



For office use only

Date of issue

Reason for issuing form

Issued by

Date returned

(stamp here)

UPRN Number

Claim number

Receipt issued

Please complete this form in black ink

Are you (please tick one box):

a council tenant?	<input type="checkbox"/>	a housing association or social landlord tenant?	<input type="checkbox"/>	paying rent as a boarder	<input type="checkbox"/>
a private tenant?	<input type="checkbox"/>	living in a hostel?	<input type="checkbox"/>	other	<input type="text"/>
an owner-occupier?	<input type="checkbox"/>				

Part 1 About you and your partner

Do you have a partner (opposite sex and same sex partners) who normally lives with you? No Yes If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your Partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>	<input type="text"/>
Address, including room number if you have one. Do not tell us your partner's address if it is the same as 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"/>
	Postcode	Postcode
What date did you move to this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your daytime phone number	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
What is this number? Please tick	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

You

Your Partner

Letters Numbers Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Letters Numbers Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you do not have an NI number, or cannot find it, tick this box.

If you do not have an NI number, or cannot find it, tick this box.

No Yes

No Yes

Please tell us about it below.

Please tell us about it below.

/ /

/ /

No Yes

No Yes

Please tell us about it below.

Please tell us about it below.

No Yes

No Yes

National Insurance (NI) number

You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.

Have you or your partner claimed Housing Benefit or Local Council Tax Support?

When did you last claim?

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

If you have moved from this address, have you told the council you claimed from?

If you or your partner have moved home in the last 12 months, tell us your last address

if it is different from above.

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

If you are aged under 22 have you been subject to a Care Order or received help with accommodation from a social services department?

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

You

No

Yes We will write to you about this.

/ /

Your Partner

No

Yes We will write to you about this.

/ /

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?

The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner an approved foster carer

No

Yes

If yes please provide your current years foster care agreement.

Are you or your partner in hospital at the moment?

No

Yes

No

Yes

Please give details if known

Dates from: / / to: / /

Dates from: / / to: / /

Are you or your partner registered blind?

No

Yes

No

Yes

Does anyone get Carer's Allowance for looking after you or your partner?

No

Yes

We will write to you about this.

No

Yes

We will write to you about this.

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

No

Yes

We will write to you about this.

No

Yes

We will write to you about this.

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

No

Yes

How much do you pay and how often?

£ every

No

Yes

How much do you pay and how often?

£ every

Are you or your partner a student? By student we mean anyone who is attending a course of study at an educational establishment, including student nurses or taking time off from your studies.

No

Yes

Tell us if this is full time or part time.

Full time

Part time

No

Yes

Tell us if this is full time or part time.

Full time

Part time

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

£ a year

£ a year

We will contact you if we need any more information

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

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No

Go to **Part 3**.

Yes

If there are more than four children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

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

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
If aged 16 or over please give the date Child Benefit is due to stop	<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"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	First child	Second child	Third child	Fourth child
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Child Benefit number

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Who gets the Child Benefit for them?

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

We need to see proof of this.

Is the child registered blind?

No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
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Yes	<input type="checkbox"/> We need to see proof of this.	Yes	<input type="checkbox"/> We need to see proof of this.	Yes	<input type="checkbox"/> We need to see proof of this.	Yes	<input type="checkbox"/> We need to see proof of this.
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Does the child get Disability Living Allowance?

No	<input type="checkbox"/>	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?	Yes	<input type="checkbox"/> How much?
------------	------------------------------------	------------	------------------------------------	------------	------------------------------------	------------	------------------------------------

Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
------	------------------------	------------------------	------------------------	------------------------

Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
----------	------------------------	------------------------	------------------------	------------------------

Does the child require their own bedroom because of their disability

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

Yes	<input type="checkbox"/> If yes tell us about this in Part 17.	Yes	<input type="checkbox"/> If yes tell us about this in Part 17.	Yes	<input type="checkbox"/> If yes tell us about this in Part 17.	Yes	<input type="checkbox"/> If yes tell us about this in Part 17.
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Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

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

Yes	<input type="checkbox"/> Please tell us about it below.	Yes	<input type="checkbox"/> Please tell us about it below.	Yes	<input type="checkbox"/> Please tell us about it below.	Yes	<input type="checkbox"/> Please tell us about it below.
------------	---	------------	---	------------	---	------------	---

Tell us the name and registration number of the minder.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How much do you pay a week?

<input type="text"/> £	<input type="text"/> a week	<input type="text"/> £	<input type="text"/> a week	<input type="text"/> £	<input type="text"/> a week	<input type="text"/> £	<input type="text"/> a week
------------------------	-----------------------------	------------------------	-----------------------------	------------------------	-----------------------------	------------------------	-----------------------------

We need to see proof of this. We need to see proof of this. We need to see proof of this. We need to see proof of this.

Now tell us about all the people who usually live with you and your partner. Do not tell us about other tenants, people who just share a hall, bathroom or toilet with you, or anyone who you charge rent or board to. If you want to tell us about more than three people, use a separate sheet of paper. Do tell us about people who would normally live with you but are currently serving members of the armed forces.

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

Do any adults usually live with you and your partner?

No **Go to Part 4.** **Yes** **Fill in this section.**

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

	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"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter or friend.

Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit?

No **Yes**

No **Yes**

No **Yes**

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

No **Yes**

No **Yes**

No **Yes**

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?
Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

No

Yes **Tell us about it below.**

No

Yes **Tell us about it below.**

No

Yes **Tell us about it below.**

1 Where does this income come from?

2 How much is it before deductions?

£

We need to see proof of their income.

£

We need to see proof of their income.

£

We need to see proof of their income.

First person

Second person

Third person

Are they in legal custody at the moment?

No Yes

No Yes

No Yes

Are they in hospital at the moment?

No Yes

No Yes

No Yes

Are they a full-time student, serving member of the armed forces, student nurse, careworker, apprentice, registered blind or on youth training? Tell us which

No Yes

No Yes

No Yes

We may have to write to you about these

Are any of the people who normally live with you married to each other or living together as if they were married? We call these people partners.

No is the partner of

Yes Tell us their names is the partner of

Part 4

About other people who live with you - boarders and sub-tenants

Do you charge rent to anyone living in your home?
Do not include any one listed in part two or three.

No Go to Part 5.

Yes Fill in this section.

If you want to tell us about more than three people use a separate sheet of paper and tick this box

First person

Second person

Third person

Last name

Other names

Date of birth

/ /

/ /

/ /

Relationship to anyone in the household

Do they pay rent or money for board and lodgings to you or your partner?

No Yes

No Yes

No Yes

Tell us about it below.

Tell us about it below.

Tell us about it below.

How much?

£ a week

£ a week

£ a week

Does this include money for food?

No Yes

No Yes

No Yes

Does this include money for heating?

No Yes

No Yes

No Yes

Are you or your partner getting or waiting to hear about a claim for Income Support, Income-Based Jobseeker's Allowance, Income-Related Employment and Support Allowance or Pension Credit?

No Go to Part 6.

Yes Answer the questions in this part.

Are you or your partner actually getting Income Support, Income-Based Jobseekers Allowance, Income-Related Employment and Support Allowance or Pension Credit at the moment?

No

Yes When did you start getting it?

/ /

Your Partner

No

Yes When did you start getting it?

/ /

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

No

Yes When did you claim?

/ /

No

Yes When did you claim?

/ /

Which benefit are you getting or waiting to hear about?

Income Support

Income-based Jobseeker's Allowance

Income-Related Employment and Support Allowance

Pension Credit

Income Support

Income-based Jobseeker's Allowance

Income-Related Employment and Support Allowance

Pension Credit

We must see proof of your benefits, allowances or pension before we can decide how much Housing Benefit/LCTS you can get. Read the 'Proofs Letter' to see what you can use as proof.

If you are already getting Income Support, income-based Jobseeker's Allowance or Pension Credit or Income-Related Employment & Support Allowance you do not need to complete Parts 6 to 11.

Part 6 About being self-employed

Are you self employed?

No

Yes

We will send you a self employment form about this if you have not already asked for one.

Is your partner self employed?

No

Yes

Do you or your partner work for an employer?

No Go to **Part 8**.

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	
	First job	Second job	First job	Second job
How many jobs do you and your partner have?	<input type="checkbox"/>		<input type="checkbox"/>	
What kind of work do you or your partner do?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is your or your partner's employer's name and address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Post code <input type="text"/>	Post code <input type="text"/>	Post code <input type="text"/>	Post code <input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When will you finish?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	You		Your partner	
	First job	Second job	First job	Second job
When was your last pay rise?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
When will your next pay rise be?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you or your partner getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, when from <input type="text" value=" / /"/>	If yes, when from <input type="text" value=" / /"/>	If yes, when from <input type="text" value=" / /"/>	If yes, when from <input type="text" value=" / /"/>
Are you or your partner getting any other sick pay or paid parental leave from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much and how often?	<input type="text" value="£"/> <input type="text" value="Every"/>	<input type="text" value="£"/> <input type="text" value="Every"/>	<input type="text" value="£"/> <input type="text" value="Every"/>	<input type="text" value="£"/> <input type="text" value="Every"/>
Do you get any bonus, commission, tips, overtime or payment in kind in any of your jobs?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us about these in Part 17.		Tell us about these in Part 17.	

We must see proof of your earnings before we can decide how much Housing Benefit/LCTS you can get. Read the 'Proofs Letter' to see what you can use as proof.

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**.

Yes Answer the questions on this page.

What other work do you or your partner do?

What is the name and address of the person you or your partner do this work for?

When did you or your partner start this work?

How many hours a week do you or your partner usually work?

Do you or your partner get paid?

If you or your partner only get expenses or tips, still tick **Yes** and give details.

How much do you or your partner get before any deductions?

How often do you or your partner get paid?

You		Your partner	
First job	Second job	First job	Second job
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post code	Post code	Post code	Post code
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us about it below.	Tell us about it below.	Tell us about it below.	Tell us about it below.
<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every

We must see proof of your earnings before we can decide how much Housing Benefit/LCTS you can get. Read the 'Proofs Letter' to see what you can use as proof.

	You	Your Partner
	How much, how often and by what method?	How much, how often and by what method?
Bereavement Allowance	£ every by	£ every by
Guardian's Allowance	£ every by	£ every by
Pension Credit (including Savings Credit)	£ every by	£ every by
State Retirement Pension	£ every by	£ every by
War Disablement Pension	£ every by	£ every by
Armed Forces Compensation Scheme payments	£ every by	£ every by
War Widow's Pension	£ every by	£ every by
Widowed Parent's Allowance	£ every by	£ every by
Universal Credit	£ every by	£ every by
Please tell us about any other social security benefit you or your partner receive.	Type £ every by	Type £ every by
Please tell us if you or your partner have claimed and are waiting to hear about any income listed above. Please tell us if you or your partner have decided to delay receiving your Retirement Pension.		

We must see proof of any benefits and pensions coming in before we can decide how much Housing Benefit/LCTS you can get. Read the 'Proof letter' to see what you can use as proof.

Part 10

About other money coming in

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

No

Yes

Go to **Part 11**.

Answer the questions on this page. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust, the London Bombings Charitable Relief Fund or the Skipton Fund.

	You	Your Partner
	How much, how often and by what method?	How much, how often and by what method?
Occupational, private and work pensions	£ every by	£ every by
	£ every by	£ every by
	£ every by	£ every by

	You	Your Partner
	How much, how often and by what method?	How much, how often and by what method?
Maintenance or support for you or your partner	£ every by	£ every by
Maintenance or child support for any of the children you have told us about on this form	£ every by	£ every by
Money from a trust fund	£ every by	£ every by
Training allowances	£ every by	£ every by
Student grant, loan, award or bursary	£ every by	£ every by
Any cash payments	£ every by	£ every by
Other money including voluntary payments		
Please tell us if you or your partner are waiting to hear about any income listed above.		
Please tell us when any of the above incomes are due to be increased.	Type When Type When	Type When Type When

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

No Yes Tell us about it below.

What for, how much and who is it owed to?

Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday.

No Yes Tell us about it below.

What for and how much?

We must see proof of any money coming in before we can decide how much Housing Benefit/LCTS you can get. Read the 'Proof Letter' to see what you can use as proof.

We need to know if you or your partner have any bank accounts, savings, investments or property in the UK or abroad. This includes cash, current accounts and savings accounts with bank or building society, Post Office® accounts (even if any of these accounts are overdrawn, have a nil balance or are unused), Premium Bonds, National Savings Certificates, and stocks and shares. If you need more space to complete this use Part 17.

Do you or your partner have any of the following?

	You	Your Partner
Bank accounts	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>
Amount and name of bank	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Amount and name of bank	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Building society accounts	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>
Amount and name of building society	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Amount and name of building society	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Post Office® accounts and Post Office® card accounts	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How many accounts? <input type="text"/>
Amount and name of account	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Amount and name of account	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Premium bonds	No <input type="checkbox"/> Yes <input type="checkbox"/> How many? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How many? <input type="text"/>
Total amount	£ <input type="text"/>	£ <input type="text"/>

If your total capital exceeds £6,000 in value or if you are self employed we must see proof of all savings, investments or property before we can decide how much Housing Benefit/LCTS you can get. Please read the 'Proof Letter' to see what you can provide as evidence.

You

Your Partner

Unit trusts, ISAs, PEPs, TESSAs, TOISA's or other investments

No Yes How many accounts?

No Yes How many accounts?

Amount, name and type of saving

£

£

£

£

Income bonds or capital bonds

No Yes How many bonds?

No Yes How many bonds?

Amount, name and type of bond

£

£

£

£

Money or property held in trust

No Yes How many trusts?

No Yes How many trusts?

Amount, name and type of trust

£

£

£

£

Any other savings or investments

No Yes How many trusts?

No Yes How many trusts?

Amount, name and type of savings or investments

£

£

£

£

Do you or your partner have any shares?

No Yes

Shares - approximate value

£

Name of the company the shares are held in

Number of shares held

Shares owned by

Shares - approximate value

£

Shares - approximate value

£

Shares - approximate value

£

Do you or your partner have any National Saving Certificates?

No Yes

Please send us the **original** certificates as proof. We will return the certificates to you.

If your total capital exceeds £6,000 in value or if you are self employed we must see proof of all savings, investments or property before we can decide how much Housing Benefit/LCTS you can get. Please read the 'Proof Letter' to see what you can provide as evidence.

Do any of your savings or investments include:

- money from the sale of your house, or
- money from a charity?

No

Yes We will write to you about this.

Apart from your home, do you or your partner own or are buying any other property or land in this country or abroad?

If it is on a mortgage or a loan, still tick **Yes**

No

Yes We will write to you about this.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment?
- a compensation payment made to victims of atrocities that happened during the Second World War?

No

Yes What payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment You Your partner

A compensation payment made to victims of atrocities that happened during the Second World War You Your partner

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 We will write to you about this.

Any other capital or cash not included above, including capital owned jointly with anyone other than your partner.

What sort of building do you live in?

Tick one box only.

House	<input type="checkbox"/>	Studio Flat	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Room in a house	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Flat in a block	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>	Other - give details	<input type="checkbox"/>
Flat over a shop	<input type="checkbox"/>				

What type of property is it?

Terraced Semi-detached Detached

Does your home have central heating?

No Yes

Is the landlord responsible for decorating inside your home?

No Yes

How many floors are there and which floors do you live on? For example, ground floor, first floor.

/

Do you and your household rent a flat, bedsit or room in a shared house?

No Yes If yes, is it self-contained?

Where in the building do you live? At the front At the middle At the back

Do you live on the left or right of the building as seen from the front/road?

If you rent a room, bedsit or flat what number is it?

How many rooms are there in the building?

Total number of rooms in your house or flat

Living rooms	Dining rooms	Bed rooms	Bedsits	Kitchens	Bath rooms	Separate Toilets	Other rooms number & type	Total rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Number of rooms used **only** by you and your family

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
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Number of rooms you share with other people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
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Do you use your home for business?

No Yes

If you need more space to complete this use Part 17.

Has your rent changed in the last 12 months?

No Yes Send us proof of the date it changed and how much it changed.

When is the next rent increase due?

/ /

Has your rent been registered as a Fair Rent by the Rent Service?

No Yes Please send us the notice of registration form **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?

Does your rent include money for the following?

Meals

No Yes How much? £ every

For which meals? Please tick

Breakfast - you are just given breakfast foods Lunch

Breakfast - your breakfast is cooked for you Evening meal

Water rates

No Yes How much? £ every

Council Tax

No Yes How much? £ every

Heating

No Yes How much? £ every

Lighting

No Yes How much? £ every

Hot water

No Yes How much? £ every

Fuel for cooking

No Yes How much? £ every

Personal laundry (i.e. clothes)

No Yes How much? £ every

Cleaning rooms or windows

No Yes How much? £ every

Gardening

No Yes How much? £ every

Garage or parking space

No Yes How much? £ every

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

No

Yes

Personal care and support

No Yes

How much? £ every

Other

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?

No Yes

How much? £ every

What for?

Part 14

Sharing information with your landlord

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

We may need to confirm information with your landlord before we can make a decision on your claim, for example, when there may be rent arrears. 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 permission we could discuss whether

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

We will not give your landlord any information about

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

You can withdraw your permission at any time.

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

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

I give York's Benefits Service permission to share information about the progress of my Housing Benefit claim with my landlord and their representatives.

Customer Signature

Date

 / /

Do you require a separate bedroom for an overnight carer

No Yes If yes tell us about this in Part 17

Do you or a joint tenant receive a Council Tax bill?

No Yes

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

No Yes Tell us the details below.

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

How much of the rent or Council Tax do they pay and how often? For example, every week, every fortnight, every four weeks or monthly.

£ every

Are you living away from home at the moment?

No Yes Tell us about it below.

Why are you not living at home?

When did you last live at home?

 / /

When do you expect to go back home?

 / /

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

 Post code

Have you sublet your home?

No

Yes Who lives there now?

Do you or your partner have a main home somewhere else or a house you own, rent or are buying somewhere else?

No

Yes What is the address?

 Postcode

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

Do you pay rent on this home? **No** **Yes** How much? £

Does anyone use your address as a 'Postal Address'? **No** **Yes** If yes, please give details in **Part 17**

Part 16 How you will be paid and the choices you have

If you are awarded Local Council Tax Support we will pay this into your Council Tax account.

If you are a council tenant we will pay any Housing Benefit you are awarded into your rent account weekly.

If you are not a council tenant and are awarded Housing Benefit, how this is paid depends on when your claim starts and who your landlord is. This is because from 7 April 2008 the rules about paying Housing Benefit changed for private tenants making new claims.

If you are a private tenant who has continuously received Housing Benefit since before 7 April 2008, or are a Housing Association or social landlord tenant, you can choose where to have your money paid. We can pay your Housing Benefit straight into a bank or building society account (by BACS), by cheque, or direct to your landlord.

Do you want your benefit paid directly:

Into an account You must complete Part 16a

By cheque

To your landlord You must complete Part 16b

If you are a private tenant making a new claim from 7 April 2008 then we will usually pay any Housing Benefit direct to you. We recommend that you get your money sent direct to your bank or building society account. You must complete Part 16a.

We can only make payments to your landlord in special circumstances, for instance if you are unable or unlikely to pay rent yourself. If you think this applies to you please tick here

You must give reasons why you feel you cannot receive payments. Please ask for and complete our '*Safeguards request for payment of Housing Benefit to be made to the landlord*' form or provide details in Part 17 of this form. Please provide evidence where necessary, for example, a letter from your GP, a care worker, social services to support what you say.

Payment into an account

What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement.

Full name of bank or building society

Sort code - of the bank, building society or other account provider. Please tell us all six numbers, for example: 12-34-56.

 — —

Account number. This is 7 to 10 numbers long

More information if it is a building society account

Building society roll or reference number

Some building societies accounts use a roll or reference number. The number is on the passbook. The roll or reference number can contain letters and numbers and be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society. We cannot pay by BACS into some types of account such as the Post Office Card Account.

Paying your Benefit direct to your landlord

If you wish us to pay your benefit straight to your landlord, you must sign this declaration below.

Please pay my Housing Benefit straight to my landlord.

I understand that

- I must always tell you about any change in my circumstances.
- If I do not tell York's Benefits Service of any change of circumstances and I am paid too much benefit because of this, I may have to pay back the extra benefit.
- I may be prosecuted if I do not tell York's Benefits Service about any change of circumstances.

**Customer
Signature**

Date

 / /

Your landlord must complete and return the declaration on the landlord insert sheet

Please use this space 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 any separate sheets of paper with this form, tell us how many.

I am enclosing a filled-in Paying benefit to your landlord form.

I will send you a filled-in Paying benefit to your landlord form later.

Part 18 Backdating

We can usually award Housing Benefit/LCTS from the Monday after the day we receive your claim. Sometimes we can pay Housing Benefit/LCTS from an earlier date if you have a **good reason** for not claiming earlier. If you

want us to consider paying your Housing Benefit/LCTS from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim Housing Benefit/LCTS from

For this earlier period, were your circumstances the same as on this form? If not please give details below. **No**
Yes

Tell us why you have not claimed before.

We need to see proof of you and your partner’s National Insurance number (NINO) and identity. You must provide two proofs for you and two proofs for your partner.

For each of you one proof must come from **List A** and needs to show your NINO. The other proof can come from either **List A** or **List B**. The two proofs must be different types of document and should be for the current period when appropriate. Please tick the boxes to tell us what you have sent.

List A	You	Your Partner	List B continued	You	Your Partner
Department for Work and Pensions letter or Order book	<input type="checkbox"/>	<input type="checkbox"/>	Passport (current and valid)	<input type="checkbox"/>	<input type="checkbox"/>
Contributions Agency letter	<input type="checkbox"/>	<input type="checkbox"/>	National ID card (EU and other countries)	<input type="checkbox"/>	<input type="checkbox"/>
H.M. Revenues & Customs (tax) letter	<input type="checkbox"/>	<input type="checkbox"/>	Utility bill (gas, electricity, water rates or fixed telephone)	<input type="checkbox"/>	<input type="checkbox"/>
N.I. Number Card	<input type="checkbox"/>	<input type="checkbox"/>	Divorce, annulment or separation documents	<input type="checkbox"/>	<input type="checkbox"/>
Pay slips from current employer	<input type="checkbox"/>	<input type="checkbox"/>	Bank or building society statement or passbook	<input type="checkbox"/>	<input type="checkbox"/>
P45 or P60	<input type="checkbox"/>	<input type="checkbox"/>	Other bills relating to where you live (such as TV licence or property insurance)	<input type="checkbox"/>	<input type="checkbox"/>
Payment slips for private pension	<input type="checkbox"/>	<input type="checkbox"/>	Life assurance policy	<input type="checkbox"/>	<input type="checkbox"/>
Job Centre letter	<input type="checkbox"/>	<input type="checkbox"/>	Letter from solicitor/social worker/probation officer	<input type="checkbox"/>	<input type="checkbox"/>
List B			Building Industry sub-contractor’s certificate	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of employment in HM forces/Merchant Navy	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	UK Residence Permit, Aliens Registration Card, Home Office Standard Acknowledgement letter, or Immigration and Nationality Directorate travel documents	<input type="checkbox"/>	<input type="checkbox"/>
Civil Partnership certificate	<input type="checkbox"/>	<input type="checkbox"/>			
Driving licence	<input type="checkbox"/>	<input type="checkbox"/>			
Medical Card	<input type="checkbox"/>	<input type="checkbox"/>			

If you have provided an item of proof already, for instance as proof of income or savings this will count as one of the items of proof of identity. If you are not sure that your documents are sufficient you can send more in. If you do not have enough documents please contact us for advice.

**Please ask your partner to read and sign this as well.
Please read this declaration carefully before you sign and date it.
I understand the following:**

- At the time of completing this form I believe I am entitled to the benefits and income I have declared. If I knowingly give false information, or if I give information that is incorrect or incomplete, or fail to report changes that may affect my benefit, you may take action, (including prosecution) against me.
- You will use the information I have provided to process my claim for Housing Benefit and Local Council Tax Support. You may check some of the information with other sources within this and other councils.
- 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 government organisations, if law allows this. You may disclose this information with other council departments who are assisting with my housing, benefit and social care needs.
- I **know** I must let the council know about any changes in my circumstances, which might affect my claim (for example, changes in my/our income or personal circumstances as listed in the notes).
- If I am paid too much Housing Benefit I will usually have to repay it. You may cancel cheques or suspend payments to help prevent overpayments, and the Council will not be liable for costs resulting from this.

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

Your Signature

Date

Your Partner's Signature

Date

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

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

Name of the person who filled in the form

Signature

Contact telephone number

Relationship to the person claiming

Date

Part 21 What to do next

You should now have:

- filled in the claim form for Housing Benefit and Local Council Tax Support
- collected any proof to support your claim - but remember not to send valuable items, and
- given part of the insert sheet to your landlord (if benefit is to go directly to your landlord) for them to complete and return.

Send the above documents to: **Benefits Service, West Offices, Station Rise, York, YO1 6GA (for both by post and in person).**

If you are going to send proof in at a later date, return these to the same address.

This section will **NOT** be used in the assessment of your **Housing Benefit/LCTS**. The information you provide is **confidential** and will be used only to help us make sure that we provide appropriate services for everyone, irrespective of individual differences like age, gender, disability,

race, religion and belief, and sexual orientation. It is our policy and also a Government requirement to ask these questions so that we can improve life in the city for all.

Gender

- Male Female
 Trans(gender)

Age Group

- under 16 16-19 20-24
 25-29 30-44 45-59
 60-64 65-74 75-84
 85-89 90 and over

Do you consider yourself to have a disability?

- Yes No
 I do not wish to disclose whether or not I have a disability

If you are comfortable giving us the following information it will help us check everyone is getting the same standard of service:

Sexual orientation

- Lesbian Gay
 Bisexual Heterosexual
 I do not wish to disclose my sexual orientation

Ethnic Origin

White

- British [WB] Turkish [WT]
 Irish [WI] Kurdish [WK]
 Irish Traveller [WIT] Polish [WP]
 Roma/Gypsy [WRG]
 Any other white background (wo)

Black or Black British

- Caribbean [BC] African [BA]
 Any other Black background [BO]

Other Ethnic Groups

- Chinese [CH]
 Any other ethnic group [OT]

Mixed

- White and Black Caribbean [MC]
 White and Black African [MB]
 White and Asian [MA]
 Any other mixed background [MO]

Asian or Asian British

- Indian [AI]
 Pakistani [AP]
 Bangladeshi [AB]
 Any other Asian background [AO]
 I do not wish to disclose my ethnic group [RE]

This information can be provided in your own language.
 我們也用您們的語言提供這個信息 (Cantonese)
 Ta informacja może być dostarczona w twoim własnym języku. (Polish)
 Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)
 ☎ 01904 551550

Religion or Belief

- Atheist Buddhist
 Christian Hindu
 Jewish Muslim
 Sikh Other
 I do not wish to disclose my religion/belief

If you would like this information in an accessible format (for example in large print on CD or by email) or another language please telephone: 01904 551556 or email: benefits@york.gov.uk