



# Application to 16-19 Discretionary Fund 2022/2023

## Financial Assessment Form

### PERSONAL DETAILS

#### 1.1 Student Details

Surname / Family name	
First name(s)	
Sex (M / F)	
Date of Birth (dd/mm/yyyy)	
Age on 31 <sup>st</sup> August 2022	
National Insurance Number	
You must be aged 16, 17, or 18 on 31 <sup>st</sup> August 2022 to apply.	

#### 1.2 Address Details

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

#### 1.3 Parent/Guardian Details

Surname / Family name	
First name(s)	
Relationship to student	

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

#### **1.4 Household Details**

*Please state who you live with and their relationship to you. You should indicate Person(s) 1 and 2 as those who contribute to the household bills (and should be referred to as Person(s) 1 and 2 thereafter).*

<b>Name</b>	<b>Relationship to you</b> e.g. mother, father, brother, sister, partner, etc	<b>Age</b> If under 16
<b>Person 1:</b>		
<b>Person 2:</b>		

#### **1.5 Circumstances**

If any of the following circumstances apply to you, please tick the appropriate box:

<input type="checkbox"/>	You are 16-19, live independently and claim Income Support
<input type="checkbox"/>	You are looked after by the Local Authority
<input type="checkbox"/>	You are a Care Leaver
<input type="checkbox"/>	You are 16-19 and a parent and receive Income Support
<input type="checkbox"/>	You are 16-19 and receive Income Support for any reason
<input type="checkbox"/>	You are a disabled student

#### **1.6 Declaration of Residency**

I declare that I have been a resident of the UK for at least 3 years

<b>Student Signature</b>	
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## **FINANCIAL INFORMATION**

### **2.1 Financial Information**

Are you and / or your sibling(s) in receipt of free school meals?	Yes / No
Sibling Name(s)	

***If you, or your siblings, are in receipt of Free School Meals, you do not need to provide further financial information in the Financial Assessment section (except for proof of Free School Meals).***

***However, where you may be eligible to receive an award of £1,200/year as a member of a vulnerable learner group, you will need to provide evidence to support that claim related to certain benefit categories below:***

- *young people who are looked after children in the care of the Local Authority or foster parents*
- *care leavers*
- *those young people who receive Income Support*
- *disabled young people in receipt of both Employment Support Allowance and Disability Living Allowance*

### **2.2 Financial Assessment – Income**

***To be completed by the person(s) responsible for the household bills***

Person 1	Are you employed? (Yes / No)	If yes, please submit P60 for details
Person 2	Are you employed? (Yes / No)	If yes, please submit P60 for details

***If you are not employed tick the relevant boxes to indicate the benefit(s) you receive.***

<b>Benefit received</b>	Income Support	Job Seekers Allowance	Employment Support Allowance	Incapacity Benefit	Carer's Allowance	Housing Benefit	Council Tax Benefit
Person 1							
Person 2							

## 2.4 Financial Assessment – Other Income

Please tick the relevant boxes to indicate all other income received into the household

<b>Other Income</b>	Working Tax Credit/Universal Credit	Child Tax Credit	Grants or Bursaries etc	Any other income / benefit – please specify
Person 1				
Person 2				
Applicant				Disability Living Allowance Employment Support Allowance

### EVIDENCE

**Whatever you have declared in 2.3 and 2.4 above must be backed up by evidence (photocopies accepted) in order for an assessment to be made.**

The tables below show the evidence you will need to provide with your application form.

Once you have declared and identified your benefits on the application find the 'Type of Income' that applies to you in the first column and the 'Evidence Required' column will tell you what you need to provide.

<b>Type of Income</b>	<b>Evidence Required</b>
<b>Annual Salary</b>	P60 for tax year 2021-22, or week 52 (last week in March 2021) payslip or month 12 (March 2020) payslip
<b>Income Support</b>	Entitlement / Award letter – dated within the last 3 months
<b>Job Seekers Allowance</b>	Entitlement / Award letter – dated within the last 3 months
<b>Disability Living Allowance</b>	Entitlement / Award letter – dated within the last 3 months
<b>Employment Support Allowance</b>	Entitlement / Award letter – dated within the last 3 months
<b>Incapacity Benefit</b>	Entitlement / Award letter – dated within the last 3 months
<b>Carer's Allowance</b>	Entitlement / Award letter – dated within the last 3 months
<b>Housing Benefit</b>	Entitlement / Award letter – dated within the last 3 months
<b>Any other benefit</b>	Entitlement / Award letter – dated within the last 3 months

<b>Working Tax Credit</b>	Most recent Working Tax Credit Award Notice marked. Must be for full year and not partial awards (FULL AWARD NOTICE)
<b>Child Tax Credit</b>	Most recent Child Tax Credit Award Notice marked. Must be for full year and not partial awards (FULL AWARD NOTICE)
<b>Universal Credit</b>	Most recent Universal Credit Award Notice marked. Must be for full year and not partial awards (FULL AWARD NOTICE)
<b>Grants or bursaries etc</b>	Relevant paperwork detailing entitlement and amount paid
<b>Any other income</b>	

**DECLARATION**

***Please read the declaration below and read carefully before signing:***

1. I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
2. I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Signed (Student) ..... Date .....

Signed (Person 1 or 2) ..... Date .....

**For School use:**

**Date Received:**

**Authorised By:**

**Date:**