authority. We are an independent charity. Any information you give us will be treated in the strictest confidence and not shared with anyone else. If we need to contact someone on your behalf we will always ask your permission first and talk to you about why we need to do that.

Income Maximisation Form. CRS No: _____

Name: _____

Address: _____

Telephone number: _____

Date of birth: _____ Nationality: _____

Section 1: about yourself and people living with you

Do you have a partner? YES / NO (delete as necessary)
If you have a partner what is her / his date of birth: _____ Nationality: _____

Occupation / work _____ if retired what was your occupation? _____
If you work, how many hours a week? _____
How much do you get paid (gross)? £ _____ per week / month (delete as necessary)
How much did you earn last tax year (gross)? £ _____

Does your partner work, how many hours a week? _____
Occupation _____ if retired what was their occupation? _____
How much do they get paid (gross)? £ _____ per week/month (delete as necessary)
How much did they earn last tax year (gross)? £ _____

Do you have any children living with you that you are responsible for? YES / NO (delete as necessary)
How many? _____
Dates of birth _____
If you care for children who are not your own, what is your relationship? _____
(We may need to ask you for more information about this).

If you have a registered childminder how much do you pay per week? £ _____

Do you or anyone living with you have any illnesses or disabilities? YES /NO (delete as necessary)
If yes please give details of your health issues and/or care needs and/or mobility needs.

Do you care for anyone who has an illness or disability? YES / NO (delete as necessary)
Does anyone provide care for you? YES / NO (delete as necessary)
If yes to either of the above please give details _____

Do you receive any of the following benefits? Please detail amounts:

	<u>You</u>	<u>Partner</u>
Income support.....	£ _____	£ _____
Pension Credit.....	£ _____	£ _____
State retirement pension.....	£ _____	£ _____
Child tax credit.....	£ _____	£ _____
Working tax credit.....	£ _____	£ _____
Council tax benefit.....	£ _____	£ _____
Housing benefit/local housing allowance.....	£ _____	£ _____
Incapacity benefit.....	£ _____	£ _____
Employment & Support Allowance.....	£ _____	£ _____
Attendance allowance.....	£ _____	£ _____
Disability living allowance.....		
Care component.....	£ _____	£ _____
Mobility component.....	£ _____	£ _____
Industrial injuries benefit.....	£ _____	£ _____
War disablement allowance.....	£ _____	£ _____
Income based job seekers allowance.....	£ _____	£ _____
Contribution based job seekers allowance.....	£ _____	£ _____
Income related employment support allowance (ESA).....	£ _____	£ _____
Contribution based employment support allowance (ESA)...	£ _____	£ _____
Carers allowance.....	£ _____	£ _____

Do you or your partner have capital or savings over £6000? YES / NO (delete as necessary)

How much? £ _____
(we only ask this question as this may affect any benefits you are entitled to)

Do you have any other income? YES / NO (delete as necessary)
If yes where does this come from and how much is it? i.e. occupational pension, Child Support or maintenance, charity income, boarders, student loans, bursary etc.
£ _____

Do you have any debts? YES / NO

Section 2 – about your home

Do you rent your home? YES / NO

How much rent do you pay £_____ weekly / monthly (delete as necessary)

Do you rent from the local authority or a housing association? YES / NO

Do you rent from a private landlord? YES / NO

Is your landlord a close relative? YES/NO

Do you have any non-dependants living with you? i.e. grown up children, or any adults that do not depend on you for support. YES / NO

If yes please give details and income (this may affect your entitlement to some benefits)

Do you have a mortgage? YES / NO When was the mortgage taken out? _____

How much do you still owe? £_____

What is the current rate of interest on your mortgage _____
(you may be eligible for help with interest payments on your mortgage, depending on circumstances)

Do you have any loans (for repairs or renovations) on your property? YES / NO

Year loan was taken out _____ how much do you still owe £_____

What is your council tax banding? A B C D E F G H

How much do you pay £_____ weekly/ monthly (delete as necessary)

Please use this space to tell us anything you think is relevant:

Income Maximisation Form

If any of the following are causing you concerns whether financial or practical please give details:

- **Fuel/energy Costs**
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- **Inadequate/broken heating system/poor insulation**
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- **Neighbourhood Problems**
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- **Housing Inadequate/Disrepair**
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- **Care responsibilities**
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- **Employment/education**
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- **Any other issues**
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