

AN ASSESSMENT STATEMENT WALK IN



NAME	Personal identity code
<input type="checkbox"/> Unmarried <input type="checkbox"/> Common-law relationship <input type="checkbox"/> Married <input type="checkbox"/> Reg. partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Phone number

INCOME

Education/occupation: _____ Employer /school: _____

NET INCOME

Earnings from work _____ €/kk Unearned income _____ €/kk
 Earnings-related allowance _____ €/kk Other income _____ €/kk
 Wealth _____

KELA BENEFITS

☐ Unemployment allowance ☐ Sickness allowance ☐ Housing allowance ☐ Basic social assistance

☐ Other benefits ☐ Student financial aid

If necessary, the child welfare supervisor will check your reported income from the incomes register, benefits from Kela's customer information system and tax information from the tax administration.

EXPENSES

☐ owner-occupied house ☐ Main tenant ☐ Sub tenant ☐ No permanent residence ☐ Other

Number of inhabitants _____ Number of own children under 18 yrs old living in the residence _____

LIVING EXPENSES

Total amount

½ of living expenses, if married or co-living

Rental/maintenance charge	_____ €/kk	_____ €/kk
Mortgage loan repayment	_____ €/kk	_____ €/kk
Electricity	_____ €/kk	_____ €/kk
Water and sauna	_____ €/kk	_____ €/kk
Other living expenses	_____ €/kk	_____ €/kk

OTHER EXPENSES

Commuting expenses _____ €/kk	Expenses of the child visitations _____ €/kk
Student loan repayment _____ €/kk	Child support for other children _____ €/kk
Special health care expenses _____ €/kk	Enforcement payments _____ €/kk

THE COSTS OF THE CHILD SUBJECT TO THE AGREEMENT

Day care expense _____ €/kk	Expenses of special hobbies _____ €/kk
After-school activities _____ €/kk	_____ €/kk
Special health care expenses _____ €/kk	_____ €/kk

More information:

I certify that the information I have given correct _____

Place, date and signature