

Send this form to  
 Försäkringskassans inläsningscentral  
 839 88 Östersund

Use this form if Försäkringskassan pays maintenance support to your child and you would like to postpone the repayment to Försäkringskassan.

**1. Applicant**

First name(s) and last name		Personal ID No. (12 digits)	
Address (street, box)		Postal code and city	

**2. Housing information**

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				
Number of square metres in my place	Monthly rent or fee	SEK per month	Payment on mortgage principal	SEK per month
	Heating (not electricity)	SEK per month	Interest on mortgage	SEK per month
Other expenses if you own your residence, including rubbish 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.				

**3. People who live with you**

Do you live by yourself?   
 No   
 Yes. Skip to Section 4.

**Spouse/partner**

First name(s) and last name	Personal ID No. (12 digits)
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**Children**

Children who live with you full-time - Personal ID No. (12 digits)			
Personnummer	Personnummer	Personnummer	Personnummer
Children who live with you part-time - Personal ID No. (12 digits)			
Personnummer	Personnummer	Personnummer	Personnummer
Children who live with you less than part-time - Personal ID No. (12 digits)			
Personnummer	Personnummer	Personnummer	Personnummer

**Other people**

Is a lodger or other family member living with you?   
 Yes   
 No

**4. Information about children**

Enclose documents to verify childcare expenses.

**Child support**

Childcare	SEK per month
Child support that you or your husband/partner receive directly from the other parent	SEK per month
Support that you pay directly to the other parent for children who are not living with you	SEK per month

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

Personal ID No. (12 digits)	SEK per month
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**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

**5. Information about income (before tax)****5.a Compensation from Försäkringskassan and the Swedish Pensions Agency**

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

Your income		Income of your spouse/partner	
<input type="checkbox"/> Sickness benefit	<input type="checkbox"/> Parental benefit	<input type="checkbox"/> Sickness benefit	<input type="checkbox"/> Parental benefit
<input type="checkbox"/> Activity grant		<input type="checkbox"/> Activity grant	
SEK per day	Days per week	SEK per day	Days per week
<input type="checkbox"/> Pension	<input type="checkbox"/> Annuity	<input type="checkbox"/> Pension	<input type="checkbox"/> Annuity
<input type="checkbox"/> Childcare allowance	<input type="checkbox"/> Sickness/activity compensation	<input type="checkbox"/> Childcare allowance	<input type="checkbox"/> Sickness/activity compensation
SEK per month		SEK per month	
	SEK per month		
Housing allowance/supplement			

**5.b Income from employment and other payments**

Fill in salaries earned by you and your spouse/partner, occupational pension, payments from other authorities, etc.

Don't forget to specify the amount before tax. Enclose documents to verify the information.

I/we receive municipal public assistance

	Your income	Income of your spouse/partner
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
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
Income/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	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

**5.c 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 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/partner
Capital income	SEK	SEK
Business income	Estimated annual amount	Estimated annual amount

**6. 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 value	SEK
Car, boat, caravan or other assets	Value	SEK
Monetary claims/receivables (debts that other people have to you or your spouse/partner)	SEK	SEK

### 7. 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/partner	
Public transportation		SEK per month		SEK per month
Your car	Kilometres per day	SEK per month	Kilometres per day	SEK per month
Address of your job				

### 8. 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, Internet access, 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
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Type of expense	SEK per month
Type of expense	SEK per month

### 9. Other information

	<input type="checkbox"/> I have provided information in an appendix
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### 10. Signature

I solemnly declare that the information provided in this form is correct and complete. Should this information change, I am obliged to inform Försäkringskassan.		Daytime phone, including dialling code  Telephone, evening, including area code
I am aware that it is a punishable offense to provide false information, omit information or to not notify Försäkringskassan if any of the information I have provided should change.		
Date	Signature	

The above information will be processed by the Försäkringskassan computer system. Read more in the brochure "Försäkringskassans personregister" [Försäkringskassan's register].

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