



Cambridge City Council  
Revenue Services (Benefits)  
FREEPOST PO Box 130  
Cambridge CB2 1BR

Tel (01223) 457721/86, 457693/97  
Email: [benefits@cambridge.gov.uk](mailto:benefits@cambridge.gov.uk)  
Website: [www.cambridge.gov.uk](http://www.cambridge.gov.uk)

Thank you for downloading this Housing Benefit and Council Tax benefit claim form.

Please read the notes on the form before completing it. Print out the complete form and when you have answered all the questions either take it to one of the listed offices or post it to: Cambridge City Council, Revenue Services (Benefits), Freepost, PO Box 130, Cambridge CB2 1BR.

Please remember that original evidence of your income should be provided with the claim form. If you take the claim form to one of the offices it will be checked and photocopies of any original evidence will be taken for you.



Cambridge City Council  
Revenue Services (Benefits)  
FREEPOST PO Box 130  
Cambridge CB2 1BR  
Office open Monday to Friday 8am to 6pm

If you need help with this form or you need further information  
please contact us on (01223) 457721/86, 457693/97  
Email: [benefits@cambridge.gov.uk](mailto:benefits@cambridge.gov.uk)  
Website: [www.cambridge.gov.uk](http://www.cambridge.gov.uk)

Cambridge City Council  
Customer Service Centre  
Mandela House  
4 Regent Street  
Cambridge  
CB2 1BY

For office use only

Date form was requested  
/ /

Date form was issued  
/ /

Date received at  
office (date stamp)

Initials

**There are help  
notes at the  
back of the form.**

**A claim form for Housing  
Benefit and Council Tax Benefit**

If you are just claiming Second Adult Rebate,  
only fill in Parts 1, 3, 14, 15, 16 and 17 of this  
form.

Are you (please tick one box)  
a council tenant?  an owner-occupier?   
a private tenant?  a housing association or  
social landlord tenant?

**Part 1 About you and your partner**

Do you have a partner who normally lives with you?

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.

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"/>
Your email address	<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"/>
National Insurance (NI) number You can find this on payslips or letters from the Department for Work and Pensions 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.	Letters <input type="text"/> <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	Letters <input type="text"/> <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>

**You**

**Your partner**

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

No   
 Yes  Please tell us about it below.

No   
 Yes  Please tell us about it below.

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?

  
  
  
 Postcode

  
  
  
 Postcode

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

No   
 Yes

No   
 Yes

If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.

  
  
  
 Postcode

  
  
  
 Postcode

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



**We need to see proof of your and your partner's identity and NI number. See the checklist at Part 15.**

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?

No   
 Yes  We may write to you about this.

No   
 Yes  We may 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 in hospital at the moment?

No   
 Yes  Please tell us about it below.

No   
 Yes  Please tell us about it below.

When did you go in?

 /  / 
 /  / 

When will you come out, if you know?

 /  / 
 /  / 

Do you or your partner get Disability Living Allowance?

No   
 Yes  How much?

No   
 Yes  How much?

Care  £

Care  £

Mobility  £

Mobility  £

**You**

**Your partner**

Do you or your partner have a vehicle from a Mobility scheme?

No   
Yes

No   
Yes

Do you or your partner get Attendance Allowance?

No   
Yes  We need to see proof of this.

No   
Yes  We need to see proof of this.

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

No   
Yes  We need to see proof of this.

No   
Yes  We need to see proof of 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 need to see proof of this.

No   
Yes  We need to see proof of 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 they pay and how often?

£  every

Are you or your partner a student?

By *student* we mean anyone who is on a course of study at an educational establishment, including student nurses.

No   
Yes  Tell us if this is full- or part-time.

Full-time  Part-time

No   
Yes  Tell us if this is full- or part-time.

Full-time  Part-time

**Please tick if you or your partner are:**

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

**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 and over but still under 20 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 three 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
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Does the child have any savings?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much are their savings? <input type="text"/> £	Yes <input type="checkbox"/> How much are their savings? <input type="text"/> £	Yes <input type="checkbox"/> How much are their savings? <input type="text"/> £

Is the child registered blind?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	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.

Does the child get Disability Living Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

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"/>
	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"/>
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How much do you pay a week?	<input type="text"/> £ a week	<input type="text"/> £ a week	<input type="text"/> £ a week
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We need to see proof of this. We need to see proof of this. We need to see proof of this.

**If your child is being looked after by a registered childminder, nursery or play-scheme, you may qualify for a disregard of some of your earnings. This may increase the amount of Benefit you are entitled to. We will need to see a letter from the person looking after your child confirming their Social Services registration number, which of your children attend and how much it costs for each child. If this is not available, please use the Child Care Costs at the back of this form (tear-off 7). You must provide receipts. ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

**Now tell us about all the people who usually live with you and your partner.** Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than three people, use a separate sheet of paper.

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

**Do any adults usually live with you and your partner?** No  **Go to Part 4.**  
 By *adults* we mean people aged 16 or over who nobody gets Child Benefit for. Yes  **Fill in this section.**

	First person	Second person	Third person
<b>Surname or family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Their relationship to you or your partner</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Do they get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit?</b>						

	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much?
<b>Do they get Disability Living Allowance or Attendance Allowance?</b>						
	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Are they registered blind?</b>						

	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us which.
<b>Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?</b>						
	<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"/> Tell us about it below.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us about it below.
<b>Do they pay rent or money for board and lodgings to you or your partner?</b>						
	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week	<input type="text"/>	<input type="text"/> £ <input type="text"/> a week

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Does this include money for food?</b>						

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Does this include money for heating?</b>						

	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Are they severely mentally impaired?</b>						

	No <input type="checkbox"/>	Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/>	Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/>	Yes <input type="checkbox"/> When are they expected to come out?
<b>Are they in legal custody at the moment?</b>						
	<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"/> Tell us about it below.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us about it below.
<b>Are they in hospital at the moment?</b>						

<b>When did they go in?</b>	<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"/>
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<b>When are they due to come out (if you know)?</b>	<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"/>
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	<b>First person</b>	<b>Second person</b>	<b>Third person</b>
<b>Do they normally work for 16 hours or more a week?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>
<b>Do they have any other income at all?</b> 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 <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
<b>1 Where does this income come from?</b> How much is it before deductions?	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
<b>2 Where does this income come from?</b> How much is it before deductions?	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
<b>3 Where does this income come from?</b> How much is it before deductions?	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
	We need to see proof of their income.	We need to see proof of their income.	We need to see proof of their income.

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

No   
Yes  Tell us their names below.

is the partner of   
 is the partner of

**Part 4 About Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Pension Credit**

**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 5.  
Yes  Answer the questions in this part and then go to Part 5.

	<b>You</b>	<b>Your partner</b>
<b>Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start getting it? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they start getting it? / /
<b>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?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? / /
<b>Which benefit are you or your partner getting or waiting to hear about?</b>	Income Support <input type="checkbox"/> Income-based Jobseeker's Allowance <input type="checkbox"/> Income-related Employment and Support Allowance <input type="checkbox"/> Pension Credit <input type="checkbox"/>	Income Support <input type="checkbox"/> Income-based Jobseeker's Allowance <input type="checkbox"/> Income-related Employment and Support Allowance <input type="checkbox"/> Pension Credit <input type="checkbox"/>

**We must see proof of your benefits, allowances or pension before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

Are you or your partner self-employed?

No  Go to Part 6.

Yes  Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, please complete Profit & Loss at the back of this form (tear-off 5).

You	Your partner
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What kind of work do you do?



When did the business start?

 /  / 
 /  / 

What is the business address?

Postcode

Postcode

Do you have any business partners?

No

Yes  Tell us their name and address.

No

Yes  Tell us their name and address.

Postcode

Postcode

How many hours a week do you usually work?



Do you get a Business Start-up Allowance?

No

Yes  How much and how often?

£		every
---	--	-------

No

Yes  How much and how often?

£		every
---	--	-------

Do you pay into a private pension scheme?

No

Yes  How much and how often?

£		every
---	--	-------

No

Yes  How much and how often?

£		every
---	--	-------

**We must see proof of your earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**



Do you or your partner work for an employer?

No  Go to Part 7.

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

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<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
When did you start this job?	<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"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>
How much do you get paid and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <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"/>
When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise be?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you 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"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	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"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>

**We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 14.**

**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 8**.

Yes  Answer the questions in this section.

	You	Your partner
<b>What other work do you do?</b>	<input type="text"/>	<input type="text"/>
<b>What is the name and address of the person you do this work for?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
<b>When did you start this work?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>How many hours a week do you usually work?</b>	<input type="text"/>	<input type="text"/>
<b>Do you get paid?</b> If you only get expenses or tips, still tick <b>Yes</b> and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
<b>How much do you get paid and how often?</b>	<input type="text"/> £ <input type="text"/> every <input type="text"/>	<input type="text"/> £ <input type="text"/> every <input type="text"/>

**We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

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

No  Go to Part 9.  
 Yes

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Employment and Support Allowance
- Maternity Allowance
- Working Tax Credit
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- State Retirement Pension
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widowed Parent's Allowance
- Armed Forces Compensation Scheme (AFCS)
- Any other state benefit

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

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

	You	Your partner
<b>The name of the benefit or pension</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	<input style="width: 95%;" type="text" value="£                    every                    by"/>	<input style="width: 95%;" type="text" value="£                    every                    by"/>
<b>The name of the benefit or pension</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	<input style="width: 95%;" type="text" value="£                    every                    by"/>	<input style="width: 95%;" type="text" value="£                    every                    by"/>
<b>The name of the benefit or pension</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	<input style="width: 95%;" type="text" value="£                    every                    by"/>	<input style="width: 95%;" type="text" value="£                    every                    by"/>
<b>The name of the benefit or pension</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	<input style="width: 95%;" type="text" value="£                    every                    by"/>	<input style="width: 95%;" type="text" value="£                    every                    by"/>
<b>The name of the benefit or pension</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	<input style="width: 95%;" type="text" value="£                    every                    by"/>	<input style="width: 95%;" type="text" value="£                    every                    by"/>

**Do you or your partner:**

- have any money coming in that you have not already told us about?
  - expect to have any other money coming in?
- Have you or your partner delayed receiving any other money?**

This includes occupational pensions, work pensions, and private pensions, pension protection fund payments, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

No  Go to **Part 10**.

Yes  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 or the Skipton Fund.

	<b>Other money 1</b>	<b>Other money 2</b>	<b>Other money 3</b>
<b>What is the money for?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who gets it?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much do they get?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>How often?</b>	Every <input type="text"/>	Every <input type="text"/>	Every <input type="text"/>
<b>How is this paid?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>When did they start getting this income?</b>	<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"/>
<b>When is the income likely to go up?</b>	<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"/>
<b>Does anyone owe money to you or your partner?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
<b>What for?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Who is it owed to?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Are you or your partner expecting to get any money in the next 12 months?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
For example, a redundancy payment or a payment instead of notice or holiday.			
<b>What for?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

**We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 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 a bank or building society, Post Office® accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

Do you or your partner have any of the following?

Bank accounts	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many accounts? <input type="text"/>	Total amount	<input type="text" value="£"/>
Building society accounts	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many accounts? <input type="text"/>	Total amount	<input type="text" value="£"/>
Post Office® accounts	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many accounts? <input type="text"/>	Total amount	<input type="text" value="£"/>
Premium Bonds	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many bonds? <input type="text"/>	Total amount	<input type="text" value="£"/>
Unit trusts, ISAs, PEPs, TESSAs, TOISAs or other investments	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many? <input type="text"/>	Total amount	<input type="text" value="£"/>
Income bonds or capital bonds	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many bonds? <input type="text"/>	Total amount	<input type="text" value="£"/>
Money or property held in trust	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many? <input type="text"/>	Total amount	<input type="text" value="£"/>
Any other savings or investments?	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	How many? <input type="text"/>	Total amount	<input type="text" value="£"/>
	Type of other savings or investment <input type="text"/>			

Shares – approximate value

Name of the company the shares are held in	Number of shares held
<input type="text"/>	<input type="text"/>

Shares – approximate value

Name of the company the shares are held in	Number of shares held
<input type="text"/>	<input type="text"/>

Have you or your partner received any backdated benefit or deferred payments, for example, State Pension, which you have added to your savings?

No

Yes  If 'Yes' please give details.

What for?  How much was this before tax was deducted?

**We must see proof of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

Do you or your partner have any National Savings Certificates?

No

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

Do any of your or your partner's savings or investments include:

- money from the sale of a house; or
- money from a charity?

No

Yes  We will write to you about it.

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

No

Yes  We will write to you about it.

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

Have you or your partner received:

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

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

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

Have you or your partner received payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No

Yes  We will write to you about it.

**Have you been placed in Bed & Breakfast or Hostel accommodation by Cambridge City Council's Housing Advice Team?**

- No   
 Yes  Go to **Part 17.**

**Do you rent your home?**

- No  Go to **Part 17.**  
 Yes  You must complete this section.

**Who is your landlord?**

- Private Landlord, Housing Association or Registered Social Landlord? **Fill in this section.**  
 Council – Go to **Part 13.**

**Do you use your home for business?**

- No   
 Yes

**Do you or your partner have a main home somewhere else?**

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

- No   
 Yes  Tell us about it below.

**What is the address?**

Postcode

**Do you or your partner pay rent on this home?**

- No   
 Yes  How much? £

**Do you own your home or have a mortgage?**

- No  Go to the next question.  
 Yes  Go to **Part 14.**

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

Tick one box only.

- |   |   |  |
|---|---|--|
| Detached house <input type="checkbox"/>         | Flat in a house <input type="checkbox"/>                  | Caravan, mobile home or houseboat <input type="checkbox"/> |
| Semi-detached house <input type="checkbox"/>    | Flat in a block <input type="checkbox"/>                  | Board and lodgings <input type="checkbox"/>                |
| Terraced house <input type="checkbox"/>         | Flat over a shop <input type="checkbox"/>                 | Hotel <input type="checkbox"/>                             |
| Maisonette <input type="checkbox"/>             | Bedsit or rooms or a studio flat <input type="checkbox"/> | Care home <input type="checkbox"/>                         |
| Detached bungalow <input type="checkbox"/>      | Hostel <input type="checkbox"/>                           |  |
| Semi-detached bungalow <input type="checkbox"/> | Other – give details <input type="checkbox"/> _____       |  |

**Does your home have any of these?**

Tick the boxes that apply.

- central heating   
 a garden   
 a garage   
 a parking space

**Who is responsible for decorating your home?**

**How many floors are there?**

**Do you and your household occupy only part of the building you have ticked?**

- No   
 Yes  As you look at the building from the street, where in the building do you live?

- At the left  At the right   
 At the front  In the middle  At the back

**Which floors do you live on?**

For example, ground floor, first floor.

**How many rooms are there in the building?**

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

**In the whole building**

**Just for you and your household**

**That you share with other people**

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

**Part 12 About rent**

**Who has to pay the Council Tax bill for your home?**

Tick the box that applies.

- You or your partner
- Your landlord
- Someone else  Tell us who it is.

**What is the Council Tax reference number?**

**What is your landlord's full name and business address?**

By *landlord* we mean the person or organisation who owns the property you live in.

Postcode

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

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

Postcode

**Is anyone in your household related to your landlord or agent or their partner?**

*Related* includes related through marriage or civil partnership, even if it has ended. For example, ex-wife, ex-husband, ex-civil partner, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

- No
- Yes  What is the relationship?

is my landlord's

or agent's

**When did you or your partner start renting your home?**

/  /

**You**

**Your partner**

**Are you liable to pay rent on two properties?** No   
 Yes  We will write to you about this.

No   
 Yes  We will write to you about this.

**When did you move to this address?**  
 If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

/  /

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

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

**How long is the tenancy for?**

 /  /  to  /  / 

**What is the property let as?**

Tick the box that applies.

Furnished

Partly furnished

Unfurnished

**How much rent do you or your partner pay and how often?**

For example, every week, every fortnight, every four weeks or monthly.

 £  every 

**Does anyone else share the rent 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 do they pay and how often?**

For example, every week, every fortnight, every four weeks or monthly.

 £  every 

**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?**

 /  / 

**We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

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

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?**

Tick the boxes that apply.

Meals

How much?  £  every

For which meals? Breakfast  Lunch  Evening meal

Please tick.

Water authority charges

How much?  £  every

Heating

How much?  £  every



Lighting	<input type="checkbox"/> How much?	£	every
Hot water	<input type="checkbox"/> How much?	£	every
Electricity	<input type="checkbox"/> How much?	£	every
Fuel for cooking	<input type="checkbox"/> How much?	£	every
Laundry	<input type="checkbox"/> How much?	£	every
Cleaning rooms or windows	<input type="checkbox"/> How much?	£	every
Gardening	<input type="checkbox"/> How much?	£	every
Garage or parking space	<input type="checkbox"/> How much?	£	every

Do you have to rent the garage as part of your tenancy agreement? **No**   
**Yes**

Personal care and support  How much? £ every

**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?

**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?

Postcode

Have you sublet your home? **No**   
**Yes**  Who lives there now?

**We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

- If you are a Council tenant, the Council will pay any Housing Benefit, you are awarded into your rent account - go to **Part 17** Declaration.
- If you are a private tenant, how you will be paid depends on whether you are paid Local Housing Allowance or not.

**Part A**

Local Housing Allowance does not affect some tenants. You may not be affected if you are:-

- A tenant of a Registered Social Landlord or Housing Association
- In a tenancy that began before 1989
- Renting from a charitable organisation that provides support
- Living in a caravan, houseboat, mobile home or hostel
- Living in board and attendance accommodation

If you are not one of the above, please go to **Part B**

If you are one the above, please tick who you would like us to pay your Housing Benefit to?

You  If ticked, please complete **Part B**.

Your landlord

**Part B**

**IN ALL OTHER CASES WE WILL PAY HOUSING BENEFIT DIRECTLY TO YOU**

We normally pay benefit direct into a bank/building society account. This is the safest and easiest way to receive your benefit as it avoids the risk of cheques being stolen or delayed in the post. You can use any bank, building society or other account provider but we cannot pay Housing Benefit into a Post Office Card Account.

If you need help to open a bank account, please contact the Benefits Section on (01223) 457721/86, 457693/97 for advice.

Please provide details of the account you would like us to pay benefit into.

**What name or names is the account in?**

Please write the name or names as they appear on the chequebook, 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 seven to 10 numbers long.

**More information if it is a building society account**

**Building society roll or reference number**

Some building society accounts use a roll or reference number. The number is on the passbook. The roll or reference can contain letters and numbers, and can be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

**Part C**

In order to protect vulnerable people, the Benefits Section will use its discretion in deciding whether Local Housing Allowance should be paid to the landlord as opposed to you.

By vulnerable we mean someone who may have learning or physical disabilities, mental health problems, addictions, or a history of difficulty managing financial affairs. You or your representative can ask the Benefits Section to consider making payment to the landlord. Any request must be supported with written evidence from a third party.

If you feel this applies to you, please give your reasons below.

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.

**Do not delay sending this form in.**

Please tick to say what proof you are sending with this form. We must see **original documents**, not copies.

Please do not send valuable items through the post. If you can, bring them into our Customer Service Centre. We will take the details we need and give you the documents back straight away. 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.**

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof.**

- **Proof of identity**

Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

- **Proof of your address**

Such as a recent gas or electricity bill or a TV licence.

- **Proof of National Insurance number**

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or the tax office.

- **Proof of savings and investments**

Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. The proof you send must show details for at least the last three months.

- **Proof of earnings**

*We also need this for any other adults living in your home.*

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you are unable to provide these please complete the Earnings Certificate at the back of the form. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far, or alternatively complete the Profit and Loss declaration at the back of the form (tear-off 5).

- **Proof of other income**

*We also need this for any other adults living in your home.*

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.

- **Proof of benefits, allowances or pensions**

*We also need this for any other adults living in your home.*

Such as current award notices or letters from your JobcentrePlus office, Jobcentre, Department for Work and Pensions office or Pension Centre confirming how much you get. If you do not have proof, let us know straight away.

- **Proof of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord, alternatively complete the Tenancy Agreement form at the back of the form.

- **Proof of other money paid out**

Such as letters about student grants, maintenance agreements or receipts from registered childcarers.

**Make sure you read and sign the declaration on page 20.**

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim benefit from

 /  / 

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

No  Yes  Please tell us about it below.

What has changed?

We need proof of change of your circumstances for this period.

Why have you not claimed before?

## Part 17 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign.

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

- I understand that this claim is made to you, my local council.
- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- I understand that you may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must let you know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

Partner's signature

Date  /  /

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

Relationship to the person claiming

Date

 /  / 

## Part 18 What to do next

You should now have:

- filled in and signed the claim form for Housing Benefit and Council Tax Benefit;
- collected any proof to support your claim – but remember not to send valuable items; and
- filled in the *Paying benefit to your landlord* form – if you want any benefit you may be entitled to paid to your landlord.

Send the above documents to us straight away. You can find our address on the front of this form.

If you are going to send proof or a filled-in *Paying benefit to your landlord* form at a later date, send these to us. You can find our address on the front of this form.

**Sharing information with your landlord**

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you 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, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

By law, we must tell your landlord about certain decisions we make on your claim, for example, when we decide to pay your benefit to your landlord.

Under the Data Protection Act 1998, we need your permission to discuss anything else.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed 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 claim 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 sign below.

---

**I give you permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**

**Signature**

**Full name**  
(in CAPITAL  
LETTERS)

**Date**

**Address**


Postcode

If you are a tenant of a Housing Association, Housing Co-operative or a Housing Trust and you want us to pay your benefit straight to your landlord, you must sign this declaration.

## Your declaration

Please pay my Housing Benefit straight to my landlord.

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

Signature

Full name  
(in CAPITAL  
LETTERS)

Date

---

## Your landlord's declaration

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

I understand that by law:

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

Signature

Date

Full name  
(in CAPITAL  
LETTERS)

## What name or names is the account in?

Please write the name or names as they appear on the chequebook, 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 seven to 10 numbers long.

## More information if it is a building society account

### Building society roll or reference number

Some building society accounts use a roll or reference number. The number is on the passbook. The roll or reference can contain letters and numbers, and can be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

This form should only be used when you do not have a formal tenancy agreement.

If you do not have a tenancy agreement, please **tear out this page** and ask your Landlord to complete and sign this form for you as soon as possible.

Please note that we are unable to process your claim without this information.

**Do not** wait to have this page completed before submitting your application form. If you do, you may lose out on Benefit.



Tenant's name

Tenant's address   
  
  
Postcode

Housing Benefit reference No.

What date did the tenant move in?  /  /

What date did the tenancy start?  /  /

How long is the tenancy?

What is the gross rent payable by this tenant?  £

Is this a joint tenancy? No   
Yes  If 'Yes', what percentage of the full rent does he/she pay?  %

How often is the rent due? Weekly  Fortnightly  4 Weekly  Calendar Monthly   
Other  please state

Does the rent include any money for the following?

Council Tax No   
Yes  How much?  £

Heating No   
Yes  How much?  £

Hot water No   
Yes  How much?  £

Fuel for cooking No   
Yes  How much?  £

Water rates No   
Yes  How much?  £

Lighting No   
Yes  How much?  £

Meals No   
Yes  How much?  £

Other services No   
Yes  How much?  £



I **certify** that the tenant named overleaf has a liability to pay rent for the property described.

I **confirm** that the rent and services shown in this statement are those currently due and payable.

I **know** I must inform the Council of any changes in my tenant's circumstances which I become aware of that might affect their claim.

I **know** that if I provide incorrect or incomplete information this may result in prosecution.

Signed

Date

If not signed by the owner, please state in what capacity/authority the information is given.

Name of landlord

Address of landlord

  
  
  

Name of agent

Address of agent

  
  
  

### TO THE LANDLORD/AGENT

Please help the applicant by completing these details as soon as possible. Please return this form direct to your tenant, or post to the address below:

**Cambridge City Council  
Revenue Services (Benefits)  
Freepost PO Box 130  
Cambridge  
CB2 1BR**



Name

Address   
  
  
 Postcode

Daytime telephone No.

Business name

Business address   
  
  
 Postcode

Type of business

Official use only

Please complete this statement of accounts in respect of your last financial year's trading. If you have not been trading this long, enter the figures for the whole period since your business started.

Date business commenced  /  /

Average weekly hours worked

Specify exact period covered From:  /  /  To:  /  /

## A. INCOME

Sales (or Takings)  £

Enterprise allowance  £

VAT refund  £

Other income of the business  £

**GROSS INCOME =**  £

## B. EXPENSES (only include amounts relating solely to business)

Purchases of stock/supplies	<input type="text"/> £	Advertising	<input type="text"/> £
Wages paid to wife/husband, or civil partner	<input type="text"/> £	Printing and stationery	<input type="text"/> £
Wages paid to others	<input type="text"/> £	Postage	<input type="text"/> £
Rent for business use	<input type="text"/> £	Telephone	<input type="text"/> £
Rates for business use	<input type="text"/> £	Insurance	<input type="text"/> £
Heating	<input type="text"/> £	Bank charges	<input type="text"/> £
Lighting	<input type="text"/> £	Interest on business payments or business loans	<input type="text"/> £
Motor expenses	<input type="text"/> £	Loan to repair/replace existing business assets	<input type="text"/> £
- Petrol		VAT	<input type="text"/> £
From <input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> £	
- Insurance		Bad Debts	<input type="text"/> £
From <input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> £	
- Tax		Drawings	<input type="text"/> £
From <input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> £	
- Repairs		Other (please specify)	<input type="text"/> £
From <input type="text"/> / <input type="text"/> / <input type="text"/>	To <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"/> £
		<b>GROSS EXPENSES =</b>	<input type="text"/> £

**Personal Pension Contributions**

If you contribute to a personal pension scheme please state

Amount paid

Frequency paid

Pension company

**YOU MUST PROVIDE EVIDENCE OF YOUR PENSION CONTRIBUTIONS**

Is it reasonable to assume that the trading figures for the next 3/6 months will be similar to those quoted overleaf?      No   
Yes

My trading figures for the next 3/6 months will differ to those overleaf because:

Do you hold a Class 2 NI exemption certificate?      No   
Yes  If 'Yes', please provide a copy.

Please provide your latest Tax certificate.

Signature

Date

This form should **only** be completed **by your employer** when you **do not** have original pay slips or the number required to complete your claim.

Please tear out this page and ask your employer to complete, sign and return this form to us within 1 month.

Please note that we are unable to process your claim without this information.

**Do not** wait to have this page completed before submitting your application form. If you do, you may lose out on Benefit.



Employee name

Employee address

Postcode

Employee daytime telephone No.

Official use only

## A. EMPLOYEE DETAILS

**TO THE EMPLOYER.** Please help the applicant by completing all of the details as soon as possible and returning this form to your employee. Thank you for your help.

Is the employee contracted out of the Government Pension Scheme? No  Yes

How often are they paid?

Date started work  /  /

Average weekly hours worked

Date of employee's last pay rise  /  /

Date of employee's next pay rise  /  /

Method of payment e.g. Cash, Cheque, Direct into Bank/Building Society Account

Please give the details listed below for the **last 5 weeks if paid weekly, 3 fortnightly payments if paid fortnightly, or 2 months if paid monthly.**

Gross pay stated must be inclusive of all overtime, bonus, commission and other cash payments.

Week/Month Ended	Gross Pay	Working Tax Credit	Deductions from pay				Net Pay
			Income Tax	NI Contribution	Pension/Superann	Other Deductions	
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
<b>Totals</b>	£	£	£	£	£	£	£
<b>Gross to date @ Wk. No.....</b>	£	£	£	£	£	£	£

I certify that the information above is a true record of the employee's earnings.

Signed

Employer's name

Date  /  /

Employee's occupation

Payroll number

Nat. Insurance No.

Employer's stamp or address

Please have this form completed by your registered childminder, nursery or play-scheme manager when you pay for childcare.

Please **tear out this page** and ask your childminder, nursery or play-scheme manager to complete and sign this form for you as soon as possible.

Please note that we are unable to process your claim without this information.

**Do not** wait to have this page completed before submitting your application form. If you do, you may lose out on Benefit.



Name	<input style="width: 100%;" type="text"/>
HB Reference No.	<input style="width: 100%;" type="text"/>
Full address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postcode	
Name of Childminder/Nursery	<input style="width: 100%;" type="text"/>
Full address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postcode	
Registration No.	<input style="width: 100%;" type="text"/>
Local Authority where registered	<input style="width: 100%;" type="text"/>

**Important Notice – Please read before completing the next box.**

Charges shown below should only include fees that have been paid in relation to the provision of childcare. They should **NOT** include any retainer fees paid for a period when **NO** care has been actually provided.

Child's name(s)	Weekly charge	Date paid from
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

I certify that I am a Registered Childminder/Nursery under the Children Act 1989.

I also certify that the amount(s) shown above do not include retainer fees paid for a period when no care is actually provided.

Signature

Date

**Please return this certificate to:**

Cambridge City Council  
 Revenue Services (Benefits)  
 FREEPOST PO Box 130  
 Cambridge  
 CB2 1BR

Date Received Stamp

HB Reference No. ....

Council Tax Ref .....

## Notes for filling in the claim form for Housing Benefit and Council Tax Benefit

### About this form

We have designed this claim form to be easy to fill in. It may look rather long, but there needs to be enough questions to make sure that everyone who claims gets the right amount of benefit.

You may not have to fill in all parts of the form (for example, a few questions would not apply to most pensioners) but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

### About Local Housing Allowance

In April 2008 we introduced a new way of working out Housing Benefit for private tenants, called the Local Housing Allowance (LHA).

Under this new system, you will receive a standard allowance based on the size of your household. We will publish these allowances in advance so that you can find out how much rent Housing Benefit could pay before you rent a property.

As well as changing the way we work out Housing Benefit, this new system changes the way we pay it to private tenants. You will no longer be able to choose to have payments made to your landlord. However, if you feel there is a reason why you could not manage your own rent payments, you should contact us to explain why.

If you do not have a bank account and would like help to open one, please contact us.

Local Housing Allowance will not apply to you if:

- you are a local authority tenant;
- you live in supported accommodation provided by a social landlord, charity or voluntary organisation;
- your rent has been registered as a fair rent; or
- your landlord is a housing association;
- your tenancy started before 1989.

### About Employment and Support Allowance

From 27 October 2008 Employment and Support Allowance replaces Incapacity Benefit, Severe Disablement Allowance and Income Support (paid because of incapacity) for new customers only.

Any customers already receiving Incapacity Benefit, Severe Disablement Allowance or Income Support (due to incapacity) will continue to receive these benefits, as long as they meet the conditions of those benefits, until 2010.

There are two parts to Employment Support Allowance, an income related part which depends on your personal circumstances and a contribution part which is not affected by other income but will only be awarded to customers who have paid enough National Insurance contributions.

Customers can claim ESA from the age of 16 up to pensionable age and may be awarded Income Related ESA, and Contributory based ESA or both.

### About Housing Benefit and Council Tax Benefit

Housing Benefit can pay all or part of your rent. It may also give you some extra money towards things you have to pay for, like cleaning shared areas. Council Tax Benefit can pay all or part of your Council Tax. It cannot help with water charges.

### Second Adult Rebate

Second Adult Rebate is Council Tax Benefit for people who may not have a partner but who share their home with someone who:

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

If you are just claiming *Second Adult Rebate*, only fill in **Part 1, 3, 14, 15, 16** and **Part 17** of this form.

### Proof

We will need to see proof of some of the things you write about on the form. There is a checklist in **Part 15** of the form to help you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the proof we need.

### Filling in the form

Use black ink to fill in the form. 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 **No** or **Yes** questions by putting a **tick** in the relevant box. If you are picking an answer from a list of answers, **tick** the box which applies to you. Do not put a cross in any boxes. If you answer a question with a cross, we may have to send the form back, and this will delay the claim.

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

### If you need help to fill in the form

If you need any help, contact us. You can find our phone number and address on the front of this form.

Or, you can get in touch with an organisation like your local citizens advice bureau. You can find their phone number and address in the business numbers section of your local phone book.

### What to do next

When you have filled in the form, sign it and send it to us with the proof we need to see.

Or, you can take the form and proof to our offices. Do not send valuable items such as benefit order books, bank books or passports in the post. Take them to our Customer Service Centre and we will get the information we need and give them back to you.

If you cannot get the proof we need straight away, do not worry. Send the form to us with the proof you do have and let us know that you will be sending some proof later. If you do not send the form to us straight away, you might lose money.

Do not send valuable items such as bank books or passports in the post.

### How we collect and use information

We will use the information you give in this form, and in any supporting proof you send, to process your claim for Housing Benefit and Council Tax Benefit.

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

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

- make sure the information is accurate;
- prevent or detect crime; **and**
- protect public funds.

These third parties include government departments, other local authorities and private-sector organisations 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 this.

We are the data controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use that information, please ask us.

### Changes you must tell us about

For example:

- any of your children leave school or leave home;
- anyone moves into or out of your home, including lodgers and subtenants;
- your income or the income of anyone living with you, including benefits, changes;
- your capital or savings change;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home for more than one month;
- you or anyone living with you starts work;
- you receive any decision from the Home Office; **or**
- anything you have told us about changes.

This is not a full list. If you are not sure, ask us for advice. You must tell us about any changes in writing – a phone call is not enough. If you do not tell us about any changes, you may lose money you are entitled to or you may get too much benefit. You must make sure that you tell us about any changes. Do not rely on someone else to pass the message on. It is an offence not to tell us about any changes that may affect your benefit. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.

Under the Race Relations Act, we have a responsibility to collect details of our clients' backgrounds. We use this information to help us with our equal opportunities policies.

This information is confidential and will be used only to improve access to our services and help provide equal opportunities for everyone.

You **do not** have to fill in this survey.

**A Please say which background you feel you belong to.**

**Asian**

Bangladeshi

Indian

Pakistani

Other Asian background  Please give details.

**Black**

African

Caribbean

Other black background  Please give details.

**Chinese**

Any Chinese background

**Mixed ethnic background**

Asian and white

Black African and white

Black Caribbean and white

Other mixed ethnic background  Please give details.

**White**

Any white background

**Any other ethnic background**

Any other ethnic background  Please give details.

**B Please tell us your nationality.**

British or mixed British

Scottish

English

Welsh

Irish

Any other nationality  Please give details.



We can supply large print forms and arrange home visits if you are housebound and require help to complete this form.

Please contact us if you require either of these services.

An interpreter can be arranged if you need help completing this form.	Translation in Chinese	Translation in Vietnamese	Translation in Bengali
	如果您在填寫這份表格時需要幫助，我們可以安排一位口譯人員。	Chúng tôi có thể sắp xếp một phiên dịch cho ông/ bà nếu ông/ bà cần giúp đỡ về nội dung thanh toán hôm nay.	যদি আপনার এই ফর্মটি সম্পূর্ণ পূরণ করতে সাহায্যের প্রয়োজন হয় তাহলে একজন দোভাষীর ব্যবস্থা করা যেতে পারে।

## INTERPRETATION SERVICES

We can arrange to have an interpreter present to help complete this form. Please tell us what your first language is.

## RETURNING THE FORM

**Please do not delay returning the completed form.** Benefit is normally only paid from the Monday **AFTER** we receive your claim form. If you have not got all the original documents we need you should still send in the completed claim form straight away. You must send or bring in the outstanding documents within one month from when we receive your claim. **Delay may lose you Benefit.**

Cambridge City Council  
Revenue Services (Benefits)  
FREEPOST PO Box 130  
Cambridge CB2 1BR  
Office open Monday to Friday 8am to 6pm

Cambridge City Council  
Customer Service Centre  
Mandela House  
4 Regent Street  
Cambridge  
CB2 1BY

If you need help with this form or you need further information please contact us on (01223) 457721/86, 457693/97  
Email: [benefits@cambridge.gov.uk](mailto:benefits@cambridge.gov.uk)  
Website: [www.cambridge.gov.uk](http://www.cambridge.gov.uk)