



You can also send the application and supporting documentation online at www.kela.fi.



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

i **First apply for any other benefits** to which you may be entitled. Before applying for basic social assistance, you must find out if there are some other benefits or sources of income available to you.

Find out if you qualify for social assistance. Use a calculator to see how much assistance you could get. The calculator is available at kela.fi.

File the application along with all necessary supporting documents. If you wish, you have the right to have a consultation with a Kela staff member about basic social assistance within seven working days of requesting such a consultation from Kela.

The processing time is 7 working days. You can use Kela's e-service to see whether your application has been decided and when the benefit you have applied for will be paid. If your situation is such that you need basic social assistance urgently, apply for it and call Kela's customer service or visit a Kela service point.

If you also wish to apply for **supplementary or preventive social assistance** from the social services of the wellbeing services county, apply for it in section 10.

1. Applicant

Personal identity code

Family name and given name

Address

Postal code

Postal district

Municipality of residence

Telephone

2. Bank account number

3. Application

I wish to apply for basic social assistance for the period _____ – _____.

This is a notification of changes. Only complete the sections concerning which the details have changed.

4. Family circumstances

Family name and given name of spouse/partner

Personal identity code of spouse/partner

I live together with my spouse/partner since _____

I live apart from my spouse/partner since _____

Reason for separation _____

Children aged under 18 years in the family who live in the same home or in dual residence arrangements

Family name and given name	Personal identity code	<input type="checkbox"/> The child lives in dual residence arrangements
Family name and given name	Personal identity code	<input type="checkbox"/> The child lives in dual residence arrangements
Family name and given name	Personal identity code	<input type="checkbox"/> The child lives in dual residence arrangements

Other persons sharing a home

Family name and given name	Personal identity code
Family name and given name	Personal identity code

Other information

I am or my family member is staying abroad during the period _____ - _____.

Specify who is staying abroad. _____

I am or my family member is in prison during the period _____ - _____.

Specify who is in prison. _____

5. Residential circumstances

i Kela receives the details on rental housing from certain landlords in electronic form. In this case, you do not need to submit documentation on the housing. You can check the landlords on Kela's website.

State the type of home

Rented housing Subleased flat or apartment Right-of-occupancy housing or part-ownership housing

Owner-occupied housing Assisted living With parents Homeless

Other. State the other type of housing _____

I am or my family member is in institutional care for instance in a hospital. Specify who is in institutional care and for what period.

Housing costs

Rent or maintenance charge
 Payable to the applicant. Payable to the landlord or the housing company.

A separate water charge is paid for the housing

Fixed water charge _____ €/month

Advance payment for water _____ €/month and, in addition, adjustment bill

Water charge paid according to use.

Separate heating charges are paid for the housing. State the form of heating and estimated costs per month.

_____ €/month

Household electricity Separate sauna charge Home insurance Interest on a housing loan

Other housing costs, please specify.

Special needs related to housing

i For social assistance purposes, limits have been determined for the amount of housing costs that is considered reasonable in different municipalities. You can check the reasonable housing costs in your place or residence at kela.fi.

The current housing costs for me or my family exceed the reasonable housing costs in my place of residence. State the special grounds for the need to live in your current home and describe the special needs related to housing:



Moving

I wish to apply for a rental security deposit. Complete form TO 2e (Application – Social assistance – Rental security deposit).

I wish to apply for compensation for removal costs € _____. Estimated date of moving _____

Indicate the reason why you are moving.

Marriage or cohabitation. End of a couple relationship Other change in family size

Obtaining a job or a place of study in another city or town Homelessness or threat of homelessness

Other reason, please specify. _____

6. Income

i State all incomes from Finland and from other countries to their net amount, i.e. after taxes and other deductions.

Do you or does a family member receive a wage or salary?

i Kela needs the information requested in the following in addition to the information available from the national incomes register.

No Yes. Please specify who. _____

Estimated amount of wage income for the period that the application concerns _____ €/month

Dates when the wage or salary is paid _____

Deductions from the wage

Collection through an enforcement order, amount _____ €/month

Trade union or unemployment fund membership dues, amount _____ €/month

Commuting costs _____ €/month. State the mode of transport and the travel route.

Other deduction, please specify. _____

Amount _____ €/month

Do you or does a family member have income from self-employment?

No Yes. Please specify who. _____

Estimate the amount of income _____ €/month

Do you or does a family member have benefit income?

i Benefits received from Kela need not be reported.

No Yes. Specify the benefit and the recipient.

Have you or has a family member applied for a benefit for which there is as yet no decision?

No Yes. The benefit has been or will be applied for starting from _____

Applicant _____

Benefit and payer _____

Do you or does a family member receive child support?

No Yes. Please specify who. _____

For whom is child support paid? _____

Estimated amount of child support €/month/person _____

Do you or does a family member have other types of income?

No Yes. Please specify who. _____

Type of income and payer _____

Amount of income and payment date _____

Do you or does a family member have income from abroad?

- No Yes. Please specify who. _____
Type of income and payer _____
Amount of income and payment date _____

Do you or does a family member receive tax refunds?

- No Yes. Please specify who. _____
Amount of tax refund _____
Is the tax refund subject to collection through an enforcement order?
 No Yes. Amount after collection through an enforcement order: € _____
Is the tax refund used for tax debt?
 No Yes. Amount after deduction for tax debt: € _____

If you stated that you or your family have no income, explain how your expenses are financed.

7. Property and assets

Property and assets include:

- | | |
|--|---|
| - Money in bank accounts and in cash | - Summer cottage, holiday home, timeshare |
| - Cryptocurrency | - Fixed assets (for instance real estate, plot or forest) |
| - Assets in gambling accounts | - Car or other vehicle |
| - Shares in stock and equity savings accounts, shares in mutual funds and bonds and other securities | - Savings and pension insurance plans |
| - Owner-occupied, right-of-occupancy and part-ownership housing that is not your own home | - Other assets (for instance share in a corporation or an estate) |

Do you or does a family member have these types of property or assets in Finland or some other country?

- No, I and my family do not have these types of property or assets.
 Yes. Please specify who. _____
Specify the type of property or asset, its amount and the value of the property.

8. Expenses

i Invoices are taken into account as expenses to the necessary amount according to the original due date for payment. Indicate on the invoice whether the amount should be paid to you or directly to the payee. In connection with a positive decision on social assistance, Kela gives, as a rule, an electronic voucher for medicines.

Healthcare expenses

- Invoice from public healthcare providers
 Own purchase of prescription medication
 Other healthcare expenses, please specify. _____

Travels related to healthcare

- Travel expenses you paid yourself
 I wish to apply for a voucher. Please specify for whom. _____

State the mode of transport used, date of travel, travel route and the name of the healthcare provider. Also state the reasons for use of your own car or a taxi.



Eyeglasses

i The granting of a voucher is always the primary way of taking into account expenses for eyeglasses in connection with basic social assistance. Of the price for eyeglasses that you have bought yourself, Kela can compensate at maximum the amount that the eyeglasses would have cost if they had been bought with a voucher.

- I wish to apply for a voucher. Please specify for whom. _____
 Eyeglasses you have bought yourself

Denture treatment

- Invoice for denture treatment
 I wish to apply for a voucher. Please specify for whom. _____

Costs for acquiring documents

- Cost for acquiring identity or travel document.
 Acquisition cost you have paid yourself
 I wish to apply for a voucher. Please specify for whom. _____
- Cost for acquiring residence document
 Acquisition cost you have paid yourself
 I wish to apply for a voucher. Please specify for whom. _____
- Passport photos
 Travel costs (other than local transport). State the mode of transport, date of travel and travel route. Also state the reasons for the use of a specific mode of transport..

State the reasons for acquiring the document

Costs of early childhood education and of participation in before and after school programmes

- Invoice for the child's early childhood education
 Invoice for before and after school programme for schoolchildren

Costs incurred by non-resident parents when seeing their child

i The costs for seeing a child are taken into account for the parent or guardian who lives with the child to the extent that the child sees the parent who lives in another household. The costs must be based on an agreement confirmed by the relevant local (municipal) authority or wellbeing services county or a court decision.

Children concerned and the number of days of contact

Family name and given name	Personal identity code	Number of contact days per month
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Family name and given name	Personal identity code	Number of contact days per month
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Family name and given name	Personal identity code	Number of contact days per month
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- Travel costs related to the contacts €/month/person _____

Specify who travels and with what mode of transport. State the start and end points of the journey. If there is an accompanying person, state the reasons for the need of an accompanying person.

Other expenses

- I wish to apply for compensation for the extra food expenses due to coeliac disease. State who has been diagnosed with coeliac disease.

 Dietary grant or disability allowance for persons under 16 years from Kela has previously been granted on the basis of coeliac disease.
 Other expenses, please specify.

9. Enclosures

- i** Include copies of the necessary supporting documentation. Supporting documents that have already been sent to Kela need not be sent again.

Section 5. Residential circumstances

- Decision on service and client fees. Copy of decision on service and client fees if you are in long-term inpatient care, communal living or around-the-clock assisted living.
- Rental agreement or right-of-occupancy agreement
- Invoices related to housing (for instance invoice for household electricity, water invoice, invoice for home insurance)
- Details on housing loan. Statement from the creditor on the housing loan or bank statement detailing the purpose of the loan and the amount of interest.
- Rental security deposit. Kela's form TO 2e (Application – Social assistance – Rental security deposit) completed.

Section 6. Income

- Bank statement. New applications: bank statements for all accounts (also foreign accounts) for the two preceding months. Bank statements are needed for all persons who are considered as family members for the purposes of social assistance, and they must show the account holder, the account number and the initial and final balance of the account.
- Verifications of deductions from the wage (for instance statement of the amount of wage collected through an enforcement order, the amount of trade union and unemployment fund membership dues, commuting costs or other deductions).
- Statement of self-employment income. Kela's form TO 4e (Appendix – Social assistance – Statement of self-employment income) completed.
- Certificate on income from abroad. Decision notice, payment notice or certificate from the payer showing the payment dates for the income from abroad and the net amount per month (after taxes).

Section 7. Property and assets

- Details on cryptocurrency, amount and type, balance of the cryptocurrency wallet and list of purchases and sales of cryptocurrency.
- Statement of gambling account. New applications: summaries of all gambling accounts in the family for the previous two months. The summary must show the account holder, the net loss or profit for the month and the balance of the gambling account.
- Statements of shares in stock and equity savings accounts, shares in mutual funds and other securities, as well as their number and value.

Section 8. Expenses

- Invoices from public healthcare providers (for instance invoices from health centre or outpatient clinic)
- Receipt on purchased prescription medication
- Travels related to healthcare. Details of visit to healthcare services, for instance letter on scheduling an appointment or Kela's form SV 67 (Todistus – Matkakorvausta varten) and verifications of the travel costs, for instance travel tickets.
- Receipt on purchase of eyeglasses and prescription for eyeglasses
- Invoice for denture treatment or when applying for a voucher, treatment plan and cost estimate from the public healthcare provider.
- Receipt on the fee for applying for a document, passport photos and travel costs related to the acquisition of the document
- Invoice for the child's early childhood education or invoice for before and after school programme for schoolchildren
- An agreement confirmed by the municipal authorities or wellbeing services county or a court decision on the right of access of a child
- Receipt on travel costs related to contact with the child (for instance travel tickets)
- Medical statement on diagnosed coeliac disease (for instance doctor's statement or print-out from the MyKanta service)
- Verifications on other expenses, for instance, copies of invoices

Other enclosures

- Documents requested in the previous decision
- Other, please specify. _____

10. Additional information – write the number of the section you are referring to

- Additional information on a separate sheet. Write your name and personal identity code on the sheet.

11. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Applicant's signature

Kela has the right to disclose data to and receive data from other organisations. Read more at www.kela.fi/privacy-statements-concerning-benefit-processing.

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

TO 1e 02.25 Web form (PDF)

