



Please send the form to  
Försäkringskassans inläsningscentral  
839 88 Östersund

Use this form if you owe Försäkringskassan money for unpaid child support and you are unable to pay it.

### 1. Applicant

First name(s) and last name		Personal ID no. (12 digits)
Postal address	Postal code and city	

### 2. Grounds

Describe why you are unable to repay your debt
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### 3. Information about your living situation

Fill in information about your housing situation. Enclose documents to verify the information. The information about principal and interest payments is only for mortgages, not other types of loans.

<input type="checkbox"/> I rent the place I live in <input type="checkbox"/> I own the apartment I live in <input type="checkbox"/> I own the house I live in <input type="checkbox"/> I am a lodger			
<input type="checkbox"/> I have another kind of housing _____			
Living space square	Monthly rent or fee	SEK per month	Payment on mortgage principal
	Heating (non-household)	SEK per month	Interest on mortgage
Other expenses if you own your residence, including refuse collection, water and sewage, chimney sweeping site leasehold fee, joint ownership fee, house or apartment insurance (supplement, not the part including in your householder's policy) Specify each expense separately per month.			

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**4. Persons living with you**Do you live alone?  No  Yes. Skip to Section 5.**Spouse/Live-in partner**

First name, last name

Personal ID no. (12 digits)

**Child**

Children who live with you full-time - write personal ID no(s) (12 digits)

Personal ID no.

Personal ID no.

Personal ID no.

Personal ID no.

Children who live with you part-time - write personal ID no(s) (12 digits)

Personal ID no.

Personal ID no.

Personal ID no.

Personal ID no.

Children who live with you part-time - write personal ID no(s) (12 digits)

Personal ID no.

Personal ID no.

Personal ID no.

Personal ID no.

**Others**

Is a lodger or other family member living with you?

 Yes No**5. Information about children**

Enclose documents to verify childcare expenses.

**Expenses and child support**

Childcare

| SEK per month

Child support that you or your spouse/live-in partner receives directly from the other parent.

| SEK per month

Child support that you pay directly to the other parent for children who do not live with you

| SEK per month

**Income received by children who are living with you**

Personal ID no. (12 digits)

| SEK per month

Personal ID no. (12 digits)

| SEK per month

Personal ID no. (12 digits)

| SEK per month

Personal ID no. (12 digits)

| SEK per month

**Compensation that children receive from Försäkringskassan, the Swedish Pensions Agency or CSN**

Maintenance support

| SEK per month

Child allowance and large family supplement

| SEK per month

Survivor's allowance/child pension

| SEK per month

Student grant, extra supplement

| SEK per month

**6. Income information**

**6.a Do you or spouse/live-in partner have gainful employment?**

Fill in your own salary and that of your spouse/live-in partner. Specify the amount before tax. Enclose documents to verify the information.

<input type="checkbox"/> No		
<input type="checkbox"/> Yes Specify all amounts before tax.		
	<b>Your income</b>	<b>Income of your spouse/live-in partner</b>
Salary, including overtime, supplement for inconvenient hours, etc.	SEK per month	SEK per month
Other taxable compensation (per diem, car allowance, etc.)	SEK per month	SEK per month
Wages from abroad	SEK per month	SEK per month
Other income	SEK per month	SEK per month

**6.b Do you or your spouse/partner receive any payments from Försäkringskassan or the Pensions Agency?**

Fill in the payments that you and your spouse/partner receive from Försäkringskassan or the Pensions Agency here.

We have records of this information so you do not have to enclose any documents to verify it. But we will be able to process your application much faster if you confirm the information directly on this form instead of later on.

<input type="checkbox"/> No		
<input type="checkbox"/> Yes Specify all amounts before tax.		
	<b>Your income</b>	<b>Income of your spouse/live-in partner</b>
Salary, including overtime, supplement for inconvenient hours, etc.	SEK per month	SEK per month
Pension	SEK per month	SEK per month
Sickness compensation, annuity, childcare allowance	SEK per month	SEK per month
Activity grant	Days per week   SEK per day	Days per week   SEK per day
Sickness benefit	Days per week   SEK per day	Days per week   SEK per day
Parental benefit	Days per week   SEK per day	Days per week   SEK per day
Housing allowance/supplement	SEK per month	

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**6.c Do you or your spouse/partner receive any other payments?**

Fill in any occupational pension, payments from other authorities, etc for you and your spouse/partner. Specify the amount before tax. Enclose documents to verify the information.

<input type="checkbox"/> I/we receive municipal public assistance
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	Your income	Income of your spouse/live-in partner
Salary, including overtime, supplement for inconvenient hours, etc.	SEK per month	SEK per month
Occupational pension/collective agreement occupational pension	SEK per month	SEK per month
Insurance according to a collective agreement (AFA, etc.)	SEK per month	SEK per month
Private pension insurance	SEK per month	SEK per month
Pension from abroad	SEK per month	SEK per month
Other income _____	SEK per month	SEK per month

	Days per week	SEK per day	Days per week	SEK per day
Unemployment benefits				
Student aid		SEK per month		SEK per month

**6.d Capital and business income**

Capital income includes interest on bank accounts, dividends, capital gains on sales of shares or a residence, income from renting out a private residence, etc.

If you or your spouse/partner receive any business income, fill in the estimated annual amount.

Enclose documents to verify the information. Business income may be verified by means of a preliminary tax return, etc.

	Your income	Income of your spouse/live-in partner
Capital income	SEK	SEK
Business income	Estimated annual amount	Estimated annual amount

**7. Assets that you hold by yourself or jointly with your spouse/partner**

Bank accounts, shares, bonds, mutual funds, etc.	Amount	SEK
Property that you are not living in	Assessment	SEK
Car, boat, caravan or other assets	Value	SEK
Cash receivables (debt that someone else owes you)	Amount	SEK

## 8. Expenses for travelling to and from work

Include expenses that you or your spouse/partner have for travelling to and from work on public transportation (bus, metro, etc.) or in your car. Include car expenses only if your job is at least 5 kilometres away and you save at least 2 hours a day by driving.

	Your expenses	Expenses of your spouse/live-in partner
Public transportation	SEK per month	SEK per month
Your car	kilometres SEK per month	kilometres SEK per month
Address of your job		

## 9. Other expenses

Include costs for medication, doctor's appointments, home help services, travel to receive health care, transportation services for people with disabilities, trustee/guardian, etc. Enclose receipts or bills/invoices to verify the information.

Do not include food, clothing, electricity, phone, TV licence, broadband, insurance or other ordinary costs of living. Försäkringskassan uses a standard amount for such expenses when calculating your ability to pay.

Type of expense	SEK per month
Type of expense	SEK per month
Type of expense	SEK per month
Type of expense	SEK per month
Type of expense	SEK per month

## 10. What appendices are you including?

You must include these appendices

Documents proving your housing costs under section 3

Documents proving the information regarding your own and your spouse/partner's income under sections 6.a, 6.b and 6.c.

You can also submit other appendices, such as information relating to section 2 or 11 in the form.

You have to submit the following appendices in certain cases.

Preliminary tax return for yourself and your spouse/live-in partner (if either of you have business or capital income)

## 11. Additional information

	<input type="checkbox"/> Additional information provided separately
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## 11. Signature

I hereby solemnly swear that the information that I have provided is complete and correct.

I am aware that I may be liable to pay back any incorrectly paid compensation. I know that I may be guilty of a criminal offense if I provide incomplete or incorrect information, or not notify Försäkringskassan when that information changes.

Date (year, month, day)	Signature	Telephone
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Read more about how Försäkringskassan processes personal data at [forsakringskassan.se](http://forsakringskassan.se).