



Asylum Support Application Form (ASF1)

Destitution Message

As set out in the Immigration and Asylum Act 1999, the Secretary of State may provide, or arrange for the provision of, support for asylum seekers, dependants of asylum seekers, failed asylum seekers or inadmissible asylum seekers who appear to be destitute or are likely to become destitute within a 14-day period.

An applicant is deemed destitute if:

“They and their dependants do not have adequate accommodation or any means of obtaining it, even if other essential living needs are met, or they and their dependants have adequate accommodation or the means of obtaining it but cannot meet essential living needs.”

As an applicant, you should note that:

- 1. You must complete all fields that are relevant to your application;**
2. Failure to disclose all necessary information or to knowingly provide false information about yourself or any dependant may lead to information being passed to the police or other agencies for investigation and possible further action by them;
3. Failure to supply the required information may result in your application for support being refused.

I have read and understood the destitution message

Section 1. Reference numbers	Tell us any reference numbers which may help us to identify you.
<p>Give details of any current Home Office reference numbers</p> <p>Any other relevant reference numbers (i.e. NHS)</p>	<p>Home Office Reference <input type="text"/></p> <p>Port Reference <input type="text"/></p> <p>Asylum Support Reference <input type="text"/></p> <p><input type="text"/></p>
<p>Type of support</p> <p>What type of support are you applying for?</p> <p>What type of section 95 support are you applying for?</p>	<p>Section 95 <input type="checkbox"/> (you must complete parts 1 – 18)</p> <p>Section 4 <input type="checkbox"/> (you must complete parts 1 – 26)</p> <p>Accommodation and subsistence <input type="checkbox"/></p> <p>Accommodation only <input type="checkbox"/></p> <p>Subsistence only <input type="checkbox"/></p>
Section 2. Personal details	Tell us details about yourself.
<p>Name</p> <p>About other names you use now</p> <p>Do you currently use any other name?</p>	<p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name: <input type="text"/></p> <p>Given Names; <input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Details of other name</p>	<p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name: <input type="text"/></p> <p>Given Names: <input type="text"/></p>
<p>Gender</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>Date of birth (dd-mm-yyyy)</p>	<p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p>
<p>Nationality</p>	<p><input type="text"/></p>
<p>What is your first language?</p> <p>Do you speak English?</p> <p>Can you read English?</p>	<p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Relationship status</p> <p>How many dependants, in the UK, are to be included in this application for support</p> <p>Do you have any dependants that are not on your asylum application that you wish to claim support for?</p>	<p> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> divorced <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Dissolved partnership <input type="checkbox"/> Surviving Civil Partner </p> <p><input type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Why are you requesting support for this person?</p>	<div style="border: 1px solid black; height: 96px;"></div>
<p>Section 3. Passport details</p>	
<p>Do you have a current passport or travel document?</p> <p>Where is this document?</p> <p>Do you have any other passports or travel documents?</p> <p>Your Passport details</p> <p>Document number</p> <p>Country of Issue</p> <p>Date of Issue and expiry</p> <p>Issuing Authority</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 48px; margin-top: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div>
<p>Section 4. Other nationalities you hold now</p>	<p>Tell us if you hold another nationality</p>
<p>Do you have any other nationality?</p> <p>Other nationality</p> <p>Other nationalities you have held in the past:</p> <p>Have you had any other nationalities in the past?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Previous nationality. When did you have this nationality?	<input type="text"/> <input type="text"/>
Section 5. Your current circumstances	
Are you, or will you be, without accommodation or the means to meet your essential living needs within 14 days? If "Yes" when will this be from?	Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
Section 6. Address and contact details in the UK	
Do you have a current address? Address Home telephone number Mobile telephone number E- mail address. Your address: Is your current address also your correspondence address?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, provide a phone number where we can contact you) House Number or Name <input type="text"/> Street Name <input type="text"/> Town or City <input type="text"/> County <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> Tell us where we can write to you: Yes <input type="checkbox"/> No <input type="checkbox"/> (if No fill in the correspondence address)

Address	House number or name <input style="width: 350px; height: 20px;" type="text"/> Street Name <input style="width: 450px; height: 25px;" type="text"/> Town or City <input style="width: 350px; height: 25px;" type="text"/> County <input style="width: 350px; height: 25px;" type="text"/> Postcode <input style="width: 350px; height: 25px;" type="text"/>												
Who currently provides you with accommodation?	<input type="checkbox"/> Home Office <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Rented <input type="checkbox"/> Partner <input type="checkbox"/> Charity <input type="checkbox"/> Street Homeless Other? _____												
Tell us who you currently live with? (please include their name and any contact details you have for them)	<input style="width: 600px; height: 80px;" type="text"/>												
Do you pay towards the cost of your accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Amount per month	<input style="width: 240px; height: 35px;" type="text"/>												
How are these payments made and how is this funded?	<input style="width: 615px; height: 55px;" type="text"/>												
If you are claiming for subsistence only support, you must provide the following evidence.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Evidence of the rent amount, and how much you pay towards it.</td> <td style="width:30%;"></td> </tr> <tr> <td>Entitlement to reside in the property</td> <td></td> </tr> <tr> <td>Council tax bill</td> <td></td> </tr> <tr> <td>Utility bill (Gas, Water, Electric)</td> <td></td> </tr> <tr> <td>Bank statements for partner / other dependants</td> <td></td> </tr> <tr> <td>Proof of who is paying the rent</td> <td></td> </tr> </table>	Evidence of the rent amount, and how much you pay towards it.		Entitlement to reside in the property		Council tax bill		Utility bill (Gas, Water, Electric)		Bank statements for partner / other dependants		Proof of who is paying the rent	
Evidence of the rent amount, and how much you pay towards it.													
Entitlement to reside in the property													
Council tax bill													
Utility bill (Gas, Water, Electric)													
Bank statements for partner / other dependants													
Proof of who is paying the rent													
Have you been asked to leave this accommodation? If yes, state when you are expected to leave	Yes <input type="checkbox"/> No <input type="checkbox"/>												

<p>and explain why you can no longer be accommodated there.</p> <p>When did you live at this address?</p> <p>Any previous address history?</p> <p>Provide the address and dates you lived at each place.</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>From <input style="width: 150px; height: 25px;" type="text"/> To <input style="width: 150px; height: 25px;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 130px; width: 100%;"></div>
<p>Section 7. Legal representative</p>	<p>Provide us with the details of your legal representative</p>
<p>Do you have a legal representative?</p> <p>Who pays for your representative?</p> <p>Name of the representative's organisation</p> <p>Name of representative</p> <p>Contact telephone number</p> <p>E mail address</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 35px; width: 100%;"></div> <div style="border: 1px solid black; height: 35px; width: 100%;"></div> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name: <input style="width: 90%; height: 25px;" type="text"/></p> <p>Given Names: <input style="width: 90%; height: 25px;" type="text"/></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

<p>Address of your representative</p>	<p>House Number or Name <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p>
<p>Section 8. Support Tell us more about all the support you or your dependants have received from your friends and or relatives.</p>	
<p>Have you or your dependants received any support from friends or relatives since arriving in the UK?</p> <p>If yes, you must provide details of the support and why it stopped or cannot continue.</p> <p>Who provided the support?</p> <p>Address</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p>Family Name: <input type="text"/></p> <p>Given Names: <input type="text"/></p> <p>Relationship to you: <input type="text"/></p> <p>House Number or Name: <input type="text"/></p> <p>Street Name: <input type="text"/></p> <p>Town or City: <input type="text"/></p> <p>County: <input type="text"/></p> <p>Postcode: <input type="text"/></p>

<p>Contact telephone number</p> <p>E- mail address</p> <p>Have you or your dependants received any support from any other friend or relative since arriving in the UK?</p> <p>If yes, you must provide details of the support provided and why it stopped or cannot continue.</p>	<div data-bbox="523 192 986 259" style="border: 1px solid black; height: 30px; width: 290px;"></div> <div data-bbox="523 300 1474 367" style="border: 1px solid black; height: 30px; width: 596px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 524 1458 869" style="border: 1px solid black; height: 154px; width: 590px;"></div>
<p>Who provided the support?</p>	<p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p>Family Name <input data-bbox="730 994 1362 1061" type="text"/></p> <p>Given Names <input data-bbox="730 1070 1356 1137" type="text"/></p> <p>Relationship to you <input data-bbox="737 1146 1200 1214" type="text"/></p> <p>House Number or Name <input data-bbox="880 1227 1232 1308" type="text"/></p> <p>Street Name <input data-bbox="721 1317 1270 1384" type="text"/></p> <p>Town or City <input data-bbox="721 1397 1283 1464" type="text"/></p> <p>County <input data-bbox="721 1478 1283 1545" type="text"/></p> <p>Postcode <input data-bbox="718 1554 1286 1621" type="text"/></p>
<p>Contact telephone number</p> <p>E- mail address</p>	<div data-bbox="523 1697 1114 1765" style="border: 1px solid black; height: 30px; width: 370px;"></div> <div data-bbox="517 1886 1449 1966" style="border: 1px solid black; height: 36px; width: 584px;"></div>

Any further information about the support you have been receiving?	<input type="text"/>
Section 9. Employment history	Tell us about any employment you have had whilst in the UK
<p>Name of your current employer or business</p> <p>Address</p> <p>Start date</p> <p>Your previous employment details:</p> <p>Name of previous employer or business</p> <p>Address</p> <p>Start date</p> <p>End date</p>	<p><input type="text"/></p> <p>House Number or Name <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p>Tell us about any previous employment you have had: (use additional information section if needed)</p> <p><input type="text"/></p> <p>House Number or Name <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>(dd-mm-yyyy) <input type="text"/></p> <p>(dd-mm-yyyy) <input type="text"/></p>

<p>Have you ever had a National Insurance Number (NINO)? If "Yes" please provide your National Insurance number. Also, provide P45 and P60 forms.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			
<p>Section 10. Visa applications</p>	<p>Tell us about any visa applications you have made to enter the UK in the last 3 years.</p>																			
<p>Have you ever applied for a visa to enter the UK? Tell us about your visa application</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="515 831 1481 1525"> <tr> <td>Was the visa granted?</td> <td></td> </tr> <tr> <td>If not granted why not?</td> <td></td> </tr> <tr> <td>Date visa issued</td> <td></td> </tr> <tr> <td>Valid from</td> <td></td> </tr> <tr> <td>Valid until</td> <td></td> </tr> <tr> <td>Visa reference number</td> <td></td> </tr> <tr> <td>What financial information and or assets did you declare to support your application?</td> <td></td> </tr> <tr> <td>Do you still have access to the assets you declared to obtain a visa?</td> <td></td> </tr> <tr> <td>If not, why not?</td> <td></td> </tr> </table>		Was the visa granted?		If not granted why not?		Date visa issued		Valid from		Valid until		Visa reference number		What financial information and or assets did you declare to support your application?		Do you still have access to the assets you declared to obtain a visa?		If not, why not?	
Was the visa granted?																				
If not granted why not?																				
Date visa issued																				
Valid from																				
Valid until																				
Visa reference number																				
What financial information and or assets did you declare to support your application?																				
Do you still have access to the assets you declared to obtain a visa?																				
If not, why not?																				
<p>Section 11A. Monetary assets in the UK</p>	<p>Tell us about any monetary assets you have access to in the UK.</p>																			
<p>Do you have any cash funds? Do you have any bank and or saving accounts?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="Provide details here"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="Provide details here"/></p>																			

<p>Do you have any credit cards and or loans?</p> <p>Do you have a PayPal account?</p> <p>Do you have a private and or state pension?</p> <p>Do you have any Investments?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p>																																
<p>You must provide details of any accounts held using the table, and indicate that you have included, at least, statements for the last six months.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Currency</td> <td>Value</td> </tr> <tr> <td>Currency</td> <td>Value</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name of bank or organisation</th> <th style="width: 20%;">Account Number</th> <th style="width: 20%;">Sort Code</th> <th style="width: 25%;">Balance of Account</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Currency	Value	Currency	Value	Name of bank or organisation	Account Number	Sort Code	Balance of Account																								
Currency	Value																																
Currency	Value																																
Name of bank or organisation	Account Number	Sort Code	Balance of Account																														
<p>Section 11B. Monetary assets abroad</p>	<p>Tell us about any monetary assets you have access to abroad.</p>																																
<p>Do you have any cash funds?</p> <p>Do you have any bank and or saving accounts?</p> <p>Do you have any credit cards and or Loans?</p> <p>Do you have a PayPal account?</p>	<p style="text-align: right;">Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Currency</td> <td>Value</td> </tr> <tr> <td>Currency</td> <td>Value</td> </tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Provide details here</p>	Currency	Value	Currency	Value																												
Currency	Value																																
Currency	Value																																

Do you have a private pension? Yes No Provide details here

Do you have any Investments? Yes No Provide details here

You must provide details of any accounts held using the table and indicate that you have included, at least, statements for the last 6 months.

Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency

Section 12A. Material assets in the UK **Tell us about the material assets you have in the UK.**

Do you own any land in the UK? Yes No

Provide details of the land that you own

Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence

Do you own any property in the UK? Yes No

Provide details of the property that you own

What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.

<p>Do you have a car or other vehicle?</p> <p>Provide details of the car or other vehicle</p> <p>If you have not yet sold this vehicle, please provide an explanation why.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="517 371 1465 524"> <tr> <td data-bbox="517 371 847 448">Registration number</td> <td data-bbox="847 371 1465 448"></td> </tr> <tr> <td data-bbox="517 448 847 524">Value</td> <td data-bbox="847 448 1465 524"></td> </tr> </table> <div data-bbox="517 577 1481 766" style="border: 1px solid black; height: 84px;"></div>	Registration number		Value	
Registration number					
Value					
<p>Section 12B. Material assets held abroad</p>	<p>Tell us about the material assets you have outside the UK</p>				
<p>Do you own any land abroad?</p> <p>Provide details of the land that you own</p> <p>Do you own any property abroad?</p> <p>Provide details of the property that you own</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 1077 1465 1348" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 1568 1469 1843" style="border: 1px solid black; padding: 5px;"> <p>What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>				

Section 13. Welfare and Benefits	Tell us about any Welfare you receive.
<p>Are you in receipt of any UK welfare or benefits or support now or have you been in the previous 6 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Provide details here</p> <div style="border: 1px solid black; height: 200px; margin-top: 10px;"></div>
<p>Are you (or someone else) in receipt of any welfare or benefit support in relation to any dependants on this claim? Or have been in the previous 6 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Provide details here</p>
Section 14. Individual circumstances	Tell us about any individual circumstances for you or your dependants that we should be aware of.
<p>Provide details of your individual circumstances</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pregnant <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Physical health problems (<i>including any mobility issues</i>) <input type="checkbox"/> Chronic disease <input type="checkbox"/> Mental health problems (<i>including high risk of suicide, serious self-harm or risk to others</i>) <input type="checkbox"/> Victim of domestic violence <input type="checkbox"/> Victim of modern slavery (<i>If yes, have you already been referred into the National Referral Mechanism? Have you received a decision?</i>) <input type="checkbox"/> Other <input type="checkbox"/> No additional reasons

<p>Brief Description</p> <p>Do you hold any supporting documents?</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>Are you currently registered with a doctor in the UK?</p> <p>Doctor's Name</p> <p>Doctor's Address</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>House Number or Name <input style="width: 400px;" type="text"/></p> <p>Street Name <input style="width: 450px;" type="text"/></p> <p>Town or city <input style="width: 350px;" type="text"/></p> <p>County <input style="width: 370px;" type="text"/></p> <p>Postcode <input style="width: 320px;" type="text"/></p>

	Telephone	<input type="text"/>
	Email	<input type="text"/>

<p>Section 15. Individual accommodation requirements</p>	<p>Tell us about any accommodation requirements specific to you or your dependants' individual needs we should be aware of.</p>
<p>Provide details, with evidence, about any specific accommodation requirements you or your dependants have.</p> <p>In making decisions about the allocation of asylum accommodation, the Home Office has regard to the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. Do any of these apply to you? If so, which?</p> <p>Asylum accommodation is allocated on a no choice basis, so it could be in any location in the UK. Accommodation types vary across the UK depending on availability. Initially, you will be allocated accommodation in any of the following</p>	

<p>(although this list is not exhaustive): hotels, Houses of Multiple Occupancy, hostels, refurbished accommodation that previously housed military personnel, large sites with communal living and communal sleeping quarters, or moored vessels.</p> <p>You may also be required to room share in any of the above accommodation.</p> <p>Are there any factors we need to be aware of when allocating your accommodation?</p>	
<p>Section 16. Dependants You must complete this section for your 1st dependant. Complete a separate Section 16 for each of your dependants. Attach the completed copies to your application.</p>	
<p>Dependants' details Name</p> <p>Do they currently use any other name?</p>	<p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name Given</p> <p>Names</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p>

Other names used	Family Name <input type="text"/> Given Names <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> <input type="text"/>
Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	<input type="checkbox"/> Spouse
Gender	<input type="checkbox"/> Child under 18
Relationship to you	<input type="checkbox"/> Unmarried partner
	<input type="checkbox"/> Other
If other, please explain why you are requesting support for this person and provide evidence.	<input type="text"/>
If applicable please provide the other parent's details (Name, DOB, and Nationality) and an explanation as to why they are unable to support them. (If the child's parent is not part of the claim)	<input type="text"/>
Is the child's other parent (not included on this form) claiming any support for the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must provide an explanation for this. <input type="text"/>
Does this dependant live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	<input type="text"/>

<p>Why does this dependant not live at your address?</p>	<div style="border: 1px solid black; height: 50px;"></div>																		
<p>Section 16A. Visa applications</p>	<p>Tell us about your dependant's visa applications.</p>																		
<p>Has your dependant ever applied for a visa to enter the UK?</p> <p>Tell us about your dependants' visa application</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Was the visa granted?</td> <td></td> </tr> <tr> <td>If the visa was not granted why not?</td> <td></td> </tr> <tr> <td>Date visa issued</td> <td></td> </tr> <tr> <td>Valid from</td> <td></td> </tr> <tr> <td>Valid until</td> <td></td> </tr> <tr> <td>Visa reference</td> <td></td> </tr> <tr> <td>What financial information or assets did they declare to support their application, or in support of your application?</td> <td></td> </tr> <tr> <td>Do they still have access to these assets?</td> <td></td> </tr> <tr> <td>If you do not have access to the assets they declared in the visa application, why not?</td> <td></td> </tr> </table>	Was the visa granted?		If the visa was not granted why not?		Date visa issued		Valid from		Valid until		Visa reference		What financial information or assets did they declare to support their application, or in support of your application?		Do they still have access to these assets?		If you do not have access to the assets they declared in the visa application, why not?	
Was the visa granted?																			
If the visa was not granted why not?																			
Date visa issued																			
Valid from																			
Valid until																			
Visa reference																			
What financial information or assets did they declare to support their application, or in support of your application?																			
Do they still have access to these assets?																			
If you do not have access to the assets they declared in the visa application, why not?																			
<p>Part 16B. Employment of dependants</p>	<p>Tell us about your dependant's UK employment history.</p>																		
<p>Have they ever had a National Insurance Number (NINO)?</p> <p>If "Yes" please provide their National Insurance number.</p> <p>Is this dependant currently in employment (working) in the UK?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																		

<p>Name of their employer or business</p> <p>Address</p> <p>Start date</p> <p>Their previous employment details: Name of previous employer or business</p> <p>Address</p> <p>Start Date</p> <p>End date</p>	<p><input type="text"/></p> <p>House Number or Name <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Day <input type="text"/> Month <input type="text"/> Year <input type="text"/></p> <p><input type="text"/></p> <p>House number or name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or city <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>(dd-mm-yyyy) <input type="text"/></p> <p>(dd-mm-yyyy) <input type="text"/></p>
<p>Section 16C. Education Tell us about your dependant's education in the UK.</p>	
<p>Does your dependant attend School, College or University?</p> <p>Name of School College or University</p> <p>How long have they been attending?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>From <input type="text"/> To <input type="text"/></p>

Section 16D. Dependant monetary assets in the UK	Tell us about any monetary assets your dependants have access to in the UK.																																
Does your dependant have any cash funds?	Yes <input type="checkbox"/> No <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Currency</td> <td style="padding: 5px;">Value</td> </tr> </table>	Currency	Value																														
Currency	Value																																
Does your dependant have any bank and or saving accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100%;" type="text" value="Provide details here"/>																																
Do you have any credit cards and or Loans?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100%;" type="text" value="Provide details here"/>																																
Does your dependant have a PayPal account?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100%;" type="text" value="Provide details here"/>																																
Does your dependant have a private pension?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100%;" type="text" value="Provide details here"/>																																
Does your dependant have any investments?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100%;" type="text" value="Provide details here"/>																																
You must provide details of any accounts held using the table below, and indicate that you have included, at least, statements for the last 6 months.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of bank or organisation</th> <th style="width: 20%;">Account Number</th> <th style="width: 20%;">Sort Code</th> <th style="width: 30%;">Balance of Account</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of bank or organisation	Account Number	Sort Code	Balance of Account																												
Name of bank or organisation	Account Number	Sort Code	Balance of Account																														

Section 16E. Dependant monetary assets abroad	Tell us about any monetary assets your dependants have access to abroad.																																												
<p>Does your dependant have any cash funds outside of the UK?</p> <p>Do they have any bank and or saving accounts?</p> <p>Do you have any credit cards and or Loans?</p> <p>Do they have a PayPal account?</p> <p>Do they have a private pension?</p> <p>Do they have any investments?</p> <p>You must provide details of any accounts held using the table below, and indicate that you have included, at least, statements for the last 6 months.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="515 443 1490 591"> <tr> <td data-bbox="515 443 1003 512">Currency</td> <td colspan="4" data-bbox="1003 443 1490 512">Value</td> </tr> <tr> <td data-bbox="515 512 1003 591">Currency</td> <td colspan="4" data-bbox="1003 512 1490 591">Value</td> </tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="515 1093 1490 1413"> <thead> <tr> <th data-bbox="515 1093 727 1205">Name of bank or organisation</th> <th data-bbox="727 1093 914 1205">Account Number</th> <th data-bbox="914 1093 1102 1205">Sort Code</th> <th data-bbox="1102 1093 1294 1205">Balance of Account</th> <th data-bbox="1294 1093 1490 1205">Currency</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Currency	Value				Currency	Value				Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																									
Currency	Value																																												
Currency	Value																																												
Name of bank or organisation	Account Number	Sort Code	Balance of Account	Currency																																									
Section 16F. Dependant material assets in UK	Tell us about the material assets your dependant has in the UK.																																												
<p>Do they own any land in the UK?</p> <p>Provide details of the land that they own</p> <p>Do they own any property in the UK?</p> <p>Provide details of the property they own</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="515 1653 1490 1787" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="515 1843 1490 1966" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>																																												

<p>Do they have a car or other vehicle?</p> <p>Provide details of the car or other vehicle</p> <p>If they have not yet sold this vehicle, please provide an explanation why.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" data-bbox="517 295 1465 448"> <tr> <td data-bbox="517 295 845 369">Registration number</td> <td data-bbox="845 295 1465 369"></td> </tr> <tr> <td data-bbox="517 369 845 448">Value</td> <td data-bbox="845 369 1465 448"></td> </tr> </table> <div data-bbox="517 474 1465 604" style="border: 1px solid black; height: 58px;"></div>	Registration number		Value	
Registration number					
Value					
<p>Section 16G. Dependants material assets abroad</p>	<p>Tell us about the material assets your dependant has abroad.</p>				
<p>Do they own any land abroad?</p> <p>Provide details of the land that they own</p> <p>Do they own any property abroad?</p> <p>Provide details of the property that they own</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 851 1465 992" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div data-bbox="517 1120 1465 1261" style="border: 1px solid black; padding: 5px;"> <p>Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence.</p> </div>				
<p>Section 16H. Dependant Welfare and Benefits</p>	<p>Tell us about the Welfare or Benefits your dependant is receiving.</p>				
<p>Are they in receipt of any UK welfare or benefit payments or support or have they been in the previous 6 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must give details and provide evidence</p> <div data-bbox="517 1503 1465 1653" style="border: 1px solid black; height: 67px;"></div>				
<p>Section 17. Additional details</p>	<p>Tell us who helped you to complete this form</p>				
<p>Who helped you complete this form</p>	<p><input type="checkbox"/> Legal representative <input type="checkbox"/> Voluntary Sector <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Nobody</p>				

<p>Name of person or organisation who assisted you.</p> <p>Address of person or organisation who assisted you.</p> <p>Telephone number and email address of the person who assisted you</p>	<p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Family Name <input type="text"/></p> <p>Given Names <input type="text"/></p> <p>Organisation name <input type="text"/></p> <p>House Number or Name <input type="text"/></p> <p>Street name <input type="text"/></p> <p>Town or City <input type="text"/></p> <p>County <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Section 18.</p>	<p>Section 95 declaration</p>
	<p>If you are applying for section 4 support, do not sign here. You must also complete sections 19 to 25 and sign the declaration at Section 26</p>

Once you submit this application you have agreed to accept the following terms:

- I confirm that the information I have given on this form is correct and complete.
- I understand that if I give false information, you may take action against me and I could be prosecuted.
- I confirm that I will tell you if my or my dependants' circumstances change or there is new information that is relevant to this application.
- I agree that you can pass the information on this form to the prescription pricing authority so they can give me and my family help toward health costs.
- You can use this information to check that my family and I are entitled to help, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me..
- You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against information held on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at:

www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship. This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

I agree to the use of the data provided in this application in accordance with the Home Office's Information Charter: I confirm that I agree to all the above statements

Name:

Signature:

Date:

	<p>If you are applying for section 95 support and you do not have any additional details that you wish to add on page 31, you do not need to complete and print the remaining pages of this form.</p>
<p>Section 19.</p>	<p>APPLICATION for SECTION 4 SUPPORT</p>
	<p>I Consider that I am eligible for support under section 4 because:</p> <p>Part 1 - I am destitute, (Note: You should demonstrate, in your answers to questions below, that you are without adequate accommodation or the means of obtaining it now, or within 14 days, or, if you have adequate accommodation, that you cannot meet your other essential living needs now, or within 14 days. If you have been without support from the Home Office or a local authority for some time, you will be expected to explain how you have supported yourself during this period and provide evidence where necessary).</p> <p>Part 2 – and I satisfy at least one of the criteria listed below (please tick all that apply) as set out under 3(2) of the Immigration and Asylum (Provision for Accommodation to Failed Asylum-Seekers) Regulations 2005.</p> <p><input type="checkbox"/> I am taking all reasonable steps to leave the UK or place myself in a position in which I am able to leave the UK. This could include complying with attempts to obtain a travel document to facilitate departure.</p> <p><input type="checkbox"/> I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason.</p> <p><input type="checkbox"/> I am unable to leave the UK because in the opinion of the Secretary of State there is currently no viable route of return available.</p> <p><input type="checkbox"/> I have made an application in Scotland for judicial review of a decision in relation to my asylum claim or, in England and Wales or Northern Ireland, I have applied for such a judicial review and been granted permission or leave to proceed.</p> <p><input type="checkbox"/> The provision of accommodation is necessary for the purpose of avoiding a breach of a person’s Convention rights, within the meaning of the Human Rights Act 1998.</p>

<p>Section 20. About your steps to leave the UK voluntarily</p>	<p>Tell us what steps you have taken, are taking, to leave the UK voluntarily, if any.</p>
<p>Have you tried to obtain documentation to be able to return home?</p> <p>Tell us the steps you are taking to obtain a travel document.</p> <p>Have you applied for the Voluntary Return Service (VRS)?</p> <p>What date did you apply?</p> <p>Have you been offered a flight that you have failed to take up?</p> <p>Details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Day <input style="width: 40px;" type="text"/> Month <input style="width: 40px;" type="text"/> Year <input style="width: 60px;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>
<p>Section 21. About your impediment to travel</p>	
<p>Give a brief explanation as to why you cannot leave the UK</p> <p>Have you submitted a section 4 medical declaration form or a maternity declaration (MATB1)? Please submit if you have not done so already.</p>	<div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Section 22. No viable route to return</p>	

Please say why you think you have no viable route home.	
Section 23. About your Judicial Review	
Has your case been given permission to proceed or granted leave to proceed to Judicial Review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 24. Avoiding a breach of ECHR	
<p>Have you submitted further submissions following the refusal of a protection or human rights claim, or where a protection or human rights has been withdrawn or treated as withdrawn, that you wish to be considered by the Home Office as a fresh human rights or protection claim?</p> <p>State the reason, attaching evidence as appropriate, why you think a failure to provide section 4 support would breach your ECHR rights.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Section 25. Previous section 4 applications	
Have you previously applied for section 4 support, had an application for section 4 support refused or discontinued or ever been the dependant of another asylum seeker?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of applicant, date of application and Home Office reference number if known etc.</p>

If "Yes" to any part of the question above, please provide details

Section 26

Section 4 Declaration

The information you have provided in the section 4 application form will be treated in confidence. However, it may be disclosed to other UK government departments or agencies, local authorities, law enforcement agencies, foreign governments and other bodies for immigration or research purposes to carry out their functions. The Home Office may also obtain information about you from other organisations (including credit reference agencies) to assess whether you are eligible for section 4 support.

Declaration

In submitting this application for support under section 4 of the Immigration and Asylum Act 1999, I understand that I am also accepting the conditions under which this support is provided. Conditions may include specific standards of behaviour, reporting, residence or complying with steps to facilitate departure from the UK. These conditions will be set out in a notice in writing. Additionally:

- I understand the criteria for eligibility for support under section 4, and that I must continue to satisfy all relevant criteria to remain eligible for and be provided with support.
- I understand that should a decision be taken to provide me with support under section 4, I will be notified of the conditions under which support is provided. I also understand that should I fail to comply with any of these conditions the support provided to me may be discontinued.
- I understand that should a decision be taken to provide me with support under section 4, it may be necessary for me to relocate to another area to access this support on a no choice basis.
- I understand that any failure on my part to conform to the Home Office's reporting imposed in a notice in writing may result in discontinuation of support.
- I understand that failure to disclose all necessary information regarding myself or my dependants may lead to the withdrawal of section 4 support.
- I understand that failure to disclose all necessary financial information regarding myself or any dependants may lead to the withdrawal of section 4 support.
- I understand that my dependants, if I have any, may also be provided with support under section 4 subject to the same

conditions as myself. If any of the conditions on the continued provision of support to my dependants vary from my own, those conditions shall be set out separately to them in writing.

- I understand that you can use the information in my application to check that my family and I are entitled to support, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me.
- I understand that you may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against information on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.
- I agree to the use of the data provided in this application in accordance with the Home Office's Information Charter.

The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at: www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship. This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

I confirm that I agree to all the above statements

Signature:	
Name: (print)	
Date:	

--

Section 27.	Additional Information
<p>Is there any other information you would like us to consider?</p>	

Section 28.

Documents Checklist

Use the table below as a checklist of all the supporting documents you are providing with your application. Tell us how many of each of the documents listed that you have included. Ensure that all supporting documents and evidence is listed. Add extra lines if necessary. All documents must be originals.

Document	Number of pages

Section 29.	Next Steps for Your Application
	<p>1. Ensure the application is complete and that you have provided answers to all questions relevant to your claim for support. Ensure that you have provided evidence to support the answers in your application form where required.</p> <p>See the guidance document to ensure you have included all the necessary supporting documents and evidence which are being enclosed with the application form. Failure to supply documents and or evidence will lead to delays in reaching a decision and may lead to the rejection of your claim.</p> <p>2. Ensure you have read and signed the declaration for section 95 or section 4 support depending on which you are claiming for.</p> <p>3. Once you are satisfied that your application is complete, collate your form and documents together and send to: PO Box 471, Dover, CT16 9FN. If no original documents are required then you can e-mail the application to S95NewApplications@migranhelpuk.org if you are applying for section 95 support or S4@migranhelpuk.org if you are applying for section 4 support.</p> <p>If you use recorded or special delivery, this will help us to record the receipt of your application. Make sure you keep the recorded delivery or special delivery number.</p> <p>Consideration will be given to the information you have provided.</p> <p>You will be notified in writing of our decision.</p> <p>4. If you need to contact us after you have applied please contact: PO Box 471, Dover, CT16 9FN. Telephone: 0808 8010 503</p> <p>You must keep us informed of any changes to the information that you have provided.</p>