



Vård- och omsorgsförvaltningen
Myndighetsfunktionen
Box 41, 221 00 LUND
Tel. 046-359 54 97, 359 83 47
359 83 10, 359 50 24

**INKOMST- OCH
BOSTADSFÖRFRÅGAN**
2021

1. PERSONAL DETAILS

Surname and first name		Personal identity number
Address	Post code	Postal address
SPOUSE/REGISTERED PARTNER/CO-HABITANT – Surname/first name		Personal identity number
Address	Post code	Postal address
Marital status, user <input type="checkbox"/> Married/Registered partner <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow/Widower	Co-habitant <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status, Co-habitant <input type="checkbox"/> Married/Registered partner <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow/Widower
Personal identity number of children living at home below the age of 18 or children below the age of 21 who have not completed upper secondary school:		
<input type="checkbox"/> YES, we both receive initiatives from the Vård- och Omsorgsförvaltningen and would therefore like to receive a collective invoice		
<input type="checkbox"/> YES, we would like to receive a form to pay by direct debit.		

2. OTHER RECIPIENT OF A FEE DECISION AND/OR BILL

Note: Power of attorney/Instruction required in the case of another recipient

Fee decision must be sent to <input type="checkbox"/> Administrator <input type="checkbox"/> Special representative <input type="checkbox"/> Relative	Bill must be sent to <input type="checkbox"/> Administrator <input type="checkbox"/> Special representative <input type="checkbox"/> Relative
Name	Name
Address	Address
Postal address	Postal address
Telephone	Telephone

3. I/WE HAVE CHOSEN NOT TO FILL IN THIS FORM.

I/we am/are not providing any information about my/our financial situation.

I/we accept the maximum fee according to the municipality's tariff.

I/we understand that my/our choice can entail financial disadvantages.

Date, signature

Date, signature

IF YOU WANT TO FILL IN THE FORM, CONTINUE ON THE NEXT PAGE.

4. INCOME for the current month before tax

Income	(SEK/month)	Spouse/reg. partner (SEK/month)
Pension from the pension authority		
Pensions from National Government Employee Pensions Board		
Pensions from SPP/AMF/Alecta/KPA		
Private pensions		
Life annuities		
Maintenance support		
Sickness/Activity compensation		
Foreign pension Taxable in Sweden <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other non-taxable income		
Income from employment, including sickness benefit and unemployment insurance fund		
Housing supplement/Special housing supplement		
Housing allowance for families with children		
Municipal housing supplement for the disabled		

5. INCOME FROM CAPITAL before tax according to the information from latest checks

INCOME INTEREST	(SEK/year)	Spouse/reg. partner (SEK/year)
Income from capital (e.g. bank interest and dividends)		

**INTEREST ON
EXPENDITURE**

Interest on expenditure, not interest in respect of home loans		
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6. INCOME FROM BUSINESS ACTIVITIES

		Spouse/reg. partner
Do you receive income from business activities	<input type="checkbox"/> No <input type="checkbox"/> Yes, enclose copy of declaration	<input type="checkbox"/> No <input type="checkbox"/> Yes, enclose copy of declaration

7. INFORMATION ABOUT RENTED HOUSING, RENTAL APARTMENT, CO-OPERATIVE APARTMENT

(enclose copy of the latest rent specification, does not apply to special housing)

<input type="checkbox"/> Right of tenancy	<input type="checkbox"/> Accommodation rented second-hand	<input type="checkbox"/> Other type of rented accommodation, specify which		<input type="checkbox"/> Co-operative apartment	
Monthly rent/fee	Size of the accommodation (m ²)	Includes household electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Includes heating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Includes water? <input type="checkbox"/> Yes <input type="checkbox"/> No	Includes hot water? <input type="checkbox"/> Yes <input type="checkbox"/> No
Costs for garaging, satellite dish, home insurance and fee to the tenants' association must not be included in the rent cost. Only if broadband is a mandatory charge within the rent should it be included in the monthly rent/fee					

8. INFORMATION ABOUT OWN HOME (enclose copy of the latest loan statement)

Note: If you have sold or otherwise transferred your house but are still living in the house, it is considered that a rental agreement exists (JB 12:1). You must then fill in the details under point 7

<input type="checkbox"/> Own home	<input type="checkbox"/> Own duplex home	<input type="checkbox"/> Small house on farm unit (enclose copy of the latest declaration)
Property designation		Property's current taxable value (SEK)
Year of valuation	Tax year	Number of recorded owners
Property's living space (m ²) according to tax assessment		
Is any part of the property rented out? <input type="checkbox"/> Yes <input type="checkbox"/> No		Income from renting out (SEK/month)
Filled in by you who live(s) in your own duplex/multi-occupancy house		Your own apartment's living space (m ²) according to tax assessment

9. LOAN FOR CO-OPERATIVE APARTMENT OR PROPERTY

(enclose copy of the latest loan statement)

Loan for the property (lender)	Current amount of debt (SEK) (do not deduct interest subsidy)	Current interest rate (%) fixed or variable

10. PERSONAL DATA ACT

All information provided here, as well as information obtained from certain authorities, will be processed and stored electronically in the municipality's computer system, observing the provisions in the Personal Data Act.

11. SIGNATURE

<p>I declare that the information I have provided on this form is complete and truthful. I am aware that I am obliged to notify any changes in my income and housing situation. I accept that information I have provided will be checked and that fees may be adjusted, including retroactively if necessary.</p>	
Signature	The following have helped in filling in the form
Date	<input type="checkbox"/> Administrator/special representative <input type="checkbox"/> Relative <input type="checkbox"/> Personnel from the administration
Signature *	Name
<p>*) If the user, due to age, illness or other circumstance, cannot provide the requested declaration in person, the person acting on the user's behalf should sign</p>	

12. OTHER INFORMATION

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