

LANCASTER CITIZENS ADVICE BUREAU



Eligibility Questionnaire

By completing this form the Bureau will be able to assess whether you are eligible for free legal assistance under their Legal Services Commission contract.

Thank you for taking the time to complete this questionnaire.

We must emphasise that we require evidence of ALL of your household income

It is very important that you supply us with (for both you and your partner if applicable):

- Wage slips for the **previous calendar month**
- Benefit notification letter covering entitlement for the **previous calendar month**
- Bank statement(s) for the **previous calendar month AND;**
- **This completed form.**

If you do not supply us with the above we will NOT BE ABLE TO OFFER YOU AN APPOINTMENT

Name:.....

Date:.....

Family Details

Do you have a Partner that you live with? Yes No

Do you have any **dependant** children?
(E.g. they are living with you and rely on you financially) Yes No

If **yes**, how old are your children?

Housing Information

Do you have a mortgage? Yes No

If **yes**, how much do you pay **per month**? £.....

How much equity do you have in your home? £.....

This is how much of your house you have paid off.
For example if you're house is worth £120,000 and you have paid £12,000 off your mortgage your equity in the property is £12,000.

Do you pay rent?

Yes No

If yes, how much do YOU pay per month?

£

This is the amount that YOU pay each month.

For example, if you receive £320 Housing Benefit per month and your rent is £350 per month, the amount that YOU pay is £30.

Income and Savings Details

Do you work?

Yes No

If yes, how much do you earn?

£

Please circle the appropriate pay period
(Per week / month / fortnight)

Does your partner work?

Yes No

If yes, how much do they earn?

£

Please circle the appropriate pay period
(Per week / month / fortnight)

If you are working, do you have any child care costs because you work?

Yes No

If yes, how much are these costs per month?

£

Do you have any other sources of **non-benefit** income?

Yes No

For example: Student loans, Dividends, rent paid by a non-dependent child etc.

If yes, what are these sources of income?

.....
.....
.....
.....

How much do you receive from these sources?

£
£
£
£

Please circle the appropriate pay period
(Per week / month / fortnight)

Do you or your partner have any savings?

Yes No

If yes, how much (total)?

£

Benefit and Tax Credit Details

Are you or your partner currently receiving?

	You (client)	Partner
Jobseekers' Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Amount	£	£

Once completed please return this questionnaire along with evidence of your income in the form of wage slips, benefit notification letters and bank statements for the previous calendar month to:

**Lancaster Citizens Advice Bureau
87 King Street
Lancaster
Lancashire
LA1 1RH**

Once again we thank you for taking the time to complete this questionnaire.