



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 following the application 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	E-mail	Citizenship, if not Finnish
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Have you worked during the previous six months?

No  Yes. Occupation:

Are you a full-time student?

No  Yes. Educational institution:

The studies have been discontinued

Are you retired?

No  Yes

## 2. 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 6 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

Given name and family 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 have been/will be living in a cohabiting relationship since/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

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

Given name and family name	Personal identity code	Citizenship, if not Finnish
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Given name and family 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.

Given name and family name	Personal identity code	Citizenship, if not Finnish
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Given name and family 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 or equivalent  with my parent(s)  in a dormitory

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

I have no accommodation. Describe your residential circumstances: \_\_\_\_\_

A disabled person lives in the same accommodation and the person's assistive devices require extra space. Please describe the need for extra space: \_\_\_\_\_

I am in temporary inpatient care (for instance, in a hospital) during the period \_\_\_\_\_ - \_\_\_\_\_

I am staying abroad during the period \_\_\_\_\_ - \_\_\_\_\_



## 6. Income

**i** State the **net income** (i.e. income after taxes) of all family members. **Benefits received from Kela need not be reported.**

**Do you or your spouse/partner or some other family member receive unemployment allowance paid by an unemployment fund?**

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

Applicant \_\_\_\_\_

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

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

**a wage or salary?**

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

Applicant \_\_\_\_\_

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

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

**income from self-employment?**

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

**income from agricultural entrepreneurship?**

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

**an earnings-related or survivors' pension, child support, municipal supplement to the child home care allowance, compensation for informal caregivers, a pension from abroad?**

No  Yes. Indicate the recipient, type of income and 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.

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

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

**other income or benefit** (e.g. rehabilitation allowance, job alternation compensation, insurance or lump-sum compensation, gifts)?

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

**a tax refund?**

No  Yes. Indicate the recipient and the amount.

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

**My family has no income.**

## 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. If you want the invoice to be paid directly to the payee, please write this information on the invoice.
- 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. \_\_\_\_\_

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

- the applicant  the landlord.

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

### Medical expenses

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

- 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 and 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.

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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.

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## 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.

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

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

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

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

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#### 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.

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

No  Yes. Indicate whom and what the change concerns.

Applicant \_\_\_\_\_

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

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

## 10. Enclosures

**i** Please include copies of all supporting documentation. Supporting documents that have already been sent to Kela need not be sent again.

### 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

