

# Claim for Housing Benefit and Application for Council Tax Support

(Help with your rent and Council Tax)



- Please complete this form in **BLACK** ink, and place a **TICK (✓)** in the relevant boxes.
- Please read the guidance notes at Part 18 before you complete the form.
- Remember that you must continue to pay your rent and Council Tax until your entitlement is worked out.
- Please return this form straightaway, or within one month, even if you have documents that are missing – delays in submitting the form may cost you money.
- When you have completed the form, please ensure that you have signed the declaration at page 26.

Title:

Last name:

First name:

Address:

Postcode:

**FOR OFFICIAL USE ONLY**

Date issued:  Initials:

Claim number:

What do you want to claim or apply for?

Housing Benefit (rent or ground rent)  Council Tax Support  Second Adult Reduction

If you are just applying for Second Adult Reduction, only complete Part 1, Part 3 and Part 17. Please refer to the guidance at Part 18 d.

Continued overleaf

## PART 1 About you and your partner

Do you have a partner?

No

Yes

We use partner to mean:

- A person you are married to or a person you live with as if you are married to them or
- A civil partner or a person you live with as if you are civil partners.

You

Your Partner

Last name:

Other names:

Any other last names  
you have used:

Title: (Mr, Mrs, Ms and so on)

Address that you are applying for:

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

Postcode:

We need to see evidence of your identity and address.

Please see the guidance at Part 18b for the type of documents to provide.

Date of birth:

National Insurance number:

We cannot decide your claim if we do not have your National Insurance number, and we need to see evidence of it. Please see the guidance at Part 18b for the type of evidence to provide.

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

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

What is your nationality?

If your nationality is not British,  
on what date did you last enter  
the UK?

Home telephone number:

Mobile telephone number:

Email address:

You

Your Partner

What date did you move or will you move to this address?

/ /

/ /

What was your previous address?

Did you own this property?

No

Yes

No

Yes

Did you receive any benefits or support at that address?

No

Yes

No

Yes

Have you told your previous council that you have moved?

No

Yes

No

Yes

Are you or your partner in hospital at the moment?

No

Yes

No

Yes

If yes, when did you go in?

/ /

/ /

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

/ /

/ /

Does anyone get Carers Allowance for looking after you or your partner?

No

Yes

No

Yes

Please tick if you or your partner are:

An apprentice.....  .....

On youth training.....  .....

In legal custody.....  .....

Severely mentally impaired.....  .....

Registered blind.....  .....

## PART 2 About children

Are there any children  
in your household?

No  If No, go to Part 3.

Yes  If Yes, please complete table below.

Please include children living in your household who are:

- Under 16
- Aged 16 or 17 and registered for work or youth training
- Aged 16 - 20 and in education doing a course not higher than GCSE A-level, SCE Higher level or GNVQ (advanced), or undertaking an approved training course.

If there are more than three children please ask for an Additional Child form or use a sheet of paper to give us all the same information we ask for here in Part 2.

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

|                                                                                         | First Child                                                                                                        | Second Child                                                                                                       | Third Child                                                                                                        |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Last name:                                                                              |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| Other names:                                                                            |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| Date of birth:                                                                          | / /                                                                                                                | / /                                                                                                                | / /                                                                                                                |
| What is the child's sex?                                                                |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| The child's relationship to you:                                                        |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| The child's relationship to your partner:                                               |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| Usual address (if different from yours):                                                |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| Who gets the Child Benefit for them?                                                    |                                                                                                                    |                                                                                                                    |                                                                                                                    |
| Is the child registered blind?                                                          | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, we need to see evidence of this.            | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, we need to see evidence of this.            | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, we need to see evidence of this.            |
| Does the child get Disability Living Allowance or Personal Independence Payments (PIP)? | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much per week<br>£ <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much per week<br>£ <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much per week<br>£ <input type="text"/> |

## PART 3 About other people who live with you

Do any adults usually live with you and your partner?

No

If No, go to Part 4

Yes

If Yes, tell us about all the people (except your partner) who usually live with you. If you want to tell us about more than 3 people, use a separate sheet of paper.

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

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

|                                                                                                                                         | First Person                                                | Second Person                                               | Third Person                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| Last name:                                                                                                                              |                                                             |                                                             |                                                             |
| Other names:                                                                                                                            |                                                             |                                                             |                                                             |
| Date of Birth:                                                                                                                          | / /                                                         | / /                                                         | / /                                                         |
| National Insurance No.                                                                                                                  |                                                             |                                                             |                                                             |
| Their relationship to you or your partner:<br>eg. brother, daughter, stepson, joint tenant, joint owner, subtenant, lodger, friend etc. |                                                             |                                                             |                                                             |
| What was their previous address, if they have not always lived with you?                                                                |                                                             |                                                             |                                                             |
| Do they get Income Support, Income based Job Seekers Allowance, Income related Employment and Support Allowance or Pension 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"/> |
| Are they a full time student, a student nurse, a care worker, an apprentice or on youth training? (Please state.)                       |                                                             |                                                             |                                                             |
| Are they severely mentally impaired?                                                                                                    | 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"/> |

|                                                                          | First Person                                                                                                                                                                                                                                                                           | Second Person                                                                                                                                                                                                                                                                          | Third Person                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are they in legal custody at the moment?                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/>                                                                                                               | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/>                                                                                                               | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/>                                                                                                               |
| Do they pay rent or money for board and lodgings to you or your partner? | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much?<br><input type="text"/> £<br>Does this amount include meals?<br>No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                                                           | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much?<br><input type="text"/> £<br>Does this amount include meals?<br>No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                                                           | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, how much?<br><input type="text"/> £<br>Does this amount include meals?<br>No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                                                           |
| Are they in hospital at the moment?                                      | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, when did they go in?<br><input type="text"/> / <input type="text"/> / <input type="text"/><br>When will they come out (if you know this)?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, when did they go in?<br><input type="text"/> / <input type="text"/> / <input type="text"/><br>When will they come out (if you know this)?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, when did they go in?<br><input type="text"/> / <input type="text"/> / <input type="text"/><br>When will they come out (if you know this)?<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| Do they normally work for 16 hours or more a week?                       | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, please tell us their earnings before any deductions.<br><input type="text"/> £<br>We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.      | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, please tell us their earnings before any deductions.<br><input type="text"/> £<br>We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.      | No <input type="checkbox"/><br>Yes <input type="checkbox"/><br>If Yes, please tell us their earnings before any deductions.<br><input type="text"/> £<br>We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.      |

|                                                                                                                                                                                         | First Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Second Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Third Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Do they have any other income at all?</p> <p>This includes any benefits or allowances and interest from savings and investments.</p> <p>We need to see evidence of their income.</p> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, please give details of all other income along with the frequency and the amount before deductions.</p> <p><b>1. Income</b></p> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>2. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>3. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, please give details of all other income along with the frequency and the amount before deductions.</p> <p><b>1. Income</b></p> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>2. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>3. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>If Yes, please give details of all other income along with the frequency and the amount before deductions.</p> <p><b>1. Income</b></p> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>2. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/><br><b>3. Income</b> <input type="text"/><br>Amount:<br>£ <input type="text"/><br>How often?<br><input type="text"/> |

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

No

Yes  If Yes, please tell us about this:

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| <input type="text"/> | is the partner of | <input type="text"/> |
| <input type="text"/> | is the partner of | <input type="text"/> |

## PART 4 About your income

You

Your Partner

Do you or your partner get Disability Living Allowance or Personal Independence Payments (PIP)?

No

Yes

If Yes, is this to help with care or mobility?

How much do you receive?

£

every:

No

Yes

If Yes, is this to help with care or mobility?

How much do you receive?

£

every:

Do you or your partner get Attendance Allowance?

No

Yes

If Yes, please state amount below:

No

Yes

If Yes, please state amount below:

Have you or your partner been told that you are entitled to Carers Allowance, even if you do not receive it because you are getting another benefit instead?

No

Yes

No

Yes

Do you or your partner get any War Disablement Benefit, War Pension or War Widow's Pension?

No

Yes

If Yes, please state amount below:

No

Yes

If Yes, please state amount below:

Have you opted to defer your State Retirement Pension?

No

Yes

No

Yes

Are you or your partner getting or waiting to hear about a claim for:

■ Income Support?

■ Income Related Employment and Support Allowance?

■ Income based Job Seekers Allowance?

■ Guaranteed Pension Credit?

No

Yes  If you are already getting it, when did it start?

If you are already receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment and Support Allowance or Pension Credit (Guarantee) please go to Part 7.

If you are waiting to hear about one of these benefits, when did you claim?



### You

### Your Partner

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

No  If No, go to Part 5.  
Yes  If Yes, tell us about the income

No  If No, go to Part 5.  
Yes  If Yes, tell us about the income

Some examples of which are below.

Please read this list of benefits and incomes and tell us about any you or your partner are getting now or have claimed. Tell us the full rate of the benefit or income before any deductions and provide evidence of the amount received. Please see the guidance at Part 18b for the types of documents you can use as evidence.

- Annuity
- Bereavement Allowance
- Carers Allowance
- Child Benefit
- Child Tax Credit / Working Tax Credit
- Employment and Support Allowance
- Fostering / Adoption / Guardians Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Job Seekers Allowance
- Maternity Allowance or Statutory Maternity Pay
- Pension Credit
- Private / Occupational Pension
- Retirement Pension
- Severe Disablement Allowance
- Sickness Benefit or Statutory Sick Pay
- Statutory Paternity Pay
- Universal Credit
- Widowed Parents Allowance

Please tell us below about any income you are getting, or have claimed. If you need to use a separate sheet of paper, please do so and send it with the form.

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

### You

### Your Partner

The name of the income:

Waiting to hear:

Waiting to hear:

Getting now:

Getting now:

How much?

How much?

£

£

How often?

How often?

Date of next increase if known:

Date of next increase if known:

/  /

/  /

You

Your Partner

The name of the income:

Waiting to hear

Waiting to hear

Getting now

Getting now

How much?

How much?

£

£

How often?

How often?

Date of next increase if known:

Date of next increase if known:

/ /

/ /

The name of the income:

Waiting to hear

Waiting to hear

Getting now

Getting now

How much?

How much?

£

£

How often?

How often?

Date of next increase if known:

Date of next increase if known:

/ /

/ /

The name of the income:

Waiting to hear

Waiting to hear

Getting now

Getting now

How much?

How much?

£

£

How often?

How often?

Date of next increase if known:

Date of next increase if known:

/ /

/ /

## PART 5 About working for an employer

Do you or your partner work for an employer?

No  If No, go to Part 6

Yes  If Yes, please answer the following questions.

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, please tick this box

We must see evidence of any earnings before we can decide how much benefit or support you can get. Please see the guidance at Part 18b to see what you can use as evidence.

You

Your Partner

What kind of work do you do?

What is your employer's name, address and telephone number?

Tel:

Tel:

When did you start this job?

Can we contact your employer?

No

Yes

No

Yes

Are you employed for a limited period?

No

Yes

No

Yes

If Yes, when will you finish?

If Yes, when will you finish?

How many hours a week do you usually work?

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

£

£

How are you paid?

For example, cash, cheque, straight into a bank or building society.

**You**

**Your Partner**

When was your last pay rise?

 /  / 
 /  / 

When will your next pay rise be?

 /  / 
 /  / 

What period does your payslip cover (For example, weekly in arrears, monthly in advance)?



Give details of any regular overtime, bonuses or commission:



Are you, or will you be, getting Sick pay (SSP), Maternity Pay (SMP) or Paternity Pay from your employer?

No  If yes, when will / did it start?

Yes   /  /

No  If yes, when will / did it start?

Yes   /  /

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

No   
Yes  If Yes, tell us about this in the space at Part 15.

No   
Yes  If Yes, tell us about this in the space at Part 15.

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

**PART 6 About being self-employed**

**You**

**Your Partner**

Are you or your partner self-employed?

No

Yes

No

Yes

Are you or your partner a Director of a company?

No

Yes

No

Yes

Please tell us what kind of work you do, or details of the company:



How many hours do you work per week?



Please give an estimate of your earnings for the next year:

£

£

You must send us your trading accounts for the last financial year or complete one of our Self-Employment forms. There is more guidance about this at Part 18b. You will need to complete a different form for each self-employment. If both you and your partner are self-employed, you will both need to complete a form or supply accounts.

## PART 7 About being a student

Are you or your partner  
a student?

No  If No, go to Part 8.

Yes  If Yes, tell us about this below.

Please tell us if you or your partner are a student. By student we mean anyone who is undertaking a course of study at an educational establishment, including student nurses.

We must see evidence of your student loan, grant or other income you get for being a student, before we can decide how much benefit you are entitled to. Read the guidance at Part 18b to see what you can use as evidence.

You

Your Partner

Tell us the name of the course  
and the name and address of  
the college or university:

Is the course full-time  
or part-time?

What date does the academic  
year start and end?

Start:

Start:

End:

End:

If you get a grant, how much  
is it and how often is it paid?

If you get a student loan how  
much is it and how often  
is it paid?

If you get money from your  
parents or a deed of covenant,  
how much is it and how often  
is it paid?

## PART 8 About money you pay out

We need to see evidence of any of the following items that you pay. Please see the guidance at Part 18b for the type of proof to provide.

|                                                 | You                                                                          | Your Partner                                                                 |
|-------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Do you make payments towards a private pension? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                  |
|                                                 | If Yes, please state the pension provider's name, amount paid and frequency. | If Yes, please state the pension provider's name, amount paid and frequency. |
|                                                 | <div style="border: 1px solid black; height: 100px;"></div>                  | <div style="border: 1px solid black; height: 100px;"></div>                  |

|                                                                                                              |                                                             |                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| Are you or your partner required to help support a son or daughter under 25 who is at college or university? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> |
|                                                                                                              | If Yes, please give details.                                | If Yes, please give details.                                |
|                                                                                                              | How much do you give them and how often?                    | How much do you give them and how often?                    |
|                                                                                                              | £ <input type="text"/>                                      | £ <input type="text"/>                                      |
|                                                                                                              | every <input type="text"/>                                  | every <input type="text"/>                                  |

Do you pay a registered childminder, nursery, or after-school club any childminding costs for your children?

- No  If No, go to Part 9  
 Yes  If Yes, tell us about this below.

| Name of child | Name and registration number or the minder | How much do you pay each week? |
|---------------|--------------------------------------------|--------------------------------|
|               |                                            |                                |
|               |                                            |                                |
|               |                                            |                                |
|               |                                            |                                |

## PART 9 About capital, savings and investments

Do you, your partner or any children that you are claiming for have any bank accounts, building society accounts or other investments? Please include any that are not regularly used or overdrawn.

No

Yes

If Yes, please list below all accounts that you or your partner hold, this includes any paypal accounts, credit union accounts, ISAs or similar. Please continue at Part 15 if necessary.

We must see evidence of all the capital, savings and investments, even if the account is overdrawn or not regularly used. Read the guidance at Part 18b to see what you can use as evidence.

You

Your Partner

Name of bank or building society:

Whose name is the account in?

Account number:

How much is in the account?

£

£

Name of bank or building society:

Whose name is the account in?

Account number:

How much is in the account?

£

£

Name of bank or building society:

Whose name is the account in?

Account number:

How much is in the account?

£

£

Do you or your partner have any premium bonds?

No

Yes

If Yes, please give value:

£

No

Yes

If Yes, please give value:

£

Do you or your partner have any National Savings Certificates? No   
Yes

If Yes, please give details below.

Issue Number:  Value: £  How many?

Issue Number:  Value: £  How many?

Do you or your partner have any stocks, shares, bonds or unit trusts? No   
Yes

If Yes, please give details below.

Company name:  How many?

Company name:  How many?

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

If Yes, please give details below.

Address of property or land:

(Tick yes even if you have a mortgage or loan on the property, land or timeshare.)

How much is it worth?

£

Mortgage or loan left to repay (if applicable)?

£

Does an elderly or disabled relative live in this property?

No

Yes

Does a former partner live in the property?

No

Yes

If yes, do any children live in the property with them?

No  Yes



Are you or your partner trying to sell the property?

No

Yes

If yes, we will need to see proof that you are selling the property, such as a letter from the Estate Agent.

If the property is for sale, please give the date that it went on the market:

Do you, your partner or any children you are claiming for, have any other capital, savings or investments that you have not told us about on this form?

No

Yes

If Yes, please tell us about it at Part 15.

Have you or your partner, received:

■ A far Eastern Prisoners of War Compensation payment?

■ A compensation payment made to victims of atrocities that happened during the second world war?

No

Yes

If Yes, how much?

Is it included in your savings shown above?

No

Yes

We need to know this to make sure we do not count it as part of your savings.

Have you or your partner received a payment from the VCJD (Creutzfeldt-Jakob Disease) trust?

No

Yes

If Yes, we will write to you about this.

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

For example, a redundancy payment or a payment instead of notice or holiday.

No

Yes

If Yes, tell us about it in Part 15.

Do you or your partner get, or have you claimed, any other income, benefit or pension that you have not already told us about on this form?

No

Yes  If Yes, tell us what this income is, how much it is and how often it is paid at Part 15.

No

Yes  If Yes, tell us what this income is, how much it is and how often it is paid at Part 15.

## PART 10 About your property

Do you pay rent or ground rent for your home? No  If No, go to Part 13.

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

Yes  If Yes, tell us about it below.

What is the start date of your tenancy?

Please complete the following table:

| Type of room                             | How many in the whole building | How many just for you and your household | How many you share with other people |
|------------------------------------------|--------------------------------|------------------------------------------|--------------------------------------|
| Living rooms                             |                                |                                          |                                      |
| Bedrooms                                 |                                |                                          |                                      |
| Bathrooms or shower rooms                |                                |                                          |                                      |
| Toilets (separate)                       |                                |                                          |                                      |
| Kitchens                                 |                                |                                          |                                      |
| Bedsitting rooms                         |                                |                                          |                                      |
| <b>Other rooms (specify type below):</b> |                                |                                          |                                      |
|                                          |                                |                                          |                                      |
|                                          |                                |                                          |                                      |

Do you pay rent to the Council or New Linx Housing Trust?

No

Yes

If Yes, your Housing Benefit will be paid direct to your landlord.

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

House  Is it detached, semi-detached or terraced?

Bungalow  Is it detached, semi-detached or terraced?

Flat  Is it in a block or over a shop?

Bedsit or room  Is it in a house, B&B or hotel?

Caravan  Is it a static or touring van?

Other, for example, hostel (please state what it is):

Are there any periods during the year when you cannot occupy the property?

No

Yes

If Yes, confirm the date you have to move out.

Does anyone else regularly stay with you?

No

Yes  If Yes, give details at Part 15.

Does your home have:

Central heating?

A garage?

A garden?

A parking space?

Is the property let as:

Furnished?

Partly furnished?

Unfurnished?

Are you responsible for the internal decoration of the property?

No

Yes

How many floors are there in the building?

Which floor(s) do you live on (if applicable)?

Are you living away from this address at the moment?

No

Yes  If Yes, tell us about this at Part 15.

## PART 11 About rent

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the guidance at Part 18b to see what you can use as evidence.

How much rent do you pay and how often?

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

When is the next rent increase due?

/  /

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

No

Yes  If Yes, tell us their name(s), their relationship to you and your partner and how much they pay.

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

No

Yes  If Yes, how many weeks?

Are any of the following services or charges included in your rent?

|                   |                                                         |                                       |
|-------------------|---------------------------------------------------------|---------------------------------------|
| Meals?            | No <input type="checkbox"/>                             | Breakfast <input type="checkbox"/>    |
|                   | Yes <input type="checkbox"/> Which meals (please tick)? | Lunch <input type="checkbox"/>        |
|                   |                                                         | Evening meal <input type="checkbox"/> |
| Water charges?    | No <input type="checkbox"/>                             |                                       |
|                   | Yes <input type="checkbox"/> If Yes, how much per week? | £ <input type="text"/>                |
| Heating?          | No <input type="checkbox"/>                             |                                       |
|                   | Yes <input type="checkbox"/> If Yes, how much per week? | £ <input type="text"/>                |
| Lighting?         | No <input type="checkbox"/>                             |                                       |
|                   | Yes <input type="checkbox"/> If Yes, how much per week? | £ <input type="text"/>                |
| Hot water?        | No <input type="checkbox"/>                             |                                       |
|                   | Yes <input type="checkbox"/> If Yes, how much per week? | £ <input type="text"/>                |
| Fuel for cooking? | No <input type="checkbox"/>                             |                                       |
|                   | Yes <input type="checkbox"/> If Yes, how much per week? | £ <input type="text"/>                |
| Laundry?          | No <input type="checkbox"/>                             | Please specify:                       |
|                   | Yes <input type="checkbox"/>                            | Bed Linen <input type="checkbox"/>    |
|                   | If Yes, how much per week?                              | Personal <input type="checkbox"/>     |
|                   | £ <input type="text"/>                                  |                                       |

|                            |                             |                                                                                                                                                                                                       |
|----------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cleaning of rooms?         | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, how much per week? £ <input type="text"/>                                                                                                                        |
| Cleaning of windows?       | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, how much per week? £ <input type="text"/>                                                                                                                        |
| Gardening?                 | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, how much per week? £ <input type="text"/>                                                                                                                        |
| Garage or parking space?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, how much per week? £ <input type="text"/>                                                                                                                        |
| Personal care and support? | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, how much per week? £ <input type="text"/>                                                                                                                        |
| Television                 | No <input type="checkbox"/> | Yes <input type="checkbox"/> If Yes, is it in your own room? No <input type="checkbox"/> Yes <input type="checkbox"/><br>or communal lounge? No <input type="checkbox"/> Yes <input type="checkbox"/> |

Do you pay ground rent only? No

Yes

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

Yes  If Yes, please send the fair rent document.

Are you behind with your rent? No

Yes  If Yes, how many weeks?

What is your landlord's 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 full name and address:

By agent we mean the person or organisation you actually contact about your tenancy.

Can we contact your landlord or agent? No

Yes  If Yes, we will not give your landlord or agent any information about your personal or household circumstances or your financial circumstances.

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 the agent's partner?

No

Yes  If Yes, what is the relationship?

is my  
landlord's or  
agent's

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.

If either your landlord or agent is a company, are you associated to that company in any other way?

No

Yes  If Yes, please tell us how at Part 15.

## PART 12 About paying housing benefit

Your Housing Benefit will be paid straight into your bank or building society account. Please note that we cannot make payments into a Post Office Card Account, nor can we issue cheques.

In some circumstances we may be able to pay your landlord direct. We can do this if you rent from the Council or a Housing Association. However, if you rent from a private landlord you must tell us why you need to have your Housing Benefit paid direct to your landlord.

If you rent from a landlord other than the Council or a Housing Association, and you would like your landlord to be paid direct, please tick this box

Please give full reasons why you want us to pay your landlord, and your landlord's bank details, at Part 15.

Please give us details of the bank or building society account that you would like us to use:

Name of bank or building society:

Address:

Whose name is the account in?

Sort code:

Account number:

Roll Number of building society account

## PART 13 Information sharing

We would not normally share any of your information with another person should they make enquiries about your claim. However, you may find it helpful for someone to act on your behalf, such as a family member or a close friend. If this is the case, you must give us your permission before we can do this.

If you want to give us permission to speak to another person about your claim, please give their details here:

Name:

Address:

Home telephone number:

Mobile telephone number:

Relationship to you:

If you have an official appointee or someone holds power of attorney for you, please provide the documents regarding this.

## PART 14 About your claim start date

Your Housing Benefit and Council Tax Support will usually start from the Monday after the date we receive your claim. Your claim will only be backdated to an earlier start date if you can tell us a good reason why you did not claim before. If you would like your claim to start earlier, or you have sent us your claim early and you want your benefit to start from a later date (perhaps because your circumstances are due to change soon), please tell us the date that you would like your claim to start from here:

If you have asked for us to start your claim from an earlier date, please give full reasons for your late claim at Part 15. You must give us as much detail as possible to enable us to make a decision. Further guidance about backdating your claim can be found at Part 18 c.

## PART 15 Anything else that you need to tell us

Use the box below to tell us anything else you think we should know about. Please make sure that you tell us about any other income that you have not already told us about on the form. Continue on a separate piece of paper if necessary.

### Equality monitoring

Please indicate your race in the space opposite (optional):

Now please read Parts 16 and 17 and ensure that you sign the form.  
We cannot process your claim if the form is not signed.



## PART 16 Changes you must tell us about

Changes in circumstances can affect the amount of benefit or support you get. If something changes while you are claiming benefit or support you must tell us immediately. These are the sorts of things, but not everything, that you should tell us about:

### Your income or your partner's income

- If you start, change or leave a job or the hours you work change, including regular overtime.
- If you start or stop receiving Statutory Sick Pay / Maternity Pay.
- If you start getting another income such as Tax credits.
- If you start or stop getting a benefit such as Income Support, Job Seekers Allowance, Employment and Support Allowance, Universal Credit or Pension Credit. Also tell us if one of these benefits changes to a different type, for example you were getting Job Seekers Allowance (income based) and this changes to contribution based Job Seekers Allowance.
- If you start getting a pension such as State Retirement Pension or a pension from a former employer.
- If the amount you get from your job, tax credits, pension or any other income changes.

Remember, you must tell us if anyone in your household has any changes to their income. This includes you, your partner, other family members or friends.

### Capital you and your partner have

- Any changes to any bank/savings/building society accounts held, such as opening or closing an account, receipt of any lump sum etc. This includes accounts such as TESSAs, ISAs, Paypal, Premium Bonds, and Post Office card accounts.
- Any changes to investments or shares held.
- Property – you must tell us if you or anyone in your household becomes an owner or part owner of any property or land, either in this country or abroad.
- If the amount of your capital exceeds £6,000, including all savings, investments or bank accounts.

### Your household

- If anyone moves in or out of your home – this includes your partner, children, other family, members, lodgers, sub-tenants or friends.
- If a child leaves school.
- If anyone becomes a student or stops being a student.
- If anyone has a baby.

The people in you household and the income they receive can affect the amount of benefit or support you get.

### Other changes you must report

- If you move.
- If you will be leaving your property for over 2 months.
- If your rent increases / decreases or the terms of your tenancy change.
- If someone goes into hospital, a nursing home or to prison.
- If you start or stop paying for child care or the amount of childcare you pay changes.

### Remember

- It is your responsibility to tell us about changes in circumstances – You must tell us immediately to avoid having to pay money back later.
- Don't rely on someone else to tell us.
- If you are not sure than contact us on 01775 761161.
- It is an offence not to tell us straight away about any changes that affect your benefit/support.
- We may take court action against you if you do not tell us about changes and you get too much benefit or support.

## PART 17 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

Please read this declaration carefully and the 'changes you must tell us about' section before you sign and date it.

I understand the following:

- If I give information that is incorrect or incomplete you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or my application for Council Tax Support or both. You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this. You may also share information between departments of the council if it is going to be of benefit to me and the law allows this.
- I know I must let the benefit department at the council know about any change in my circumstances which might affect my claim.
- I declare the information I have given on this form is correct and complete.
- I declare that I have read (or had read to me) and understand the changes that I must notify the council of.

I am fully aware that I must declare my full and true circumstances when making a claim for Housing Benefit or an application for Council Tax Support. Once I have made a claim or application I have a legal responsibility to notify the council of any changes in my circumstances.

- For Housing Benefit, I understand that I must notify the change of circumstance within one calendar month of the date the change occurred.
- For Council Tax Support, I understand that I must notify the change of circumstance within 21 days of the date the change occurred.

I fully understand that should I fail to notify the benefit department at the council of any changes in circumstances of myself or other household members promptly that I may be prosecuted in accordance with the Social Security Administration Act 1992 or the Fraud Act 2006

Signature of person making claim or application

Partner's signature:

Date (ddmmyy):

Date (ddmmyy):

If this form has been filled in by someone other than the person making the claim or application, please tell us why?

I declare that as far as possible, I have confirmed with the person making the claim or application that the answers I have written on this form are correct.

Name of person who filled in the form:

Signature of the person:

Relationship to the person named at Part 1:

Date (ddmmyy):

### a) Filling in the form

Please use black ink on this form and do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'yes' or 'no' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes.

If someone fills the form out for you there is a special space for them to sign.

Your claim may be reviewed periodically either by post or by home visit.

### b) Evidence

Throughout this form we tell you that we need evidence of some of the things you have told us about. Please provide this with the form wherever possible as this will help us to process your claim faster. We need to see original documents, not photocopies. If you do not want to send valuable items through the post you can bring them into any of our offices. We will take the details we need and give you the documents back straightaway. If you cannot get into the office phone us for more advice.

If you do not provide all the proof we need we might not be able to pay you any benefit. We need the same proof 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 ensure that you send the form back to us within a month and send the evidence as soon as possible. We can start to process your claim but we will not be able to pay you any benefit until we have all the evidence.

The following list shows the types of documents you can use to provide evidence:

#### **Proof of your identity**

Birth certificate, Marriage certificate, passport, driving licence, UK residence permit.

#### **Proof of your address**

A recent gas, electricity or telephone bill, or a credit agreement or similar showing your current address

#### **Proof of National Insurance number**

National Insurance number card, payslips or letters from the DWP or HMRC

#### **Proof of income**

Letters from the DWP or HMRC, Occupational pension slips and letters

#### **Proof of earnings**

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you do not receive an official payslip please request a certificate of earnings form which can be completed by your employer. If you or your partner are self employed we need to see your accounts for the last financial year. If you do not have any accounts, or you have only just started self employment, you will need to complete one of our self employed income forms which are available upon request.

#### **Proof of Student income**

The grant or loan award letter.

#### **Proof of rent**

Rent book, tenancy agreement, rent receipts or a letter from your landlord.

#### **Proof of money paid out**

For child care costs we will need to see receipts or a letter from the childcare provider confirming the amount you pay.

For private pension contributions please provide a bank statement showing the amount paid or the pension documentation showing the amount. If you support a child at university we need to see the grant or loan assessment that shows your contribution.

#### **Proof of savings, capital and investments**

Full statements or books from any bank, building society or Post Office accounts. These must show details for at least the last 2 months. Please provide certificates for National Savings, stocks, shares or unit trusts,

## c) Backdating the claim

We cannot backdate your benefit or support claim automatically. You need to prove you have good reasons for not making your claim sooner. These good reasons must exist for the whole period – starting from the date you want us to pay from right up to the date that you ask us to consider backdating. The law limits how far we can backdate your claim. The maximum amount is 3 months but may be up to 6 months for Housing Benefit if you are of working age. We will need proof of all your income and savings from the earliest date that you want us to pay benefit from, and if your household was different during that period we will need full details of that too.

Social Security Commissioners have already decided that the following reasons are not good enough to justify backdating claims, therefore we will usually refuse to backdate your claim if your reasons for not applying sooner are that:

- you thought your illness or situation would not last very long
- you did not know about claiming benefit or support
- you were careless and did not bother to make a claim
- you thought that you would not get any benefit or support even if you did claim
- you thought you would only be out of work for a short time

## d) Second Adult Reduction

This is a type of Council Tax Support for people who may not have a partner but who share their home with someone who:

- is 18 or over ; and
- on a low income; and
- does not pay them rent

If you only wish to apply for Second Adult Reduction we do not need to know about your financial circumstances, only those of the second adult(s). You only need to complete part of this form to apply for Second Adult Reduction as detailed on the front page. However, if you complete the whole form we will work out whether you are better off with main Council Tax Support or Second Adult Reduction.

### How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your claim for Housing Benefit and/or your application for Council Tax Support.

We may pass the information to other organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to :

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

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

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

**If you need assistance in completing this or any other Benefit forms, please call at your local Customer Service Centre or telephone us for advice.**

## What to do next

When you have filled in the form and read the declaration please ensure it is signed and send it back to us with the evidence we need to see. If you do not want to send valuable items, such as bank books or passports, in the post you can bring the form and evidence to us. Telephone us or visit our offices for advice.

Please see below for our contact details.

Post to: Benefit Services, South Holland District Council, PO Box 8, Spalding, Lincs PE11 2XQ

Tel: 01775 761161

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

Visit: Council Offices, Priory Road, Spalding PE11 2XE any weekday from 8.30am to 5.15pm except on Wednesdays when we open at 9.00am and Fridays when we close at 4.45pm

Claims can also be made via the internet at [www.sholland.gov.uk](http://www.sholland.gov.uk) – Click on the 'Do it online' section

If you suspect anyone of fraud, please telephone our 24 hour FREEPHONE hotline: 0800 002 008