

**PROVISIONAL TEST OF RESOURCES (MEANS TEST)**

Name: .....

Address: ....

Contact Telephone Number: ...

Status of tenure: Owner/ Tenant:

Landlord Name & Address .....

Please list everyone that lives in the property (including yourself, children & dependants)

<b>Name</b>	<b>Relationship</b>	<b>DOB</b>
<i>Example: John Smith</i>	<i>partner</i>	<i>01.01.1942</i>

Do you receive any of the following benefits?

- Universal Credit
- Income Support
- Income-based Employment and Support Allowance

*not contribution-based ESA*

- Income-based Job Seekers Allowance

*not contribution-based JSA*

- Guaranteed Pension Credit

*not Savings Pension Credit only*

- Working Tax and/or Child Tax Credit

*Where your annual income for the purposes of the tax credits assessment was below **£15050.00***

- Housing Benefit

If you have ticked yes to any of these, please provide proof & proceed to the declaration at the end of this form

Is anyone paid Carers Allowance for looking after you?

- Yes
- No

Please list **ALL** income, savings and any bonds/shares/investments in the following table:

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<b><i>Income &amp; savings details are required per couple</i></b>	<b>Applicant</b> Amount per week or per month	<b>Spouse/Partner</b> Amount per week or per month
<b>Attendance Allowance</b>		
<b>DLA Care</b>		
<b>DLA Mobility</b>		
<b>Carers Allowance</b>		
<b>Industrial Injury</b>		
<b>Incapacity Benefit</b>		
<b>PIP Daily Living</b>		
<b>PIP Mobility</b>		
<b>Annuities income</b>		
<b>Occupational Pension</b>		
<b>State Pension</b>		
<b>Any other pension</b>		
<b>Savings Pension Credit</b>		
<b>Maintenance Payments</b>		
<b>Child Benefit</b>		
<b>Child Tax Credit</b>		
<b>Working Tax Credit</b>		
<b>Net Salary &amp; hours worked per week</b>		
<b>Sick Pay</b>		
<b>ESA/JSA contribution based</b>		
<b>Total savings: include current account, any savings accounts, post office accounts, ISAs, etc</b>		
<b>Shares</b>		
<b>Bonds</b>		
<b>Other savings/income</b>		
<b>Any other capital, second homes, etc</b>		

I declare that to the best of my knowledge and belief the information I have given above is correct. All information will be held confidentially & will be subject to proof should an application be made for a Disabled Facilities' Grant.

Signed .....

Date .....