

STRICTLY CONFIDENTIAL

CAXTON FOUNDATION

PERSONAL CENSUS FORM

Part 2

2011/2012

Membership Number

Please read the information below before completing this form

The information given in this form is for the use of the Caxton Foundation only and will not be divulged to outside persons, organisations or agencies.

If you are in receipt of any benefits we will require evidence of this or if working, your current wage slip(s)

If you require assistance with the completion of this form, please contact the office 0207 808 1175

Please return in the envelope provided to:

**Caxton Foundation
Alliance House
12 Caxton Street
London
SW1H 0QS**

FOR OFFICE USE ONLY

SENT:

RECEIVED:

Your Personal Details

Mr/Mrs/Miss/Ms/Other (Delete as appropriate)

Full Name:

Address:

Date of Birth:

Landline:

Mobile:

Post Code:

Email:

Yourself are you (tick as appropriate):

Single?

☐

A Partner/Wife/Husband?

☐

Divorced/Separated?

☐

A Widow/Widower?

☐

Do you...

Mainly Live:

On Own?

☐

With Partner/Wife/Husband?

☐

Parents?

☐

Property Status:

Own Outright

☐

Mortgaged

☐

Shared Ownership

☐

Rent

☐

House

☐

Flat

☐

Bungalow

☐

Other

☐

Speci-

fy.....

Carers

Do you have a live-in carer?

Yes

☐

No

☐

If yes, what is their full name?

Relationship (e.g. Partner, Parents, Sibling)

Do they receive Carer's Allowance for looking after you?

Yes

☐

No

☐

INCOME

Evidence to support your sources must be attached to this form

	You		Spouse/Partner/Civil Partner	
	Amount	Per Month	Amount	Per Month
Salary (employment/self-employment)	£		£	
Statutory Sick Pay	£		£	
Statutory/Maternity Pay	£		£	
Income Support	£		£	
Employment Support Allowance	£		£	
Incapacity Benefit	£		£	
Jobseekers Allowance	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Housing Benefit	£		£	
Attendance Allowance	£		£	
Severe Disablement Allowance	£		£	
Industrial Injuries Benefit	£		£	
Industrial Death Benefit	£		£	
Pension Credit	£		£	
Private Pensions	£		£	
State Retirement Pension	£		£	
Savings Credit	£		£	
Widows Benefit	£		£	
War Pension (s)	£		£	
Rent from property	£		£	
Trusts (other than Caxton Payments)	£		£	
Other	£		£	
TOTAL				

Savings, Capital and Investments over £10k

Account Holder	£ Amount	Bank Name	Joint Account? (Y/N)

Expenditure

	Amount	Per Month	Other Expenditure (please specify)	Per Month
Rent	£		£	
Council Tax	£		£	
Service Charge	£		£	
Mortgage Payments	£		£	
Sewage Charge	£		£	
Water Rates	£		£	
Buildings Insurance	£		£	
Contents Insurance	£		£	
Gas Insurance (boiler)	£		£	
Utilities (Gas & Electricity etc.)	£		£	
Telephone	£		£	
Car Costs	£		£	
Expenditure because of Disability	£		£	
Housekeeping	£		£	
Clothing & Personal Items	£		£	
Secured Loans	£		£	
Bank Charges	£		£	
Credit Cards	£		£	
TOTAL				

Other Sources of Income:Did you receive Stage 1 Skipton Fund Payment (£20K)? Yes ☐ No ☐Did you receive Stage 2 Skipton Fund Payment (£50K)? Yes ☐ No ☐

Country in which you received contaminated NHS blood or blood products?:

☐ England ☐ Northern Ireland ☐ Scotland ☐ Wales**Figures given below should include all benefits i.e. Tax Credits & Child Benefit**What is the total net income per annum (after NI & Tax) for you and any persons living with you?You £ Partner £ Other £

Signed

Date

Check List - tick the boxes below to confirm that you have:

- ☐ Completed all Relevant Sections
- ☐ Enclosed Evidence of Income (Copies of Benefits or Wage Slips)
- ☐ Signed and dated the form

**SHOULD YOUR CIRCUMSTANCES CHANGE AFTER COMPLETING THIS FORM
PLEASE NOTIFY US AT YOUR EARLIEST CONVENIENCE**

The Trust reserves the right to seek verification of information given

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