



# Financial Assessment Form

This form should be completed as fully as possible to enable a fair assessment.

September 2019

**REC/44G**

Legal aid reference:

Name:

## Part 1 – Your details

Date of birth:

National Insurance number:

Contact number:

Email address:

## Part 2 – Income

Income	Amount (tick whether weekly or monthly)	Employer's name and address
Your take home (net) pay	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Partner's take home (net) pay	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Other income	Amount (tick whether weekly or monthly)	Income type
Pension, maintenance, other	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	..... .....

- Please send copies of two recent payslips or some other form of verification of your earnings.
- If you are self employed please send your most recent accounts or original scheduled tax certificate

## Part 3 – Benefits - complete this if you are receiving any kind of benefit

Type of benefit(s)	How much?	How often?	Date payments started

## Part 4 – Bank details

Name and address of bank or building society (please detail all accounts you hold)	Sort code	Account number	Balance of account
			£
			£
			£

- Please send copies of two months worth of bank statements for all accounts held.

## Part 5 – Outgoings

Outgoing	Amount (tick whether weekly or monthly)	Verification enclosed (Y/N)
Rent/mortgage/lodgings (delete as appropriate)	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Council tax	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Outgoing	Amount (tick whether weekly or monthly)	Verification enclosed (Y/N)
Maintenance paid to former wife/ husband or children	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Childcare costs	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Work travel costs	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Other regular payments – credit cards, loans, catalogues, legal payments etc		
Type of payment	Amount (tick whether weekly or monthly)	Verification enclosed (Y/N)
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	£ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

- Please send copies of verification to show evidence of any outgoings you have. It is sufficient verification if these are shown on your bank statements.

**Part 6 – Other information - dependents living with you/other information**

Do you have:  a spouse  children under 18 - how many:

If you feel there is any other information we need to make a fair assessment of you financial situation use the space below to explain, or attach a separate sheet to this form (remember to include the legal aid reference number on any attachments).

**Part 7 – Offer to pay**

I offer to pay the sum due by instalments of £ \_\_\_\_\_ per month by standing order/online banking or by using my credit/debit card over the phone (please circle as appropriate).

I will make payment on the \_\_\_\_\_ day of every month.

## Part 8 – Declaration

### Your declaration

- I certify the information given in this application form is to the best of my belief and knowledge true and correct.
- I consent to the Scottish Legal Aid Board making enquiries of any person or bodies as it may consider necessary, including my solicitor, my employer, my bank(s), the Department for Work and Pensions or HM Revenue and Customs in relation to this application. I authorise these other persons or bodies, including my solicitor, my employer, my bank(s), the Department for Work and Pensions or HM Revenue and Customs to provide the information required by the Board.

### Important information about your personal data

The Scottish Legal Aid Board (SLAB) is a data controller. The personal information provided by you will be used in accordance with the General Data Protection Regulation 2016 and for our functions under the Legal Aid (Scotland) Act 1986.

SLAB may receive information about you from certain third parties (for example, some government departments and agencies), or give information to them. However we will not pass on information about you unless the law allows or requires us to do so. We will retain the personal information we hold about you in accordance with the requirements of our retention schedule then destroy or delete it in a secure manner.

Under the General Data Protection Regulation 2016 you have the right to make a formal request in writing to see the personal information we hold about you, to inspect it and to have it corrected if it is wrong. In addition you may also have rights to have your data erased or have your data moved. You may be able to object to processing if you believe it to be unlawful and subject to lawful restrictions. Where SLAB are responsible for unlawfully processing or disclosing your personal data and it is likely to cause a high risk to your rights and freedoms we will make you aware of this. To request your personal data you should write to SLAB's Data Protection Officer. If you are unhappy with the response you get from the Data Protection Officer and wish to complain you should write to the Director of Corporate Services and Accounts.

Signature.....

Date.....



*Please only send copies of supporting documentation and not the original documents. Original documents cannot be returned and will be destroyed through our confidential waste disposal system.*