

Claim Form for Council Tax Reduction (Universal Credit)

Name and address



Private and Confidential

Please use a **black pen** to complete this form

Please complete and return this form to:

Eden District Council, Benefits Team,
Department of Finance
Town Hall
Penrith
Cumbria CA11 7QF

Telephone: (01768) 810066

Email: benefits@eden.gov.uk

Please send this form back quickly or you may lose money

Complete by:	
On Behalf of:	
Signature	Date

If you want to claim from the date you requested the form, you must return it by:

/	/	/
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Please read the guidance notes on page 2

<ul style="list-style-type: none"> Fill in this form to claim money off your Council Tax bill. If you need help to fill in this form, please contact the Benefits Team at the address above. 	<p>The Benefits Team will use the information you give us on this application form to work out whether you are entitled to Council Tax Reduction. We must take all appropriate steps to protect public funds and prevent fraud and to help others do the same. We may give the organisations involved in sharing out public funds (for example, local authorities and central government agencies) access to the information you have provided.</p>
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For Office Use Only

Date claim form received	Date claim form requested (claim date)		Notes
	Form requested by: LAID / LACI <input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> At Reception <input type="checkbox"/> Letter <input type="checkbox"/> Universal Credit proforma <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>		
	Issue date:	Issued by:	
	CTR Ref.	CT Ref.	

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 Council Tax.
- If you are living together as a married couple, 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 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 Benefit Team (01768) 810066. 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

- Once we have got all the information we need from you, we will work out the Council Tax Reduction and write to you to let you know how much you will get.
- **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).

Are you (please tick one box):

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

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

Is there anyone who is dealing with your affairs, for example an appointee (see below). If there is, then we will deal with this person directly regarding your claim for Council Tax Reduction.

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:	<input type="text"/>	Telephone number:	<input type="text"/>
Address:	<input type="text"/>	Email address:	<input type="text"/>
	<input type="text"/>	Organisation:	<input type="text"/>
	<input type="text"/>		

What is their relationship to you

Has this person been appointed by the court? Yes No (Please send evidence)

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

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

Signature: Date:

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)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
All your other names in full	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
What date did you move to this address?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Your daytime phone number	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
National Insurance Number (you must give your number or you will not be able to claim a reduction. If you have not got a number please let us know). Please send us proof		
National Insurance number:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
What date did you leave your previous property?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Have you or you partner claimed Housing Benefit or a Council Tax Reduction before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you last claim?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
If you have moved from this address, have you told the council you claimed from?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

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"/>

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

Do you or your partner receive Attendance Allowance, Disability Living Allowance (care) or Personal Independence Payments (Daily Living Component)

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

Section 3 - Other people living with you (continued)

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Universal Credit? (please provide their award letter)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments?	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"/>	<input type="text"/>	<input type="text"/>
Do they get Incapacity Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us which	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they caring for someone in your home for 35 hours or more each week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they pay rent or money for board and lodgings to you or your partner?	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"/>	<input type="text"/>	<input type="text"/>
Does this include money for food?	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 this include money for heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they have a chronic mental health condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in legal custody or hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes which one?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they go in?	<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"/>
Do they normally work for 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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 - Universal Credit Details

Are you currently in receipt of Universal Credit?

Yes No

If yes, when did your entitlement begin?

 / /

If not, are you waiting to hear about a claim for Universal Credit?

Yes No

If yes, when did you make your claim?

 / /

Section 4 - Universal Credit Details (continued)

Universal Credit Maximum Amount

Standard Allowance	<input type="text"/>
Housing Element	<input type="text"/>
Child Element	<input type="text"/>
Disabled Child Element	<input type="text"/>
Carer Element	<input type="text"/>
Child Costs Element	<input type="text"/>
LCW Element	<input type="text"/>
LCWRA Element	<input type="text"/>
Maximum UC Total	<input type="text"/>

Universal Credit Award

Earnings	<input type="text"/>
Tariff Income	<input type="text"/>
Other Adjustments	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
UC Award	<input type="text"/>

Notes:

Payment date:

Date of notification:

Source of information:

Section 5 - 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 Universal Credit (We also need this for any other adults living in your home).**

We must see the award letter showing the full breakdown of your award.

Section 6 - 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 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
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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 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 your partners Universal Credit stops or the amount you receive changes.
- Anyone living with you changes jobs or their 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.

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: / /