

**First-time application for financial assistance**

All fields **must be** filled in for the application to be complete. For example, if you have no income, all fields must be filled in with SEK 0.

Married and cohabiting persons have mutual maintenance obligations and must apply for financial assistance jointly. Information for both must therefore be provided on the form.

The personal data provided on this form will be recorded in Social Services' computer system and will be used to assess your entitlement to financial assistance.

If you want information on how your personal data is used, you can contact Social Services.

The application is for the month:

Case officer:

**Personal details of applicant**

First name

Family name

Personal ID number

Address

Postcode

City/postal address

Telephone

Email

**Marital status**

Married/civil partnership

Cohabiting

Living alone

**Is there a co-applicant?**

Yes

No

First name

Family name

Personal ID number

**Citizenship of applicant**

Swedish citizen

Foreign national with a permanent residence permit

From:

To:

Decision class

Foreign national with a temporary residence permit

From:

To:

Decision class

## Citizenship co-applicant

|                          |  |       |     |                |
|--------------------------|--|-------|-----|----------------|
| <input type="checkbox"/> | Swedish citizen                                    |       |     |                |
| <input type="checkbox"/> | Foreign national with a permanent residence permit | From: | To: | Decision class |
| <input type="checkbox"/> | Foreign national with a temporary residence permit | From: | To: | Decision class |

## Any children in the household under 18 or still at school?

Yes       No

| Child's personal ID number | First name | Family name | Child attends upper secondary school or equivalent | Child attends pre-school/school | Child living in household for how many days in this period? |
|----------------------------|------------|-------------|--|---------------------------------|---|
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |
|                            |            |             | <input type="checkbox"/>                           | <input type="checkbox"/>        |   |

## Account details

### Applicant:

|                  |                    |
|------------------|--------------------|
| Name of the bank | Number of accounts |
|------------------|--------------------|

### Co-applicant:

|                  |                    |
|------------------|--------------------|
| Name of the bank | Number of accounts |
|------------------|--------------------|

## Have you applied for maintenance support?

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When:                        | Why?                        |

## Housing

### Type of housing

Own rental apartment with contract

Since when:

Landlord:

Own tenant-owned apartment

Sublet apartment

Staying with relatives

Living with parents

Living with another person

Own property

Other:

Total number of people living in the dwelling?

Number of rooms in the dwelling

Who is responsible for the contract

Total monthly cost of housing

### Have you applied for housing benefit?

Yes

No

When:

Why?

### Application relates to

| Costs                          | Due date | SEK |
|--------------------------------|----------|-----|
| Housing cost                   |          |     |
| Electricity                    |          |     |
| Trade union fees               |          |     |
| Work/planning trips            |          |     |
| Childcare                      |          |     |
| Home insurance                 |          |     |
| Tenants' association           |          |     |
| Broadband                      |          |     |
| A-kassa unemployment insurance |          |     |

### Medical care (within high-cost protection scheme)

| Relates to whom in the household? | Date | SEK |
|-----------------------------------|------|-----|
|                                   |      |     |
|                                   |      |     |
|                                   |      |     |

| <b>Medication (within high-cost protection scheme)</b>                       |                                   |   |                                   |
|--|-----------------------------------|---|-----------------------------------|
| <b>Relates to whom in the household?</b>                                     | <b>Date</b>                       | <b>SEK</b>  |                                   |
|  |                                   |   |                                   |
|  |                                   |   |                                   |
|  |                                   |   |                                   |
| <b>Other</b>   | <b>Specify</b>                    | <b>SEK</b>  |                                   |
|  |                                   |   |                                   |
|  |                                   |   |                                   |
| <b>Have you worked in the last year?</b>                                     |                                   |   |                                   |
| <b>Applicant</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                   | <b>Co-applicant</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| Date of application for A-Kassa/ALFA-kassa                                   |                                   | When was the compensation decision taken?                                       |                                   |
| If you cannot get A-kassa/ALFA-kassa, state why:                             |                                   |   |                                   |
|  |                                   |   |                                   |
| <b>Describe your plans: (e.g. work, studies, etc.)</b>                       |                                   |   |                                   |
| Specify:   |                                   |   |                                   |
|  |                                   |   |                                   |
| <b>Income (Applicant)</b>  |                                   |   |                                   |
| <b>Income of applicant in the last three months from today</b>               |                                   |   |                                   |
| <b>Type of income</b>  | <b>Amount and date of payment</b> | <b>Amount and date of payment</b>   | <b>Amount and date of payment</b> |
| Wages after tax  |                                   |   |                                   |
| Housing benefit  |                                   |   |                                   |
| Child benefit  |                                   |   |                                   |
| Maintenance support  |                                   |   |                                   |
| Activity grant   |                                   |   |                                   |
| Activity compensation  |                                   |   |                                   |
| Sickness compensation  |                                   |   |                                   |
| Sickness benefit   |                                   |   |                                   |
| Student grant CSN  |                                   |   |                                   |
| Pension  |                                   |   |                                   |
| A-kassa  |                                   |   |                                   |
| ALFA-kassa   |                                   |   |                                   |
| Parental benefit   |                                   |   |                                   |
| Introduction benefit   |                                   |   |                                   |

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| Student loan CSN                  |  |  |  |
| Childcare allowance               |  |  |  |
| Survivor's benefit                |  |  |  |
| Child pension                     |  |  |  |
| Financial support for the elderly |  |  |  |
| Housing supplement                |  |  |  |
| Tax refund                        |  |  |  |
| Deposits/transfers, e.g. Swish    |  |  |  |
| Other income                      |  |  |  |

## Income (Co-applicant)

### Income of co-applicant in the last three months from today

| Type of income                 | Amount and date of payment | Amount and date of payment | Amount and date of payment |
|--------------------------------|----------------------------|----------------------------|----------------------------|
| Wages after tax                |                            |                            |                            |
| Housing benefit                |                            |                            |                            |
| Child benefit                  |                            |                            |                            |
| Maintenance support            |                            |                            |                            |
| Activity grant                 |                            |                            |                            |
| Activity compensation          |                            |                            |                            |
| Sickness compensation          |                            |                            |                            |
| Sickness benefit               |                            |                            |                            |
| Student grant CSN              |                            |                            |                            |
| Pension                        |                            |                            |                            |
| A-kassa                        |                            |                            |                            |
| ALFA-kassa                     |                            |                            |                            |
| Parental benefit               |                            |                            |                            |
| Introduction benefit           |                            |                            |                            |
| Student loan CSN               |                            |                            |                            |
| Childcare allowance            |                            |                            |                            |
| Survivor's benefit             |                            |                            |                            |
| Child pension                  |                            |                            |                            |
| Housing supplement             |                            |                            |                            |
| Tax refund                     |                            |                            |                            |
| Deposits/transfers, e.g. Swish |                            |                            |                            |
| Other income                   |                            |                            |                            |

## Income support from another municipality

Yes  No

If yes: Calculation period

From:

To:

**Is anyone in the household subject to a seizure order from the Swedish Enforcement Agency?**

Yes  No

## Household expenditure

### Last three months in Sweden and/or abroad

| Type of expenditure                                      | Amount and due date   | Amount and due date | Amount and due date |
|--|-----------------------|---------------------|---------------------|
| Housing cost   |                       |                     |                     |
| Electricity  |                       |                     |                     |
| Trade union fees   |                       |                     |                     |
| Work/planning trips                                      |                       |                     |                     |
| Childcare  |                       |                     |                     |
| Home insurance   |                       |                     |                     |
| Tenants' association                                     |                       |                     |                     |
| Broadband  |                       |                     |                     |
| A-kassa  |                       |                     |                     |
| <b>Prescription medication</b>                           | <b>Refers to whom</b> | <b>Date</b>         | <b>SEK</b>          |
| Medication 1   |                       |                     |                     |
| Medication 2   |                       |                     |                     |
| Medication 3   |                       |                     |                     |
| <b>Medical care (within high-cost protection scheme)</b> | <b>Refers to whom</b> | <b>Date</b>         | <b>SEK</b>          |
| Medical care 1   |                       |                     |                     |
| Medical care 2   |                       |                     |                     |
| Medical care 3   |                       |                     |                     |
| <b>Other</b>   |                       |                     |                     |
| Specify:   |                       |                     |                     |
| Specify:   |                       |                     |                     |

Other information on expenditure:

## Financial assets

Does anyone in the household have the following?

### Bank deposits, shares, bonds, funds, cash

Yes  No

| Specify | Value |
|---------|-------|
|         |       |
|         |       |

### Car

Yes  No

| Registration number | Year of purchase | Purchase price |
|---------------------|------------------|----------------|
|                     |                  |                |
|                     |                  |                |

### Boat, motorcycle, caravan, moped

Yes  No

| Specify which | Registration number | Date of purchase | Purchase price | Value |
|---------------|---------------------|------------------|----------------|-------|
|               |                     |                  |                |       |
|               |                     |                  |                |       |

### Tenant-owned apartment, villa, property, holiday home

Yes  No

| Registration number | Year of purchase | Purchase price |
|---------------------|------------------|----------------|
|                     |                  |                |
|                     |                  |                |

### Art, jewellery or other realisable assets

Yes  No

| Specify | Value |
|---------|-------|
|         |       |
|         |       |

## Company

Yes No

|                            |                              |
|----------------------------|------------------------------|
| <b>Name of the company</b> | <b>Assets of the company</b> |
|                            |                              |

**Any further information you wish to provide**

**Consent**

I agree to be contacted by the relevant parties regarding the expenditure I have applied for, in order for my application to be processed.

I also agree that income from other authorities and employers may be taken into account if it is not declared on the application form

**Indicate whether you wish to give consent for Income Support to contact another organisation, such as another part of Social Services, the Prison and Probation Service, the Public Employment Service or similar. You can withdraw your consent at any time.**

**Specify exceptions to consent**

I declare that the above information is complete and accurate. I promise to notify Social Services – Income Support immediately if the information changes. I am aware that providing false information is a criminal offence that may result in a charge of suspected benefit fraud, as well as an obligation to repay any financial assistance issued on the basis of false or incomplete information.

**Date:**

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Signature of applicant</b> | <b>Signature of co-applicant</b> |
|                               |                                  |