



# Legal Help, Help at Court and Family Help (Lower)

Yes No

Is this an application for Exceptional Case Funding? { FORMCHECKBOX } { FORMCHECKBOX } If yes, you must supply an ECF1.

Any work carried out earlier than the date of the Exceptional Case Funding Certificate is done so at risk and may not be funded should the application be refused. Making a false declaration is an offence. If you are found doing so, you may be prosecuted and asked to repay your costs in full.

## Equal Opportunities Monitoring

Please tick the boxes which your client would describe themselves as being:

### Ethnicity

#### White

{ FORMCHECKBOX } (a) British

{ FORMCHECKBOX } (b) Irish

{ FORMCHECKBOX } (c) White Other

#### Mixed

{ FORMCHECKBOX } (a) White and Black Caribbean

{ FORMCHECKBOX } (b) White and Black African

{ FORMCHECKBOX } (c) White and Asian

{ FORMCHECKBOX } (d) Mixed Other

#### Asian or Asian British

{ FORMCHECKBOX } (a) Indian

{ FORMCHECKBOX } (b) Pakistani

{ FORMCHECKBOX } (c) Bangladeshi

{ FORMCHECKBOX } (d) Asian Other

#### Black or Black British

{ FORMCHECKBOX } (a) Black Caribbean

{ FORMCHECKBOX } (b) Black African

{ FORMCHECKBOX } (c) Black Other

{ FORMCHECKBOX } Chinese

{ FORMCHECKBOX } Gypsy/Traveller

{ FORMCHECKBOX } Other

{ FORMCHECKBOX } Prefer not to say

### Disability

The Equality Act 2010 defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities.

Not Considered Disabled { FORMCHECKBOX }

If a client considers himself or herself to have a disability please select the most appropriate definition.

Definitions:

Mental health condition	{ FORMCHECKBOX }	Blind	{ FORMCHECKBOX }
Learning disability/difficulty	{ FORMCHECKBOX }	Long-standing physical illness or health condition	{ FORMCHECKBOX }
Mobility impairment	{ FORMCHECKBOX }	Other	{ FORMCHECKBOX }
Deaf	{	Unknown	{

FORMCHEC  
KBOX }

FOR  
MC  
HEC  
KBO  
X }  
{  
FOR  
MC  
HEC  
KBO  
X }

Hearing impaired

{  
FORMCHEC    Prefer not to say  
KBOX }

Visually impaired

{  
FORMCHEC  
KBOX }

► Completion of his section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

## Your client's details

Title: { MERGEFIELD LINKNAME\_TITLE 1 }    Initials: { MERGEFIELD LINKNAME\_INITIALS 1 }

Surname: { MERGEFIELD LINKNAME\_SURNAME 1 }

First name: { MERGEFIELD  
LINKNAME\_FORENAME 1 }

Surname at birth: { MERGEFIELD  
FW\_IMM 1 FW\_IMM\_CDIFSURN }  
(if different)

Date of birth: { MERGEFIELD CLI1\_ADD\_INFO\_FW\_CLI1\_DOB }    National Insurance no: {  
MERGEFIELD CLI1\_ADD\_INFO\_FW\_CLI1\_NI }

Sex:	{ FORMCHECKBOX } Male	{ FORMCHECKBOX } Female	{ FORMCHECKBOX } Prefer not to say
Marital status:	{ FORMCHECKBOX } Single	{ FORMCHECKBOX } Married/Civil Partner	{ FORMCHECKBOX } Cohabiting
	{ FORMCHECKBOX } Separated	{ FORMCHECKBOX } Divorced/dissolved CP	{ FORMCHECKBOX } Widowed

Place of birth: { MERGEFIELD FW\_IMM 1 FW\_IMM\_CBRHTWN }    Job: { MERGEFIELD  
CLI1\_ADD\_INFO\_FW\_CLI1\_OCC }  
(town)

Current address:    { MERGEFIELD CLIENT\_HOUSE \f", " } { MERGEFIELD CLIENT\_AREA \f", " }  
{ MERGEFIELD CLIENT\_POSTAL\_TOWN \f", " } { MERGEFIELD CLIENT\_COUNTY }

Postcode: { MERGEFIELD CLIENT\_POSTCODE }

## Provider Details

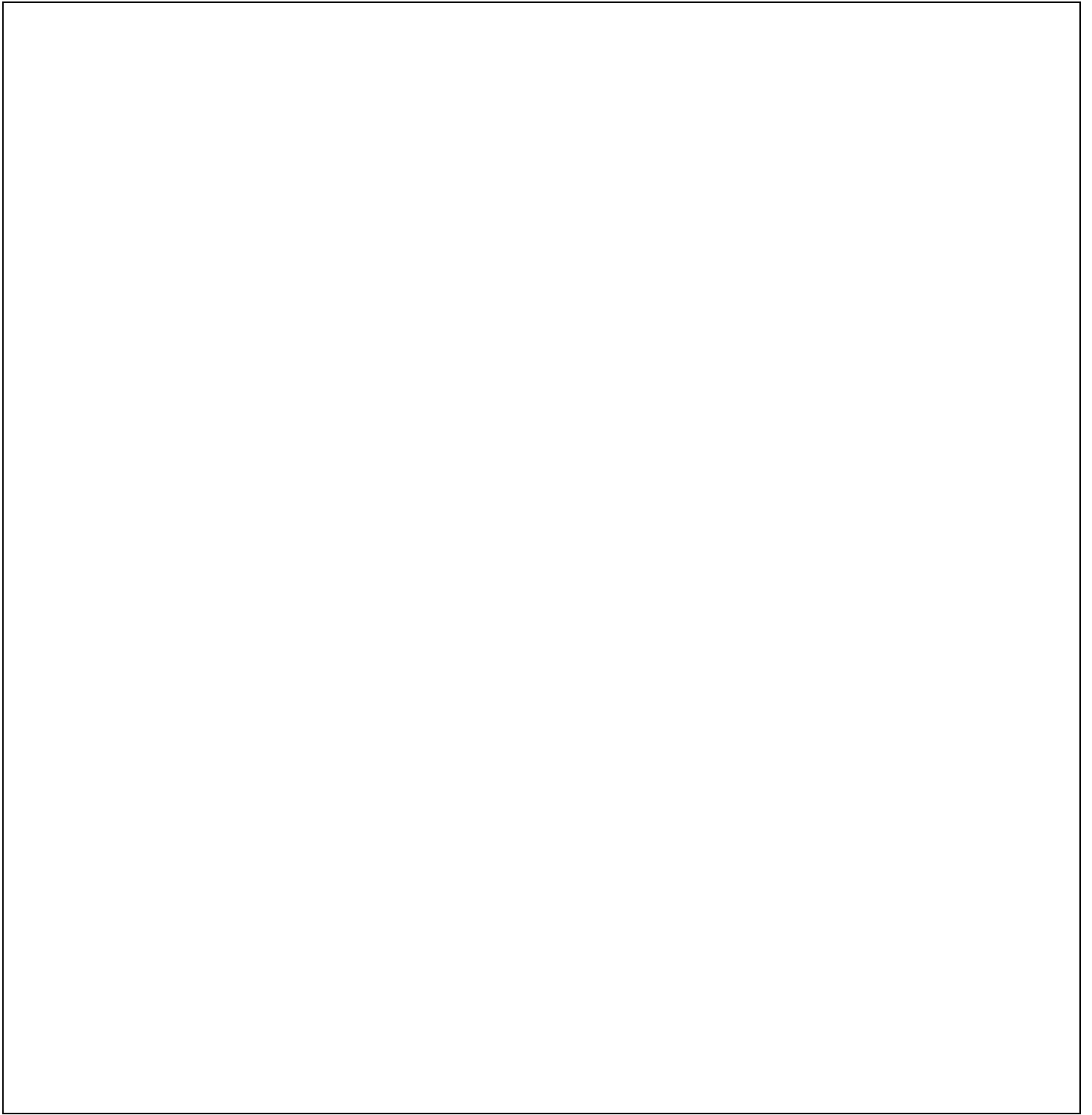
(Only complete when submitting a copy of this page with an application for extension of a Cost Limit)

Name of provider: { MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME }

Address of provider: { MERGEFIELD BRANCHINFO\_HOUSE \f", "{ MERGEFIELD BRANCHINFO\_AREA \f", "{ MERGEFIELD BRANCHINFO\_POSTAL\_TOWN \f", "{ MERGEFIELD BRANCHINFO\_COUNTY } Postcode: { MERGEFIELD BRANCHINFO\_POSTCODE }

DX (with exchange): { MERGEFIELD BRANCHINFO\_DX\_NO }

Telephone number: { MERGEFIELD BRANCHINFO\_PHONE\_NO } Contract number: \_\_\_\_\_



## Financial Eligibility

- The client is directly or indirectly in receipt of S.4 or S.95 Asylum Support (Immigration and Asylum category work only):
  - { FORMCHECKBOX } Yes Go directly to the Evidence section on page 7.
  - { FORMCHECKBOX } No Go to question 2.
- The client have a partner whose means are to be aggregated:
  - { FORMCHECKBOX } Yes Please provide details of both client's and partner's means.
  - { FORMCHECKBOX } No Please provide details of client's means only.
- Type of case (e.g. family): { FORMTEXT }
- The case is about ownership or possession of assets and / or financial provision:
  - { FORMCHECKBOX } Yes Go to question 5.
  - { FORMCHECKBOX } No Go directly to Part B Capital.
- The client's assets (held in sole name or jointly held) have been claimed by the opponent:
  - { FORMCHECKBOX } Yes Please complete Part A Capital - Subject matter of dispute.
  - { FORMCHECKBOX } No Go directly to Part B Capital.

The subject matter of dispute disregard only applies to assets that are specifically claimed by the opponent. All assets that have not been specifically claimed by the opponent must be included in Part B Capital.

## Part A: Capital - Subject matter of dispute (SMOD)

Please list any property, assets or possessions that the opponent has made a claim to in this case:

1. Property:

Current market value

Outstanding Mortgage/secured loan

**Main home**

£{ FORMTEXT }

£{ FORMTEXT }

**Other property**

{ FORMTEXT }

{ FORMTEXT }

2. Is property held in joint names with the opponent?

▶ If property is held in joint names with the opponent, equal shares will be assumed for assessment purposes.

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

{ FORMTEXT }  
}%

{ FORMCHECKBOX } Yes

{ FORMCHECKBOX } No

{ FORMTEXT }  
}%

3. Client's share of property for assessment?

▶ Enter 50% when property is jointly owned with opponent. Select 100% when property is solely owned by client or jointly with partner. Enter an appropriate % if another party has an interest.

## Part A: Capital - Subject matter of dispute (SMOD) continued

4. Total Net Equity (i.e. current market value minus mortgage disregard):

- ▶ Deduct the full amount of any debt secured by a mortgage or charge on the property.

5. Client's share of Total Net Equity:

- ▶ Multiply answer to question 4 by answer to question 3.

6. Final assessed amount of Client's equity:

- ▶ Calculated by applying the SMOD disregard; followed by the equity disregard of £100,000 to the main home.
- ▶ The maximum SMOD disregard is £100,000.
- ▶ The SMOD disregard must be applied to the main home first (i.e. deducted from the client's share of total net equity shown as answer to question 5); any remainder (i.e. only if client's share of total net equity in main dwelling is less than £100,000) should then be applied to other property.
- ▶ **You must not reverse the order of the disregards**

7. Other assets and possessions claimed by the opponent:

Savings (bank, building society, etc)

Investments (shares, insurance policies, etc)

Valuable items (boat, caravan, jewellery, etc)

Other capital (including money due to the client)

**Total capital Part A**

**Main home**

£{  
FORMTEXT }

**Other property**

{ FORMTEXT  
}

£{  
FORMTEXT }

{ FORMTEXT  
}

£{  
FORMTEXT }

{ FORMTEXT  
}

**Client and Partner**

£{  
FORMTEXT }

£{  
FORMTEXT }

£{  
FORMTEXT }

£{  
FORMTEXT }

£{  
FORMTEXT }

- ▶ This is the total capital amount after applying the SMOD disregard of £100,000 to the assets in this section.

- ▶ If there are no SMOD property assets, apply the full £100,000 SMOD disregard to the assets set out in question 7 above.

**PLEASE DON'T STRIKE THROUGH THE ENTIRE PAGE TO INDICATE THAT THE QUESTIONS DO NOT APPLY - QUESTIONS MUST BE ANSWERED**



## Part C: Income

The client is directly or indirectly in receipt of Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Guarantee Credit:

{ FORMCHECKBOX } Yes Go directly to the Evidence section on page 7.

{ FORMCHECKBOX } No Continue with income details.

- ▶ Use monthly figures  
(if paid weekly, multiply by 52 & divide by 12)  
(if paid four weekly, multiply by 13 & divide by 12)

### Income includes:

	<b>Client</b>	<b>Partner</b>
▶ Gross monthly earnings	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
▶ Other income (including child benefit, pensions, maintenance, dividends, tax credits, benefits in kind, etc)	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
<b>Total gross income</b>	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
<b>Total gross income (Client and Partner)</b>	£{ <u>FORMTEXT</u> }	

### Less monthly allowances:

▶ Housing costs, including:		
Mortgage instalment* (capped if client has no dependents)	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
Rent* (capped if client has no dependents)	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
* amounts should be net of housing benefit		
▶ Dependant's allowances:		
Partner	£{ <u>FORMTEXT</u> }	
Dependants Aged 15 and under	£{ <u>FORMTEXT</u> }	
Aged 16 or over	£{ <u>FORMTEXT</u> }	
▶ Tax and National Insurance	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
▶ Standard allowance for employment expenses	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
▶ Maintenance payments actually being made (eg for children and/or a former/separated spouse)	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
▶ Childcare costs because of work/self employment	£{ <u>FORMTEXT</u> }	
▶ Payment of income contribution order (criminal legal aid).	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
<b>Total allowances</b>	£{ <u>FORMTEXT</u> }	£{ <u>FORMTEXT</u> }
<b>Total monthly disposable income</b>	£{	£{



**Total monthly disposable income  
(Client and Partner)**

FORMTEXT } FORMTEXT }  
£{FORMTEXT }

## Evidence

Evidence given in support of means  
No { FORMCHECKBOX }

Yes { FORMCHECKBOX } you will need to complete

the evidence checklist on  
page 12.

If no, please record justification or exceptional circumstance.

{ FORMTEXT }

# LEGAL AID AGENCY

## PRIVACY NOTICE

### **PURPOSE**

This privacy notice sets out the standards that you can expect from the Legal Aid Agency when we request or hold personal information ('personal data') about you; how you can get access to a copy of your personal data; and what you can do if you think the standards are not being met.

The Legal Aid Agency is an Executive Agency of the Ministry of Justice (MoJ). The MoJ is the data controller for the personal information we hold. The Legal Aid Agency collects and processes personal data for the exercise of its own and associated public functions. Our public function is to provide legal aid.

### **About personal information**

Personal data is information about you as an individual. It can be your name, address or telephone number. It can also include the information that you have provided in this form such as your financial circumstances and information relating to any current or previous legal proceedings concerning you.

We know how important it is to protect customers' privacy and to comply with data protection laws. We will safeguard your personal data and will only disclose it where it is lawful to do so, or with your consent.

### **Types of personal data we process**

We only process personal data that is relevant for the services we are providing to you. The personal data which you have provided on this form will only be used for the purposes set out below.

### **Purpose of processing and the lawful basis for the process**

The purpose of the Legal Aid Agency collecting and processing the personal data which you have provided on this form is for the purposes of providing legal aid. Specifically, we will use this personal data in the following ways:

- In deciding whether you are eligible for legal aid, whether you are required to make a contribution towards the costs of this legal aid and to assist the Legal Aid Agency in collecting those contributions, if appropriate.
- In assessing claims from your legal representative(s) for payment from the legal aid fund for the work that they have conducted on your behalf;
- In conducting periodic assurance audits on legal aid files to ensure that decisions have been made correctly and accurately;
- In producing statistics and information on our processes to enable us to improve our processes and to assist us in carrying out our functions.

Were the Legal Aid Agency unable to collect this personal information, we would not be able to conduct the activities above, which would prevent us from providing legal aid.

The lawful basis for the Legal Aid Agency collecting and processing your personal data is in the administration of justice and the result of the powers contained in Legal Aid, Sentencing and Punishment of Offenders Act 2012.

We also collect 'special categories of personal data' for the purposes of monitoring equality, this is a legal requirement for public authorities under the Equality Act 2010. Special categories of personal data obtained for equality monitoring will be treated with the strictest confidence and any information published will not identify you or anyone else associated with your legal aid application.

## Who the information may be shared with

We sometimes need to share the personal information we process with other organisations. When this is necessary, we will comply with all aspects of the relevant data protection laws. The organisations we may share your personal information include:

- Public authorities such as: HM Courts and Tribunals Service (HMCTS), HM Revenue and Customs (HMRC), Department of Work and Pensions (DWP) and HM Land Registry;
- Non-public authorities such as: Credit reference agencies Equifax and TransUnion and our debt collection partners, Marston Holdings; and
- Fraud prevention agencies: if false or inaccurate information is provided or fraud identified, the Legal Aid Agency can lawfully share your personal information with fraud prevention agencies to detect and to prevent fraud and money laundering.

You can contact our Data Protection Officer for further information on the organisations we may share your personal information with.

## Data Processors

The LAA may contract with third party data processors to provide email, system administration, document management and IT storage services.

Any personal data shared with a data processor for this purpose will be governed by model contract clauses under data protection law.

## Details of transfers to third country and safeguards

It may sometimes be necessary to transfer personal information overseas. When this is needed, information may be transferred to: the European Economic Area (EEA)

Any transfers made will be in full compliance with all aspects of the data protection law.

## Retention period for information collected

Your personal information will not be retained for any longer than is necessary for the lawful purposes for which it has been collected and processed. This is to ensure that your personal information does not become inaccurate, out of date or irrelevant. The Legal Aid Agency have set retention periods for the personal information that we collect, this can be accessed via our website:

<https://www.gov.uk/government/publications/record-retention-and-disposition-schedules>

You can also contact our Data Protection Officer for a copy of our retention policies.

While we retain your personal data, we will ensure that it is kept securely and protected from loss, misuse or unauthorised access and disclosure. Once the retention period has been reached, your personal data will be permanently and securely deleted and destroyed.

## Access to personal information

You can find out if we hold any personal data about you by making a 'subject access request'. If you wish to make a subject access request please contact:

Disclosure Team - Post point 10.25  
Ministry of Justice  
102 Petty France  
London  
SW1H 9AJ

Data.access@justice.gov.uk

## **When we ask you for personal data**

We promise to inform you why we need your personal data and ask only for the personal data we need and not collect information that is irrelevant or excessive.

When we collect your personal data, we have responsibilities, and you have rights, these include:

- That you can withdraw consent at any time, where relevant;
- That you can lodge a complaint with the supervisory authority;
- That we will protect and ensure that no unauthorised person has access to it;
- That your personal data is shared with other organisations only for legitimate purposes;
- That we don't keep it longer than is necessary;
- That we will not make your personal data available for commercial use without your consent; and
- That we will consider your request to correct, stop processing or erase your personal data.

## **You can get more details on:**

- Agreements we have with other organisations for sharing information;
- Circumstances where we can pass on personal information without telling you, for example, to help with the prevention or detection of crime or to produce anonymised statistics;
- Our instructions to staff on how to collect, use or delete your personal information;
- How we check that the information we hold is accurate and up-to-date; and
- How to make a complaint.

For more information about the above issues, please contact:

The Data Protection Officer  
Ministry of Justice  
3rd Floor, Post Point 3.20  
10 South Colonnades  
Canary Wharf  
London  
E14 4PU

[Privacy@justice.gov.uk](mailto:Privacy@justice.gov.uk)

For more information on how and why your information is processed, please see the information provided when you accessed our services or were contacted by us.

## **Complaints**

When we ask you for information, we will comply with the law. If you consider that your information has been handled incorrectly, you can contact the Information Commissioner for independent advice about data protection. You can contact the Information Commissioner at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Tel: 0303 123 1113  
[www.ico.org.uk](http://www.ico.org.uk)

## Client's Certification

Please tick the box below which applies to you:-

{ FORMCHECKBOX } I have not already received Legal Help or Family Help (Lower) from a solicitor or contracted provider on this matter.

{ FORMCHECKBOX } I have already received Legal Help or Family Help (Lower) from a solicitor or contracted provider on this matter. If so, please state when: { FORMTEXT }

I agree to my solicitor or contracted provider having a first charge on any money or property (including costs) which I recover or preserve in or in relation to the matter for which I am being advised. (Family Help (Lower) cases which exceed the standard fee only).

This is a true statement of all my and my partner's income and assets in the UK and abroad.

I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances.

I agree that the Legal Aid Agency (LAA) can contact other parties to check these facts and I authorise those parties to provide the information they are asked for.

I understand that the LAA may check my income and capital status with Her Majesty's Revenue and Customs (HMRC) and authorise HMRC to carry out such checks as are necessary to verify my financial status and give that information to LAA.

I understand that the LAA may confirm my receipt of continuing benefit with the Department of Work and Pensions (DWP). The DWP may carry out such processing as is necessary to check this information remains correct and may inform the LAA of any relevant changes.

**I understand that if I give false information or withhold any relevant information the services provided to me may be cancelled at which point I will become liable to pay all the costs that have been incurred and I may be prosecuted.**

Signed: \_\_\_\_\_ Date: { FORMTEXT }

## Partner's declaration

**If you have a partner whose details have been completed on this form then they must sign the authority below.**

This is a true statement of all my income and assets in the UK and abroad.

I agree to the LAA checking these facts with other parties such as the Department of Work and Pensions (DWP) and the HM Revenue and Customs (HMRC) and I authorise those parties (including HMRC and DWP) to provide the information they are asked for.

Signed: \_\_\_\_\_ Date: { FORMTEXT }

**Note to solicitor: Please ensure you complete any relevant boxes on page 13.**

## Legal Help and Help at Court

Tick the relevant box below if you have:

Travelled out of the office to visit the client, other than at court. {  
FORMCHECKBOX }

Accepted an application from a child or patient or someone on their behalf. {  
FORMCHECKBOX }

Provided Legal Help to a client who has already received it on the same {  
FORMCHECKBOX }  
matter within the last 6 months.

Given telephone advice by you or your firm before the signature of the form. {  
FORMCHECKBOX }

Claimed for outward travel before the signature of the form. {  
FORMCHECKBOX }

Accepted a postal or application. {  
FORMCHECKBOX }

If you have ticked any of the above boxes, please provide the circumstances justifying this in accordance with the relevant Rule in the Contract Specification.

{ FORMTEXT }

Legal aid is only available for these proceedings under paragraphs 12 and 13 of Part 1, Schedule 1 of the Legal Aid Sentencing and Punishment of Offenders Act 2012 if the evidence requirements set out in regulation 33 and 34 of the Civil Legal Aid (Procedures) Regulations and/or guidance are satisfied.

Evidence given? { FORMCHECKBOX } Yes { FORMCHECKBOX } No This evidence must be retained on the file.

### Family Help (Lower) - **private law**

Are the relevant criteria in the Civil Legal Aid (Merits Criteria) Regulations 2012 for Family Help (Lower) met and does the case { FORMCHECKBOX }  
Yes { FORMCHECKBOX } No

satisfy the conditions as set out in the Family Specification?

Was an application for Legal Representation made in this matter? { FORMCHECKBOX }  
Yes { FORMCHECKBOX } No



## Time spent and costs

Item	Time Spent
1. Attendance	{ FORMTEXT }
2. Preparation	{ FORMTEXT }
3. Help at Court/Advocacy	{ FORMTEXT }
4. Travel and Waiting	{ FORMTEXT }
Total:	{ FORMTEXT }

Item	Number
1. Letters written	{ FORMTEXT }
2. Phone calls	{ FORMTEXT }

**Total Profit Costs** £{ FORMTEXT } **Vat** £{ FORMTEXT }

Value or amount of contractual or statutory charge £{ FORMTEXT }

Disbursements	Amount	Vat
Mileage	£ { FORMTEXT }	£ { FORMTEXT }
Other disbursements	£ { FORMTEXT }	£ { FORMTEXT }
<b>Total</b>	£ { FORMTEXT }	£ { FORMTEXT }
Counsel's fees	£ { FORMTEXT }	£ { FORMTEXT }

Dated { FORMTEXT }

**Note:** When calculating profit costs, the time spent on each activity and the letters and telephone calls must be separated out according to the remuneration rate which applied at the time the work was carried out. Please see the Remuneration Regulations for the appropriate rates.

Remember that you may not charge separately for letters in.

The totals for profit costs, disbursements and counsel's fees from this form and the Controlled Legal Representation Form (if applicable) should be the same (after adding VAT and net of the amount of the statutory charge and any payment on account), as those reported by you in your online submission. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported.

## Certification (to be completed for Exceptional Funding cases only)

I certify that:

- ▶ I have taken all reasonable steps to ensure my client has completed the Financial Eligibility questions on the accompanying Controlled Work Form fully and accurately. I have applied the [Financial Eligibility regulations] to the information supplied by my client and assessed my client as being eligible for Legal Aid in this matter.
- ▶ I am able to act in this matter under the competence standards set out in my firms Legal Aid contract; and my organization is currently trading and no Law Society intervention or other sanction prohibits me from acting in this matter (Legal Help only).
- ▶ Proof of means has been obtained.

Signed: \_\_\_\_\_ Date: { FORMTEXT }  
FORMTEXT }{ FORMTEXT }

(Authorised litigator)

Name: { FORMTEXT }

# Evidence Checklist

- ▶ Please tick the relevant box(es) to indicate evidence collected.
- ▶ Please refer to the detailed financial eligibility guidance for controlled work.

<b>Income</b>	
<p><b>Employed (P.A.Y.E.) Income:</b> { FORMCHECKBOX } Wage slips</p> <p><b>Self Employed Income:</b> { FORMCHECKBOX } Recent Bank statements { FORMCHECKBOX } Complete financial accounts { FORMCHECKBOX } Self Assessment Tax Return { FORMCHECKBOX } Cash Book</p> <p><b>Benefits in Kind</b> { FORMCHECKBOX } P11D tax form (benefits in kind)</p> <p><b>Other Income:</b> { FORMCHECKBOX } Private /Occupational Pension documents { FORMCHECKBOX } Evidence of Rental income (bank statement or tenancy agreement) { FORMCHECKBOX } Trust income (bank statement or letter from trustees) { FORMCHECKBOX } Letter from friend/family providing support { FORMCHECKBOX } student grant/loan letter { FORMCHECKBOX } Other: { FORMTEXT } (e.g. bank statements)</p> <p>▶ For pensions and any other income that is subject to income tax, evidence must show the gross amount before tax is deducted.</p>	<p><b>State benefits (including passporting benefits):</b> { FORMCHECKBOX } Bank statements ▶ Name and type of benefit e.g. Income-based Jobseekers Allowance must be specified on the statement or additional evidence will be required e.g. notification letter. { FORMCHECKBOX } Original notification letter (for passporting benefit, please refer to the table providing examples of acceptable and unacceptable evidence in volume 2 part E). { FORMCHECKBOX } Latest letter advising change in benefit amount { FORMCHECKBOX } Letter from paying agency i.e. Department for Work and Pensions, Jobcentre Plus, Pension Service confirming receipt of the passporting benefit at the date of application. ▶ Letters must specify name and type of benefit. Letters over 6 months old must be supported by a recent bank statement.</p> <p><b>Asylum Support (AS):</b> { FORMCHECKBOX } Letter from AS or Local Authority that the individual is in receipt of support. ▶ Letter must be less than 6 months old.</p> <p><b>Tax Credits:</b> { FORMCHECKBOX } Tax Credit Award Notice (most recent). Other recent HMRC letter confirming { FORMCHECKBOX } amount received. ▶ Letter must be less than 6 months old.</p>
<b>Expenditure (refer to guidance on risk-based evidence):</b>	
<p><b>Income Tax and National Insurance:</b> { FORMCHECKBOX } Wage slips (employees P.A.Y.E.) { FORMCHECKBOX } Tax calculation sheet form SA302 (self employed)</p> <p><b>Housing costs (where amount exceeds one-third of client's gross income):</b> { FORMCHECKBOX } Rent Book/Tenancy Agreement { FORMCHECKBOX } Mortgage statement { FORMCHECKBOX } Bank statement</p>	<p><b>Child Care costs in excess of £600 per month</b> { FORMCHECKBOX } Copy of agreement/contract { FORMCHECKBOX } Bank statement</p> <p><b>Maintenance (see guidance)</b> { FORMCHECKBOX } Receipts { FORMCHECKBOX } Bank statement { FORMCHECKBOX } Copy of Maintenance Order</p>
<b>Capital (refer to guidance on risk-based evidence):</b>	

{ FORMCHECKBOX } Bank statement

{ FORMCHECKBOX }

Other

{ FORMCHECKBOX } Share certificate

{ FORMTEXT }

{ FORMCHECKBOX } National savings certificate/passbook

{ FORMCHECKBOX } Premium Savings Bonds or Bond Record (summary)

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