



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



For further questions, call our customer service number 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

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 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 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

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

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 _____

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

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 earnings-related unemployment allowance paid by an unemployment fund?

- No Yes. Indicate the recipient, the amount per day and the unemployment fund that pays the allowance.
- 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. tax refund, rehabilitation allowance, job alternation compensation, insurance or lump-sum compensation, gifts)?

- 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.

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

- | | | | |
|---|-------|-------------|-------|
| <input type="checkbox"/> rent or maintenance charge | _____ | € per month | _____ |
| <input type="checkbox"/> interest on housing loan | _____ | € per month | _____ |
| <input type="checkbox"/> separate water charge | _____ | € per month | _____ |
| <input type="checkbox"/> separate sauna charge | _____ | € per month | _____ |
| <input type="checkbox"/> home insurance | _____ | € | _____ |
| <input type="checkbox"/> household electricity or gas | _____ | € | _____ |
| <input type="checkbox"/> heating costs | _____ | € | _____ |
| <input type="checkbox"/> removal costs | _____ | € | _____ |
| <input type="checkbox"/> other housing costs; please specify. | | | |

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: _____

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"/> 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 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.

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

Section 6. Income

- New applications: bank account statements for all bank accounts for the two previous months for yourself and your spouse/partner, for instance printed from the online bank.
- New applications: payslips for the previous two months; applications for renewed payment: payslips for the previous month.
- 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

Section 7. Expenses

- 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).
- 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.

Other supporting documents

- Other document(s), please specify: _____
- Other document(s), please specify: _____

11. Additional information

-  Write the number of the section you are referring to.

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

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.

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.

