

Please send the form to
Försäkringskassans inläsningscentral
839 88 Östersund

This application form is used when you have unpaid debts of maintenance support to Försäkringskassan.

1. Applicant

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

2. Reasons for the application

Describe below the extraordinary reasons you have for not paying the debt. These may be, for example, your financial situation or your personal circumstances.	
<input type="checkbox"/> Additional information provided separately	

3. Do you have a family?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Wife/husband/partner

First name(s) and last name	Personal ID no. (12 digits)
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Child(ren)

Children registered in the Population Register with the family - write personal ID no(s)			
Personal ID No.	Personal ID No.	Personal ID No.	Personal ID No.
Children who live half of the time with you but who are registered in the Population Register with the other parent - write personal ID no(s)			
Personal ID No.	Personal ID No.	Personal ID No.	Personal ID No.

Expenses, income and child support

Childcare	SEK per month
Income that that the child//children living with you has	SEK per month
Child support that you or your wife/husband/partner receive(s) for a child/children	SEK per month
Child support that you pay directly to the other parent for a child/children who does/do not live with you	SEK per month

4. Housing costs

Rent or charge	SEK per month	Heating	SEK per month
Amortisation on housing loan	SEK per month	Refuse collection	SEK per month
Interest on housing loan	SEK per month	Other _____	SEK per month

Do you receive a housing allowance? No Yes

5. Do you or your wife/husband/partner have income from paid employment?

No

Yes State all amounts gross.

	Your income		Your husband's/wife's/partner's income	
Wage including overtime pay, payment for unsocial hours, etc.		SEK per month		SEK per month
Other taxable payments (for example, subsistence allowance or car allowance)		SEK per month		SEK per month
AMF payment, Pension		SEK per month		SEK per month
Sickness compensation, annuity, childcare allowance		SEK per month		SEK per month
Unemployment benefit	Days per week	SEK per day	Dagar per vecka	SEK per day
Activity grant	Days per week	SEK per day	Dagar per vecka	SEK per day
Sickness benefit	Days per week	SEK per day	Dagar per vecka	SEK per day
Parental benefit	Days per week	SEK per day	Dagar per vecka	SEK per day

6. Do you or your wife/husband/partner have costs for travel to and from work?

No

Yes

	Your cost		Your husband's/wife's/partner's costs	
Travel by, for example, train or bus		SEK per month		SEK per month
Travel by own car	km per day	SEK per month	km per day	SEK per month

7. Do you or does your wife/husband/partner have income from business activity or capital?

No

yes

	Your income according to your preliminary income tax return		Your husband's/ wife's/ partner's income according to his/her preliminary income tax return	
Business activity		Estimated annual income		Estimated annual income
Capital		SEK		SEK

8. Do you or does your wife/husband/partner have any other income or assets?

<input type="checkbox"/> No			
<input type="checkbox"/> Yes		Your income or assets	Your husband's/ wife's/ partner's income or assets
	Student aid	Amount per year SEK	Amount per year SEK
	Bank deposits, shares, bonds, fund shares, etc.	Amount SEK	Amount SEK
	Other property than the one you live in	Tax assessment value SEK	Tax assessment value SEK
	Receivables	Amount SEK	Amount SEK
	Other assets, for example, a car, a boat or a caravan	Value SEK	Value SEK

9. What appendices are you including?

You must include these appendices		You must include these appendices in some cases	
<input type="checkbox"/> Documents that confirm your housing cost under section 4		<input type="checkbox"/> Your or your husband's/wife's/partner's preliminary income tax return (if any of you have income from business activity or capital)	
<input type="checkbox"/> Documents that confirm your information on income under section 5, except income from Försäkringskassan			
You may also send other appendices, for example, information on section 2 or 10 of the form.			

10. Additional information

You can provide information here about whether any of the children in section 3 have an income of their own, for example, child support, study allowance or pension.		<input type="checkbox"/> Additional information provided separately

11. Signature

I declare upon my honour that the information in this form is correct and complete. If the information changes, I must notify Försäkringskassan.		
I am aware that it is an offence to provide incorrect information, to withhold any information or not notify Försäkringskassan if the information I have provided changes.		
Date (year, month, day)	Signature	Telephone number, including area code

Read more about how Försäkringskassan processes personal data at forsakringskassan.se.