

Stamp and date of receipt

Application for a water heater							
Part 1: Particulars of applicant							
Full name							
Address							
Date of birth		/ /					
Daytime phone number							
Part 2: Details of other persons living with you							
Full name		Date of birth	Relationship to you Montl		nly income		
		/ /	•				
		/ /					
		/ /					
		/ /					
Part 3: Details of Financial Situation							
Pensions, benefits or allowances							
Are you or your spouse/civil partner/partner getting a	Yes	If	'yes' please give	details			
pension, benefit or allowance from Gibraltar or any other country?	No						
		<u>Self</u>	· · · · · · · · · · · · · · · · · · ·	ouse/Civil ner/Partner			
Old Age Pension	£		£		monthly		
Elderly Persons Allowance	£		£		monthly		
Disability Allowance	£		£		monthly		
Community Officer Wage	£		£		monthly		
Widows and Orphans Pension	£		£		monthly		

Part 3: Details of Financial Situation(continued)

Occupational Pension £ £ £ monthly U.K. Retirement Pension £ £ monthly Social Security Pension from another country £ £ monthly The second of the secon	Public Service Pension	£	£	manthly
U.K. Retirement Pension £ £ £ monthly Social Security Pension from from another country Community Care Payments £ £ £ monthly monthly monthly Community Care Payments £ £ monthly monthly f monthly f monthly f monthly f monthly f f monthly quarterly Social Assistance Payments £ £ monthly f f monthly f monthly f f monthly f monthly f f monthly monthly f f f monthly monthly f f f f monthly monthly f f f monthly f f f monthly monthly f f f f monthly monthly monthly f f f f monthly monthly f f f f monthly monthly monthly f f f f monthly monthly monthly f f f f f monthly monthly monthly monthly f f f f f f monthly monthly monthly monthly monthly f f f f f f monthly month		<u>t</u>	Į t	monthly
Social Security Pension from another country Community Care Payments £ £ £ guarterly Social Assistance Payments £ Any other regular income not included above Money and savings Do you or your spouse/civil yartner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant	Occupational Pension	£	£	monthly
another country Community Care Payments £ £ quarterly Social Assistance Payments £ £ Any other regular income not included above Money and savings Do you or your spouse/civil partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration Iunderstand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	U.K. Retirement Pension	£	£	monthly
Social Assistance Payments £ £ £ weekly Any other regular income not included above ### Money and savings Do you or your spouse/civil yes please enter amount below partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Social Security Pension from another country	£	£	monthly
Any other regular income not included above Money and savings Do you or your spouse/civil Yes If yes please enter amount below partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant	Community Care Payments	£	£	quarterly
Money and savings Do you or your spouse/civil Partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Social Assistance Payments	£	£	weekly
Do you or your spouse/civil partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Any other regular income not included above	£	£	wkly/mthly
partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Money and savings			
Savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Do you or your spouse/civil	_	If yes please enter amount be	elow
account at banks, building societies or Post Office, capital and investment assest or any other money or savings) Please state amount of money or savings Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date		· · · · · · · · · · · · · · · · · · ·		
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Part 4: Declaration I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Please state amount of money or	[£		
I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	savings	L		
or other action. I declare that to the best of my knowledge and belief all the particulars given on this form are true. Signature of applicant Date	Part 4: Declaration			
Signature of applicant Date	I understand that if I knowingly gi or other action.	ve information that is incorrec	ct or incomplete, I may be liable	e to prosecution
Date	I declare that to the best of my kr	nowledge and belief all the par	ticulars given on this form are	true.
Date / /	Signature of applicant			
	Date	/ /		

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.

Important

Please complete and sign the attached Consent Form.

Consent Form

l (state name of person giving consent)					
of (state address)					
Date of birth	/ /				
hereby authorise the Department of Social Security to request from other government departments, authorities, agencies or private sector bodies such as banks or building societies any information that you may require in connection with my application to social assistance.					
Signature (of person giving consent)					
Date	/ /				