

NORTHUMBERLAND COUNTY COUNCIL

**Section A
CONFIDENTIAL**

**ADOPTION, SPECIAL GUARDIANSHIP AND
CHILD ARRANGEMENT ORDER ALLOWANCES
FINANCIAL ASSESSMENT / REVIEW**

1. Applicant(s) Details: <i>(Please complete ALL boxes)</i>			
First Applicant		Second Applicant	
Title	Mr Mrs Ms Miss <small>(please delete a applicable)</small>	Title	Mr Mrs Ms Miss <small>(please delete a applicable)</small>
Surname		Surname	
Forename		Forename	
Date of Birth		Date of Birth	
Address		Address	
Postcode		Postcode	
Tel No. <small>(including STD code)</small>		Tel No. <small>(including STD code)</small>	
National Insurance Number:		National Insurance Number:	
Employers Name (if applicable)		Employers Name (if applicable)	
Address		Address	
Postcode		Postcode	

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2. Other Household Members *(Please complete all relevant boxes)*

(please continue on a separate sheet if necessary)

Name:	Age:	Relationship	Do they contribute to household expenses?
			YES/NO
			YES/NO
			YES/NO
			YES/NO
Please give details of their contribution			
Are you in receipt of child benefit or any other benefits for any of the above			

3. Details of children who are subject of the adoption or special guardianship or residence order applications/orders:

Name	Date of Birth	School/College attended

4. Do any of these children receive benefits in their own right? E.g. DLA

Yes
No

If yes, please give amount and details

If yes, please give amount and details	
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Section B to be completed by all Applicants. (Please complete all relevant boxes)

5. Financial Statement.

- Please enclose evidence of last 3 months payslips or P60. Copies of other documents such as benefits, council tax charge, Working Tax / Child Tax credit, Child Benefit and other benefits are also required.
- (Photocopies are acceptable)
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INCOME	£	P
Net earnings (1 st applicant) <i>*weekly /*monthly *Delete as appropriate</i>		
Net earnings (2 nd applicant) <i>*weekly /*monthly *Delete as appropriate</i>		
Incapacity Benefit <i>*weekly /*monthly *Delete as appropriate</i>		
Working Tax Credit <i>*weekly /*monthly *Delete as appropriate</i>		
Retirement/Occupational Pension <i>*weekly /*monthly *Delete as appropriate</i>		
Other state benefits (Please state type) <i>*weekly /*monthly *Delete as appropriate</i>		
Income support <i>*weekly /*monthly *Delete as appropriate</i>		
Child's Tax Credits <i>*weekly /*monthly *Delete as appropriate</i>		
Child Benefit (for existing children in family) <i>*weekly /*monthly *Delete as appropriate</i>		
Income from property or investments (please give details on separate sheet) <i>*weekly /*monthly *Delete as appropriate</i>		
Maintenance payments received for any child in household <i>*weekly /*monthly *Delete as appropriate</i>		
Existing adoption or SG allowances paid for any other child (excluding child who is subject to this application) <i>*weekly /*monthly *Delete as appropriate</i>		
Any Other Income (Please give details) <i>*weekly /*monthly *Delete as appropriate</i>		
EXPENDITURE	£	P
Rent/Mortgage <i>*weekly /*monthly *Delete as appropriate</i>		
Council Tax <i>*weekly /*monthly *Delete as appropriate</i>		
Loan Repayments (state purpose of loan) <i>*weekly /*monthly *Delete as appropriate</i>		
Maintenance or Child Support Payments <i>*weekly /*monthly *Delete as appropriate</i>		
Private pension Contributions <i>*weekly /*monthly *Delete as appropriate</i>		
National Insurance (if self employed) <i>*weekly /*monthly *Delete as appropriate</i>		
Reasonable Childcare costs including Nursery fees (after any child care element paid as part of Working Tax Credit) <i>*weekly /*monthly *Delete as appropriate</i>		
Other (Please give details. You should not include expenditure of food, clothing, gas, electric, water, insurance, credit card repayments).		

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*weekly /*monthly *Delete as appropriate

6. Please state how much capital/savings you and your partner/own children/children subject to the application/order have (Capital includes money in bank/building society, stocks and shares, Peps, Tassas, ISAS and other investments)

Capital/ Savings held by the applicants	£
Capital/Savings held by the applicants' own children	£
Capital/Savings held by the children subject of the adoption, special guardianship or residence order application/order	£

7. DECLARATION:

I/We certify that the information given in this application is correct, and I/We authorise Northumberland County Council's representative to verify this information as considered necessary.

Random checks may be carried out.

All allowances are subject to annual review. You must however inform us immediately if there is any change in your circumstances.

<u>Signature:</u> (First Applicant)		<u>Signature:</u> (Second Applicant)	
<u>Date:</u>		<u>Date:</u>	

Section E: To be completed by AS (FS), where applicable

Action	Date Completed	Name
Notification of Entitlement Letters sent to client		
Notification of Ceasing Payment Letter sent to client		
Letter sent to applicant to confirm refused financial support		
Letters copied and sent to Team Manager/SW (to be placed on child/YP's and/or Adoption file)		
Locality notified of payment for SSID (Adoption only)		
Payment details		

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