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| **SUBSIDISED PLAY ELIGIBILITY ASSESSMENT FORM** | M:\CSF\Communications (CSF)\Logos\LB Camden logos\New LB Camden logo - 2014\Camden-logo-2014.-smaller.jpg **RETURN FORM TO**  Benefits Service (**FSM**)  P O Box 784  Redhill  RH1 9JA |
| |  |  | | --- | --- | | **Office Use Only** |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1: Total Household Income (as stated on your working tax credit letter)** | | | | | | | | | | | |
| Household income from employment | | | | | | | £ | | | | |
| Working Tax Credit | | | | | | | £ | | | | |
| Child Tax Credit | | | | | | | £ | | | | |
| Universal Credits | | | | | | | £ | | | | |
| Total Income (sum of above) | | | | | | | £ | | | | |
| **If your total income above is over £35,000, you will not qualify to apply for a subsidised play place.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Part 2: Personal Details** | | **You** | | | | | **Your partner** | | | | |
| First Name | |  | | | | |  | | | | |
| Family Name | |  | | | | |  | | | | |
| Date of Birth | |  | | | | |  | | | | |
| National Insurance Number | |  | | | | |  | | | | |
| Number of play places required  (Children aged 4-12) | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| **Part 3: Address details – You must live in the London Borough of Camden to apply for a subsidised play place** | | | | | | | | | | | |
| Address |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Post code |  | | | | | | | | | | |
| Telephone Number(s) |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Part 4: Students** | | | **You** | | | | **Your partner** | | | | |
| Are you or your partner a student | | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | Yes | |  | | --- | |  | | No | |  | | --- | |  | | |
|  | | | | | | | | | | | |
| **Part 5: Proof of Income** | | | | | | | | | | | |
| Please tick to tell us what proof you are sending with this form.  Please send in copies of your documents as we will not be able to return originals.  Please ensure the copies are legible or we may not be able to process your application | | | | | | | | | | | |
| **Proof of eligibility**  Working tax credit letter (dated within the last 12 months)  Universal credit (payment award within the last 3 months) | | | | | | | | | | | |  | | --- | |  | |  | |
| **Proof of Student status**  A letter from your college or university confirming that you are a full time student  (Student council tax exemption certificate) | | | | | | | | | | | |  | | --- | |  | |
|  | | | | | | | | | | | |
| **Part 6: Declaration** | | | | | | | | | | | |
| I declare that the information I have given on this form is true and complete to the best of my knowledge and belief. I understand that if I have stated anything on it which I know to be untrue my eligibility for a subsidy will be withdrawn | | | | | | | | | | | |
| **Your signature:** | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PLEASE ONLY SUBMIT ONE FORM HOWEVER MANY PLAY PLACES YOU APPLY FOR**  **Return this form to: Benefits Service,  Camden Town Hall, Judd Street, London WC1H 9JE** | | | | | | | | | | | |