



# Important

We are sorry that there are so many questions but it is important that you answer all of them.

## Please read these notes carefully

- Fill in this form if you want help to pay your rent and/or Council Tax.
- If you are living together as man and wife, or civil partners, complete only **one** form.
- Joint owners or joint tenants who are not partners need to fill in separate forms if they each want to claim.
- We will use the information you give us to work out your Housing Benefit and Council Tax Reduction. We will also use it to check you are paying the right amount of Council Tax.
- We will follow the Data Protection Act and keep the information you give us confidential.
- **Your entitlement will normally start on the Monday after the date you requested the form, provided that the form is returned within one month from that date.**
- **Please return the form even if you do not have all of the information that we ask for. If you cannot send all the information now, please let us know when you will be able to send it. You must send the information within one calendar month. If you cannot do this, please let us know why.**
- **If you need any help** to complete the form, please call in at the address on the front page or telephone the Council using one of the following direct dial numbers:

Council Tax Reduction Scheme and Housing Benefit (01768) 212185, 212146 or 212245.

We can send a Council Officer to your home to help you if you wish.

## Opening Hours

8.45am to 5.15pm Monday to Thursday

8.45am to 4.45pm Friday

(Second Wednesday in every month 10am to 5.15pm)

- Once we have got all the information we need from you, we will work out the benefit and write to you to let you know how much you will get. You should hear from us within 14 days of us receiving all the information.
- **Your claim may be delayed or you may receive a reduced amount if you do not answer all the questions that we ask you to complete.** (If you deliver this form to the Town Hall please ask for an acknowledgement receipt to show that you have delivered it).

**If you are just claiming Alternative Council Tax Reduction only fill in Section 1, Section 3 and Section 19 of this form.**

**Are you (please tick one box):**

an owner-occupier?  a private tenant?  a housing association or social landlord tenant?

If you have someone helping you with your affairs (for example, an appointee) would you like us to contact them when we are dealing with your claim?

Yes  No

If **Yes**, please give their name and address, telephone number (and/or fax and e-mail address if they have one)

Name

Telephone No

Address

Fax No

  

Email Address

Do you want all of your correspondence sent to the above person? Yes  No

# Section 1 - About you and your partner

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

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

## You

## Your Partner

Title (Mr,Mrs,Miss)

Surname

All your other names in full

Date of Birth

 

Address   
  
  
Postcode

  
  
  
Postcode 

What date did you move to this address?

 

Your daytime phone number Code  Number

Code  Number

National Insurance Number (you must give your number or you will not be able to claim benefit or a reduction. If you have not got a number please let us know). Please send us proof

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What date did you leave your previous property?

 

Have you or you partner claimed Housing Benefit or a Council Tax Reduction before? Yes  No

Yes  No

When did you last claim?

 

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?   
  
Postcode

  
  
Postcode 

If you have moved from this address, have you told the council you claimed from? Yes  No

Yes  No

If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.   
  
Postcode

  
  
Postcode

# Section 1 - About you and your partner Continued

Tell us whether you were the homeowner, a tenant, or a lodger at this address.

You	Your Partner

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 two years?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

What is your nationality?

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

/ /	/ /
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Are you registered blind?  
(Please send proof)

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does anybody receive Carers Allowance for looking after you?  
If yes, who gets Carers Allowance for you?  
(Please send proof)

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you or your partner in hospital or prison? If so, give the date you or your partner went into hospital or prison. (Please send proof)

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /	/ /

Are you looking after someone who is receiving Attendance Allowance, Carers Allowance, Disability Living Allowance (Care Component) or Personal Independence Payments (Daily Living Component)?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please say who you are looking after. (Please send proof)

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Do you or your partner pay towards the upkeep of a student?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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How much do you pay and how often?

£                      every	£                      every
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Are you or your partner a student?  
By student we mean anyone who is attending a course of study at an educational establishment, including student nurses?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us if this is full or part time.	Tell us if this is full or part time.
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

How much of your income is taken into account when working out your grant?

£                      a year	£                      a year
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	You	Your Partner
Please tick if you or your partner are/have:		
An apprentice		
On youth training		
In legal custody		
Chronic Mental Health Condition		
Registered blind		
Long-term sick or disabled		

## Section 2 - About Children

Please give details of all the children living with you, for whom you or your partner gets Child Benefit. (You must let the Council see proof of your current Child Benefit such as your book or letter from the Benefits Agency). We need to know about any children in your household who are:

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

Are there any children in your household as described above?

Yes

No  Go to **Section 3**.

If there are more than 3 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

	Child 1	Child 2	Child 3
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the child's sex	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (for example son, niece). If they are not related to you, please enter "NONE"	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? We need to see proof of this	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind? (Please send evidence of this)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child get Attendance Allowance, Disability Living Allowance or Personal Independence Payments? (Please send proof)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How much? <input type="text" value="£"/>	How much? <input type="text" value="£"/>	How much? <input type="text" value="£"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week? (Please send us proof of this)	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

**We will send any proof back to you.**

## Section 3 - Other people living with you

Please tell us about all the people who usually live with you and your partner including relatives, friends, foster children, sons or daughters who serve in the armed forces and are away on operations and children you have not told us about in Section 2.

Do you have other people living with you **Yes**  Answer all questions **No**  Go to **Section 4** in this part.

Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than three people, use a separate sheet of paper. **If you are sending a separate sheet of paper, tick this box**

	First Person	Second Person	Third Person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First 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"/>
Their relationship to you or your partner (for example friend, son, mother, none)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments? How much?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £
Do they get Incapacity Benefit?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Are they registered blind?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training? Please tell us which	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>
Are they caring for someone in your home for 35 hours or more each week?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If <b>Yes</b> , please say who they are caring for	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they jointly responsible with you for paying the rent or mortgage?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Do they pay rent or money for board and lodgings to you or your partner? How much?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £ <input type="text"/> a week	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £ <input type="text"/> a week	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/> £ <input type="text"/> a week
Does this include money for food?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Does this include money for heating?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Do they have a chronic mental health condition?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Are they in legal custody or hospital at the moment? If <b>Yes</b> which one?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <input type="text"/>
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 due 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?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

## Section 3 - Other people living with you continued

Tell us their earnings **before** any deductions (we need to see their last five weekly payslips or last two months payslips).

£

£

£

What is their employers name and address?

Do they have any savings?

Yes  No

Yes  No

Yes  No

If **YES**, what interest do they receive from their savings? (please include all Building Society and Post Office accounts, Premium Bonds, Income Bonds, PEP's, ISA's, Stocks and Shares, Unit Trusts and National Savings Certificates)

£

£

£

How often is the interest paid?

Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form.

Yes  No

Yes  No

Yes  No

Name of first income

How much is it before deductions?

£  a week

£  a week

£  a week

Name of second income

How much is it before deductions?

£  a week

£  a week

£  a week

**We need to see evidence of the income, savings and benefits of everyone listed in this section. If they work we need to see their last five weekly or two monthly pay slips.**

## Section 4 - About Income Support, income-based Jobseeker's Allowance, income related Employment and Support Allowance and Pension credit

**You**

**Your partner**

Are you or your partner **actually getting** Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit at the moment?

Yes  No

Yes  No

When did you start getting it?

/  /

/  /

Are you or your partner **still waiting** to hear about a claim for Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?

Yes  No

Yes  No

When did you claim?

/  /

/  /

Which other benefit are you getting or waiting to hear about?

**We must see evidence of your benefits, allowances or pension before we can decide how much benefit you can get.**

## Section 5 - About being self-employed

Are **you** self-employed?

Yes

Answer all the questions in this

No

Go to **Section 6**

Is **your partner** self-employed?

Yes

Answer all the questions in this

No

Go to **Section 6**

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.

**You**

**Your partner**

What kind of work do you do?



When did the business start?

 /  / 
 /  / 

What is the business address?

  
  
 Postcode

  
  
 Postcode

Do you have any business partners?

Yes  No

Yes  No

Tell us their name and address

  
  
  
 Postcode

  
  
  
 Postcode

How many hours a week do you usually work?



Do you get Business Start-up Allowance?

Yes  No

Yes  No

How much and how often?

 £  every 
 £  every 

Do you pay into a private pension scheme?

Yes  No

Yes  No

How much and how often?

 £  every 
 £  every 

**We need to see evidence of your earnings before we can decide your entitlement. Read the checklist at Section 18 to see what you can use as evidence.**

## Section 6 - About working for an employer

Do **you** work for an employer?

Yes

Answer all the questions in this

No

Go to **Section 7**

Does **your partner** work for an employer?

Yes

Answer all the questions in this

No

Go to **Section 7**

If you work for more than one employer, tell us about all other employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet, tick this box

**You**

**Your partner**

What kind of work do you do?



What is your employer's name and address?

  
  
 Postcode

  
  
 Postcode



## Section 6 - About working for an employer continued

	You	Your partner
When did you start this job?	/ /	/ /
What is your payroll, employee or staff number?		
Are you employed for a limited period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When will this finish?	/ /	/ /
How often do you get paid?	Every	Every
How much do you get paid <b>after</b> tax, National Insurance and Pension payments are taken off?	£	£
What is your hourly rate?	£	£
How many hours a week do you usually work?		
How are you paid? (cash, cheque, to your bank, other - please say what)		
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
Give details of any regular overtime, bonuses or commission.		
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private or company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ every	£ every

**We must see your last five weekly payslips or last two months payslips if you are paid monthly. Please send original payslips not copies. Handwritten payslips will only be accepted if they are signed and stamped by your employer. We will send your payslips back to you.**

**If you are unable to supply payslips, we will write directly to your employer for details of your earnings. Would you like us to send a form direct to your employer?**

Yes  No

## Section 7 - About any other work

Do **you** do any other work at all? Yes  Answer all the questions in this part. No  Go to **Section 8**

Does **your partner** do any other work at all? Yes  Answer all the questions in this part. No  Go to **Section 8**

	You	Your partner
What other work do you do?		
What is the name and address of the person you do this work for?		
	Postcode	Postcode

## Section 7 - About any other work continued

When did you start this work?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick <b>Yes</b> and give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much do you get <b>after</b> any deductions?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

**We must see evidence of any earnings before we can decide your entitlement.  
Read the checklist at Section 18 to see what you can use as evidence.**

## Section 8 - About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?  
Please answer **ALL** the questions in this part. Enter **NONE** to any you or your partner do not receive  
Enter the **FULL** amount of the benefit before any deductions and how often you are paid (weekly, fortnightly, 4 weekly, monthly or other)

	<b>You</b>		<b>Your partner</b>	
	How much do you receive?	How often is it paid?	How much do you receive?	How often is it paid?
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Personal Pensions or Pensions from former employer (after tax) On what day each year does this Pension increase?	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widowed Parent's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widows Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widows Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Child Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Bereavement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Working Tax Credit Do you receive this in your pay or is it paid into your bank account. Please say which. Please say when your Working Tax Credit will end.	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Contributions Based Job Seekers Allowance (JSA(Cont))	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Contributory Employment and Support Allowance (ESA(Cont))	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
When did this start	<input type="text" value=" /"/>	<input type="text" value=" /"/>	<input type="text" value=" /"/>	<input type="text" value=" /"/>
Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
When is this due to end	<input type="text" value=" /"/>	<input type="text" value=" /"/>	<input type="text" value=" /"/>	<input type="text" value=" /"/>

## Section 8 - About benefits and pensions continued

Severe Disablement Allowance	£		£	
Attendance Allowance	£		£	
Disability Living Allowance (Care Component)	£		£	
Disability Living Allowance (Mobility Component)	£		£	
Personal Independence Payments (Daily Living Component)	£		£	
Personal Independence Payments (Mobility Component)	£		£	
Government Training Scheme Please say which scheme it is.	£		£	
Fostering Allowance	£		£	
Carer's Allowance	£		£	
Child Tax Credit Please confirm the bank or building society and account number this is paid into. Please say when your Child Tax Credit will end.	£		£	
	/	/	/	/
Industrial Disablement Benefit	£		£	
If you get Benefit or Allowances not in this list, please say what they are, how often they are paid and how much you receive.				
	£		£	
Please give details of any Income or benefit you have applied for and are waiting to hear about.				

## Section 9 - About other money coming in

Do you or your partner, or any children you are claiming for, 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	Your partner
Maintenance received (including amounts received from the Child Support Agency) How much do you receive and how often is it paid?	£	£
Have you any other income not already declared on this form? (for example rent from a property, income from an annuity or a charity). If yes please provide details and send proof	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are 60 or over, are you a member of a personal pension scheme or do you hold a retirement annuity from which you have not received any income? We will send you a form to ask for further details about this	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**We must see evidence of any money coming in before we can decide your entitlement. Read the checklist at Section 18 to see what you can use as evidence.**

# Section 10 About bank accounts, savings, investments and property

We need to know if you or your partner has any bank accounts, savings, investments or property in the UK or abroad.

Do you or your partner have any capital, savings 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 and shares.

Answer **ALL** the questions in this part. Enter **NONE** to any accounts or savings you do not have.

		You			Your partner		
Cash Savings	Amount	£	£	£	£	£	£
Bank Current Account	Amount	£	£	£	£	£	£
	Account Number						
Bank Deposit Account	Amount	£	£	£	£	£	£
	Account Number						
Building Society Accounts	Amount	£	£	£	£	£	£
	Account Number						
Post Office Accounts	Amount	£	£	£	£	£	£
	Account Number						
National Savings Accounts	Amount	£	£	£	£	£	£
	Account Number						
Income Bonds	Amount	£	£	£	£	£	£
	Account Number						
Premium Bonds	Amount	£	£	£	£	£	£
	Account Number						
Personal Equity Plans	Amount	£	£	£	£	£	£
	Account Number						
Individual Savings Accounts (ISA)	Amount	£	£	£	£	£	£
	Account Number						

You must provide original statements for the last 2 months for each account you have.

	Full name	How many?	Full name	How many?
Stocks and shares				

	Full names	How many?	Full names	How many?
Unit Trusts				

# Section 10 About bank accounts, savings, investments and property continued

	Issue Number (eg 25 <sup>th</sup> )	How many?	Issue Number (eg 25 <sup>th</sup> )	How many?
National Savings Certificates				

**You must provide evidence of all investments you hold.**

Do you own any other property or land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give the address or location (we will write to you to ask for more information)	<input type="text"/>		<input type="text"/>	
Is the property or land for sale?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When was it put up for sale?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Do you have any other investments or savings either here or abroad?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details and send proof	<input type="text"/>		<input type="text"/>	

**We must see evidence of any savings, investments or property before we can decide your entitlement. Read the checklist at Section 18 to see what you can use as evidence.**

# Section 11 About rent

Do you pay rent for your home (including ground rent)? Yes  Answer all questions in this part No  Go to **Section 17**

Tick **Yes** if you are liable to pay rent but you already get Housing Benefit.

What is your landlord's full name and business address?  
By landlord we mean the person or organisation who owns the property you live in.

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

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.

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

Are you, your partner, or any of your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?  
Related includes related through marriage, even if the marriage has ended.

Yes  What is the relationship? No

is my landlord's or agent's

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, then tell us when you have actually moved in.

# Section 11 About rent continued

What sort of tenancy do you have?   
 For example, shorthold, assured tied rent

How long is the tenancy for?  /  /  to  /  /

What is the property let as?    Furnished     Partly furnished     Hardly any furniture     Unfurnished

How much rent do you pay and how often?    £  every

How do you pay your rent? eg DD; cash; cheque; standing order.

Does anyone else share the rent with you and your partner?    **Yes**     **No**

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

How much of the rent do they pay and how often?    £  every

Has your rent changed in the last 12 months?    **Yes**  Please send proof    **No**

When is the next rent increase due?  /  /

Has your rent been registered as a fair rent by a rent officer?    **Yes**  Please send the notice of registration form **RO5**    **No**

Do you have any weeks when you do not have to pay rent?    **Yes**  How many in a year?     **No**

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

Does the rent include any of the following? Please tick yes or no. Enter the amount if yes.

**PLEASE ENTER THE EXACT AMOUNT IF APPLICABLE**

	Yes	No	£		Yes	No	£
Council Tax				Laundry service			
Water charges				Laundry facilities for your tenants use			
Lighting				Alarm system			
Heating				Medical care			
Hot water				Lift			
Cooking				Warden services			
Cleaning				Please say what services the Warden provides			
Cleaning of areas other than your rooms (such as communal lounge)				Supporting People Charge			
Insurance				Other services (for example gardening)			
Lighting of areas other than your tenants rooms				Please say what they are			

Does your rent include meals?    **Yes**     **No**

If **yes**, which meals and how much is included in your rent?

Breakfast	£ <input type="text"/>
Lunch	£ <input type="text"/>
Evening Meal	£ <input type="text"/>

## Section 11 About rent continued

Are you living away from home at the moment? **Yes**  Tell us about it below. **No**

Why are you not living at home?

When did you last live at home?

When do you expect to go back home?

What is the address of where you are living at the moment?

  

  

  


Postcode

Have you sublet your home? **Yes**  **No**

Who lives there now?

Do you have a tenancy agreement? **Yes**  **Please send your current tenancy agreement**  
(a copy will not be accepted).

**No**  **You and your landlord must complete the Private tenants Proof of Rent form on pages 21 and 22 and send it to the Council with your rent book.**

Who has to pay the Council Tax bill for your home?

What is the Council Tax reference number?

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist in Section 18 to see what you can use as evidence.**

## Section 12 About where you live

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

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terrace house	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>
Bedsit or rooms or a studio flat	<input type="checkbox"/>	Chalet	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Caravan, mobile home or houseboat	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>	Residential care/ nursing home	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Please give details of other	<input type="text"/>		

Does your home have central heating? **Yes**  **No**  Does your home have a garden? **Yes**  **No**

Does your home have a garage? **Yes**  **No**  Does your home have parking space? **Yes**  **No**

How many floors are there?

Do you and your household occupy only part of the building you have ticked? **Yes**  **No**

If yes where in the building do you live? Front  Middle  Back

Which floors do you live on?  
For example, ground floor, first floor

## Section 12 About where you live continued

How many rooms are there in the building?

In the whole building

Just for you and your household

That you share with

	In the whole building	Just for you and your household	That you share with
Living rooms			
Bedrooms			
Bed-sitting rooms			
Kitchens			
Bathrooms or shower rooms			
Toilets			
Other rooms			
<b>Total</b>			

Do you use your home for business?

Yes

No

Do you have a main home somewhere else?

Yes  Tell us about it below

No

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

What is the address?

Postcode

Do you pay rent on this home?

Yes

No

How much? £

## Section 13 Payment of Housing Benefit

If your landlord is a Registered Social Landlord (Housing Association) please complete **section 14**. **You do not need to complete section 15.**

If you are making a new claim or you have moved address and will therefore fall under Local Housing Allowance go to **section 15**. **You do not need to complete section 14.**

## Section 14 Payment of Housing Benefit (existing claims)

If you are entitled to Housing Benefit, there are 2 ways in which the Council can pay benefit to you. Please tick which way you would like your benefit paid.

1. Straight into **your** bank or building society account (payment by BACS)  Fill in your details (**number 1**) in **section 16**.
2. Straight into your **Landlord's** bank or building society account (payment by BACS)  Fill in your Landlord's details (**number 2**) in **section 16**

If you want the Council to pay your Housing Benefit direct to your landlord, please enter your name and address on Section A of page 23 and then pass page 23 to your landlord to complete Section B. Page 23 must then be returned to the Council. Please note that we will not be able to pay your landlord until this form has been returned.



## Section 15 Payment of Housing Benefit (Local Housing Allowance)

If you are in receipt of Housing Benefit (LHA) then payments will be made directly into your bank/building society account (by Bacs). Please fill in the Tenant bank/building society details (**number 1**) in section 16.

Under Local Housing Allowance you cannot choose to have your payments sent directly to your landlord, but the Council does have the discretion to do this where certain criteria are met. In general, direct payments will only be made to landlords where the tenant is deemed to be vulnerable.

If you consider yourself a vulnerable tenant then please tick the box (a vulnerability application form will be sent to you on receipt of this claim).

Payments can be made to your landlord (by Bacs) while your vulnerability application is being considered therefore please complete the Landlord bank/building society details (**number 2**) in section 16. You will also need to enter your name and address on Section A of page 23 and then pass page 23 to your landlord to complete Section B. Page 23 must then be returned to the Council. We will not be able to pay your landlord until this form has been returned.

Please note that you still have to complete the Tenant bank/building society details (**number 1**) in section 16 as we will need this if your vulnerability application is unsuccessful.

**For further information on Local Housing Allowance please see the enclosed leaflet.**

## Section 16 Housing Benefit payment details

### 1. Tenant bank/building society details

What name or names is the account in?  
Name and address of 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 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"/>
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Type of account - for example, current, deposit.

--

### 2. Landlord bank/building society details

What name or names is the account in?  
Name and address of 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 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"/>
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Type of account - for example, current, deposit.

--

**If you have any problems with this, please contact the Benefits Team.**

## Section 17 Other information

Please use this space to tell us anything else about your claim that you think we may need to know. (Use another piece of paper if you have to and attach it to this form).

## Section 18 Checklist

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies.

We recommend that you send any important documents in the post by **Recorded Delivery** to The Benefits Section, Town Hall, Penrith, Cumbria, CA11 7QF or deliver them to the Town Hall by hand.

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.

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.

• **Evidence of identity**   
Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

• **Evidence of your address**   
Such as a recent paid gas, electricity or telephone bill or a TV licence.

• **Evidence of National Insurance number**   
Such as a National Insurance number card, payslips or letters from social security or the tax office.

• **Evidence of capital, savings and investments**   
Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last two months.

• **Evidence of earnings**   
This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We cannot accept handwritten payslips unless they are signed and stamped by your employer. We will contact your employer if you do not have these payslips. If you or your partner is self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

• **Evidence of other income**   
**We also need this for any other adults living in your home.**

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 or pensions**   
**We also need this for any other adults living in your home.**

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

• **Evidence of private rent and tenancy**   
Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

• **Evidence of other money paid out**   
Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

## Section 19 Declaration

**Please read this part carefully and then you and your partner must sign below (it is the policy of Eden District Council to pursue all fraudulent claims)**

- The information I have given on this form is true and complete.
- I will let you know in writing straight away if any of my circumstances change so that you may work out my entitlement again. (Failure to report changes is an offence).
- You may check any of the information I have given. This may include my bank, building society, my employer and the Department of Works and Pensions.
- If I receive too much Housing Benefit because I do not tell you about changes in my circumstances, I realise I will have to repay the Housing Benefit.
- If my entitlement to a Council Tax Reduction is reduced I realise I will have more Council Tax to pay.
- If I give false, incorrect or incomplete information, I realise I may be prosecuted. (The Council must protect the public funds it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds).

Signatures	Date
------------	------

You

/ /

Your partner

/ /

You do not have to give your telephone, fax or Email address but it helps us to process your claim more quickly should we need to contact you.

Your telephone number

Your fax number

Your Email address

### Change of Circumstances

You must tell the Council if your circumstances change or the circumstances of anyone living with you changes. Changes of circumstances you must tell us about include the following:

- You or anyone living with you stop getting Income Support, Job Seekers Allowance or any other state benefits.
- You or anyone living with you change jobs or your wage goes up or down.
- The number of people living with you changes.
- If any of your children leave school.
- If you move. This includes a flat or room at the same address.
- Start living with someone, get married or form a civil partnership.
- Your capital or savings change.

If you are not sure you must ask the Council for help.

If this form has been filled in by someone other than the person claiming please tell us why you are filling in this form for the person claiming.

**I declare** that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

## Section 20 Sharing information with your landlord

If you have already given your permission to share information with your landlord, you are not required to complete this form again.

You can withdraw your permission at any time.

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed or renewed your claim for Housing Benefit, or
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give Eden District Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature

Date

## Section 21 Sharing information with a nominated person

Under the Data Protection Act 1998 we need your permission to discuss details of your claim with any outside person/organisation.

On page 2 of this form we have asked if anyone is dealing with your affairs, for example an appointee. We also ask if you want us to send your correspondence to them. However it may be that you are happy to deal with your claim yourself, but would still like us to be able to speak to a person you nominate regarding your claim. This may be a member of your family, a friend or organisations like Age UK and the Citizens Advice Bureau. **If you wish for us to be able to do this please give details of the person you wish to nominate below.**

You can withdraw your permission at any time.

Name

Telephone number

Address

  
  
  

Fax number

Email address

Organisation

What is their relationship to you

I give Eden District Council permission to share information about my Council Tax Reduction and/or Housing Benefit claim with the person named above.

Signature

Date

# Private Tenants Proof of Rent

**To be completed by the Landlord or Landlords Agent**

The landlord or Landlords Agent and the Tenant must sign and date the form on the next page

Tenant's Name	
Tenant's Address	

Landlord's Name	
Landlord's Business Address	

If the tenant deals with the rent through the landlords agent, please enter their name and address here.

Landlord's Agent	
Agent's Address	

Date tenancy commenced  /  /

Date tenancy ends  /  /

Rent £

Due (please tick) Weekly  Fortnightly

Four Weekly  Monthly

Other Please say what other is

Does the rent include any of the following? Please tick yes or no. Enter the amount if yes.

**PLEASE ENTER THE EXACT AMOUNT IF APPLICABLE**

	Yes	No	£
Council Tax			
Water charges			
Lighting			
Heating			
Hot water			
Cooking			
Cleaning			
Cleaning of areas other than your rooms (such as communal lounge)			
Insurance			
Lighting of areas other than your tenants rooms			

	Yes	No	£
Laundry service			
Laundry facilities for your tenants use			
Alarm system			
Medical care			
Lift			
Warden services			
Please say what services the Warden provides			
Supporting People Charge			
Other services (for example gardening)			
Please say what they are			

Does your rent include meals? **Yes**  **No**

If yes, which meals and how much do you pay for these meals in your rent?

Breakfast	<input type="checkbox"/>	£ <input type="text"/>
Lunch	<input type="checkbox"/>	£ <input type="text"/>
Evening Meal	<input type="checkbox"/>	£ <input type="text"/>

**Declaration (Please read carefully)**

I/We declare that the tenancy and rent details are correct and complete.

I/We understand that if information given above is incorrect or incomplete action may be taken against me/us.

I/We understand to inform the Council of any changes in circumstances which may affect the rent in the future.

Signature of landlord

Date

Signature of landlord's agent

Date

Signature of tenant(s)

Date

Return to: Benefits Team  
 Department of Finance  
 Town Hall  
 Penrith  
 Cumbria  
 CA11 7QF

**For Housing Association Use Only**

**For Office Use**

Tenant Reference		Ref	
		Date Issued	
		Date Received	

## Paying Housing Benefit to your Landlord

(This page does not have to be completed if you are a tenant of a Housing Association)

**Section A** Your Name

Your Address

Please pay my Housing Benefit directly to my landlord

Signature

Date

## Section B

To be completed by the Landlord or Landlord's Agent

If you want to receive a direct payment of Housing benefit for this tenant, please fill in the section below.

I want to receive Housing Benefit directly for my tenant who lives in this property.  
I agree to the conditions set out below.

- I understand that Housing Benefit payments are not payments of rent, but are payments of Social Security Benefit designed to help people with low incomes to pay their rent. If I receive Housing Benefit it does not mean there is a contract between myself and Eden District Council, it also does not affect my tenant's obligations to pay rent to me.
- I understand that whether you pay Housing Benefit directly to me depends on my tenant's circumstances. I understand that there may be times where a tenant owes me rent, but Housing Benefit may not be available to cover that rent.
- If I knowingly receive any payments of Housing Benefit for this tenant and I know this tenant is not entitled to that payment, I will be committing an offence and may be prosecuted. I will tell you about any changes in my tenant's circumstances when I become aware of any which may affect their entitlement to Housing Benefit.
- I will tell you **immediately** if this tenant changes their accommodation. This includes a flat or room at the same address.
- I agree to repay any amount you overpay me which you can recover from me under the Housing Benefit Regulations.
- I will keep accurate and truthful records of my tenant's rent accounts showing, for each rent period, the amount of rent which is due from the tenant, the amount of rent paid by the tenant and the amount of any debts (if this applies). I will update these records regularly and agree that I will make them available to you if you ask.
- I understand that you will stop paying me directly if I do not keep to these conditions.
- I understand that you can only give me information relating to the frequency and amount of benefit payments.
- I understand that you will not pay me directly unless I sign this form.

Signature

Date

If you are managing agents, please give the company address and postcode plus the full name and address of the landlord.

Phone Number

Fax Number

Email Address

Return to: The Benefits Team, Department of Finance, Town Hall, Penrith, Cumbria, CA11 7QF