

Name
Address
Division and service unit
Income statement due date
Client's last name and first names
Personal identity code

### Other family members

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

<p>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.</p> <p><b>Receipts for deductible expenses must be submitted, see page 3.</b></p>
<p>I want to submit a statement regarding my own and my spouse's income and expenses.</p> <p>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.</p>
<p>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.</p>

## based on net income

Social Services, Health Care and  
Rescue Services Division

<b>Income data</b>	Client's net income EUR/month	Spouse's/cohabiting partner's net 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		

**Life annuities and other regular income**

Life annuities		
Payer		
Spouse's life annuities		
Payer		
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	EUR/year (net/month)	EUR/year (net/month)
Including any retired farmer's portion, child maintenance allowance etc.	EUR/month (net/month)	EUR/month (net/month)

**based on net income**

Social Services, Health Care and  
Rescue Services Division

**Capital income**

Capital income (e.g. rent, interest, dividend and forest income)
Spouse's capital income (e.g. rent, interest, dividend and forest income)

**Eligible expenses**

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

**based on net income**Social Services, Health Care and  
Rescue Services Division**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](https://hel.fi/Health%20and%20social%20services/Data%20and%20the%20rights%20of%20the%20client/Fees)