

## Repeat 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

### Is there a co-applicant?

Yes

No

First name

Family name

Personal ID number

### Have there been any changes since your last application?

Has your situation changed in a way that may affect your entitlement to income support?  
(e.g. change of family circumstances or move)?

No

Yes

Specify:

### Describe your plans: (e.g. work, studies, etc.)

Specify:

**Application relates to**

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

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

<b>Relates to whom in the household?</b>	<b>Date</b>	<b>SEK</b>

**Medication (within high-cost protection scheme)**

<b>Relates to whom in the household?</b>	<b>Date</b>	<b>SEK</b>

**Other, specify what**

	<b>SEK</b>

## Income (Applicant)

### Applicant's income in the current month

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			
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 current month

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:

## 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:**

**Signature of applicant**

**Signature of co-applicant**