

▪ **Why we need you to complete this pack**

We use the details you give us to start to build a clear picture of your situation so that we can provide you with competent advice on your situation. Once we have processed your pack we will contact you to arrange an appointment so you can talk things through with a Money Adviser.

▪ **What we do with your personal details – Data Protection**

We are subject to the Data Protection Act 1998 which means that we will treat any information you give us as sensitive information. Everything that you tell us will be treated in the strictest confidence.

(Your signature/s on the last page provide your acceptance of this information)

▪ **Please tick just one of the boxes below:**

I am completing this form myself. Please complete all pages from page 3 onwards	<input type="checkbox"/>
I need help with this form. Please complete page 3 and bring or send this form back to us. If possible please include any of the proofs on page 1. We will then make an appointment with an adviser, who can try to help you	<input type="checkbox"/>

Opening Hours

Monday

10am – 2pm (Drop – in)

Tuesday

10am – 2pm (Drop-in)

Wednesday

10am – 2pm (Drop – in)

Thursday

10am – 2pm (Drop-in)

Friday

10am – 2pm (Drop-in)

Telephone:

01847 894243

Thurso bureau

1a Beach Court, Thurso, Caithness, KW14 8AD

Wick Bureau

123 High Street, Wick, Caithness, KW1 4LR

Closed

10am – 2pm (Drop-in)

10am – 2pm (Drop- in)

10am – 2pm (Drop-in)

Closed

01955 605989

E-mail: bureau@caithnesscab.casonline.org.uk

www.caithnesscab.org

Caithness Citizens Advice Bureau (Caithness CAB), SCO 02849,
is a Registered Scottish Charity. Registered Company No. 109193

About you

First name:	Surname:
Title:	Nationality:
Address:	
Postcode:	
National Insurance Number:	Date of birth: / /
Home Telephone:	Mobile:
E-mail:	

Do you have a spouse or partner who lives with you? Yes No

(If you ticked yes, please complete the next section 'About your partner'.)

About your partner

First name:	Surname:
Title:	Nationality:
National Insurance Number:	Date of birth: / /

About others in the household

Please give details of other people in the household. This includes children and anyone aged 18 or over.

How many other people live in your home?: _____		
Names of other people:	Dates of birth:	Male or Female:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(If more than 5, continue on back page)		

More about you and your partner

Which of the following best describes:→	You	Your partner
Employed	<input type="checkbox"/>	<input type="checkbox"/>
Casual/Seasonal Work	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Home / Family	<input type="checkbox"/>	<input type="checkbox"/>
Sickness / Ill Health	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>

If you are employed

Please give details of your employer

<p>You:</p> <p>Job Title:</p> <p>Hours worked: _____ per week</p>	<p>Your partner:</p> <p>Job Title:</p> <p>Hours worked: _____ per week</p>
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About your home

Do you and your partner rent or own your accommodation?

Homeowner <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Student Accommodation <input type="checkbox"/>
Private Landlord <input type="checkbox"/>	Homeless <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>
Council Tennant <input type="checkbox"/>	Living with friends/family <input type="checkbox"/>	Emergency Accommodation <input type="checkbox"/>
Other (Please state):		

Health

Please tell us of any health issues you or you partner have

About income coming into your household

Please list all income coming into the household below and how often you receive this. To help us, please enclose proof of these eg Bank Statements, benefit award letters etc.

	CLIENT		PARTNER	
Wages (Main job)	£	PER	£	PER
Wages (Any other jobs)	£	PER	£	PER
Working Tax Credit	£	PER	£	PER
Child Tax Credit	£	PER	£	PER
Child Benefit	£	PER	£	PER
Universal Credit	£	PER	£	PER
Jobseekers Allowance (JSA)	£	PER	£	PER
Income Support (IS)	£	PER	£	PER
Employment Support Allowance (ESA)	£	PER	£	PER
State Retirement Pension	£	PER	£	PER
Occupational Pension(s)	£	PER	£	PER
Pension Credit	£	PER	£	PER
Attendance Allowance	£	PER	£	PER
Disability Living Allowance (Mobility)	£	PER	£	PER
Disability Living Allowance (Care)	£	PER	£	PER
Personal Independence Payment (Mobility)	£	PER	£	PER
Personal Independence Payment (Daily Living)	£	PER	£	PER
Industrial Injuries Disablement Benefit	£	PER	£	PER
Carer's Allowance	£	PER	£	PER
Local Housing Allowance	£	PER	£	PER
Maternity Allowance	£	PER	£	PER
Statutory Maternity Pay	£	PER	£	PER
Statutory Sick Pay	£	PER	£	PER
Child Maintenance (Incoming)	£	PER	£	PER
Any Other Income	£	PER	£	PER
Any Other Income	£	PER	£	PER
TOTAL INCOME	£			

About expenditure going out of your household

Please list all your outgoings below and how often this is. To help us, please enclose proof of these eg bills, bank statements etc

	AMOUNT	HOW OFTEN	NOTES
Mortgage	£		
Secured Loan(s)	£		
Rent	£		
Council Tax	£		
Groceries, Toiletries etc	£		
Cigarettes	£		
Electricity	£		
Gas	£		
Coal / Wood	£		
Heating Oil	£		
Telephone	£		
Mobile Phone(s)	£		
TV Licence	£		
Sky / Digital / Subscription TV	£		
Broadband	£		
Insurance Life	£		
Insurance House	£		
Insurance Pets	£		
Insurance Other	£		
Leisure Activities	£		
Travel	£		
Road Tax	£		
Car Insurance	£		
Car Maintenance	£		
Petrol / Diesel	£		
Clothing	£		
Child Maintenance (Outgoing)	£		
Board & Lodgings	£		
Pet food	£		
Childminding	£		
Dentist / Opticians	£		
School Dinners	£		
Household repair & Maintenance	£		
Hairdressing	£		
Children's Activities	£		
Court Fines	£		
Current Account Fee	£		
Hire Purchase	£		
Any Other Expenditure	£		
Any Other Expenditure	£		
TOTAL EXPENDITURE	£		

Have you remembered?

To include the documents (or photocopies) of items listed below.

3 months of Bank/Post Office statements for all accounts in (both) your name(s)	<input type="checkbox"/>
3 months of wage slips	<input type="checkbox"/>
Most recent benefit award notices	<input type="checkbox"/>
Rent or mortgage details	<input type="checkbox"/>
Council tax bill	<input type="checkbox"/>
Letters or statements you have received about your debts.	<input type="checkbox"/>
SIGNED FORM OF AUTHORITY	<input type="checkbox"/>

Please use this box for any additional information you feel we need to know:

Please sign and date the form below and then post or bring it to one of our offices (details are on page 2) If posting please send to the Wick Office. When we receive it, a Money Adviser will go over everything and then contact you to arrange an appointment so you can discuss your circumstances.

You: _____	Date: _____
Partner _____	Date: _____