



You can file the application and related documentation also online at [www.kela.fi/asiointi](http://www.kela.fi/asiointi) (in Finnish) or [www.fpa.fi/etjanst](http://www.fpa.fi/etjanst) (in Swedish).

More information is available at [www.kela.fi/social-assistance](http://www.kela.fi/social-assistance)

You can calculate the amount of the benefit at [www.kela.fi/laskurit](http://www.kela.fi/laskurit) (in Finnish) or [www.fpa.fi/berakningar](http://www.fpa.fi/berakningar) (in Swedish).



For further questions, call our customer service number [www.kela.fi/phone-numbers](http://www.kela.fi/phone-numbers)



Please make sure to complete the application carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

You can send the application and any supporting documents by mail [www.kela.fi/by-mail](http://www.kela.fi/by-mail)

**When to apply:** Basic social assistance can, as a rule, be granted starting from the beginning of the month in which the application is received or the beginning of the month after that.

With this application form you can apply for basic social assistance from Kela. If you also apply for supplementary or preventive social assistance from the local (municipal) authorities, you can apply for them under section 11. Additional information or on a separate document.

## 1. Applicant

Personal identity code	Family name	Given name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent address		
Postal code	Postal district	Municipality of permanent residence
Phone number	E-mail	Citizenship, if not Finnish

If you apply for social assistance for some other address than the address mentioned above, please state the address and the municipality as well as the date starting from which this address is valid:

Do you live alone?  No  Yes

Are you working?  No  Yes

Are you a full-time student?

No  Yes. Educational institution: \_\_\_\_\_

The studies have been discontinued \_\_\_\_\_.

Are you retired?  No  Yes

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

Please specify who is staying abroad. \_\_\_\_\_

## 2. Account number

## 3. Application



You can apply for basic social assistance for a longer period (for instance 3–6 months) if you consider that your or your family's financial situation or your family circumstances will not change.

I wish to apply for basic social assistance starting from \_\_\_\_\_ until \_\_\_\_\_.

- This is
- a new application
  - an application for renewed payment. You need not complete sections 4, 5 and 9 if the details that they concern have not changed.
  - a notification of changes. Only complete the sections concerning which the details have changed.

#### 4. Family circumstances

Family name and given name of your spouse/partner	Personal identity code of spouse/partner	Citizenship, if not Finnish
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I am separated from my spouse/partner starting from \_\_\_\_\_.

I am living in a cohabiting relationship starting from \_\_\_\_\_.

Reason for separation:

End of a couple relationship

Other reason. Please specify: \_\_\_\_\_

#### Children under the age of 18 years who live in the household

Family name and given name	Personal identity code	Citizenship, if not Finnish
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Family name and given name	Personal identity code	Citizenship, if not Finnish
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Family name and given name	Personal identity code	Citizenship, if not Finnish
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Family name and given name	Personal identity code	Citizenship, if not Finnish
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#### Other persons sharing a home

Family name and given name	Personal identity code	Citizenship, if not Finnish
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Family name and given name	Personal identity code	Citizenship, if not Finnish
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We live  in the same household  in separate households

#### Your or your spouse's/partner's children under the age of 18 years who live elsewhere

**i** State the children that you and/or your spouse/partner have contact with on the basis of an agreement confirmed by the child welfare officer or a court decision concerning child custody, maintenance and child contact.

Family name and given name	Personal identity code	Citizenship, if not Finnish
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Family name and given name	Personal identity code	Citizenship, if not Finnish
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**i** If you need more space, please continue at section 11 (Additional information).

#### 5. Residential circumstances

I live

in rental accommodation. Landlord: \_\_\_\_\_

in a right-of-occupancy home  in part-ownership accommodation  in subleased rental accommodation

in owner-occupied accommodation (share in a housing corporation)  in owner-occupied accommodation (detached house)

in a residential care home, rehabilitation centre for substance abusers or equivalent

with my parent(s)  in a dormitory

Other form of accommodation. Please specify: \_\_\_\_\_

I am homeless. Describe your residential circumstances: \_\_\_\_\_

I am or my family member is in temporary inpatient care (for instance, in a hospital) during the period

\_\_\_\_\_.  
Please specify who is in inpatient care.



## 6. Income

**i** Kela receives information on wages and salaries from the national incomes register starting 1 January 2019. However, we need the information stated in the following. State the net income (i.e. income after taxes) of all family members.

### Do you or your spouse/partner or some other family member receive

#### a wage or salary?

No  Yes. Indicate the recipient.

Applicant

Spouse/partner

Someone else, who? \_\_\_\_\_

Indicate the payment dates: \_\_\_\_\_

Indicate if the following deductions are made from the wage/salary: garnishment, trade union membership dues or other deduction. Indicate the type of deduction and the amount. Statutory deductions, such as preliminary tax withholding, need not be reported.

#### income from self-employment or agricultural entrepreneurship?

No  Yes. Indicate the recipient and the amount per month.

#### a business start-up grant, grant, copyright royalty or equivalent?

No  Yes. Indicate the recipient, type of income, amount and date of payment.

#### other benefits than benefits from Kela (e.g. pension, earnings-related unemployment allowance, municipal supplement to the child care allowance, informal caregiver fee)?

**i** Benefits received from Kela need not be reported.

No  Yes. Indicate the recipient, type of benefit, the payer of the benefit and the amount per month.

#### income from abroad, e.g. earnings or benefits (e.g. child benefit or pension)?

No  Yes. Indicate the recipient, type of income, amount and date of payment.

#### rental, capital, dividend or interest income?

No  Yes. Indicate the recipient, type of income, amount and date of payment.

#### other income or benefits (e.g. tax refund, insurance or lump-sum compensation, gift or assistance)?

No  Yes. Indicate the recipient, type of income and amount per month.

Is the tax refund subject to garnishment?  No  Yes. Amount after garnishment: \_\_\_\_\_

**My family has no income.** Please provide further details at section 11. Additional information about how the family's expenses are financed.

## 7. Expenses

**i** Indicate the expenses for which you apply for social assistance.  
State the amount as well as the date of payment or the due date. **Indicate on the invoice whether the amount should be paid to you or directly to the payee.** If you want the amount to be paid to you, you must yourself make sure that the invoice is paid.

**i** If you apply for rental security deposit, please also complete form TO 2e (Application - Social assistance - Rental security deposit).

### Housing costs

- rent or maintenance charge \_\_\_\_\_ € per month \_\_\_\_\_
- interest on housing loan \_\_\_\_\_ € per month \_\_\_\_\_
- separate water charge \_\_\_\_\_ € per month \_\_\_\_\_
- separate sauna charge \_\_\_\_\_ € per month \_\_\_\_\_
- home insurance \_\_\_\_\_ € \_\_\_\_\_
- household electricity or gas \_\_\_\_\_ € \_\_\_\_\_
- heating costs \_\_\_\_\_ € \_\_\_\_\_
- removal costs \_\_\_\_\_ € \_\_\_\_\_
- other housing costs; please specify. \_\_\_\_\_

A disabled person lives in the same accommodation and the person's assistive devices require extra space, or you have other special needs as concerns housing. Please describe the need for extra space:

The share of the rent in the housing costs for the basic social assistance is payable to

the applicant  the landlord.

Account number of the landlord: \_\_\_\_\_

I apply for continuation of a rental security deposit that I have previously been granted. My fixed-term rental agreement continues. Please enclose the new rental agreement.

### Medical expenses

**i** As a rule, the medical expenses that are taken into account are expenses for public healthcare services.

- user fees \_\_\_\_\_ € \_\_\_\_\_
- dental care \_\_\_\_\_ € \_\_\_\_\_
- prescribed medicines \_\_\_\_\_ € \_\_\_\_\_
- other medical expenses; please specify. \_\_\_\_\_

### Other expenses

- child day care fees \_\_\_\_\_ € \_\_\_\_\_
- fees for before-school and after-school activity for school children \_\_\_\_\_ € \_\_\_\_\_
- expenses incurred by a parent for having contact with his or her child/children under 18 years when the child does not/the children do not live in the same household as the parent (the contact must be based on an agreement confirmed by the relevant local (municipal) authority or a court decision)  
Names and personal identity codes of the children \_\_\_\_\_

Number of contact days per month \_\_\_\_\_

Travel costs \_\_\_\_\_ €



commuting costs. Indicate the person who has incurred the costs, the destination and the mode of transport. Other job-related costs; indicate who has incurred the costs.

€

cost of obtaining a necessary identity, residence or travel document

€

other costs. Please specify: \_\_\_\_\_

## 8. Benefits applied for

Have you applied for or will you apply for some other benefit (such as unemployment benefit, pension, child maintenance allowance, wage security payment, benefit from abroad)?

No  Yes. What benefit and from where? Please indicate the starting date.

Has your family member applied for or will he/she apply for some other benefit (such as unemployment benefit, pension, wage security payment, benefit from abroad)?

No  Yes. Who has applied, what benefit and from where? Please indicate the starting date.

## 9. Property and assets

**i** Kela may check the details from the tax authorities, the most recently finalised taxes or the current taxes.

### Do you or your family member have savings or bank deposits?

No  Yes. Indicate account holder, type of savings or deposits, amount and value.

Applicant \_\_\_\_\_

Spouse/partner \_\_\_\_\_

Someone else, who? \_\_\_\_\_

### shares, shares in an investment fund, bonds, other securities, or savings or pension insurance policies?

No  Yes. Indicate holder, type of security, amount and value.

### fixed assets (e.g. summer house, plot, forest, other real estate)?

No  Yes. Indicate owner, type of asset, amount and value.

### car, boat, motorbike or other vehicle?

No  Yes. Indicate owner, type of vehicle and value.

### other assets (e.g. housing in other use than own use, share in an estate, shares in a corporation)?

No  Yes. Indicate owner, type of asset, amount and value.

### assets, property, bank accounts abroad?

No  Yes. Indicate owner, type of asset, amount and value.

### Have there been any changes in the property or assets during the previous 12 months?

No  Yes. Indicate whom and what the change concerns.

## 10. Enclosures

- i** Please include copies of all supporting documentation. Supporting documents that have already been sent to Kela need not be sent again. Kela receives information on wages and salaries from the national incomes register starting 1 January 2019. Wage statements need not be provided.

### Section 5. Residential circumstances

- i** Kela receives the details on rental housing from certain landlords directly in electronic form. In such a case, the applicant does not have to submit documentation regarding the residential details. Information on these landlords is available on Kela's website.
- Rental agreement or right-of-occupancy agreement
  - Evidence of the current amount of the rent or maintenance charge.
  - Form TO 2e (Application – Social assistance – Rental security deposit) if you apply for rental security deposit

### Section 6. Income

- New applications: bank account statements for all bank accounts (also foreign accounts) for the two preceding months for all family members, for instance printed from the online bank
- Form TO 4e (Appendix - Social assistance - Self-employed person's income notification) if you apply for social assistance as a self-employed person
- Verification from the tax authorities or enforcement authorities on the garnishment of tax refunds
- Decision on garnishment

### Section 7. Expenses

- New applications: documentation of the amount of trade union membership dues
- Verifications of housing costs, such as the amount per month of interest and instalment on housing loan, electricity invoice, water charge invoice, heating cost invoice, and invoice and insurance policy for home insurance
- Statement from the creditor showing the amount of housing debt or an account statement showing the loan number, outstanding amount, purpose and interest rate percentage (required for owner-occupied and right-of-occupancy homes)
- Decision on service and client fees, if you live in residential services
- Verifications of medical expenses, for instance medical invoices, receipts of prescription medicines purchased
- Verifications on other expenses, for instance, copies of invoices
- Agreement confirmed by the child welfare officer or a court decision concerning child custody, maintenance and child contact
- Debt enforcement authority's payment plan

### Section 9. Property and assets

- Estate inventory deed if the applicant or a family member has a share in an estate
- Verifications of the value of other assets, for instance book-entry account
- Other document(s), please specify: \_\_\_\_\_

## 11. Additional information

- i** 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.

## 12. Signature

Kela has the right to disclose and receive data electronically for the reimbursement of medical care costs.

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

Place and date

Applicant's signature

Spouse's/partner's signature

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.

