


# Housing Benefit and Council Tax Reduction Claim Form

Please return this form as quickly as possible, even if you do not have everything we ask for you can send any supporting documents later.

<b>Name</b>
<b>Address</b>
<b>Post code</b>

## Filling in the form

Please fill in any questions that are relevant to you in black ink. If someone fills in this form for you please indicate this on the declaration page at the back of the form.

Where you see the sign  on the form, this indicates that proof is required.

If you need assistance in completing your form you can contact us by phone or by coming into one of our offices. Contact details are given on this page. You can complete this form on-line by accessing the Council's website [www.welhat.gov.uk](http://www.welhat.gov.uk)

If you are awarded Council Tax Reduction it will be credited to your account.

## How we collect and use information

We will use the information given in this form, and any supporting information that you provide to process your claim for Council Tax Reduction.

We may share information with Government agencies such as the Department of Works and Pensions but only where this is permissible by law. The Council is the data controller for the purposes of the Data Protection Act 1998 and information will be handled in accordance with the provisions contained in the Act.

<b>Official use only</b>	
Date issued	Wef
CT property reference	Award £
CT account reference	Processed by
Rent reference	Date processed
Claim reference	Documents returned

## Don't delay - claim today!

Our address is:

Benefit Section, Council Offices,  
The Campus, Welwyn Garden City,  
Hertfordshire AL8 6AE.

Telephone: (01707) 357000

Email: [benefits@welhat.gov.uk](mailto:benefits@welhat.gov.uk)

You can visit us during the following times

8.45am - 5.15pm Monday, Wednesday, Thursday

10.00am - 5.15pm Tuesday

8.45am - 4.45pm Friday

<b>Official stamp</b>
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# Note for filling in the claim form

## About this form

The Council Tax Reduction form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right 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.

### Second Adult Rebate

Second Adult Rebate is Council Tax Reduction you can get if you share your home with someone who is not your partner, is on low income, is 18 or over, and does not pay you rent.

If you are claiming Second Adult Rebate, only fill in Parts 1, 3, 13, and 15.

### Evidence

We need to see evidence of some of the things you tell us about. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for.

## How we collect and use information

We will use the information you give in this form, and any supporting evidence you send us to process your claim for Housing Benefit, Council Tax Reduction and any other Welfare Benefits.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law. We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information, to:

- make sure the information is accurate; and
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities and private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

The Council is the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or in the way we use it, please ask us.

If required information may be disclosed to the Welwyn Community Housing Trust who manage the Council's housing stock. This is in accordance with the Data Protection Act 1998.

## Changes you must tell us about

Tell the Council straight away if;

- any of your children leave school or leave home; or
- anyone moves in or out of your home (including lodgers, joint tenants and subtenants); or
- your capital, savings or investments change; or
- 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; or
- your rent changes; or
- you move house; or
- you or your partner are going to be away from home for more than a month; or
- 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.

If you don't tell us about these changes, you may lose money you are entitled to or you may get too much benefit.

You must make sure you tell us about these changes. Don't rely on someone else to pass on the message.

**It is an offence not to tell us about any change of circumstance that affects your benefit.**

**We may take court action against you.**

**If we pay you too much benefit, you will probably have to pay it back**

# Part 1 About you and your partner

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3, 13, and 15 of this form.

Official use only

**Do you have a partner who normally lives with you?**

 No Yes

A partner means a person you are married to, or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple). Even if your partner only comes home at weekends, or part of the week, you must include them.

If you have a partner, you must answer all the questions about them, as well as yourself.

**Surname or family name**

**Other names**

**Any other surnames or family names you have used, such as before marriage or in a previous marriage.**

**Title** (Mr, Mrs, Ms, Mx.)

**Address**

Do not tell us your partner's address if it is the same as yours

  
Post code

**YOUR PARTNER**

  
Post code

**What date did you move in to this address?**  
(first spent the night there)

**Your daytime phone number**

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

**What is this number?**

Please tick.


Home  Work  Mobile  Textphone

Home  Work  Mobile  Textphone

**E-mail address**

We want to deal with your claim as quickly as we can and if we have your e-mail address we will contact you this way.

**Date of Birth**

**National Insurance Number** 

You can find this on payslips or letters from social security or the tax office. We can decide your claim only if we see evidence that this is your National Insurance Number (see part 16).

<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"/>	<input type="text"/>	<input type="text"/>
Letters	Numbers								Letter	

If you do not have a National Insurance Number, or cannot find it, tick this box.

<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"/>	<input type="text"/>	<input type="text"/>
Letters	Numbers								Letter	

If your partner does not have a National Insurance Number, or cannot find it, tick this box.

**We must see evidence of you and your partner's identity and National Insurance Number. If you or your partner are asylum seekers, you must provide your current Home Office letter.**

# Part 1 About you and your partner continued

Are you living away from home at the moment?

No  Yes

If **yes**, tell us why you are not living at home:

When did you last live at home?

 /  / 

When do you expect to go back home?

 /  / 

Tell us the address where you are living at the moment:


Post code

If your home has been sublet, tell us who lives there now:

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

## YOU


Post code

Were you the home owner, a private tenant, a council tenant or a boarder at this address?

No  Yes

If **yes**, We will write to you about this.

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?

What is your nationality?

 /  / 

If your nationality is not British, on what date did you last enter the UK? The UK is England, Northern Ireland, Scotland & Wales.

Are you an EEA worker?

No  Yes

Are you or your partner in hospital at the moment?


No  Yes

If **yes**, when did you go in?


 /  / 

When will you come out (if you know this)?


 /  / 

Do you or your partner get Disability Living Allowance or Personal Independence Payment? 


No  Yes

Do you or your partner get Attendance Allowance? 

No  Yes

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

No  Yes

Have you or your partner ever claimed Carer's Allowance or Invalid Care Allowance? 

No  Yes

Still tick 'Yes' if you claimed but were not paid any money

## YOUR PARTNER


Post code

No  Yes

If **yes**, We will write to you about this.

 /  / 

No  Yes

No  Yes

If **yes**, when did you go in?

 /  / 

When will you come out (if you know this)?

 /  / 

No  Yes

No  Yes

No  Yes

No  Yes

# Part 1 About you and your partner continued

	<b>YOU</b>	<b>YOUR PARTNER</b>
Do you or your partner have a vehicle from a mobility scheme?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you or your partner a student?	<input type="checkbox"/> No <input type="checkbox"/> Yes Do you study full time or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> No <input type="checkbox"/> Yes Do you study full time or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time

## Part 2 About children

You may be able to get more benefit if there are children in your household and they are:  
 • under 16 or • aged 16 to 20 and in full-time further education or approved training

Are there any children in your household?

**No** – Go to **Part 3**

**Yes** – If there are more than 4 children, use a separate sheet of paper to tell us all the information we ask for on this page.

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>	<b>CHILD 4</b>
Surname or family name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
The child's relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
The child's relationship to partner	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Usual address if different to yours	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Child Benefit number	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Who gets the Child Benefit for them?	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the child registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the child get Disability Living Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you pay for childcare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.
	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>

# Part 3 About other people who live with you

Do any adults usually live with you and any partner you have?

No – Go to Part 4

Yes – Answer all the questions in this section

By adults we mean people over 16 who nobody gets Child Benefit for. Do not tell us about people who just share a hall, bathroom or toilet with you.

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

	PERSON 1	PERSON 2	PERSON 3
Surname or family 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"/>
When did they move 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"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some examples are: aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.			
When did they move 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"/>
Do they get Income Support, income-based Jobseeker's Allowance, Pension Credit, Employment and Support Allowance (Income-Related) or Universal Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please tell us which <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please tell us which <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please tell us which <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , how much? £ <input type="text"/>
Are they severely mentally impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they in legal custody at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>

# Part 3 About other people who live with you continued

Are they in hospital at the moment?

## PERSON 1

No  Yes

If **yes**, when did they go in?

 /  / 

When will they come out (if you know this)?

 /  / 

Do they normally work for 16 hours a week or more?



No  Yes

If **yes**, tell us their earnings before any deductions

 £

Do they have any other income?

This includes any benefits, allowances, tax or pension credits you have not told us about on this form and interest from savings and investments



No  Yes

First other type of income

How much is it before deductions?

 £  per week

Second other type of income

How much is it before deductions?

 £  per week

Third other type of income

How much is it before deductions?

 £  per week

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

No  Yes

If **yes**, tell us their names

is the partner of

## PERSON 2

No  Yes

If **yes**, when did they go in?

 /  / 

When will they come out (if you know this)?

 /  / 

No  Yes

If **yes**, tell us their earnings before any deductions

 £

No  Yes

First other type of income

How much is it before deductions?

 £  per week

Second other type of income

How much is it before deductions?

 £  per week

Third other type of income

How much is it before deductions?

 £  per week

No  Yes

If **yes**, tell us their names

is the partner of

## PERSON 3

No  Yes

If **yes**, when did they go in?

 /  / 

When will they come out (if you know this)?

 /  / 

No  Yes

If **yes**, tell us their earnings before any deductions

 £

No  Yes

First other type of income

How much is it before deductions?

 £  per week

Second other type of income

How much is it before deductions?

 £  per week

Third other type of income

How much is it before deductions?

 £  per week

No  Yes

If **yes**, tell us their names

is the partner of

We must see evidence of all income and interest from savings for the people shown above. Read the checklist in part 16.

# Part 4 About rent

**Do you rent your home?**

Tick 'Yes' if you would pay rent but already get Housing Benefit.

No – Go to **Part 6**

Yes – Answer all the questions in this section

**How much is the rent for your home?**

£

Every

(For example, every week/fortnight/4 weeks/month.)

**What date did your tenancy start?**

/  /

**May we discuss the progress of your claim with your landlord?**

We will not disclose personal/income information.

No

Yes – Please sign here

I authorise the Council to discuss the progress of my claim with my landlord

Signed

Date

**What is your landlord's name and address?**

By landlord we mean the person or organisation who owns the property you live in.

Post code

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

By agent we mean the person or organisation you actually pay your rent to.

Post code

**Are you or your partner, or any of yours, or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?**

No

Yes – What is the relationship?

is my landlord's or agent's

Related includes related though marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter, or agents.

**Are you or your partner a director, shareholder, or employee of your landlord?**

No

Yes

**Have you or your partner owned your current home in the past 5 years?**

No

Yes

**Does anyone else share the rent with you and your partner?**

No

Yes – Tell us their names and their relationship to you and your partner.

How much of the rent do they pay?

£

Every

(For example, every week/fortnight/4 weeks/month.)



## Part 4 About rent continued

Has your rent been registered as a fair rent by a rent officer?  No  Yes

Are there any weeks when you do not have to pay rent?  No  Yes – How many in a year?

Are you behind with your rent?  No  Yes – By how many weeks?

Does your rent include money for the following:

Meals  No  Yes – Which meals are included?  All  Breakfast  Evening

Water authority charge  No  Yes

Heating  No  Yes

Lighting  No  Yes

Hot water  No  Yes

Fuel or cooking  No  Yes

Is anything included or separate from your rent that you have not already told us about?  No  Yes – What is it?

## Part 5 About where you live

What sort of building do you live in? Tick one box only.

Detached house

Flat in a house

Board and lodgings

Semi-detached house

Flat in a block

Hotel

Terraced house

Flat over a shop

Residential nursing home

Maisonette

Bedsit or rooms

Residential care home

Bungalow

Hostel

Other – Please say what

Detached bungalow

Caravan, mobile home or houseboat

**THIS SECTION IS MANDATORY**

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are these other rooms?

**Do you use your home for business purposes?**

No  Yes

**Do you have a main home somewhere else?**

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

No  Yes – What is the address?

<input type="text"/>
<input type="text"/>
<input type="text"/>
Post code

# Part 6 About your Allowances & Credits

Includes: Income Support, income based Job Seekers Allowance, Pension Credit Guarantee, income related Employment Support Allowance and Universal Credit.

YOU	YOUR PARTNER
<p>Are you or your partner getting <b>Income Support, income-based Jobseeker's Allowance, Universal Credit, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related) at the moment?</b> <span style="color: red; font-weight: bold;">!</span></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, when did you start getting it?</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; text-align: center;">/ /</div>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, when did you start getting it?</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; text-align: center;">/ /</div>
<p>Are you or your partner still waiting to hear about a claim for <b>Income Support, income-based Jobseeker's Allowance, Universal Credit, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related)?</b> <span style="color: red; font-weight: bold;">!</span></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, when did you claim?</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; text-align: center;">/ /</div>	<p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, when did you claim?</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%; text-align: center;">/ /</div>

# Part 7 About benefits, tax credits and state pensions

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? !

Read the list of benefits and credits below and tell us about any that you or your partner are getting now or have claimed.

**Please put a line through any boxes that do not apply to you or your partner.**

We will need to see evidence of the benefit or credit, such as an award letter.

No – Go to **Part 8**

Yes – Tell us about the benefits below.

## Pensions

	YOU			YOUR PARTNER		
	Yes	How much do you get?	How often is it paid?	Yes	How much do you get?	How often is it paid?
State retirement pension	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Pension Credit (Savings Credit)	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Widow's Allowance or Bereavement Allowance	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Widowed Parent's Allowance or Widow's Pension	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
War Widow's or War Dependent's Pension	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
War Disablement Pension	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Industrial Injury/Disablement Pension	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Exceptionally Severe Disablement Allowance	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>


**Benefits and allowances**

	YOU			YOUR PARTNER		
	Yes	How much do you get?	How often is it paid?	Yes	How much do you get?	How often is it paid?
Contribution-based Job Seeker's Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Working Tax Credit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Employment Training Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Child Benefit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Employment and Support Allowance - contribution based	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance:						
Mobility Component	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Care Component	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence Payment	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Carer's Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Any other benefit, pension or money from the government	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>

Are you repaying a Social Fund loan or overpayment for any of these benefits?  No  Yes If yes, which one?

Have you or your partner deferred (put off) receiving a pension?  No  Yes If yes, give details

# Part 8 Income other than earnings

Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form? 

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the Macfarlane Trust.

No – Go to **Part 9**

Yes – Answer the questions on this page. Please put a line through any boxes that do not apply to you or your partner.

## YOU

Private Pension 1 paid by

Yes How much do you get? How often is it paid?

£

Date of next increase  /  /

Private Pension 2 paid by

£

Date of next increase  /  /

Pension Protection Fund Payments

£

Youth Training Scheme payment or Training Credits

£

Maintenance for you

£

Maintenance for your child - including CSA

£

Student grant, bursary or loan

£

Payments from boarders

£

Weekly amount from letting or sub-letting part of a property

£

Payments from a charity

£

Any other income e.g. Redundancy or Loan Protection Payments (please give name)

£

## YOUR PARTNER

Yes How much do you get? How often is it paid?

£

Date of next increase  /  /

£

Date of next increase  /  /

£

£

£

£

£

£

£

£

£

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive pay slips before we can decide how much benefit you can get.

# Part 9 About working for an employer

## YOU

Do you or your partner work for an employer?

No – Go to Part 10

Yes – Answer the questions in this part

Do you work for more than one employer?

No  Yes

Tell us about all the employers on a separate sheet of paper and send it with this form. Include all the information asked for below.

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?

  
  
 Post code

When did you start this job?

 /  / 

How much do you get paid before Tax and National Insurance are taken off?

 £

How often do you get paid?

 Every

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account

How many hours a week do you usually work?

Give details of any regular overtime, bonuses, commission or tips.

Are you getting Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer at the moment?

No  Yes

When did it start?

 /  / 

Do you pay into a private or company pension scheme?

No  Yes

If yes, how much?

 £

How often?

 Every

## YOUR PARTNER

No – Go to Part 10

Yes – Answer the questions in this part

No  Yes

  
  
 Post code

 /  / 
 £

 Every




No  Yes

 /  / 

No  Yes

If yes, how much?

 £

How often?

 Every

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive pay slips before we can decide how much benefit you can get.

# Part 10 About being self-employed

## YOU

Are you or your partner self-employed?

No – Go to Part 11

Yes – Answer the questions on this page

## YOUR PARTNER

No – Go to Part 11

Yes – Answer the questions on this page

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

What kind of work do you do?

When did the business start?

 /  /  /  / 

What is the business address?

  
Post code   
Post code 

Are you a Director of the business?

No  Yes

No  Yes

Are there any other partners in the business?

No  Yes

No  Yes

If **yes**, tell us their name and address

If **yes**, tell us their name and address

  
Post code   
Post code 

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No  Yes

No  Yes

If **yes**, tell us how much

If **yes**, tell us how much

£

£

How often?

How often?

Every

Every

Do you pay into a private scheme?

No  Yes

No  Yes

If **yes**, tell us how much

If **yes**, tell us how much

£

£

How often?

How often?

Every

Every

We must see evidence of your earnings before we can decide how much benefit you can get.

## Part 11 About any other work

### YOU

Do you or your partner do any other work?

This could be voluntary work, therapeutic work or any other work.

No – Go to Part 12

Yes – Answer the questions on this page

What other work do you do?

What is the name and address of the person you do this work for?


Post code

When did you start this work?

 /  / 

How many hours a week do you usually work?

Do you get paid for this work?

No  Yes

If yes, tell us how much

£

How often?

Every

### YOUR PARTNER

No – Go to Part 12

Yes – Answer the questions on this page


Post code

 /  / 


No  Yes

If yes, tell us how much

£


How often?

Every

We must see evidence of any earnings before we can decide how much benefit you can get.

## Part 12 About bank accounts, savings, investments and property

### YOU

Do you or your partner have any bank accounts, savings, property or investments in the UK or abroad? 


This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, stocks

No  Yes

Answer all the questions in this part. We must see evidence of all the capital, savings and investments. We will need statements or pass books covering the last 2 months at least.

**Please answer these questions for yourself and your partner.**

Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.

Do you have bank, building society or post office accounts? 

(including current accounts) If yes, please give details.

No  Yes

	Account number/name/other details	Your balance/value	Partner's balance/value
<input type="checkbox"/> Yes	<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"/>
	<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"/>
	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>



## Part 12 About bank accounts, savings, investments and property

**Do you have stocks, shares, unit trusts?**



No  
 Yes

If yes, list the names of investments and number of shares held.

Name	Number held

**Do you have National Savings Certificates?**



No  
 Yes

If yes, list the issue, purchase date and number of units.

Name	Number held

**People who have more than £16000 in capital are not eligible to receive benefit (although special rules apply to people over 60). Capital includes money, property, land or capital held outside the United Kingdom.**

**Do you have other investments, redundancy payments, premium bonds, Tassas, ISAs, SAYE, cash, etc?**



No  
 Yes

If yes, please give details. (Please also use this space if you need to tell us more about any of the above savings)

**Have you or your partner received any backdated benefit or deferred payments, such as State pension, which you have added to your savings?**



No  
 Yes

If yes, please give details

**Do you or your partner own or partly own any property or land except the home you live in, either in the UK or abroad?**



No  
 Yes

Tick 'Yes', even if you have a mortgage or loan for the property or land. This includes jointly owned properties.

If yes, please give the address

Postcode

**How much is it worth?**

£

**If you have a mortgage or loan for this, how much is left to repay?**

£

**Have you or your partner received a compensation payment relating to the Second World War?**

No  
 Yes

## Part 13 Backdating

We can usually award benefit from the Monday after the day we get 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 before.

**Tell us the date you want to claim benefit from**

/  /

Tell us all the reasons why you could not claim before today (continue on a separate sheet if necessary).

## Part 14 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

## Part 15 Background (Optional)

The government has asked us to gather information about our customers' background. It's your choice whether to fill in this section. Please show which of the following groups you and your partner (if any) consider you belong to by ticking one box for you and one for your partner.

### Ethnic Background

	YOU	YOUR PARTNER
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
White Any other white background	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Any other Mixed background	<input type="checkbox"/>	<input type="checkbox"/>
Asian British	<input type="checkbox"/>	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>
Asian Kashmiri	<input type="checkbox"/>	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Asian Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Black British	<input type="checkbox"/>	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>
Black Any other Black background	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Any other Chinese background	<input type="checkbox"/>	<input type="checkbox"/>
Other Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Other Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other Any other group	<input type="checkbox"/>	<input type="checkbox"/>

### Gender

	YOU	YOUR PARTNER
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgender Male	<input type="checkbox"/>	<input type="checkbox"/>
Transgender Female	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

### Religion or Belief

	YOU	YOUR PARTNER
None	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

### Sexual Orientation

	YOU	YOUR PARTNER
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Man	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

### Disability

	YOU	YOUR PARTNER
Do you consider you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please explain	<input type="text"/>	

# Part 16 Checklist

Please tick to tell us what evidence you are sending with this form. We must see original documents, not copies. If you bring them to our reception, we will take the details we need and give you the documents back straight away.

**If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and for any other adults living in your home.**

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the evidence. Please tell us now in Part 14, if you cannot supply the evidence within one month.**

### Evidence of National Insurance Number

Such as a National Insurance Number card, payslips or letters from social security or the tax office.

### Evidence of savings, investments and property

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, Tessas, stocks, shares and unit trusts. The evidence you send must show details for at least the last 2 months.

### Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. We can send a form to your employer to fill in if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading records so far. We can supply a form.

### Evidence of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

### Evidence of benefits, allowances, tax credits, pension credits or pensions

Such as current award notices or letters from the Department of Work and Pensions confirming how much you get. If you do not have evidence, let us know straight away.

### Evidence of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord, or we can supply a form.

### Evidence of other money paid out

Such as letters about student grants or maintenance, or agreements or receipts from registered child carers.

# Part 17 How you will be paid and the choices you have

- If you are awarded **Council Tax Reduction** we will credit this to your council tax account.
- If you pay rent to a **private landlord** we will pay any benefit directly to you.  
If you feel this will cause you difficulties please ring 01707 357000 for a "Direct Payments to Landlords form"
- If you pay rent to a **Housing Association** you can either have your Housing Benefit paid to you or direct to your landlord.  
Please 'tick' how you would like to be paid:

To myself  To my landlord

Payment to you or your landlord will be made by direct credit to a current or basic bank account.  
Please complete the details of the account to be credited.

Name of bank/building society	<input type="text"/>												
Branch	<input type="text"/>												
Account name	<input type="text"/>												
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"/>	<input type="text"/>	Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your signature:** Please pay any Housing Benefit I may be entitled to by the method I have ticked. I understand that once I have selected a payment method, the Council cannot change it without written instructions. I understand that if payments go to my landlord or agent, they must agree in writing to any change.

**If you have not got a current or basic account**, and have previously been unable to open one, banks have leaflets giving details of the new Basic Bank Accounts you can open. With a Basic Bank Account you will receive a cash-machine card, which you can usually use to draw cash in post offices, but not a debit card, cheque book or overdraft.

If you can't open any sort of bank account, or can't manage a bank account, we may be able to pay your Housing Benefit by cheque. Please explain here why you can't open a bank account or receive payment direct to an account.

# Part 18 Declaration

**Even if someone else has partly or fully filled in this form for you, you MUST sign this declaration if you can. If you have a partner they should sign below to confirm that all the details about them are correct. Please read this declaration carefully before you sign and date it.**

## I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Reduction or both, or to assess any discount or grant for Council services. You may check the information with other sources including credit reference agencies as the law allows.
- You may use any information I have provided for this and any other claim for social security benefits that I have made or may make.

This includes Discretionary Housing Payment. You may give some information to other government organisations, such as government departments and local councils, if the law allows this.

**I know I must let the Council's Benefit Section know immediately in writing about any change in circumstances or the circumstances of anyone living with me, which might affect my claim. If I do not, you may take action against me. This may include court action.**

**Details provided on your form may be used in accordance with the Government's directive for Local Authorities with regard to benefit investigations. This will include checks on undeclared cohabiters and may also include reference to Experian who are a data matching agency. By signing this declaration you give consent for data on your claim to be used for these purposes where necessary.**

**I declare** that this is my claim for Housing Benefit and/or Council Tax Reduction and the information I have given on this form is correct and complete. I authorise the Council to make any necessary enquiries to check that the information is true and correct.

I have read and understood this declaration, and my responsibilities in reporting any changes in my circumstances to the Council.

**Signature of person claiming**

**Date**

**Signature of partner**

**Date**

**If this form has been partly or fully filled in by someone who is not the person claiming, please tell us why you are filling in this form for the person claiming.**

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. If I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that the declaration applies to me.

**Name of the person who filled in this form**

**Signature of person**

**Relationship to the person claiming**

**Date**