



Adults and Communities Directorate

Financial Assessment Form

Form FA2

(November 2025)

Please fill in and return this form, along with any relevant supporting documents within 21 days of receipt.

You can use the pre-paid envelope, post it to the address on the back page, or take it in to a local library or Council office in an envelope marked for the Financial Assessment Team. It can also be e-mailed with supporting evidence to FinancialAssessments@redcar-cleveland.gov.uk.

We will use the information you provide in this form to work out what you can afford to pay towards your care.

If you do not complete and return this form along with relevant documents, we will assume that you can afford to pay the full cost of your care, and you will be sent an invoice that you will need to pay.

An electronic version of this form is available on the Council Website at www.redcar-cleveland.gov.uk/adultcare. You will still need to print out the completed form, sign it and post it to us, along with any supporting information.

If you need any help completing this form, please contact the Financial Assessment Team on 01642 771566.

Part A: Personal Details	
Full name	Date of Birth
Address and postcode	Telephone
National Insurance number	E-mail address
Your Representative	
Please provide details about anyone you wish to act on your behalf. If you have capacity to make your own financial decisions, you can authorise someone to act on your behalf.	
Representatives Name	Relationship to you
Their address and postcode	Their telephone no and email address

Does the person named above have legal authority to act on your behalf?

No ☐ Yes ☐ Please provide details

If you have legal authority to act on behalf of the adult, please provide copies of the relevant documentation.

If this person does not have authority, do you authorise them to act on your behalf in respect of your financial assessment?

No ☐ Yes ☐

Providing supporting documents as evidence

To complete the financial assessment, we will need to see the relevant documents from the list below. We will accept originals, photocopies or scanned documents.

- Evidence of authority if you are representing someone.
- Bank statements or latest pages of a building society book for any accounts you hold in your own name or in joint names. These need to be the most recent available for the current financial year. **Where details of income/outgoings are shown on a statement further evidence is not needed**
- Certificates for any bonds or shares you hold in your own name or joint names.
- Proof of outgoings e.g., utility bills or direct debits on bank statements, mortgage repayments, or housing costs.
- Proof of any property owned other than your main home.
- Invoices and receipts for disability related expenses.
- Any other documents that you think are relevant.
- A breakdown of the rent that you pay (after any Housing Benefit that you receive has been taken off).
- Anything else that you think is relevant.

Part B: Your Home (this information will only be used if you move permanently into residential care or an extra care tenancy)

Deferred Payment Agreements

No-one is forced to sell their home to pay for their care. **If you are moving into residential care or a supported living tenancy and do not want to sell your home immediately**, you can choose to enter into a deferred payment agreement with the Council.

A deferred payment agreement is a legal agreement between you and the Council that allows you to delay paying some of the costs of your care and support until a later date. It means you are borrowing money from the Council, much like having a loan or a mortgage. The amount that you borrow from us will be secured against your property and is repaid in full when your property is sold. More information about deferred payment agreements can be found at **www.redcar-cleveland.gov.uk/adultcare**. Alternatively, your social care worker will be able to give you a copy of our guide.

If you are thinking of entering into a deferred payment agreement you should seek independent legal advice. If you would like us to send you an information pack, please tick here: ☐

B1. Please tick the box that best describes your home. If you are living in residential care or a supported living tenancy, please tell us about the home you lived in before you moved.

I own or part own my home ☐

I live in a rented property ☐

I live in a property that is owned by other family members or friends ☐

What was the date you moved into this property _____

Other (please provide details)

B2. Does anyone else live in this property?

Yes ☐

No ☐ go to question B4

B3. Please provide details of each person who lives in this property

	Person 1		Person 2		Person 3	
Name						
Date of Birth						
Relationship to you						
Do they receive Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they have a financial interest in the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will they continue to live in the property if you move, or have moved into residential care?	Yes	No	Yes	No	Yes	No

Do they receive Carers Allowance for being your full time carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they receive care and support services from the Council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B4. Please use this space to tell us anything else about your home.

Part C: Your income

Income is any money you receive after tax and national insurance. Income will always be taken into account in your financial assessment, unless government rules state that it must be disregarded, in full or in part.

State Benefits are paid to you by the Department of Work and Pensions (DWP). They include, but are not limited to, Pension Credit, State Pension, Widows Pension, Employment and Support Allowance, Carers Allowance, Income Support and Attendance Allowance.

Private income includes all other income that you or your partner receives in addition to state benefits. This could include, but is not limited to, private pensions, earnings, or rental income from lodgers or property.

C1. Please tell us about any income (after tax and national insurance) that you receive. Income for a partner will not be included in assessing a charge, but if it is below a set level some of your income may be disregarded.

Name of benefits or private income	How much?	How often?	Who receives it?
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>

C2. Does anyone receive a Carer's Allowance payment for looking after you? (this does not include Attendance Allowance that is paid directly to you)

No Yes

C3. Supporting Evidence (see page 2):

Where you are providing bank statements or other evidence that show your income you do not need to fully complete this section. You can write "as per enclosed documents" rather than complete the details above.

Where the income for more than one person is shown on a bank statement or building society book it is best to indicate above which payments belong to you and which to somebody else.

Part D: Your Capital (Savings and Investments)

Capital is any savings and investments that you own either yourself or jointly with someone else. It includes, but is not limited to:

- Bank and building society accounts
- National savings certificates
- Premium bonds and income bonds
- Stocks and shares
- Savings
- Cash
- Trust funds
- Money that is yours that someone else holds for you
- Property or land (not including your main home)

To make an assessment we will need to see the relevant documents as proof of what you are telling us. When you send documents you do not need to fully complete this section – see D5 below.

D1. Please tell us about any savings, investments and capital that you hold, including all bank and building society accounts, even if they have no funds in them.

Where capital is jointly held between you and your partner or spouse, please enter the full amount of capital and tick the jointly held box.

Name of bank or building society	Account holder's name	Account number	Current Balance	<input checked="" type="checkbox"/> Tick if held jointly	<input checked="" type="checkbox"/> Tick if you have sent proof
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>

D2. Please tell us about any shares you own?

Type of share	Shareholder's names	Number of shares held	Value of shares	<input checked="" type="checkbox"/> Tick if held jointly	<input checked="" type="checkbox"/> Tick if you have sent proof
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>

D3. Please tell us about any properties you own (other than your main residence in Part B)

Address and postcode

Value of the property

Is the property jointly owned? No ☐ Yes ☐

D4. Please use this space to tell us about any other capital you own

D5. Supporting Evidence (see page 2):


Where you are providing bank statements or other evidence that show your savings you do not need to fully complete this section. You can write “as per enclosed documents” rather than complete the details above.

Not all statements make it clear that an account is jointly held, particularly when they are printed from online banking accounts. Where this is the case we will need some documentation to show any such account is jointly held.

If there have been changes to your accounts since the last available statement a mini print-out from a cash machine may be of help, if it lists a balance that matches the last available on a full statement.

Part E: Property expenses

E1. Please tell us about any payments you make for properties that you own or rent. Proof of payments is required

	How much you pay	How often you pay	Tick if you have sent proof 
Building Insurance	£		<input type="checkbox"/>
Council Tax (after council tax support)	£		<input type="checkbox"/>
Fuel costs – electricity	£		<input type="checkbox"/>
Fuel costs – gas	£		<input type="checkbox"/>
Other fuel cost (coal, oil etc.)	£		
Ground rent	£		<input type="checkbox"/>
Mortgage	£		<input type="checkbox"/>
Rent paid (after housing benefit)	£		<input type="checkbox"/>
Service charges (unless paid with rent)	£		<input type="checkbox"/>
Water rates	£		<input type="checkbox"/>

Please list any other property expenses

£	<input type="checkbox"/>
£	<input type="checkbox"/>
£	<input type="checkbox"/>

E2. Supporting Evidence (see page 2):

Where you are providing bank statements or other evidence that show your property expenses you do not need to fully complete this section. You can write “as per enclosed documents” rather than complete the details above.

Part F: Disability Related Expenses

F1. This part should *only* be filled in if you have been assessed as needing care in your own home. If you are in, or are moving into residential care, please go straight to Part G.

Disability related expenses include any reasonable costs that you have to pay to meet your needs because of your disability (where your needs are not being met by the Council). It includes, but is not limited to:

- Payment for any community alarm system.
- Costs of privately arranged care services.
- Chiropody.
- Cleaning.
- Costs for specialist items or equipment to meet your disability need, for example rental or maintenance of a stairlift.
- Above average daily living expenses, for example additional heating costs, costs related to special dietary requirements, or special washing powders and creams for sensitive skin.
- Private medical care.
- Transport costs (except when in receipt of Disability Living Allowance/Personal Independence Payment mobility component).

F1. Please provide details of any disability related expenses that you pay and include the reasons that you have to pay them. You can provide more information at part G if you need to.

Type of expense	How much do you pay?	How often do you pay?	<input checked="" type="checkbox"/> Tick if you have sent proof
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>

F2. Supporting Evidence (see Page 2):

You will need to provide proof of any disability related expenses. This can be in the form of invoices, receipts or printouts of online purchases. We generally need to see three consecutive payments/purchases so we can work out how much is spent and how often.

Where proof cannot be provided straight away tell us what costs you have. There are standard allowances that can be made for some costs while evidence such as receipts are gathered. Once these are available your assessment can be reviewed and any change will be applied retrospectively.

Part G: Other Information

Is there anything else that you want to tell us?

This may include details of your property, value, equity, outstanding mortgage, sale of property, any interests in any other property or whether you have been awarded a large sum of money as a result of a personal injury settlement?

Part H: Your Declaration

This form should be signed by the person named in Part A, or by their legal representative.

If the person named in Part A does not have capacity to make financial decisions, and you are their representative but do not have legal authority, you can still fill in and return this financial assessment form. However, you are advised to apply to the Court of Protection to become their Deputy for property and financial affairs. This will enable us to ensure that the financial assessment is accurate in future.

How we will use your information

The information requested on this form is essential in order for the Council to assess your contribution to the cost of your care. It will be used for that purpose and no other. You do not have to provide the Council with this information but if you choose not to, it will mean that you will be sent an invoice for the full cost of your care. The information you provide may be used to prevent and detect fraud. We may also disclose this information to external organisations, such as the Department for Work and Pensions, but only if the law permits us to do so.

In order to reduce the number of times the Council needs to contact you to assess your contribution, we may share information between Council services that you may need to use (examples include but are not limited to Housing Benefits or Council Tax). Sharing will be undertaken in a confidential manner.

The Council is permitted to access data held on the Government Benefits system, which includes data from HMRC for the purpose of completing a financial assessment. This will be used only for the purposes of completing a financial assessment accurately and will not be disclosed to any third party. Should you choose not to provide financial details and pay for the full cost of your care we will not access Government systems for current information.

1. I confirm that the details provided on this document are correct and that I do not own or receive any other assets, income or properties other than those declared in this form.
2. I confirm that I have not gifted or disposed of any money or properties that have not been declared.
3. If the information provided on this document by me or my representative is found to be incorrect or fraudulent I am aware that this may lead to legal proceedings being taken against me and funding will be withdrawn until the case is resolved. Any monies paid by Redcar & Cleveland in these circumstances will be fully recoverable from me and I will repay any funds immediately to the authority.
4. I will advise the Council of any changes to my financial circumstances in writing immediately. This includes both gain and disposal of any income and/or assets including but not exclusive to sale of property; gifts of money; money awarded/ won; loans; changes in receipt of benefits.
5. If I do not declare changes and this leads to any financial benefit, I am aware that this may lead to legal proceedings being taken against me and funding will be withdrawn until the case is resolved. Any monies paid by the Council in these circumstances will be fully recoverable from me and I will repay any funds immediately to the authority.
6. I am aware that a financial assessment will be undertaken using the information provided by me on this financial assessment form. I have been advised that the Council is unable to provide me with any form of financial advice and that I should contact an appropriate independent financial adviser or other relevant professional if at any time, I consider that such advice is required.

Please tick all that apply ☒

I am the adult named in Part A and I have capacity to make my own financial decisions
(Tick where you sign yourself)

☐

I am the representative named in Part A and I have legal authority to make financial decisions on behalf of the person named in Part A. I understand that I will need to provide documentary proof of my legal authority.
(Tick if signing under a legal authority)

☐

I am the representative named in Part A and I do not have legal authority to make decisions on behalf of the adult named in Part A. I have made*/intend to make*/do not intend to make* (*delete as appropriate) an application to the Court of Protection for Deputyship.
(Tick if you are signing for someone else in their best interests)

☐

Signature	Print name	Date
Partner's Signature (If applicable)	Print name	Date

Please refer to the Council's privacy notice for more information on how data will be used. This can be found at:
<https://www.redcar-cleveland.gov.uk/about-the-council/privacy-notice/adult-social-care-privacy-notice>

Paying your Social Care Charges

Once we have completed the financial assessment, we will write to you to tell you how much you have to pay. We will also send you an invoice for your contribution and tell you the dates that we will debit money from your account. If you decide that you do not wish to go ahead with your services, please contact your social worker as soon as possible.

The most convenient way for you to pay your social care charge is by Direct Debit. This will ensure that you do not miss any payments and do not get into debt with the Council. There is a Direct Debit mandate at the back of this form. If you do not have a bank account that will accept Direct Debits, there are alternative ways of paying your social care charge.

Please send this completed form to us, together with copies of any supporting documents in the pre-paid envelope provided. **You must do this within 21 days of being given the financial assessment form.**

If you do not return the form within 21 days, you will be sent an invoice for the full cost of your care.

If you do not have a pre-paid envelope, you should send the form to:

**Financial Assessment Team
Redcar and Cleveland Borough Council
Redcar & Cleveland House
Kirkleatham Street
Redcar
TS10 1RT**

If you have any queries about your financial assessment, please do not hesitate to contact a member of the Financial Assessment Team on 01642 771566.



Please fill in the whole form using a ballpoint pen, and enclose it with your Financial Assessment Form

Name of account holder(s)

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Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch sort code

		-			-		
--	--	---	--	--	---	--	--

Name and full postal address of your Bank or Building Society

To The Manager: _____

Address _____

Postcode _____

This is not part of the instruction to your bank/building society. Please complete your name and address.

Customer Name

Address

Postcode:

Please indicate how often you would like your Direct Debit to be collected:

Fortnightly
(Every 2 weeks)

Monthly

Instruction to your Bank/Building Society: Please pay REDCAR AND CLEVELAND B.C.Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Redcar and Cleveland Borough Council, and, if so, details will be passed electronically to my Bank/Building society.

Accounts Receivable Ref

DD	
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Service User Number

6	8	2	4	7	1
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Signature(s)

Date:

Banks/Building societies may refuse to accept instructions to pay Direct Debits from some types of accounts

This guarantee should be detached and retained by the payer



The Direct Debit Guarantee

This guarantee is offered by all banks/building societies that accept instruction to pay Direct Debits.

If the amount to be paid, frequency or payment dates change, Redcar and Cleveland B.C.C will notify you 10 working days in advance of your account being debited or otherwise agreed. If you request Redcar and Cleveland B.C. to collect a payment, confirmation of the amount will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by Redcar and Cleveland B.C. or your bank/building society, you are entitled to a full and immediate refund of the amount paid from your bank/building society. If you receive a refund you are not entitled to, you must pay it back when Redcar and Cleveland B.C. asks you to. You can cancel a Direct Debit at any time by contacting your bank/building society. Written confirmation may be required. Please also send a copy to the Council.