



Form sent by
Phone number
Service unit and local service area/client assistance team
Income statement due date
Client's last name and first names
Client's home address
Personal identity code
Phone number

Other family members

Name of spouse or cohabiting partner
Personal identity code
Children under the age of 18
Personal identity code

based on gross income

Social Services, Health Care and
Rescue Services Division

I agree to the following:

The Social Services, Health Care and Rescue Services Division investigating my/my spouse's income and expense data for a client fee, service voucher or payment deduction calculation. The income will be investigated by obtaining information from electronic databases such as the Incomes Register. If the service continues, my income will be annually verified using the above-mentioned electronic databases.

Receipts for deductible expenses must be submitted, see page 3.

I want to submit a statement regarding my own and my spouse's income and expenses.

The income and expense statement must be accompanied by supporting receipts. If you fail to submit the income statement, the division will investigate the income from electronic systems ex officio.

I do not want to provide my income data or my spouse's income data. In such a case, the fee will be determined based on the available maximum fee.

Income data	Client's gross income EUR/month	Spouse's/cohabiting partner's gross income EUR/month
Wage income		
Earnings-related unemployment allowance and labour market subsidy		
Earnings-related pension		
National pension and guarantee pension		
Care allowance for pensioners		
Housing allowance		
Disability allowance for a person under the age of 16		
Front-veteran's supplement or additional front-veteran's supplement		
Maternity, paternity and parental allowance		
Sickness allowance		
Child maintenance allowance		
Other benefit paid by the Social Insurance Institution of Finland (Kela)		
Other pensions (e.g. survivors' pension), type of pension and pension institution and/or informal care support		

based on gross income

Social Services, Health Care and
Rescue Services Division

Income of children under the age of 18	Gross income EUR/month
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Life annuities and other regular income	Client's gross income EUR/month	Spouse's/cohab- iting partner's gross income EUR/year
Capital income and earned income from agricultural and business activities and the service user's share of a partnership's income as specified in the most recent completed tax assessment		
Including any retired farmer's portion, child maintenance allowance etc.		
Capital income (e.g. rent, interest, dividend and forest income), including receipts		

Eligible expenses (applies to supported and communal housing)

Rent or maintenance charge and standard water rate, electricity and home insurance for the home in which the client was living when starting to use the service for a maximum of six months will be taken into account as deductions from the client's income. Itemisations of the payments must be submitted.		
Maintenance charge, rent EUR/month		
Maintenance payments for children under 18 years of age not living in the same household, including a copy of the maintenance agreement and a receipt of the most recent payment		
Child's name	Year of birth	Child maintenance payments EUR/month
Trustee's fee	Other	Enforcement

Data provided by

Name
Address
Phone number
Email

Signature

I hereby certify that the information I have provided is correct and agree that it will be reviewed.

Place and date

Signature and name in block letters

Additional information

The authority has the right to investigate the client's income data in accordance with section 14a of the Act on Client Charges in Healthcare and Social Welfare.

Return address:

City of Helsinki Social Services, Health Care and Rescue
Services Division Financial, strategy and planning services
Client fee decisions and special support
PO Box 6032
FI-00099 City of Helsinki, Finland

Additional information on client fees in the Social Services and Health Care Division:

Client fee decisions and special support unit
Telephone service on weekdays from 9:00 to 11:00, tel +358 9 310 44610
Email: [sotepe.asiakasmaksut\(at\)hel.fi](mailto:sotepe.asiakasmaksut(at)hel.fi)
[Hel.fi / Health and social services / Data and the rights of the client / Fees](#)