



Application for Financial Assistance

M ó t t . _____

Name: _____ kt. _____ Occupation: _____

Spouse's/partner's name: _____ kt. _____ Occupation: _____

Registered address: _____ Current address: _____

Telephone/email: _____

Names and national ID numbers (kennitala) of children: _____

Other members of the household: _____ kt. _____

MARITAL STATUS

☐ Married ☐ Cohabiting ☐ Single ☐ Widowed ☐ Single parent

HOUSING

☐ Owner occupied home ☐ Rental housing ☐ Living with others
☐ homeless ☐ Other _____

INCOME AND LIABILITIES

Applicants are required to submit the following documents with this application

1. Payslips for the last three months.
2. Payslips for the spouse or cohabiting partner.
3. Information regarding unemployment benefits.
4. Statement of income from the Icelandic Social Insurance Administration (including child support payments, if applicable).
5. Statement of pension fund payments..
6. Certified tax return for the previous year..
7. Summary of major expenses.

Additional information the applicant wishes to provide::

I hereby certify, by my signature, that all information I have provided regarding my financial circumstances and those of my household in connection with this application is true and accurate to the best of my knowledge. I authorize the Director of Social Services to obtain additional information concerning my financial situation if deemed necessary..

Bank Account Information:

Bank: _____ Ledger(account series): _____ Account number _____

Staður og dagsetning: _____

Applicant's Signature

Spouse's/Cohabiting Partner's Signature: