

STRICTLY CONFIDENTIAL

THE MACFARLANE TRUST

PERSONAL CENSUS FORM

The information given in this form is for the use of The Macfarlane Trust only and will not be divulged to outside persons, organisations or agencies. It is designed to make sure we have your correct details and to make sure that you are receiving the correct amount of regular payments.

Please make sure that you complete this census form and return it within four weeks of receipt. If we do not receive the census form within four weeks of dispatch, we will assume that only the lowest level of regular monthly payment (whatever that may be from time to time) will be paid

HELP US TO HELP YOU

Membership Number

Please return in the envelope provided to:

**The Macfarlane Trust
Alliance House
12 Caxton Street
London
SW1H 0QS**

Part 1: Your Personal Details**Mr/Mrs/Miss/Ms/Other (Delete as appropriate)****Forenames:****Surname:****Address:****New Address (if applicable)**

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Date of Birth:

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Telephone No:**New Telephone No (if applicable)**

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Mobile:**Email:****Do you mainly live:**

On your own (includes sharing but not as a family)?

☐

With Partner/Wife/Husband (and family, if any)?

☐

With parent(s)?

☐

In residential or nursing home?

☐**Do you and/or any partner living with you or (if applicable) your parents:**

Own the home outright?

☐

Own the home on a mortgage?

☐

Have Shared ownership (e.g. Housing Association)?

☐

Rent the home?

Privately

☐

Council/Housing Association

☐

Yourself - Are you:

10

1

11

11

Forenames:

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Your Next of Kin:

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[illegible]

Part 3: Employment and Income Sources

Please tick one only of the following:

	You	Partner
In education/further education?	<input type="checkbox"/>	<input type="checkbox"/>
Employed and at work (inc. self-employed)?	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
Long term sick?	<input type="checkbox"/>	<input type="checkbox"/>
Retired?	<input type="checkbox"/>	<input type="checkbox"/>

Allowances and Benefits

Please tick benefit received:

	You	Partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>

If you are in receipt of Income Support or Incapacity Benefit please provide us with evidence of this.

	Yes	No
Do your outgoings exceed your income?	<input type="checkbox"/>	<input type="checkbox"/>

If you are on Income Support please go to part 4

Any figures given below should exclude MFT payments

If not on Income Support, what is the total net income per annum (after NI & Tax) of you and any partner living with you? £

Do any children living with you contribute financially to household income?

Yes/No

If yes, what is their total contribution? £ per week

Does anyone receive Carer's Allowance for looking after you? Yes/No

If yes what is their full name?

What is your relationship to your carer (e.g. Partner/Wife/Husband/Child/Friend etc)?

Part 4: Children

Please complete the following table for all of your children aged 21 or under

Surname	Forenames	Date of Birth	Relationship*	Tick if they live with you

*Relationship to you: for instance, son, daughter, stepchild, niece, nephew, grandchild etc.

Children in full-time Further or Higher Education (first degree or equivalent): Please tell us about any of the children mentioned above that you are supporting through College. Only include those following full-time courses

Name	Type of Course	Date Course Ends

PTO

Part 5: Other Information

Please use this space to tell us anything else you think we may need to know and please give us your comments on this form.

Signed Date

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