

Claim Form for Council Tax Reduction

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

Completed by:
 On behalf of:
 Signature: _____ Date: _____

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

____ / ____ / ____

Please send this form back quickly or you may lose money

Please read the guidance notes on page 2

<ul style="list-style-type: none"> • Fill in this form to claim money off 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:	
	Benefit 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 Council using one of the following direct dial numbers:

Council Tax Reduction Scheme (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

(Second Thursday 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 number:

Address:

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)	<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"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
What date did you move to this address?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Your daytime phone number	<input type="text" value="Code Number"/>	<input type="text" value="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" 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"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
If you have moved from this address, have you told the council you claimed from?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<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"/>
	<input type="text" value="Postcode"/>	<input type="text" value="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
	<input type="text"/>		<input type="text"/>

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"/>
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What is your nationality?

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

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.

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

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

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

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)

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

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?

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

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"/>
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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?

<input type="text" value="£ a year"/>	<input type="text" value="£ a year"/>

		You		Your Partner
Please tick if you or your partner are/have:	An apprentice	<input type="checkbox"/>		<input type="checkbox"/>
	On youth training	<input type="checkbox"/>		<input type="checkbox"/>
	In legal custody	<input type="checkbox"/>		<input type="checkbox"/>
	Chronic Mental Health Condition	<input type="checkbox"/>		<input type="checkbox"/>
	Registered blind	<input type="checkbox"/>		<input type="checkbox"/>
	Long-term sick or disabled	<input type="checkbox"/>		<input type="checkbox"/>

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) We will send any proof back to you.	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

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 in this part **No** Go to **Section 4**

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" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
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"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
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" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When are they due to come out?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Section 3 - Other people living with you (continued)

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"/>
Tell us their earnings before any deductions (we need to see their last five weekly payslips or last two months payslips).	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What is their employer's name and address?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they have any savings?	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 , what interest do they receive from their savings? (please include all Building Society and Post Office accounts Premium Bonds, Income Bonds, PEPs, ISAs, Stocks and Shares, Unit Trusts and National Savings Certificates)	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/>
How often is the interest paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of first income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Name of second income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you start getting it?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which other benefit are you getting or waiting to hear about?	<input type="text"/>	<input type="text"/>

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 part **No** Go to **Section 6**

Is **your partner** self-employed? **Yes** Answer all the questions in this part **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?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Do you have any business partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us their name and address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get Business Start-up Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We need to see evidence of your earnings before we can decide your entitlement. Read the checklist at Section 12 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 part? **No** Go to **Section 7**

Does **your partner** work for an employer? **Yes** Answer all the questions in this part? **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?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	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 after 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you only get expenses or tips, still tick Yes and give details.		
How much do you get after 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 12 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)

	You		Your partner	
	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)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Who do you receive this from?	<input type="text"/>		<input type="text"/>	
On what day each year does this Pension increase?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	

If you and/or your partner receive more than one pension, then please can you provide details on a separate sheet of paper confirming the amount received, how often it is paid, who you receive it from and the date it increases each year.

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"/>
Universal Credit (please provide award letter)	£ <input type="text"/>	per month	£ <input type="text"/>	per month
When did this start?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Are you waiting to hear about a claim for Universal Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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=" / /"/>	

Section 8 - About benefits and pensions (continued)

Working Tax Credit	£		£	
When is this due to end?	/ /		/ /	
Severe Disablement Allowance	£		£	
Attendance Allowance	£		£	
Disability Living Allowance (Care Component)	£		£	
Disability Living Allowance (Mobility Component)	£		£	
Personal Independence Payment (Daily Living Component)	£		£	
Personal Independence Payment (Mobility Component)	£		£	
Government Training Scheme	£		£	
Please say which scheme it is.				
Fostering Allowance	£		£	
Carer's Allowance	£		£	
Child Tax Credit	£		£	
When is this due to 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)	£	per	£	per
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?	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 12 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 Accounts	Amount	£	£	£	£	£	£
	Account Number						
Bank Deposit Accounts	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.

Stocks and shares	Full name	How many?	Full name	How many?
Unit Trusts	Full names	How many?	Full names	How many?

Section 10 - About bank accounts, savings, investments and property (continued)

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

You must provide evidence of all investments you hold.

Do you own any other property or land?

Yes No

Yes No

Please give the address or location (we will write to you to ask for more information)

Is the property or land for sale? Yes No

Yes No

When was it put up for sale?

 / /
 / /

Do you have any other investments or savings either here or abroad?

Yes No

Yes No

If yes, please give details and send proof

We must see evidence of any savings, investments or property before we can decide your entitlement. Read the checklist at Section 12 to see what you can use as evidence.

Section 11 - 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 12 - 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.

Section 12 Checklist (continued)

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

Section 13 - 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:	<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?

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:

Section 14 - 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
You	<input type="text"/>
Your partner	<input type="text"/>

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 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