

DATA FORM **(SUPPLEMENT TO CONTACT FORM)**

Dear Sir/Madam,

The Centre's staff is available to help you with any queries you may have or for any type of assistance you may require.

The law of 8 July 1976, which lays out the functioning of the Public Centre for Social Welfare (PCSW), that formal procedures are respected by the PCSW, and the fair treatment of all citizens.

Moreover, the Uccle PCSW fulfils its mission with the strictest respect for everyone's ideological, philosophical or religious convictions.

The PCSW is required by law to carry out a preliminary social enquiry, during which you are obliged to provide any useful information on your situation. This questionnaire is intended to meet this legal obligation.

In order to carry out this purpose, the PCSW asks you to answer all the questions on this form as completely and sincerely as possible.

If you have difficulties reading or writing Dutch or French, please contact the reception unit of the PCSW, who will guide you to a social worker.

All personal data collected is processed in accordance with the Law of 30 July 2018 on the protection of privacy with regard to the processing of personal data and the European Regulation of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data in accordance with the Privacy and Confidentiality Policy of the Uccle PSWC, which is posted on the PSWC website or available on request. To find out more about the management of your personal data and to exercise your rights, you can contact our data protection officer at the following address: dpo@cpasuccle.be.

Which form(s)?

1. **Part 1 (contact form):** Personal data and analysis of regional qualification
It enables the PCSW to analyse whether it is suitable to help you. Our centre will contact you on the first working day after the sending of the form.
2. **Part 2 (contact form - supplement):** Family and budgetary situation
This enables the PCSW to start the social enquiry necessary for the processing of your application. This part is additional to part 1 and only needs to be completed once our centre has confirmed its suitability to you.
3. **Part 1 + Part 2 (data forms):** You can immediately complete both parts to allow the social worker to begin his or her social investigation immediately. Our centre will contact you on the first working day after sending the form.

How do I complete a form?

Electronically

1. Download the required form (.pdf)
2. Fill in the empty fields
3. Send the completed form to the following address: demande.sociale@cpasuccle.be

In a handwritten version

1. Download and print the required form (.pdf)
2. Fill in the empty fields
3. Scan and send the completed form to the following address: demande.sociale@cpasuccl.be or send it to us by post, to: CPAS d'Uccle - Chaussée d'Alseberg, 860 – 1180 – Uccle, or drop it directly into the box at the entrance to the administration building.

If you do not have a printer, you can call us on the general number 02/370.75.11 and we will send them to you by post.

PURPOSE OF MY REQUEST

- A social integration income or a similar welfare assistance
- Coverage of pharmaceutical and/or medical costs
- Coverage of hospitalization costs
- Coverage of energy bills
- Coverage of other invoices (please specify):
- Coverage of transport costs
- A reference address
- A rental guarantee
- Coverage of transport costs
- Cover for my investment expenses
- A request for psychological help
- A request for socio-professional support
- A request for food parcels
- A request for clothing
- A request for help in finding accommodation
- A request for debt mediation
- A request to the culture department
- An information request
- Other (please specify):

Facts and application summary

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

LANGUAGE CHOICE

- I choose English

DECLARATION FOR THE PURPOSE OF OBTAINING INFORMATION

We ask you to complete and sign this document authorising the Centre to gather and verify all information and declarations with financial organisations, social security institutions and public administrations.

The data you provided to the PCSW when applying for support will also be checked with the Crossroads Bank for Social Security and will be registered in the secondary network of PCSWs attached to it.

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I, the undersigned:
Date of birth:
Domiciled in:
Residing in:

Declare that I authorise the Uccle PCSW to obtain all information concerning my income and assets from the Federal Public Service Finance, banks, insurance companies, stockbrokers, notaries, and more generally from anybody or institution that may hold information concerning my income.

Done in Uccle,
Date and signature
(preceded by the words "read and approved")

.....

DECLARATION ON HONOUR

Dear Sir/Madam

I hereby certify that the declared information is complete, sincere and certifies to be well informed that the PCSW regularly queries the Carrefour Bank for Social Security.

I declare that I have been well informed of the fact that:

1. The processing of an application for social assistance does not exempt me from actively seeking work to support myself.
2. Obtaining social assistance or social integration may have consequences on the right of residence. An EU citizen may lose his/her residence permit if s/he no longer fulfils the conditions for granting the right of residence or if s/he constitutes an unreasonable burden on the Belgian social security system. Under European law, the Aliens' Office is nevertheless obliged to examine the individual situation of the person.
3. Each applicant for assistance has the right to defend his or her application before the Special Committee of the Social Service before the latter takes its decision.
S/he may appear alone or assisted by a third party.
4. Incomplete, inaccurate or omitted information may result in your losing your right to social assistance and expose you to prosecution in the criminal courts.

I certify that I do not benefit from any resources other than those declared in the present form and I undertake to report any change in my financial, family or professional situation or, more generally, any change that may have an impact on the assistance I am applying for (concerns only Part II of the form).

Done in Uccle,
Date and signature
(preceded by the words "read and approved")

.....

DATA FORM (PART II)
FAMILY AND BUDGETARY SITUATION

1. RESIDENTIAL CHARGES

I am a tenant in the dwelling in which I mainly reside

Since (date):

Rent amount:

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Amount of provisions for building charges:

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Amount of provisions for gas - electricity:

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

I have set up a rental guarantee YES NO

Type of accommodation

Room with common areas

Studio

Apartment (..... rooms)

House (..... rooms)

Other:

I own the dwelling in which I mainly reside

Since (date):

Current mortgage loan: YES NO

Mortgage loan repayment amount:

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Provisions for building charges amount:.....

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Amount of provisions for gas - electricity:

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Amount of property tax (annual tax):

These rental charges are fully/partially paid by a person with whom I am not cohabiting.

Type of accommodation

Room with common areas

Studio

Apartment (..... rooms)

House (..... bedrooms)

Other:

2. PERSONAL RESOURCES

Note: All household resources must be declared for the proper conduct of the social survey.

I was helped by another PCSW

PCSW from:

Type of help:

I receive the following resources

Type	€	Type	€
<input type="checkbox"/> Salary	<input type="checkbox"/> Unemployment benefit	.....
<input type="checkbox"/> Income as self-employed person	<input type="checkbox"/> Health insurance compensation fund	.....
<input type="checkbox"/> Undeclared income	<input type="checkbox"/> Retirement pension	.....
<input type="checkbox"/> Family allowances	<input type="checkbox"/> Guaranteed income for the elderly	.....
<input type="checkbox"/> Disability pension	<input type="checkbox"/> Assistance allowance for the elderly	.....
<input type="checkbox"/> Alimony	<input type="checkbox"/> Integration income	.....
<input type="checkbox"/> Rental revenue	<input type="checkbox"/> Scholarship	.....
		<input type="checkbox"/> Other	

Some of the above resources are suspended

Which ones?

Since when (date)?

Why?

I have applied for social benefits

Type	From
<input type="checkbox"/> Family allowances
<input type="checkbox"/> Disability pension
<input type="checkbox"/> Alimony
<input type="checkbox"/> Unemployment benefit
<input type="checkbox"/> Health insurance compensation fund
<input type="checkbox"/> Retirement pension
<input type="checkbox"/> Scholarship
<input type="checkbox"/> Other

I have disposed of immovable and/or movable property (e.g. a piece of jewellery, a vehicle) against payment within the last ten years.

No

Yes

Item(s) sold:

Date:

Amount received:

I have donated immovable and/or movable property (e.g. a piece of jewellery, a vehicle) free of charge in the last ten years.

No

Yes

Item(s) donated:

Beneficiary of the donation:

Date:

3. FAMILY SITUATION AND COHABITATION

Other people in my household			
Surname	First name	Date of birth	Relationship
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:
.....	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Life partner <input type="checkbox"/> Family member <input type="checkbox"/> Other:

5. MAINTENANCE PROVIDERS

Note: Maintenance providers not forming part of your household (ex-spouse, parents, adult children)

We would like to draw your attention to the fact that by requesting a financial intervention from the PCSW, the PCSW reserves the right to investigate the resources of your maintenance providers and, if necessary, to act in total or partial reimbursement of the aid granted to them.

<input type="checkbox"/> NAME and surname		Relationship	
Type	€	Type	€
<input type="checkbox"/> Salary	<input type="checkbox"/> Unemployment benefit	.....
<input type="checkbox"/> Income as self-employed person	<input type="checkbox"/> Health insurance compensation fund	.....
<input type="checkbox"/> Undeclared income	<input type="checkbox"/> Retirement pension	.....
<input type="checkbox"/> Family allowances	<input type="checkbox"/> Guaranteed income for the elderly	.....
<input type="checkbox"/> Disability pension	<input type="checkbox"/> Assistance allowance for the elderly	.....
<input type="checkbox"/> Alimony	<input type="checkbox"/> Integration income	.....
<input type="checkbox"/> Rental revenue	<input type="checkbox"/> Scholarship	.....
		<input type="checkbox"/> Other:	.....
<input type="checkbox"/> NAME and surname		Relationship	
Type	€	Type	€
<input type="checkbox"/> Salary	<input type="checkbox"/> Unemployment benefit	.....
<input type="checkbox"/> Income as self-employed person	<input type="checkbox"/> Health insurance compensation fund	.....
<input type="checkbox"/> Undeclared income	<input type="checkbox"/> Retirement pension	.....
<input type="checkbox"/> Family allowances	<input type="checkbox"/> Guaranteed income for the elderly	.....
<input type="checkbox"/> Disability pension	<input type="checkbox"/> Assistance allowance for the elderly	.....
<input type="checkbox"/> Alimony	<input type="checkbox"/> Integration income	.....
<input type="checkbox"/> Rental revenue	<input type="checkbox"/> Scholarship	.....
		<input type="checkbox"/> Other:	.....
<input type="checkbox"/> NAME and surname		Relationship	
Type	€	Type	€
<input type="checkbox"/> Salary	<input type="checkbox"/> Unemployment benefit	.....
<input type="checkbox"/> Income as self-employed person	<input type="checkbox"/> Health insurance compensation fund	.....
<input type="checkbox"/> Undeclared income	<input type="checkbox"/> Retirement pension	.....
<input type="checkbox"/> Family allowances	<input type="checkbox"/> Guaranteed income for the elderly	.....
<input type="checkbox"/> Disability pension	<input type="checkbox"/> Assistance allowance for the elderly	.....
<input type="checkbox"/> Alimony	<input type="checkbox"/> Integration income	.....
<input type="checkbox"/> Rental revenue	<input type="checkbox"/> Scholarship	.....
		<input type="checkbox"/> Other:	.....

6. MISCELLANEOUS DATA

I have savings of more than €6,200

Origin (inheritance, savings,...):

Amount of capital (estimation of the moveable capital in €):

I have my own vehicle

Vehicle type:

Since (date):

Vehicle year:

I owe maintenance for a child

Fixed by judgment: YES NO

Amount:

I have debts to creditors

Creditor	Nature of the debt	Current debt amount
.....
.....
.....
.....
.....
.....

I am represented by a property administrator

Administrator's name and surname:

Administrator's phone number:

I am assisted by a debt mediator

Debt mediator's name and surname:

Debt mediator's phone number:

7. BANKING DETAILS

I, the undersigned:
Date of birth:
Domiciled in:
Residing in:

Declare to have the following bank account(s)

IBAN:

(I request payment of my social assistance from the account number above)

IBAN:

IBAN:

Declare that I do not have a current account and ask for my social assistance to be paid into the account number

IBAN:

Opened in the name of

Declare having one or more savings account(s)

IBAN:

IBAN:

IBAN:

Declare not to have a savings account

I declare on my honour that I have no other bank account(s) opened in my name.

Date and signature:

.....