



Housing Benefit/Local Housing Allowance and Council Tax Benefit Application form

Office use

VERY IMPORTANT NOTICE

Please read the checklist at part 15 to see what evidence is required. To speed up the time taken to assess your claim, please provide your evidence within 7 days. By providing a fully completed claim form and correct standards of evidence within this timescale, you can expect your claim to be processed within 14 days. As a continually improving service we will aim to process your claim earlier. Please note that failure to provide all evidence required within 1 month of submitting the claim will result in the claim being terminated. It is therefore very important that if you are unsure of the documentation you need to provide that you contact us at the earliest possible opportunity in order to prevent a loss of Benefit. We will use personal information you send us for the purposes for which you provide it. We will only hold your information for as long as necessary for these purposes and will not pass it on to any other parties, except where required to carry out our statutory duties and functions as a local authority. All staff who may have access to your personal data are obliged to respect the confidentiality of your personal data. The information provided on this form may be used by South Bucks District Council to calculate any payments of Housing Benefit or Council Tax Benefit due or to assess liability to pay Council Tax or assist in the collection of any Council Tax sums due.

Main contact details Opening times

Revenue Services 09.00 - 17.30 Mon - Wed
PO Box 990 09.00 - 17.00 Thur - Fri
Denham
Uxbridge UB8 9LU
Tel 01895 837515
Web www.southbucks.gov.uk
Email benefits@southbucks.gov.uk

Or visit us

Capswood, Oxford Road, Denham, Bucks UB9 4LH

About this form

The Housing Benefit/Local Housing Allowance and Council Tax Benefit claim form has been designed to be easy to fill in. It may seem rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the correct amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Filling in the form

Please fill in the form in **black** ink. If you make a mistake, just cross it out and put the right answer next to it.

Please answer all the questions. Make sure that you tick all the relevant boxes. If you do not answer all the questions, it will take us longer to work out your benefit. Do not use correction fluids or tape.

How did you find out about claiming Housing Benefit & Council Tax Benefit?

This information will be issued by the Council to help maximise Housing & Council Tax Benefit take up by improving the way we communicate information to our customers.

Please answer all the questions. Make sure that you tick ✓ all the relevant boxes. If you do not answer all the questions, it will take us longer to work out your benefit. Do not use correction fluids or tape.

- Information about claiming benefit you received from the Council
- Information you received from the Department for Work & Pensions
- Information received from another source (please provide details below)
- The internet (please provide details below)
- Other (please provide details below)

Other useful information about Housing Benefit/Local Housing Allowance and Council Tax Benefit

Changes you must tell us about

Tell us straight away if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including boarders and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- your capital or savings change by more than £200;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home for more than a month;
- you receive any decision from the Home Office; or
- anything you have told us about changes.

You must tell us about these changes in writing – a phone call is not enough. **You must tell us about these changes as soon as possible.** If you don't tell us about these changes within 1 month you may lose money you are entitled to or you may get too much benefit.

You must make sure that you tell us about these changes. Don't rely on someone else to pass the message on. It is an offence not to tell us about any change of circumstances that may affect your benefit. We may take court action against you and if we pay you too much benefit, you may have to pay it back.

Local Housing Allowance

Tenants renting from a private landlord and making a new claim for Housing Benefit or who move home on or after 7th April 2008, will get Local Housing Allowance. Your benefit will be calculated using Local Housing Allowance rates. The rates are set each month for different size properties by The Rent Service and the rate you are entitled to is based on the number of people who live with you and their ages. Local Housing Allowance is the maximum amount that you can receive, and this will reduce depending on your income, savings and circumstances.

Discretionary Housing Payments

You can apply for a discretionary housing payment if you are:

- already getting Housing and/or Council Tax benefit or Local Housing Allowance;
- and there is a shortfall between your benefit and your rent/ council tax charge;
- and you are having difficulty paying the shortfall.

You will need to ask for an application form, and each case will be looked at and considered individually. The amount each authority can pay is limited to a yearly cash total.

Complaints procedure

If you are unhappy with the way you have been dealt with by the benefits section, please contact the council to obtain details of their complaints procedure.

Appeals

If you want to know more about your award of benefit or if you think it is wrong, you should get in touch with us within one month of the date of the award letter or we may not be able to consider any request.

You can either:

- ask for an explanation;
- ask us to look again at the decision; or
- appeal against the decision – this can only be in writing. If you appeal against the decision, an independent tribunal run by the Tribunals Service will hear your appeal.

Please refer to the Very Important Notice on page 1 -
please provide supporting evidence within 7 days of submitting this claim form.

PLEASE COMPLETE THIS FORM IN BLACK INK

For office use only			
Benefit number	<input type="text"/>	Date issued	<input type="text"/>
Council Tax number	<input type="text"/>	Assessed by	<input type="text"/> Date <input type="text"/>
Property number	<input type="text"/>	Checked by	<input type="text"/> Date <input type="text"/>
Rent reference	<input type="text"/>	Date received	<input type="text"/>

A claim form for Housing Benefit/Local Housing Allowance and Council Tax Benefit

Which of the following do you need help to pay?

Rent		Council Tax	
Private Rent	<input type="checkbox"/>	Council Tax	<input type="checkbox"/>
Housing Association Rent	<input type="checkbox"/>	Second Adult Rebate	<input type="checkbox"/> If you are applying for second Adult Rebate only complete parts 1, 3 and 18.

Second Adult Rebate is Council Tax Benefit for people who may not have a partner but who share their home with someone who:

- is 18 or over; and
- is on a low income; and
- does not pay them rent.

If you are claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 18 of this form

Part 1 About you and your partner

YOU MUST ANSWER ALL QUESTIONS IN PART 1

If you have a partner, you must answer all the questions about them and yourself.
By partner, we mean, who you are married/civil partners to, or live with as if you were married/civil partners.

Do you have a partner who normally lives with you? No Yes

	You	Your partner
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	Postcode	
Date you moved in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>

You can find this on payslips or letters from Department for Work and Pensions or HM Revenue and Customs. We cannot decide your claim if we do not have your National Insurance number.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 1 About you and your partner

continued

You

Your partner

Tell us any other names you have used

Your daytime phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly.

If you have moved home in the last 12 months, tell us your previous addresses.

Postcode

Please continue on separate sheet if necessary.

Postcode

Did you own this property? No Yes

No Yes

Have you or your partner come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?

The UK is England, Northern Ireland, Scotland and Wales

No Yes We will write to you about this.

No Yes We will write to you about this.

If 'Yes', what date did you last arrive in the UK? / /

/ /

What is your nationality?

Since arriving in the UK have you completed 12 months continuous work? No Yes We will write to you about this.

No Yes We will write to you about this.

Please supply your workers registration certificate if applicable.

We must see proof of identity and National Insurance number for you and your partner, if you have one. We also need to see proof of your immigration status if you are from abroad. See the checklist and notes on page 25 for the details of the type of proof we need to see. **We must see originals, not photocopies.**

You

Your partner

Have you or your partner claimed Housing Benefit or Council Tax Benefit before? No Yes When did you claim? / /

No Yes When did they claim? / /

What address did you claim for?

Postcode

What address did you claim for?

Postcode

Are you or your partner in hospital at the moment? No Yes

No Yes

When did you go in? / /

When did they go in? / /

When do you expect to come out? / /

When do they expect to come out? / /

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

You

Your partner

Are you living away from home at the moment?

No Yes

No Yes

Tell us why you/your partner are not living at home.

Postcode

When did you/your partner last live at home?

/ /

When do you/your partner expect to go back home?

/ /

Tell us where you are living at the moment.

Postcode

You

Your partner

Does anyone get Carer's Allowance for looking after you or your partner?

No Yes

No Yes

Please tick if you or your partner are

a student

No Yes

Please state course start and end dates

Start

End

Place of study

Do you receive a loan/grant or other student award?

No Yes

Start

End

If yes, please provide evidence.

Please tick if you or your partner are

a student nurse

No Yes

Please state course dates and evidence of any bursary

Start

End

Place of study

No Yes

Start

End

an apprentice

No Yes

on youth training

No Yes

No Yes

No Yes

in legal custody

No Yes

sentence date

No Yes

sentence date

severely mentally impaired

No Yes

registered visually impaired

No Yes

long term sick or disabled and incapable of work

No Yes

employed

No Yes

No Yes

No Yes

No Yes

No Yes

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 2 About children

You may be able to get extra benefit for children you get Child Benefit for, if they normally live with you and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 *and* in education doing a course which is not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Do you or your partner have any children who live with you?

No → Go to **Part 3**.

Yes Tell us about the children who live with you.

	Child's surname	First names	Date of birth	Sex	Is the child at school or in full-time education?		Is the child disabled/registered visually impaired?		Is the child in receipt of Disability Living Allowance?		Do you receive Child Benefit?		Do you receive maintenance? If yes, how much?		
					Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
1			/ /												£
2			/ /												£
3			/ /												£
4			/ /												£
5			/ /												£
6			/ /												£

If you have more than 6 children, please use a separate sheet.

Do you pay any childcare costs for registered childcare provider?

No Yes

If 'Yes', tell us the name of the child, registration number and name of the childcare provider, and how much you pay each week.

	Child's name	Amount each week	Name and address of childcare provider	Registration number
1		£		
2		£		
3		£		
4		£		

We will need to see proof of amounts paid, dates paid and the childcare provider's registration number.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 3 About other people who live with you

Part 3 of the form asks about other people who live with you:
We need to know about these people as they will affect the way we work out your benefit

- A **boarder** is someone who lives in your home, and pays you rent, which includes charges for meals.
- A **subtenant** is someone who pays you rent. The rent does not include a charge for meals.
- A **non-dependant** is someone who normally lives with you, such as an adult son, daughter, other relative or friend.

Do any adults normally live with you and your partner?

By adults we mean people over 16 who nobody gets Child Benefit for.

No → Go to **Part 4**.

Yes Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than 3 people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Now tell us about all the people who normally live with you and your partner.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date they moved in if it was within the last 3 years	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	First person	Second person	Third person
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

For example, aunt, uncle, brother, daughter, father, grandson, mother, grandmother, stepdaughter, joint tenant, joint owner, friend, boarder, lodger or subtenant.

Are any of the people who normally live with you married/civil partners to each other or living together as if they were married/civil partners?

No

Yes Tell us their names.

is the partner of

and

is the partner of

Do they get Income Support, Income-Based Job Seeker's Allowance, Pension Credit or Income Related Employment Support Allowance?

First person

Second person

Third person

No

No

No

Yes

Yes

Yes

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

	First person	Second person	Third person
Do they get Disability Living Allowance or Attendance Allowance or are they registered visually impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If a student/student nurse, please give course start and end dates and where they are studying.	Start <input type="text"/> End <input type="text"/> Place of study <input type="text"/>	Start <input type="text"/> End <input type="text"/> <input type="text"/>	Start <input type="text"/> End <input type="text"/> <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us their Gross Earnings.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
We need to see proof of all their earnings'. This should be their most recent payslips or a filled-in earnings certificate.			
Do they have any other income which you have not told us about on this form?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us what their income is below.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<i>We may need to write to you about this.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of all their income.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form,

Part 4 About Income Support and Income-Based Jobseeker's Allowance, Employment & Support Allowance (Income Related) and Pension Credit Guarantee

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Employment & Support Allowance or Pension Credit Guarantee?

No → Go to **Part 5**.

Yes Answer both the questions in this part, then go to **Part 5**.

You

Your partner

Are you or your partner getting Income Support or Income-Based Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee?

No

Yes

When did you start getting it?

/ /

No

Yes

When did they start getting it?

/ /

Are you or your partner waiting to hear about a claim for Income Support, Income-Based Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee?

No

Yes

When did you claim?

/ /

No

Yes

When did they claim?

/ /

Part 5 About being self-employed

Are you or your partner self-employed?

No → Go to **Part 6**.

Yes

Answer questions on this page and contact the benefits section on 01895 837515 to discuss the evidence you will need to supply.

If you are self-employed, you will need to send your business accounts or you will need to fill in a separate form showing your income and expenses. Normally, we will use your income and expenses to work out your benefit. If you have been trading for less than a year then we will need an estimate of your income. We will write to you about this

You

Your partner

What kind of work do you do?

When did the business start?

/ /

/ /

What is the business address?

Postcode

Postcode

Are there any other partners in the business?

No

Yes

Tell us their name and address.

Postcode

No

Yes

Tell us their name and address.

Postcode

How many hours a week do you work?

Do you get a Business Start-up Allowance?

No

Yes

How much?

£

How often?

Every

No

Yes

How much?

£

How often?

Every

Do you pay into a private pension scheme?

No

Yes

How much?

£

How often?

Every

No

Yes

How much?

£

How often?

Every

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 6 About working for an employer

Do you or your partner work for an employer?

No → Go to **Part 7.**

Yes Answer all the questions on this page.

You

Your partner

Do you or your partner have more than one job?

No

Yes

How many?

No

Yes

How many?

If you work for more than one employer, tell us about all the employers on another piece of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

What kind of work do you do?

What is your employer's name and address?

Postcode

Postcode

When did you start this job?

 / /
 / /

Are you employed for a limited period?

No

Yes

When will you finish?

No

Yes

When will they finish?

How often do you get paid?

Every

How much do you get paid?

£

 .

How do you get paid?

(For example, in cash, paid by cheque, paid direct into a bank account or in another way.)

Every

£

 .

Do you work regular overtime or receive regular bonuses, tips or commission?

No

Yes

If yes, How much?

£ .

How often?

No

Yes

If yes, How much?

£ .

How often?

When was your last pay rise?

 / /
 / /

How many hours a week do you work?

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) or Statutory Paternity Pay (SPP) from your employer?

No

Yes

Are you getting any other sick pay or maternity pay from your employer?

No

Yes

Do you pay into a private or company pension scheme?

No

Yes

How much?

£ .

How often?

Every

No

Yes

No

Yes

No

Yes

How much?

£ .

How often?

Every

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 8 About state benefits, pensions or allowances you or your partner receive

Please give details of the amount of income you and your partner receive and how often you receive it. Please send us original proof of any income you have told us about on these pages.

Do you or your partner receive any of these benefits?	Yes No		You				Your Partner	
	Yes	No	Amount	How often do you receive it? Date it started		Amount	How often do they receive it? Date it started	
• State retirement pension	<input type="checkbox"/>	<input type="checkbox"/>	£		/ /	£		/ /
• Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Service Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Industrial Disablement Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• War Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• War Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Special War Widow's Pension from before 1973	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Private/Occupational Pension	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Pension from past employers	<input type="checkbox"/>	<input type="checkbox"/>	Date it last went up	Amount	How you were paid	Date it last went up	Amount	How they were paid
				£			£	
				£			£	
• Pension from past employers	<input type="checkbox"/>	<input type="checkbox"/>	Date it last went up	Amount	How you were paid	Date it last went up	Amount	How they were paid
				£			£	
				£			£	
• Pension from past employers	<input type="checkbox"/>	<input type="checkbox"/>	Date it last went up	Amount	How you were paid	Date it last went up	Amount	How they were paid
				£			£	
				£			£	
• Jobseeker's Allowance (contribution based)	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Employment & Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Industrial Injuries Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Return to Work Credit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Maintenance received by you, your partner or any children	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Foster Child Allowance/Guardians Allowance or Adoption Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Amount	How often do you receive it? Date it started		Amount	How often do they receive it? Date it started	
			£			£		
• Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Mobility Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Severe Disability Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Statutory Sick Pay	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Statutory Paternity Pay	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Statutory Maternity Pay	<input type="checkbox"/>	<input type="checkbox"/>	£			£		
• Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£			£		

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 8 About state benefits, pensions or allowances you or your partner receive

continued

	Yes No		You			Your Partner			
			Amount	How often do you receive it?	Date it started	Amount	How often do they receive it?	Date it started	
• Training allowances	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Trust fund	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Annuities	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Home Income Plan	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Income from charities	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Student grant or loan	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Part-time fire, territorial or reserve forces	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Rent from property	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Pension Protection Fund Payments	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Have you deferred any State Retirement Pension or Private Pension?	<input type="checkbox"/>	<input type="checkbox"/>	£			£			
• Any other income not listed above	<input type="checkbox"/>	<input type="checkbox"/>	£						
<small>Please give details.</small>									
• Are you entitled to receive a benefit but it cannot be paid due to the fact that you are in receipt of other benefits?	No <input type="checkbox"/>			No <input type="checkbox"/>					
	Yes <input type="checkbox"/> <i>Please complete details below</i>			Yes <input type="checkbox"/> <i>Please complete details below</i>					
Name of benefit	<input type="text"/>			<input type="text"/>					

If you have answered 'Yes' to any of these questions, please provide proof of this.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 9 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form?

No → Go to **Part 10**.

Yes Answer all the questions on this page.

Income from Subtenants and Boarders

Surname	First names	What you charge every week	Are they related to you?		If 'Yes', what is their relationship to you?	Is heating included?		Are meals included?	
			Yes	No		Yes	No	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have more than 3 subtenants or boarders, please give details on a separate sheet.

A boarder is someone you provide food for. A subtenant does not get food included in their rent.

Is part of your home sublet to other people?

No

Yes

If 'Yes', please give the following details.

Are they joint owners or joint tenants with you?

No

Yes

How many subtenants do you have?

How many lodgers do you have?

Other money 1

What is the money for?

Who gets it?

How much do they get? £

How often?

Other money 2

What is the money for?

Who gets it?

How much do they get? £

How often?

Does anyone owe money to you, your partner or any children you are claiming for?

No

Yes

What for?

How much?

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist on page 25 to see what you can use as proof.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 10 About bank accounts, savings, capital and investments

Answer all the questions in this part of the form. We must see proof of all capital, savings and investments, even if your accounts are overdrawn. Read the checklist on page 25 to see what you can use as proof.

Please note: Benefit cannot be paid if you or your partner solely or jointly have capital in excess of £16,000 unless you are in receipt of Pension Credit Guarantee.

Do you or your partner have any bank accounts?

No

Yes *Tell us about bank accounts. If there are more than 3 bank accounts, tell us about the others on a separate piece of paper and send it with this form. If you are sending a separate sheet of paper, tick the box.*

1 Name of bank

Whose name is the account in?

Account number

How much is in the account?

2 Name of bank

Whose name is the account in?

Account number

How much is in the account?

3 Name of bank

Whose name is the account in?

Account number

How much is in the account?

Do you or your partner have any building society accounts?

No

Yes *Tell us about building society accounts. If you have more than 3 building society accounts, tell us about the others on a separate piece of paper and send it with this form. If you are sending a separate sheet of paper, tick the box.*

1 Name of building society

Whose name is the account in?

Account number

How much is in the account?

2 Name of building society

Whose name is the account in?

Account number

How much is in the account?

3 Name of building society

Whose name is the account in?

Account number

How much is in the account?

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Do you or your partner have any post office accounts? This includes saving accounts and Girobank accounts.

No

Yes

Tell us about post office accounts. If you have more than 3 post office accounts, tell us about the others on a separate piece of paper and send it with this form. If you are sending a separate sheet of paper, tick this box.

1	Type of account		Account number	
				£
2	Type of account		Account number	
				£
3	Type of account		Account number	
				£

Do you or your partner have any premium bonds?

No

Yes Value

Do you or your partner have any National Savings Certificates?

No

Please use a separate sheet of paper if you need to.

Yes

Issue number	Value	How many?
	£	
Issue number	Value	How many?
	£	
Total		

Do you or your partner have any:

Stocks No Yes

Shares No Yes

Bonds No Yes

Unit trusts No Yes

Any other capital, savings or investments? No Yes

Please use a separate sheet if you need to

Company name	How many?

Tell us about this

Do you or your partner own or partly own any other land or property other than the home you live in, in this country or abroad?

No Yes

What is the address?

Postcode

What is the current market value?

How much is the outstanding mortgage?

Who is the resident of this property? What is their relationship to you?

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 11 About rent

Do you pay rent for your home?

No → Go to **Part 14**.

ONLY tick 'No' if you are ONLY applying for Council Tax Benefit

Yes Answer all the questions on this page.

Do you rent your home from:

You are NOT a tenant of the council if your tenancy has been transferred to a housing association or society.

Private Landlord

Housing Association Answer the questions below.

What is your landlord's name and address and telephone number?

Tel no:

Postcode

If your landlord has an agent, tell us their full name and address.

Tel no:

Postcode

Are you, your partner or children related to your landlord or agent, or to your landlord's partner or the agent's partner?

No

Yes

What is the relationship?

When did you start renting your home?

 / /

When did you move to this address?

 / /

If you have not moved in yet, tell us when you expect to move in.

 / /

You must write to confirm this date to us after you have moved in.

What sort of tenancy do you have?

How long is the tenancy for?

 / /

to / /

Is your landlord your employer?

No Yes

Tell us their names

If yes, is it a condition of your employment that you live in the property?

No Yes

How much is the rent for your property?

 £

every

week / fortnight / 4 weeks / month

Are you jointly liable to pay the rent?

No Yes

Please tell us the names of the people you share the rent with

Has your rent changed in the last 12 months?

No

Yes

Send us proof of the date it changed, and how much it changed.

When is the next rent increase due?

 / /

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 11 About rent

continued

Has your rent been registered as a fair rent by the Rent Officer?

No Don't Know

Yes *If 'Yes', please send us the registration document.*

Do you have any weeks when you do not have to pay rent (free weeks)?

No

Yes How many?

Are you behind with your rent?

No

Yes *If 'Yes', tell us how much and by how many weeks.*

Number of weeks in arrears

Amount of rent arrears £

Who pays the Council Tax on your home?

Please tick one of the following.

You and your partner

Your landlord

Someone else Tell us who pays the Council Tax.

Are water rates included in the rent you pay?

No

Yes

Have you sublet your home? If so, please tell us who lives there now.

No

Yes

If 'Yes', tell us who lives there now.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 11 About rent

Does your rent include money for the following

Meals

No

Yes

How much?
Which meals
are included?

£

Heating

No

Yes

How much?

£

Lighting

No

Yes

How much?

£

Hot water

No

Yes

How much?

£

Fuel for cooking

No

Yes

How much?

£

Laundry

No

Yes

How much?

£

Gardening

No

Yes

How much?

£

Garage or parking space

No

Yes

How much?

£

Do you have to rent the garage
as part of your tenancy agreement?

No

Yes

Personal care and support

No

Yes

How much?

£

Are there any other services included in your rent?

For example, TV, satellite, or window cleaning.

No

Yes

What are these services?

How much?

£

Do you pay any service charges separate from your rent?

For example, for cleaning or lighting in shared areas, an alarm system, a warden or lift maintenance.

No

Yes

How much?

£

What for?

Part 12 About where you live

What sort of building do you live in?

- | | | |
|--|---|--|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Flat in a house | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Flat in a block | <input type="checkbox"/> Board and lodgings |
| <input type="checkbox"/> Terraced house | <input type="checkbox"/> Flat over a shop | <input type="checkbox"/> Caravan, mobile home or houseboat |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Bedsit or rooms | <input type="checkbox"/> Residential nursing home |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Hostel | <input type="checkbox"/> Residential care home |
| <input type="checkbox"/> Other | <input type="text"/> | |

How many rooms are in the building?

Please tell us:

- how rooms there are in the whole building;
- how many of these rooms are for you and your family to use; and
- how many you share with other people

	<i>In the whole accommodation?</i>	<i>Just for you and your household?</i>	<i>That you share with other people?</i>
Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsitting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms (please give details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use your home for business? No
Yes

Do you have a main home somewhere else? No
Yes

What is the address?

How much do you pay for this home? £

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 13 Receiving Benefit

If you are awarded Council Tax Benefit this will be paid directly to your Council Tax Account.

If you rent from a private landlord and are making a new claim or you move home after 7th April 2008, you will have your benefit paid directly to you under Local Housing Allowance. Payments of Local Housing Allowance will be paid by BACS. Please therefore complete the section at the bottom of this page with your bank account details. If you feel this will present problems contact the council for more information.

In some cases we may be able to pay your Local Housing Allowance directly to your landlord. If you would like payments to your landlord please tell us if any of the following would cause difficulties with paying your rent:

Learning Difficulties Physical Difficulties Mental Health Problems
Coping with addiction, for example: Alcoholism, substance abuse or gambling
Receive any support/help in managing your finances

The council will look at your request and may issue a questionnaire in order to consider the request further, supporting evidence will be required. Any decision to pay your landlord will be reviewed regularly.

Please provide evidence to support your request

The Housing Benefit scheme covers tenants who rent their property from a registered social landlord (e.g. Housing Association) and in some cases private landlords. Payments of Housing Benefit will be paid by BACS or cheque and can either be paid direct to yourself or to your landlord.

Please indicate below who you would like your Housing Benefit paid to:

- Do you want your benefit paid direct to you?
 Do you want your benefit paid to your landlord/Housing Association?

IF YOU DO NOT HAVE A BANK ACCOUNT PLEASE CONTACT US IMMEDIATELY

Name of bank or building society

Bank or building society sort code

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Account name

Bank or building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Your signature

Date

Please refer to the Very Important Notice on page 1 -
please provide supporting evidence within 7 days of submitting this claim form.

Part 14 Authorisation

If you would like to give permission for the council to discuss your claim with your landlord or any other person who acts on your behalf, please complete this section.

I give permission for you to share information held in relation to my Housing Benefit, Local Housing Allowance or Council Tax Benefit claim to the following people/organisations or agent.

Please state name:

--

If you give permission and then change your mind, please contact the council and let us know.

Signature

Date

Landlord Declaration

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances
- You can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature

Date

**Please refer to the Very Important Notice on page 1 -
please provide supporting evidence within 7 days of submitting this claim form.**

Part 15 Backdating information

We usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier. We cannot backdate benefit more than 6 months for working age claims and 3 months for Pension age claims from the date on which we receive your written request for a backdate.

Date you want to claim benefit from

Tell us why you have not claimed before.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Part 16 Anything else you need to tell us

Use this box to tell us anything else you think we should know about.

Use a separate sheet and attach it to this form if you need to.

If you are sending a separate sheet of paper, tick this box.

Ethnicity questionnaire

What is your nationality?

- British
- Chinese
- Indian
- Pakistani
- Bangladeshi
- Other

Please tell us your nationality
background you feel you belong to

What ethnic background you feel you belong to?

- White
- Black
- African
- Caribbean
- Other Black background
- Mixed ethnic background
- Asian
- Other ethnic background

Please tell us the ethnic
background you feel you belong to

Please refer to the Very Important Notice on page 1 -
please provide supporting evidence within 7 days of submitting this claim form.

Part 17 Checklist

Please tick the appropriate boxes to tell us what proof you are sending with this form.

You must provide **original** documents, not copies. **Please do not send valuable items through the post.**

We need the same proof for you and your partner, if you have one, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof within 1 month. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof.** (please refer to *Very Important Notice* on page 1)

If you can, bring them into our reception. We will take the details we need and give the documents back straight away. If you cannot get into the office, please phone us for further advice. (please see *page 1* for contact details)

Please tick below the items you/your partner have enclosed:

	You	Your Partner		You	Your Partner
Income			National Insurance Number		
Wage slips (5 weekly, 3 fortnightly, 2 monthly)	<input type="checkbox"/>	<input type="checkbox"/>	if you have NOT provided a document showing your NINO we will need your National Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>
Self employed accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax Credit letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pension letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="National Insurance card"/>		
Child Benefit letter	<input type="checkbox"/>	<input type="checkbox"/>			
Capital			Students		
2 months bank statements	<input type="checkbox"/>	<input type="checkbox"/>	Student loan/grant letter	<input type="checkbox"/>	<input type="checkbox"/>
Premium Bond certificate	<input type="checkbox"/>	<input type="checkbox"/>	Letter confirming course dates	<input type="checkbox"/>	<input type="checkbox"/>
Share certificate	<input type="checkbox"/>	<input type="checkbox"/>			
Savings account	<input type="checkbox"/>	<input type="checkbox"/>			
Rent			Persons from Abroad		
Tenancy agreement	<input type="checkbox"/>	<input type="checkbox"/>	You may be required to complete a separate form if you are a Person from Abroad		
Proof of rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verifying Identification			<input type="checkbox"/>		
We will also need to see proof of your identity please supply one of the documents listed below			Workers Registration document	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	Passport	<input type="checkbox"/>	<input type="checkbox"/>
Driving licence	<input type="checkbox"/>	<input type="checkbox"/>			
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>			
Passport (current and valid)	<input type="checkbox"/>	<input type="checkbox"/>			
UK Residence Permit	<input type="checkbox"/>	<input type="checkbox"/>			
Bank statement	<input type="checkbox"/>	<input type="checkbox"/>			
Utility bill	<input type="checkbox"/>	<input type="checkbox"/>			
Wage slip from current employer	<input type="checkbox"/>	<input type="checkbox"/>			

Please refer to the **Very Important Notice** on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Please read the checklist at part 15 to see what evidence is required. To speed up the time taken to assess your claim, please provide your evidence within 7 days. By providing a fully completed claim form and correct standards of evidence within this timescale, you can expect your claim to be processed within 14 days. As a continually improving service we will aim to process your claim earlier.

Part 18 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it. I/we understand the following.

- If I/we give information that is incorrect or incomplete, you may take action against me/us. This may include court action.
- You will use the information I/we have provided to process my/our claim for Housing Benefit or Council Tax Benefit, or both.
- You may check some of the information with other sources within the council, rent offices, other councils and Department for Work and Pensions/Jobcentre.
- You may use any information I/we have provided in connection with this and any other claim for social security benefits that I/we have made or may make. You may give some information to other government organisations if the law allows this.
- You may supply information about my Housing Benefit or Council Tax Benefit claim to a Credit Reference Agency.
- I/We understand that where is doubt about the validity of information supplied or the validity of my claim, that fraud investigators may need to carry out checks. I/We understand that this may include visits or checks on undeclared cohabiters.

We will keep and use your personal information in line with the requirements of the Data Protection Act 1998.

For the purpose of processing your claim, we may pass information to other agencies or organisations, such as the Department for Work and Pensions, the Employment Service, Rent Service and HM Revenue & Customs.

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate, for example, the electoral register.

We may also pass information to other central and Local Government Agencies to:

- prevent or detect benefit fraud or any other crime;
- support national fraud initiatives (this will include your information being used in data-matching exercises from time to time); and
- protect public funds.

I/we know, I/we must let the Benefits Service know about any change in my/our circumstances which might affect my/our claim and confirm that I/we understand that the Benefits Service may pursue the collection of overpaid amounts through external bodies.

I/we declare the information I/we have given on this form is correct and complete.

Signature of person claiming

Date

I HAVE READ THE DETAILS IN THIS FORM AND CONFIRM THAT THEY ARE CORRECT AND COMPLETE AND I HAVE READ AND UNDERSTOOD THE DECLARATION ABOVE.

Partner's signature

Date

**If this form has been filled in by someone other than the person claiming:
(For example, your landlord, your warden, a member of the benefit staff, your carer or a Councillor.)**

Please tell us why you are filling in this form for the person claiming.

Full name of the person who filled in the form.

(Please print your name here)

Signature of the person who completed this form.

Date

Relationship to person claiming.

Please refer to the Very Important Notice on page 1 - please provide supporting evidence within 7 days of submitting this claim form.

Private Employer's certificate of gross earnings

Your name and address



Your job title

Your signature

Your work payroll number

Date

____ / ____ / ____

Once you have filled in the details above, please give this certificate to your employer. When he or she has filled it in, return it to us immediately.

To the employer – Please help your employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give details of your employee's earnings for the last five weeks or two months.

Pay period ending	Hours worked	Pay inc. tax credit before tax and deductions	SSP SMP or tax credit	Income tax	National insurance contributions	Superannuation or pension
1						
2						
3						
4						
5						
Total		£	£	£	£	£

Are these normal earnings? Yes No
 If 'No', please say why not and tell us the normal amount before tax and deductions.

On average, how many hours do they work each week?

____ / ____ / ____

Are these normal hours? Yes No

Date of their next pay rise

____ / ____ / ____

Date they started working for you

Employee's National Insurance number

____ / ____ / ____

Total pay from the start of tax year to the last week or month ending shown above.

How often do you pay your employee (for example, every week, every calendar month)?

How do you pay your employee (cash, cheque, bank credit and so on)?

Private Employer's certificate of gross earnings

Your name and address



Your job title

Your signature

Your work payroll number

Date

____ / ____ / ____

Once you have filled in the details above, please give this certificate to your employer. When he or she has filled it in, return it to us immediately.

To the employer – Please help your employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give details of your employee's earnings for the last five weeks or two months.

Pay period ending	Hours worked	Pay inc. tax credit before tax and deductions	SSP SMP or tax credit	Income tax	National insurance contributions	Superannuation or pension
1						
2						
3						
4						
5						
Total		£	£	£	£	£

Are these normal earnings? Yes No
 If 'No', please say why not and tell us the normal amount before tax and deductions.

On average, how many hours do they work each week?

____ / ____ / ____

Are these normal hours? Yes No

Date of their next pay rise

____ / ____ / ____

Date they started working for you

Employee's National Insurance number

____ / ____ / ____

Total pay from the start of tax year to the last week or month ending shown above.

How often do you pay your employee (for example, every week, every calendar month)?

How do you pay your employee (cash, cheque, bank credit and so on)?

