



You can also complete the application and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish).

More information is available at www.kela.fi/social-assistance

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



If you have questions, please call our customer service number (www.kela.fi/call-kela).



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

We may contact you for further information if necessary.

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

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 wish to apply for supplementary or preventive social assistance from the social services of the wellbeing services county, you can apply for them under section 11.

1. Applicant

Personal identity code Family name and given name
 Permanent address

Postal code Postal district Municipality of permanent residence

Phone number 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 or my family member is staying abroad during the period -

Please specify who is staying abroad.

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

Please specify who is in prison.

2. Bank account number

3. Application

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 _____

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 _____

Family name and given name _____ Personal identity code _____ Citizenship, if not Finnish _____

Family name and given name _____ Personal identity code _____ Citizenship, if not Finnish _____

Family name and given name _____ Personal identity code _____ Citizenship, if not Finnish _____

Other persons sharing a home

Family name and given name _____ Personal identity code _____ Citizenship, if not Finnish _____

Family name and given name _____ Personal identity code _____ Citizenship, if not Finnish _____

We live in the same household in separate households

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 wage and benefit income from Finland from the national incomes register. 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 does your spouse/partner or some other family member receive

a wage or salary?

No Yes. Indicate the recipient.

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 and the payer.

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, child support, 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: € _____

Is the tax refund used for payment of tax debt? No Yes. Amount after payment of tax debt: € _____

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.

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

Housing costs

- | | | |
|---|---------------------|---|
| <input type="checkbox"/> rent or maintenance charge | _____ €/month _____ | I pay a separate water charge |
| <input type="checkbox"/> interest on housing loan | _____ €/month _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> separate sauna charge | _____ €/month _____ | <input type="checkbox"/> I pay a fixed water charge |
| <input type="checkbox"/> home insurance | € _____ | _____ €/month |
| <input type="checkbox"/> household electricity or gas | € _____ | <input type="checkbox"/> I pay an advance payment for water |
| <input type="checkbox"/> heating costs | € _____ | _____ €/month |
| <input type="checkbox"/> removal costs | € _____ | and in addition receive an adjustment bill. |
| <input type="checkbox"/> other housing costs; please specify. | | <input type="checkbox"/> I pay water charges according to use.
Send the invoice to Kela. |

- i** For social assistance purposes, limits have been determined for the amount of housing costs that is considered reasonable in different municipalities. If you have special grounds for living in the home for which you are applying for social assistance to meet the housing costs, Kela can take into account the housing costs related to these special grounds in full as long as the grounds are valid.

State the special grounds for the need to live in your current home and describe the special needs related to housing.

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

- the applicant the landlord

Bank 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.

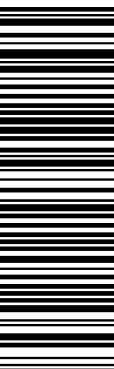
Medical expenses

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

- | | | |
|--|---------|-------|
| <input type="checkbox"/> user fees | € _____ | _____ |
| <input type="checkbox"/> dental care | € _____ | _____ |
| <input type="checkbox"/> prescribed medicines | € _____ | _____ |
| <input type="checkbox"/> travels related to health care | € _____ | _____ |
| <input type="checkbox"/> other medical expenses; please specify. | | |

Other expenses

- | | | |
|--|---------|-------|
| <input type="checkbox"/> child day care fees | € _____ | _____ |
| <input type="checkbox"/> fees for before-school and after-school activity for school children | € _____ | _____ |
| <input type="checkbox"/> Expenses incurred by a parent or the legal guardian who lives with the child for contact with a child/children under 18 years insofar as the child has contact with the parent who does not live in the same household (must be based on an agreement confirmed by the relevant local (municipal) authority or by the wellbeing services county or a court decision). | | |
- Names and personal identity codes of the children



Number of contact days per month _____

Travel costs related to contact with the child/children. Specify who travels and with what mode of transport. The start and end points of the journey.

_____ € _____
 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 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. Indicate type of benefit and the payer. Also 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. Indicate the applicant, type of benefit and the payer. Also indicate the starting date.

9. Property and assets

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

Do you or does your family member have

savings or bank deposits?

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

shares, shares in an investment fund, virtual currency, 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 wage and benefit income from Finland from the national incomes register. 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. Kela has the right to receive information about the lease and residence needed for the processing of applications for basic social assistance from landlords and housing cooperatives or real estate corporations.

- 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 statements for all 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
- 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 of other expenses, for instance, copies of invoices
- Agreement confirmed by the municipal authorities or by the wellbeing services county or a court decision on the right of access and maintenance of a child
- 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 data to and receive data from other organisations. Read more at www.kela.fi/privacy-statements-concerning-benefit-processing. Kela also receives information from landlords. If you wish, you have the right to discuss your case regarding basic social assistance with Kela personnel within seven days of presenting your request for this to Kela.

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.

