



KALIX KOMMUN
Social Service Office

APPLICATION FOR ECONOMIC SUPPORT

Visiting address
Centrumvägen 54
Kalix

Postal address
Kalix Kommun
Socialnämnden
Nygatan 4
952 81 KALIX

Contact information:
Phone: 0923-650 00
Fax: 0923-656 59
Homepage: www.kalix.se
E-mail: ifo@kalix.se

Arrived _____

Personal information

Name: _____ Name: _____
Date of birth: _____ Date of birth: _____
Phone: _____ Phone: _____
Address: _____

Marital status: Married/partnership Cohabitant Single

What do you apply for?

Economic support according to national norm (living and other costs) for the month of: _____
 Other economic support in addition to national norm/cost proposal, specify: _____

Other household members

Name	Date of birth	Living at home	Access child	Shared custody	Own income/studies	Number of access days
Name: _____	Date of birth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	Date of birth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	Date of birth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	Date of birth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	Date of birth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Living Situation

Rent apartment/house Condominium Living with parents Resident with other
 Rent apartment second hand Own house Other

Who's name is on the lease? _____

Landlord, name and phonenr: _____

How many live in the residence?: _____ Number of rooms: _____

Have you applied for housing benefits? Yes No Date of application: _____

Occupation

Name: _____
 Fulltime
 Part time
 Unemployed
 Enrolled at the unemployment agency
 Sick leave
 Parental leave
 Sickness benefit/activity compensation
 Pension
 Studies
 Other: _____
 Unemployment fund member: _____

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Assets

	Value		Value
Bank funds and cash:	_____ Kr	Stocks/funds/bonds:	_____ Kr
Vehicles (ex. car, boat):	_____ Kr	House/condominium:	_____ Kr
Other:	_____ Kr	Childrens assets:	_____ Kr

Income

Specify your income after taxes

	Name _____	Name _____		
	Amount	Date of payment	Amount	Date of payment
Salary:	_____ Kr	_____	_____ Kr	_____
Unemployment fund:	_____ Kr	_____	_____ Kr	_____
Activity compensation:	_____ Kr	_____	_____ Kr	_____
Sick pay:	_____ Kr	_____	_____ Kr	_____
Parental benefits:	_____ Kr	_____	_____ Kr	_____
Sickness benefits:	_____ Kr	_____	_____ Kr	_____
Housing benefits:	_____ Kr	_____	_____ Kr	_____
Youth allowance/student aid:	_____ Kr	_____	_____ Kr	_____
Child support:	_____ Kr	_____	_____ Kr	_____
Deposit into account:	_____ Kr	_____	_____ Kr	_____
Tax refund:	_____ Kr	_____	_____ Kr	_____
Other:	_____ Kr	_____	_____ Kr	_____
Seizure of income:	<input type="checkbox"/> Yes _____ Kr/month	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Kr/month	<input type="checkbox"/> No

Expenses

	Amount	Date of expiry	Date on receipt
Rent/Living costs:	_____ Kr	_____	_____
Electricity:	_____ Kr	_____	_____
Work related travels:	_____ Kr	_____	_____
Home insurance:	_____ Kr	_____	_____
Labor union/Unemployment fee:	_____ Kr	_____	_____
Medical care/medical expense:	_____ Kr	_____	_____
Prescription drugs:	_____ Kr	_____	_____
Child care:	_____ Kr	_____	_____

Information

The information you have supplied us with that serves as a base for the decision regarding your application will be compiled and documented in a data recording program. The Social Service Department in Kalix Kommun will use your personal information in a social registry in accordance with the Privacy Protection Law (PUL) and the Social Registry Law. You have the right to request your personal information and correct them if they are incorrect. For more information you can contact your administrator at the social service office, phone number: 0923-650 00.

By signing your application, you give us the right to verify that the information you have supplied us with is correct at:

Health Insurance Fund (FK) The Unemployment Agency Unemployment Fund The Swedish Tax Agency
 The Enforcement Service (KF) The National Board of Student Aid Employer The Car Register

If you withhold information, supply us with incorrect information or fail to notify us if your financial situation changes, you may be charged with fraud and have to repay the aid you have acquired.

Payment

Bank: _____ Same account as previous application

Clearing nr: _____ Account nr: _____

Signature

I/We insure that the information i/we have supplied in this application is the truth and pledge to report any changes having to do with my/our financial situation.

Date Applicants signature

Date

Fellow applicants signature