



**Department of Social Security**

HM Government of Gibraltar

**DEPARTMENT OF SOCIAL SECURITY**

**Assessable Income Declaration Form  
Child Welfare Grant**

I declare that:

*Please insert name*

I am employed/self employed at

and my gross assessable income for year ending on 30<sup>th</sup> June 2019 is

£

Your contact number

Method of Payment

Cash/Bank

*Delete as appropriate*

**Please complete your Spouse/Civil Partner/Partner Details**

Full Name

Address

Date of birth

/ /

Employed/self-employed at

Gross assessable income for year ending on 30<sup>th</sup> June 2019

£

Any other income

£

**Total Gross Income for year ending on 30<sup>th</sup> June 2019**

£

**(Please attach P7 forms or payslips showing the assessable income stated above)**

**Note: Assessable income means gross income from all sources of employment, including overtime, allowances and other benefits, property letting, pensions, and any other profits or income. Please note that, if applicable, maintenance payments must be included in the amount declared above.**

I/we hereby declare that the information given above is true to the best of my/our knowledge and belief. I/We furthermore authorise the Commissioner of Income Tax to supply the Director of Social Security or his nominated officer with a copy of my/our last available Income Tax Assessment Form, or the latest details of my/our income in respect of the year ending on 30<sup>th</sup> June 2019.

Any person who, for the purposes of obtaining child welfare grant, wilfully makes a false declaration or withholds any information will render himself/herself liable to legal proceedings.

**Signature of applicant**

**Signature of spouse, civil partner or partner**

**Date**

*This form should be completed and signed by the applicant and the applicant's spouse, civil partner or partner*