



| For our use only  |     |
|-------------------|-----|
| Date of contact:  | / / |
| Date form issued: | / / |
| Print name:       |     |

## A claim form for help with your rent and council tax

Are you (please tick every box that applies to you):

- an owner-occupier?
  in temporary accommodation provided by the Council?
- a private tenant?
  a tenant of a housing association or social landlord?

If you are just claiming **Second Adult Reduction**, please tick this box.

You only need to fill in parts 1, 3 and 20 of this form.

### Part 1 About you and your partner

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

By partner, we mean someone you are married to or live with as if you were married, or someone you are in a civil partnership with or live with as if you were civil partners. (A civil partnership is a formal arrangement that gives same-sex partners the same legal rights as a married couple.)

You must answer all the questions about your partner as well as yourself.

|  | You   | Your partner  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
|--|---|---|---------|--------|----------------------|----------------------|----------------------|---|---------|---------|--------|----------------------|----------------------|----------------------|
| <b>Last name</b>   | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>Other names</b>   | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>Any other last names you have used</b>  | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>Title (Mr, Mrs, Ms and so on)</b>   | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>Address</b><br>Do not tell us your partner's address if it is the same as yours.  | <input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/>  | <input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>Date of birth</b>   | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <b>National Insurance number</b><br>You can find this on payslips or letters from the Department for Work and Pensions or HM Revenues and Customs. We cannot decide your application if we do not have your National Insurance number. | <table border="1"> <thead> <tr> <th>Letters</th> <th>Numbers</th> <th>Letter</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Letters   | Numbers | Letter | <input type="text"/> | <input type="text"/> | <input type="text"/> | <table border="1"> <thead> <tr> <th>Letters</th> <th>Numbers</th> <th>Letter</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Letters | Numbers | Letter | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Letters  | Numbers   | Letter  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| Letters  | Numbers   | Letter  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |
|  | If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>  | If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/> |         |        |                      |                      |                      |   |         |         |        |                      |                      |                      |

You must tell us straight away if your circumstances change.

# Part 1 About you and your partner (continued)

**Your daytime landline phone number and mobile number**  
 You do not have to tell us this but it may help us to deal with your claim more quickly.

| You       |
|-----------|
| Landline: |
| Mobile:   |

| Your partner |
|--------------|
| Landline:    |
| Mobile:      |

**Your email address**  
 You do not have to tell us this but it may be helpful when we deal with your claim.

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|--|

**We must see evidence of your identity and National Insurance number. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

**Have you or your partner applied for Housing Benefit (including Local Housing Allowance) or Council Tax Reduction (including Second Adult Reduction) before?**

No   
 Yes  When did you apply?  
 / /

No   
 Yes  When did they apply?  
 / /

Which council did you apply to?  
 \_\_\_\_\_

Which council did you apply to?  
 \_\_\_\_\_

What name did you apply in?  
 \_\_\_\_\_

What name did they apply in?  
 \_\_\_\_\_

What address did you apply for?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

What address did they apply for?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Have you told the council that paid your benefit that you have moved?**

No   
 Yes

No   
 Yes

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Were you the homeowner, a private tenant, a council tenant or a boarder at this address?**

|  |
|--|
|  |
|--|

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|  |
|--|

## Part 1 About you and your partner (continued)

|  | You  | Your partner  |
|--|--|---|
| <p><b>Have you or your partner come to live in the United Kingdom, Republic of Ireland, Channel Islands or Isle of Man in the last five years?</b></p> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>              | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>               |
| <p><b>If 'Yes', when did you last enter the UK?</b></p> <p>The UK is England, Northern Ireland, Scotland and Wales.</p>                                | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| <p><b>What is your nationality?</b></p>  | <input type="text"/>   | <input type="text"/>  |
| <p><b>Are you or your partner in hospital at the moment?</b></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>  |
|  | <p>When did you go in?</p> <input type="text"/> / <input type="text"/> / <input type="text"/>                        | <p>When did they go in?</p> <input type="text"/> / <input type="text"/> / <input type="text"/>                        |
|  | <p>When will you come out (if you know this)?</p> <input type="text"/> / <input type="text"/> / <input type="text"/> | <p>When will they come out (if you know this)?</p> <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <p><b>Do you or your partner get Disability Living Allowance or Attendance Allowance or Personal Independence Payments?</b></p>                        | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> How much?</p>                                     | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> How much?</p>                                      |
| <p>We need to see documentary evidence of this.</p>  | <p>Care: £ <input type="text"/></p> <p>Mobility: £ <input type="text"/></p>  | <p>Care: £ <input type="text"/></p> <p>Mobility: £ <input type="text"/></p>   |
| <p><b>Does anyone get Carer's Allowance for looking after you or you partner?</b></p>  | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>  |
| <p><b>Have you or your partner ever claimed Carer's Allowance?</b></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>   | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>  |

Still tick 'Yes' if you were not paid any Carer's Allowance. This could be because you were better off getting another state benefit.

## Part 1 About you and your partner (continued)

|   | You  | Your partner  |
|---|--|---|
| Do you or your partner pay towards the upkeep of a student?             | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much do you pay? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much do they pay? |
|   | £ <input type="text"/>   | £ <input type="text"/>  |
|   | How often?<br><input type="text"/> Every   | How often?<br><input type="text"/> Every  |
| Do you or your partner have a vehicle from the Mobility Scheme?         | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                      | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                       |
| Please tick if you (or your partner):                                   | You  | Your partner  |
| • are an apprentice   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| • are on youth training   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| • are in legal custody  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| • have a severe learning difficulty, mental illness or form of dementia | <input type="checkbox"/>   | <input type="checkbox"/>  |
| • are registered blind  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| • are long-term sick or disabled  | <input type="checkbox"/>   | <input type="checkbox"/>  |

We will contact you if we need more information.

## Part 2 About children

We need to know about any children in your household who are:

- under 16;
- aged between 16 and 20 and in full-time non-advanced education (a course not higher than GCSE, A-level or advanced GNVQ); or
- under 20 and on an approved work-based training scheme.

Are there any children in your household?

No

**Go to part 3 on page 6.**

Yes

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

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

## Part 2 About children (continued)

|   | First child   | Second child  | Third child   |
|---|---|---|---|
| Last name   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Other names   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Date of birth   | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| What is the child's sex?  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| The child's relationship to you   | <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?<br>We need to see proof of this.                                 | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Is the child registered blind?  | No <input type="checkbox"/>   | No <input type="checkbox"/>   | No <input type="checkbox"/>   |
|   | Yes <input type="checkbox"/>  | Yes <input type="checkbox"/>  | Yes <input type="checkbox"/>  |
|   | We need to see proof of this.                                       | We need to see proof of this.                                       | We need to see proof of this.                                       |
| Does the child get Disability Living Allowance or Personal Independence Payments?                     | No <input type="checkbox"/>   | No <input type="checkbox"/>   | No <input type="checkbox"/>   |
|   | Yes <input type="checkbox"/> How much?                              | Yes <input type="checkbox"/> How much?                              | Yes <input type="checkbox"/> How much?                              |
|   | Care: £ <input type="text"/>  | Care: £ <input type="text"/>  | Care: £ <input type="text"/>  |
|   | Mobility: £ <input type="text"/>                                    | Mobility: £ <input type="text"/>                                    | Mobility: £ <input type="text"/>                                    |
| Do you pay a registered childminder, nursery or after-school club any childcare costs for this child? | No <input type="checkbox"/>   | No <input type="checkbox"/>   | No <input type="checkbox"/>   |
|   | Yes <input type="checkbox"/>  | Yes <input type="checkbox"/>  | Yes <input type="checkbox"/>  |
|   | Tell us the name and registration number of the childcare provider. | Tell us the name and registration number of the childcare provider. | Tell us the name and registration number of the childcare provider. |
|   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
|   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| How much do you pay a week?   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
|   | We need to see proof of this.                                       | We need to see proof of this.                                       | We need to see proof of this.                                       |

## Part 3 About other people who live with you

Do any adults usually live with you and your partner?

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

No  Go to part 4 on page 8.

Yes  Give details below.

Tell us about all the adults who usually live with you and your partner.

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  |
|--|---|---|---|
| Last name  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Other names  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Date of birth  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Their relationship to you or your partner  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Do they get Income Support, Jobseeker's Allowance, Pension Credit, Employment and Support Allowance or Universal Credit? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments?                         | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  |
| Are they registered blind?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?                        | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>                      | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>                      | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>                      |
| Do they pay you or your partner rent or money for board and lodgings?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br>£ <input type="text"/> a week                  |
| Do they have a severe learning disability, mental illness or form of dementia?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are they in legal custody at the moment?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> |
|  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |

## Part 3 About other people who live with you (continued)

Are they in hospital at the moment?

| First person                                      | Second person                                     | Third person                                      |
|---|---|---|
| No <input type="checkbox"/>                       | No <input type="checkbox"/>                       | No <input type="checkbox"/>                       |
| Yes <input type="checkbox"/> When did they go in? | Yes <input type="checkbox"/> When did they go in? | Yes <input type="checkbox"/> When did they go in? |
| / /   | / /   | / /   |

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

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

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

|     |     |     |
|-----|-----|-----|
| / / | / / | / / |
|-----|-----|-----|

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

| First person   | Second person  | Third person   |
|--|--|--|
| No <input type="checkbox"/>  | No <input type="checkbox"/>  | No <input type="checkbox"/>  |
| Yes <input type="checkbox"/> Tell us their earnings before any deductions. | Yes <input type="checkbox"/> Tell us their earnings before any deductions. | Yes <input type="checkbox"/> Tell us their earnings before any deductions. |
| £  | £  | £  |

We need to see proof of their earnings.

We need to see proof of their earnings.

We need to see proof of their earnings.

Do they have any other income at all?

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

| First person                 | Second person                | Third person                 |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/>  | No <input type="checkbox"/>  | No <input type="checkbox"/>  |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Name of first other income   | Name of first other income   | Name of first other income   |
|                              |                              |                              |

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

|          |          |          |
|----------|----------|----------|
| £ a week | £ a week | £ a week |
|----------|----------|----------|

Name of second other income

Name of second other income

Name of second other income

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

|          |          |          |
|----------|----------|----------|
| £ a week | £ a week | £ a week |
|----------|----------|----------|

Name of third other income

Name of third other income

Name of third other income

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

How much is it before deductions?

How much is it before deductions?

How much is it before deductions?

|          |          |          |
|----------|----------|----------|
| £ a week | £ a week | £ a week |
|----------|----------|----------|

## Part 3 About other people who live with you (continued)

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

No

Yes

Tell us their names.

is the partner of

And

is the partner of

**We must see evidence of the income of any other adults who live with you. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 4 About Income Support, Jobseeker's Allowance, Pension Credit and Employment and Support Allowance

|  | You  | Your partner   |
|--|--|--|
| Are you or your partner getting Income Support, Jobseeker's Allowance, Pension Credit or Employment and Support Allowance at the moment?                   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you start getting it?<br><input type="text"/> / <input type="text"/> / <input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they start getting it?<br><input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Are you or your partner still waiting to hear about a claim for Income Support, Jobseeker's Allowance, Pension Credit or Employment and Support Allowance? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Which benefit are you getting or waiting to hear about?  | Income Support <input type="checkbox"/><br>Income-based Jobseeker's Allowance <input type="checkbox"/><br>Pension Credit (Guarantee Credit) <input type="checkbox"/><br>Pension Credit (Savings Credit) <input type="checkbox"/><br>Income-related Employment and Support Allowance <input type="checkbox"/><br>Contribution-based Employment and Support Allowance <input type="checkbox"/> | Which benefit are they getting or waiting to hear about?<br>Income Support <input type="checkbox"/><br>Income-based Jobseeker's Allowance <input type="checkbox"/><br>Pension Credit (Guarantee Credit) <input type="checkbox"/><br>Pension Credit (Savings Credit) <input type="checkbox"/><br>Income-related Employment and Support Allowance <input type="checkbox"/><br>Contribution-based Employment and Support Allowance <input type="checkbox"/> |

**We must see evidence of these benefits or pensions before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 5 About benefits, pensions and tax credits

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No  Go to part 6 on page 10.

Yes  Tell us about the benefits below.  
Tell us the full rate of the benefits before any deductions.

Read the list of benefits below and tell us about any you or your partner are getting now or waiting to hear about.

- Armed Forces Independence Payments
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Maternity Allowance
- Severe Disablement Allowance
- State Pension
- Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay
- Universal Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

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

|   | You                                | Your partner                                  |
|---|------------------------------------|---|
| <b>The name of the benefit, pension or tax credit</b> | <input type="text"/>               | <input type="text"/>                          |
| <b>Waiting to hear</b>                                | <input type="checkbox"/>           | <input type="checkbox"/>                      |
| <b>Getting it now</b>                                 | <input type="checkbox"/>           | <input type="checkbox"/>                      |
| How much? £   | <input type="text"/>               | How much? £ <input type="text"/>              |
| How often?  | <input type="text" value="Every"/> | How often? <input type="text" value="Every"/> |
| <b>The name of the benefit, pension or tax credit</b> | <input type="text"/>               | <input type="text"/>                          |
| <b>Waiting to hear</b>                                | <input type="checkbox"/>           | <input type="checkbox"/>                      |
| <b>Getting it now</b>                                 | <input type="checkbox"/>           | <input type="checkbox"/>                      |
| How much? £   | <input type="text"/>               | How much? £ <input type="text"/>              |
| How often?  | <input type="text" value="Every"/> | How often? <input type="text" value="Every"/> |

## Part 5 About benefits, pensions and tax credits (continued)

|  | You                                | Your partner                       |
|--|------------------------------------|------------------------------------|
| The name of the benefit, pension or tax credit | <input type="text"/>               | <input type="text"/>               |
| Waiting to hear                                | <input type="checkbox"/>           | <input type="checkbox"/>           |
| Getting it now                                 | <input type="checkbox"/>           | <input type="checkbox"/>           |
| How much?                                      | £ <input type="text"/>             | £ <input type="text"/>             |
| How often?                                     | <input type="text" value="Every"/> | <input type="text" value="Every"/> |

**We must see evidence of these benefits or pensions before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 6 About being self-employed

Are you or your partner self-employed?

No

**Go to part 7 on page 11.**

Yes

Answer the questions on this page.

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

|   | You  | Your partner   |
|---|--|--|
| What kind of work do you do?                  | <input type="text"/><br><input type="text"/><br><input type="text"/>                                   | <input type="text"/><br><input type="text"/><br><input type="text"/>                                   |
| When did the business start?                  | <input type="text" value="/ /"/>   | <input type="text" value="/ /"/>   |
| What is the business address?                 | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> |
| Are there any other partners in the business? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us their name and address.            | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us their name and address.            |
|   | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> |

## Part 6 About being self-employed (continued)

|  | You   | Your partner  |
|--|---|---|
| How many hours a week do you usually work? | <input type="text"/>  | <input type="text"/>  |
| Do you get a business start-up allowance?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| How much?                                  | £ <input type="text"/>                                      | How much? £ <input type="text"/>                            |
| How often?                                 | Every: <input type="text"/>                                 | How often? Every: <input type="text"/>                      |
| Do you pay into a private pension scheme?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
| How much?                                  | £ <input type="text"/>                                      | How much? £ <input type="text"/>                            |
| How often?                                 | Every <input type="text"/>                                  | How often? Every <input type="text"/>                       |

**We must see evidence of your earnings before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 7 About working for an employer

Do you or your partner work for an employer?

No

**Go to part 8 on page 13.**

Yes

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

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

|  | You  | Your partner   |
|--|--|--|
| What kind of work do you do?                   | <input type="text"/><br><input type="text"/><br><input type="text"/>                                   | <input type="text"/><br><input type="text"/><br><input type="text"/>                                   |
| What is your employer's name and address?      | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode: <input type="text"/> |
| When did you start this job?                   | <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/>  |
| What is your payroll employee or staff number? | <input type="text"/>   | <input type="text"/>   |

## Part 7 About working for an employer (continued)

|  | You   | Your partner   |
|--|---|--|
| Are you employed for a limited period?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When will you finish?<br><input type="text" value="/ /"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When will they finish?<br><input type="text" value="/ /"/> |
| How often do you get paid?   | <input type="text" value="Every"/>  | <input type="text" value="Every"/>   |
| How much do you get paid before tax and National Insurance are taken off?  | <input type="text" value="£"/>  | <input type="text" value="£"/>   |
| How are you paid?<br>For example, in cash, by cheque, or straight into a bank or building-society account.                           | <input type="text"/>  | <input type="text"/>   |
| When was your last pay rise?   | <input type="text" value="/ /"/>  | <input type="text" value="/ /"/>   |
| When will your next pay rise be?   | <input type="text" value="/ /"/>  | <input type="text" value="/ /"/>   |
| How many hours a week do you usually work?   | <input type="text"/>  | <input type="text"/>   |
| Give details of any regular overtime, bonuses or commission.   | <input type="text"/>  | <input type="text"/>   |
| Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP) or Statutory Paternity Pay from your employer at the moment? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are you getting any other sick pay or maternity pay from your employer at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Do you pay into a private or company pension scheme?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
|  | How much? <input type="text" value="£"/>  | How much? <input type="text" value="£"/>   |
|  | How often? <input type="text" value="Every"/>   | How often? <input type="text" value="Every"/>  |

**We must see evidence of any earnings before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 8 About any other work

**Do you or your partner do any other work at all?**

This could be voluntary work or any other work, even if it is not paid work.

No  **Go to part 9 below.**

Yes  Answer the questions on this page.

**What kind of other work do you do?**

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

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

|                                |                                |
|--------------------------------|--------------------------------|
| <input type="text"/>           | <input type="text"/>           |
| <input type="text"/>           | <input type="text"/>           |
| <input type="text"/>           | <input type="text"/>           |
| Postcode: <input type="text"/> | Postcode: <input type="text"/> |

**When did you start this work?**

 /  / 
 /  / 

**How many hours a week do you usually work?**



**Do you get paid?**

If you only get expenses or tips, still tick 'Yes' and give details.

No

Yes

No

Yes

How much? £

How much? £

How often?  Every

How often?  Every

**We must see evidence of any earnings before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 9 About being a student

**Are you or your partner a student?**

No  **Go to part 10 on page 14.**

Yes  Answer the questions on this page and the following page.

**Is the course full-time or part-time?**

| You                                | Your partner                       |
|------------------------------------|------------------------------------|
| Full-time <input type="checkbox"/> | Full-time <input type="checkbox"/> |
| Part-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |

**How much is the student loan or grant for the academic year?**

£

£

**Do you get a childcare grant?**

No

Yes

No

Yes

## Part 9 About being a student (continued)

|  | You   | Your partner  |
|--|---|---|
| If 'Yes', how much is the childcare grant? | £ <input type="text"/>                                | £ <input type="text"/>                                |
| When does the course start and finish?     | Start<br><input type="text"/> / <input type="text"/>  | Start<br><input type="text"/> / <input type="text"/>  |
|  | Finish<br><input type="text"/> / <input type="text"/> | Finish<br><input type="text"/> / <input type="text"/> |

**We must see evidence of your loan or grant award notice as evidence of your student income.**

## Part 10 About other money coming in

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

- No  **Go to part 11 on page 15.**  
 Yes  Answer the questions on this page.

This includes any pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, and any cash payments.

You must tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

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

### Other money 1

What is the money for?

Who gets it?

How much do they get? £

How often?  Every

When did they start getting this income?  /

When is the income likely to go up?  /

**We must see evidence of all income, before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 10 About other money coming in (continued)

### Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

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

No

Yes

What for?

How much?

Are you expecting to get any money in the next 12 months?

No

Yes

For example, a redundancy payment or a payment instead of annual leave.

What for?

How much?

**We must see evidence of all income, before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 11 About savings, investments and property

**We need to know if you or your partner have any savings, investments or property in the UK or abroad.**

This includes cash, current accounts and savings accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

**You must answer all the questions in this part.**

**We must see evidence of any savings, investments and property before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 11 About savings, investments and property (continued)

Do you or your partner have any bank accounts?

No

Yes

Tell us about all your **bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

|                               |                               |
|-------------------------------|-------------------------------|
| Name of bank                  | Name of bank                  |
| <input type="text"/>          | <input type="text"/>          |
| Whose name is the account in? | Whose name is the account in? |
| <input type="text"/>          | <input type="text"/>          |
| Account number                | Account number                |
| <input type="text"/>          | <input type="text"/>          |
| How much is in the account?   | How much is in the account?   |
| £ <input type="text"/>        | £ <input type="text"/>        |

Do you or your partner have any building-society accounts?

No

Yes

Tell us about all your **building-society accounts**, even empty or overdrawn ones. If there are more than two building-society accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

|                               |                               |
|-------------------------------|-------------------------------|
| Name of building society      | Name of building society      |
| <input type="text"/>          | <input type="text"/>          |
| Whose name is the account in? | Whose name is the account in? |
| <input type="text"/>          | <input type="text"/>          |
| Account number                | Account number                |
| <input type="text"/>          | <input type="text"/>          |
| How much is in the account?   | How much is in the account?   |
| £ <input type="text"/>        | £ <input type="text"/>        |

**We must see evidence of any savings, investments and property before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

# Part 11 About savings, investments and property (continued)

**Do you or your partner have any post office accounts?**

This includes savings accounts and Girobank accounts.

No

Yes

Tell us about all your **post office accounts**, even empty or overdrawn ones. If there are more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

|                               |                               |
|-------------------------------|-------------------------------|
| Type of account               | Type of account               |
|                               |                               |
| Whose name is the account in? | Whose name is the account in? |
|                               |                               |
| Account number                | Account number                |
|                               |                               |
| How much is in the account?   | How much is in the account?   |
| £                             | £                             |

**Do you or your partner have any Premium Bonds?**

No

Yes  Value £

**Do you or your partner have any National Savings Certificates?**

No

Yes  Issue number  Value £  How many?

**Do you or your partner have any stocks, shares, bonds or unit trusts?**

No

Yes  Company name  How many?

Company name  How many?

**Do you or your partner have any other savings or investments?**

No

Yes  Tell us about this below.

For example, cash, TESSAs, ISAs, compensation or any other money you have not told us about on this form.

**We must see evidence of any savings, investments and property before we can decide how much housing benefit / council tax reduction you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 11 About savings, investments and property (continued)

Do you or your partner own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?

No

Yes  What is the address?

|  |
|--|
|  |
|  |
|  |
|  |

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

How much is it worth?

£

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

£

Have you or your partner received a Far Eastern Prisoner of War payment?

No

Yes

We will contact you if we need more information.

## Part 12 About rent

Do you pay rent for your home?

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

No

Go to part 17 on page 25.

Yes

Answer the next question.

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.

|  |
|--|
|  |
|  |
|  |
|  |

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

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

|  |
|--|
|  |
|  |
|  |
|  |

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 12 About rent (continued)

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

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

No

Yes  What is the relationship?

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.

/  /

**What sort of tenancy do you have?**

For example, shorthold, assured, tied rent or something like this.

**How long is your tenancy for?**

from  /  /  to  /  /

**Please tick to show if the property is let as:**

furnished  partly furnished  
 hardly furnished  unfurnished

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

£  every

(For example, every week, two weeks, four weeks or month).

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

No

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

**How much of the rent do you pay?**

£  every

(For example, every week, two weeks, four weeks or month).

**Has your rent changed in the last 12 months?**

No

Yes  Send us evidence of the date it changed, and how much it changed by.

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 12 About rent (continued)

When is the next rent increase due?

 /  / 

Has your rent been registered as a fair rent by a rent officer?

No

Yes  Please send us the notice of registration (RO5).

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

No

Yes  How many in a year?

Are you behind with your rent?

No

Yes  By how many weeks?

Who receives the council tax bill for your home?

You or your partner

Your landlord

Someone else

If someone else, please tell us who receives the Council Tax bill.

Does your rent include money for the following?

Meals

No

Yes  How much each week?

£

Which meals are included?

Water-authority charges

No

Yes  How much each week?

£

Heating

No

Yes  How much each week?

£

Lighting

No

Yes  How much each week?

£

Hot water

No

Yes  How much each week?

£

Fuel for cooking

No

Yes  How much each week?

£

Laundry

No

Yes  How much each week?

£

Cleaning rooms or windows

No

Yes  How much each week?

£

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 12 About rent (continued)

Gardening

No

Yes  How much each week?

£

Garage or parking space

No

Yes  How much each week?

£

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

No

Yes

Personal care and support

No

Yes  How much each week?

£

**Do you pay any service charges separate from your rent?**

No

Yes  How much each week?

£

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

What for?

**Are you living away from home at the moment?**

No

Yes

Tell us why you are not living at home.

When did you last live at home?

/ /

When do you expect to go back home?

/ /

Tell us the address of where you are living at the moment.

**Have you sub-let your home?**

No

Yes  Who lives there now?

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 13 About where you live

### What sort of building do you live in?

Tick one box only.

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

### Who is responsible for decorating your home?

- You  Your landlord

### Does your home have central heating?

- No  Yes

### Does your home have a garden?

- No  Yes

### Has your home been built or adapted for people with disabilities?

- No  Yes

### Do you and your household live in only part of the building you have ticked?

- No  Yes  Where in the building do you live?  
At the front  In the middle  At the back

### How many floors are there?

### Which floors do you live on?

### How many rooms are there in your home?

|                           | Total number of rooms in your home? | Just for you and your household? | That you share with other people? |
|---------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| Living rooms              | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Bedsits                   | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Bedrooms                  | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Bathrooms or shower rooms | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Toilets                   | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Kitchens                  | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |
| Other rooms               | <input type="text"/>                | <input type="text"/>             | <input type="text"/>              |

**We must see evidence of your rent and tenancy before we can decide how much housing benefit you can get. Read the checklist at part 18, on pages 25 and 26, to see what you can use as evidence.**

## Part 13 About where you live (continued)

Do you use your home to run a business? No  Yes

Do you have a main home somewhere else? No  Yes

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 of your main home?

|  |
|--|
|  |
|  |

How much do you pay for this home?

£

If you do not pay any rent for this home, leave this box blank.

## Part 14 How we pay your housing benefit and reduce your council tax

### Council Tax Reduction

We will take this off your council tax bill. We will then send you a revised bill telling you how much you have to pay.

### If you pay us rent for temporary accommodation

We will take your Housing Benefit off your rent. You must pay any difference between your full rent and the Housing Benefit you get.

### If you pay rent to a 'registered social landlord' (such as a housing association or a charity)

You can choose whether you want us to pay your Housing Benefit into your bank or building-society account or direct to your landlord.

If you want us to pay your Housing Benefit direct to your landlord, please tick this box.

Give us the details of **your landlord's** bank or building-society account below and then fill in **Part 15 on page 24**.

### Private tenants

We will usually work out your benefit under new rules, the Local Housing Allowance rules. Under these rules we will normally have to pay your benefit into your bank or building society account. Give us the details of your bank or building-society account below.

If you do not have a bank or building society account, phone us on 08456 122660 for information about opening a basic bank account.

If you think you would have problems using your benefit to pay rent, (for example, because you have language problems, a learning disability, an addiction or a lot of debt), we may be able to pay your benefit direct to your landlord. Please ring us on 08456 122660 to ask for our 'Request for Direct Payment to Landlord' form for you to fill in and return with this claim form.

### Account details for payments into a bank or building-society account

We cannot pay benefit into a post office or Girobank account.

|   |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------|----------------------|----------------------|----------------------|
| Name of bank or building society                          |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |
| Address   |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |
|   |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |
| Whose name is the account in?                             |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |
| Account number  | <input type="text"/> | Sort code | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Roll or reference number (building society accounts only) |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |

## Part 15 Paying benefit direct to your landlord (housing associations and charities only)

**If you want us to pay your Housing Benefit direct to your landlord, you must sign this declaration.**

Please pay my Housing Benefit direct to my landlord. I understand that:

- I must always tell you about any change in my circumstances;
- if I do not tell you about any change in my circumstances and you pay me too much Housing Benefit because of this, I will have to pay you back the extra benefit; and
- I may be prosecuted if I do not tell you about any change in my circumstances.

| Your signature | Date |
|----------------|------|
|                |      |

**Please ask your landlord to read the rest of this and then sign below.**

### To the landlord

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

I understand that, by law:

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

| Landlord's signature | Date |
|----------------------|------|
|                      |      |

## Part 16 Sharing information with your landlord

Sharing information with your landlord could help us to deal with your housing benefit application quickly and reduce the risk of you falling behind with your rent because your claim has been delayed.

We may need to confirm information with your landlord (for example, the date your tenancy started) before we can make a decision on your claim. 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 with your landlord. If you give us your permission, we would be able to tell your landlord whether:

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

**We will not give your landlord any information about:**

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

You can withdraw your permission at any time. 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 your permission to discuss your claim with your landlord, please sign the next page.

## Part 16 Sharing information with your landlord (continued)

I give you, my local council, permission to share information about the progress of my benefit claim with my landlord or their representative.

| Signature | Date |
|-----------|------|
|           |      |
| Address   |      |
|           |      |
|           |      |
| Postcode  |      |

## Part 17 Anything else you need to tell us

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

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## Part 18 Checklist

Please tick the appropriate boxes to tell us what evidence you are sending with this form. We must see **original** documents, not copies. Please do not send valuable documents through the post. If you can, bring them into our reception. We will take the details we need and give you the documents straight back. If you cannot get into the office, phone us for more advice.

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

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to award you any housing benefit / council tax reduction 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 National Insurance number

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or HM Revenues and Customs.

## Part 18 Checklist

### Evidence of savings, investments and property

Such as all your bank, building-society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. 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 will contact your employer if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

### Evidence of other income

Such as pension slips from a previous 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, pensions and tax credits

Such as current award notices or letters from the Department for Work and Pensions 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 childcarers.

### Please return the form and evidence to:

**Revenues and Benefits, Civic Centre, 44 York Street, Twickenham, TW1 3BZ.**

We are open from 9am to 5.15pm Monday to Thursday, and from 9am to 5pm on Fridays.

If you need any help with the form, our phone number is 08456 122660. If you have problems hearing, our textphone number is 020 8831 6001.

For more information please visit our website [www.richmond.gov.uk](http://www.richmond.gov.uk)

## Part 19 Backdating

We usually award housing benefit / council tax reduction from the Monday after the day we receive your application. Sometimes we can award housing benefit / council tax reduction from an earlier date if you have good reason for not applying sooner. If you want us to consider awarding you housing benefit / council tax reduction from an earlier date, tell us when you want your award to start.

Date you want to apply for help from

 /  / 

During this earlier period, were your circumstances different from those you have told us about on this form?

No

Yes

If yes, tell us what has changed? You will need to provide evidence of the change.

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## Part 19 Backdating (continued)

Tell us why you have not applied for housing benefit / council tax reduction until now?

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## Part 20 Declaration

**Even if someone else has filled this form in for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct, but they do not have to sign.**

**Please read this declaration carefully before you sign and date it.**

**I understand the following.**

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process this claim. You may check some of the information with other sources, as allowed by the law.
- You can use any of the information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.

**I know I must let you know about any change in my circumstances which might affect my housing benefit claim / council tax reduction application.**

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

|                                  |                      |      |                      |                      |                      |
|----------------------------------|----------------------|------|----------------------|----------------------|----------------------|
| Signature of the person claiming | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Partner's signature              | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**If this form has been filled in by someone other than the person applying,** please tell us why you are filling in the form for the person applying for housing benefit / council tax reduction

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As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

|   |                      |      |                      |                      |                      |
|---|----------------------|------|----------------------|----------------------|----------------------|
| Name of the person who filled in the form | <input type="text"/> |      |                      |                      |                      |
| Signature of the person                   | <input type="text"/> |      |                      |                      |                      |
| Address and phone number of the person    | <input type="text"/> |      |                      |                      |                      |
|   | <input type="text"/> |      |                      |                      |                      |
| Relationship to the person applying       | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Help us to improve our services - confidential

You do not have to fill in this section.

### How we use the information you provide on this form

We must make sure that every member of the community has equal access to our services. The information you provide on this form will help us to find out whether our service is available to everyone, and to improve and develop our services.

**Are you:** male?  female?

**How old are you?** Under 16  16 to 32  33 to 65  Over 65

**Do you have a disability?** Yes  No

### Are you:

#### White

White British?  White Irish?  White Albanian?

Any other white background?  Please give details.

#### Mixed

Mixed white and black Caribbean?  Mixed white and black African?

Mixed white and Asian?

Any other mixed background?  Please give details.

#### Asian or Asian British

Indian?  Pakistani?  Bangladeshi?

Any other Asian background?  Please give details.

#### Black or Black British

Black Caribbean?  Black African?

Any other black background?  Please give details.

#### Other ethnic background

Chinese?  Vietnamese?  Middle Eastern?  Afghan?

Any other ethnic background?  Please give details.