



Department of Social Security

HM Government of Gibraltar

Assessable Income Declaration Form 2020 Child Welfare Grant

Applicant details

Full name			
Address			
Date of birth	/ /		
I am employed/self-employed at			
and my gross assessable income for year ending on 30 th June 2020 is	£		
Any other income (including maintenance payments)	£		
Your contact number		Email address	
Method of Payment	Bank	Cash	Delete as appropriate

Please complete your Spouse/Civil Partner/Partner Details

Full name		Date of birth	/ /
Employed/self-employed at			
Gross assessable income for year ending on 30 th June 2020	£		
Total Gross Income for year ending on 30th June 2020	£		

(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 30th June 2020.

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