

Housing Benefit & Council Tax Benefit Claim

Please use this form if you do not already have a claim.

Please make sure you answer all the questions. Answer all Yes or No questions by putting a '✓' in the relevant box. You will find detailed notes to help you fill in this form on the next page.

Supporting evidence

If you fill in this form correctly with all the evidence required we will process your claim more quickly. **Original documents must be provided. Photocopies are not acceptable.** However, if you do not have all the evidence required, **please do not delay returning this form** as you can normally only get benefit from the week following your claim. We will write to you if we need to ask you for more evidence. It is important that you do not delay making your claim.

About Housing Benefit and Council Tax Benefit

Housing Benefit may be able to help you with your rent payments, but cannot be paid for some services included in your rent. Council Tax Benefit can help you with your Council Tax payments.

Second Adult Rebate

Second Adult Rebate may be able to help you with your Council Tax payments if you live with someone who is on a low income.



Our name and contact details:

Bristol Benefits Service
Housing and Council Tax Benefits
PO Box 43
Bristol
BS99 1BF
Telephone 0117 922 2300
www.bristol.gov.uk/benefits
benefits@bristol.gov.uk

Your name and address (for which you are claiming):

Name: _____

Address: _____

Postcode: _____

Telephone: _____

OFFICIAL USE ONLY

Date to Customer / /

Date of Contact / /

DATE RECEIVED AT DESIGNATED OFFICE

CLAIM NUMBER:



Notes for filling in this claim form

- About this form
- If you need help to fill in the form
- About Housing Benefit and Council Tax Benefit
- Second Adult Rebate
- Proof
- Filling in the form
- What to do next

About this form

We have designed this 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, questions about work do 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 whether you need to fill in that part.

If you need help to fill in the form

If you need any help contact us. Our contact details are shown on **page 32** of this form. This includes our telephone number and the addresses of our Customer Service Points.

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 services you have to pay your landlord for, like children's play areas and 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 for people who may not qualify for Council Tax Benefit based on their own income or capital, but who share their home with someone who:

- Is 18 or over
- Is on a low income, and
- Does not pay them rent

and as a result of that person living with them the Council Tax payer is prevented from getting a Council Tax discount. **If you want to claim Second Adult Rebate, just fill in parts 1, 3 and 14 – 17 of this form.**

Proof/Evidence

We will need to see proof/evidence of some of the things you write about on the form. There is a checklist included at part 19 of this form. If you are not sure whether to send proof/evidence of something, get in touch with us (see contact details on **page 32**). We will tell you what we need to see. We cannot pay you benefit until we have seen the proof/evidence we need.

Filling in the form

We will scan this form into our computer system, so please **use black ink**. Do not use pencil, and do not use correction fluid or tape – otherwise it can look as if someone else has changed the form after you completed it. Answer Yes or No questions by placing a tick '✓' in the relevant box – do not use a cross 'x' because it can make your answers confusing and delay the processing of your claim.

What to do next

When you have filled in the form and signed it, please send it with the proof we need to the Benefits Service address on **page 1**, or you can send or hand deliver it to one of the contact addresses on **page 32**.

Do not send valuable items such as passports or building society books in the post. Bring them to one of the addresses on **page 32** where we can copy them.

If you do not have the proof we need straightaway, **please do not delay returning this form**. We will write to you if we need to ask you for more evidence. If you post this form to us, it will require a 'large' stamp. Send the form now with whatever proof you do have. We will write to you if we need to ask you for more evidence.

Remember that we must see original documents as proof – photocopies are not acceptable.

A Claim form for Housing Benefit and Council Tax Benefit

If you are just claiming Second Adult Rebate, you only need to fill in parts 1, 3 and 14 – 17 of this form.

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

Part 1

About you and your partner

Do you have a partner who normally lives with you?
By *partner* we mean someone of the opposite or same sex who:

- Is married to you, or who lives with you as if you are married, or
- Is your civil partner, or who lives with you 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.*

Surname or family name

Other names

Any other names you or your partner have used

Title (Mr, Mrs, Miss, Ms, other)

You

Mr Mrs Ms Miss

Other

Your partner

Mr Mrs Ms Miss

Other

You

Your partner

What date did you move to this address?

Phone number (This will help us pay your claim quicker)

If the number above is for the person who has helped you claim benefit, please enter their name

E-mail address

How would you prefer us to contact you?

Date of birth

Gender

Male Female

Male Female

National Insurance (NI) Number

You can find this on payslips, your P60 or P45, or letters from the Tax Office, DWP or Tax Credits office. We cannot normally pay your claim if we do not have your NI number. We need to see proof of this.

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

You

Your partner

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

No Yes

No Yes

Please provide the last address where you and your partner lived before you moved to the address you are claiming for

Postcode

Please tell us if you were either a homeowner, private tenant or council tenant at this address.

What is your nationality?

Have you or your partner ever lived outside the British Isles?

No Yes

No Yes

By "British Isles" we mean the UK, Republic of Ireland, Channel Islands and the Isle of Man

If yes, when did you and/or your partner most recently come to live in the British Isles?

Are you or your partner a student?

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

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

Full time Part time

Full time Part time

Do you or your partner make a contribution towards a student's loan, grant or living expenses?

No Yes

No Yes

We need to know about any children who live with you and are:

- Aged under 16, or
- Aged 16 or over and you or someone else receives Child Benefit for them

Are there any children in your household as described above?

No Go to **part 3**

Yes If you have more than four children living with you, please use **part 15/page26** to provide details about the other children, as requested in this part.

If you or your partner get Child Benefit, please write your Child Benefit number in this box

[Empty box for Child Benefit number]

Your Child Benefit reference number beginning "CHB" can be found at the top right of your Child Benefit letters and on your bank statement

First Child

Second Child

Child's surname or family name

[Empty box for First Child surname]

[Empty box for Second Child surname]

Child's other names

[Empty box for First Child other names]

[Empty box for Second Child other names]

Child's gender and date of birth

Male Female

DD/MM/YYYY

Male Female

DD/MM/YYYY

[Empty box for First Child address]

[Empty box for Second Child address]

Is there another address where the child stays or lives, apart from the address you are claiming for?

Please provide details and say why the child stays there (e.g. shared custody)

[Empty box for First Child address details]

[Empty box for Second Child address details]

[Empty box for First Child benefit recipient]

[Empty box for Second Child benefit recipient]

Who gets Child Benefit for this child?

Do you or your partner receive any fostering or adoption payments for this child?

No Yes

No Yes

Is this child registered blind?

No Yes

No Yes

Does this child get Disability Living Allowance

Answer Yes even if someone else receives Disability Living Allowance on behalf of the child

No Yes

No Yes

Third Child

Fourth Child

Child's last name

Child's other names

Child's gender and date of birth

Male Female

DD/MM/YYYY

Male Female

DD/MM/YYYY

Is there another address where the child stays or lives, apart from the address you are claiming for?
Please provide details and say why the child stays there (e.g. shared custody)

Who gets Child Benefit for this child?

Do you or your partner receive any fostering or adoption payments for this child?

No Yes

No Yes

Is this child registered blind?

No Yes

No Yes

Does this child get Disability Living Allowance?

No Yes

No Yes

About paying for child care

Do you or your partner pay for a registered childminder, a nursery or an after-school club?

No Go to **part 3** Yes

How much do you/your partner pay?

£
every

Do you/your partner only pay during school term time?

No Yes

Which of your children are cared for?

What is the name, address and OFSTED number (if known) of the provider(s)?

If you use more than two child care providers, please use **part 15** to tell us about the others

1.

2.

Tell us about any other people that live with you or your partner: For example grown-up children; lodgers; joint occupiers who share the rent or Council Tax with you
To tell us about more than three people, use **part 15**.

Is there anyone else who normally lives with you?

No Go to **part 4** Yes Fill in this part

	First person	Second person	Third person
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this person the partner of anyone else who lives with you? If so, say who <i>By "partner" we mean spouse, civil partner or living together as if they were a spouse or civil partner</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> Partner of: <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Partner of: <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Partner of: <input type="text"/>
Do they pay rent money for board and lodgings to you or your partner? If so, how much? Please tick no if this is paid by a grown up friend or relative.	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> per week	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> per week	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> per week
Does this include food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this include gas/electricity for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a joint owner or joint tenant who shares the rent or Council Tax with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Only answer the remaining questions in part 3 if you have answered No to both of the questions above (people who pay you rent or money for board and lodgings, and joint tenants). You do not need to answers any further questions unless the person living with you is a friend or relative of you or your partner. If there is nobody else living with you apart from joint owners, joint tenants and people who pay you to live in your home, go to **part 4**.

	First person continued	Second person continued	Third person continued
Date of birth	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>
Do they get one of the following benefits: Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
It will help us to check their entitlement to the above benefits if you can provide their National Insurance number.	<input type="text" value="LL/NN/NN/NN/L"/>	<input type="text" value="LL/NN/NN/NN/L"/>	<input type="text" value="LL/NN/NN/NN/L"/>

	First person <i>continued</i>	Second person <i>continued</i>	Third person <i>continued</i>
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>
Are they a full time student or on a Training Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>
Do they normally work for 16 hours or more a week? <i>This means paid work employed or self-employed</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their gross earnings before deductions</i> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their gross earnings before deductions</i> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us their gross earnings before deductions</i> £ <input type="text"/>
Do they have any other income? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not already mentioned and dividends or interest from savings	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us about it below</i> <i>If they have more than two other items of income, use part 15</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us about it below</i> <i>If they have more than two other items of income, use part 15</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Tell us about it below</i> <i>If they have more than two other items of income, use part 15</i>
1. What is this income?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2. What is this income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is this person currently living or staying away from your home temporarily? If so, tell us the date they went away and the reason for their absence	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>

	You	Your partner
Are you or your partner getting Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We need to see proof of this</i>
Are you or your partner getting Income Support, income-based Jobseeker’s Allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 11</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 11</i>
Are you or your partner getting Pension Credit (Savings Credit) only, without Guarantee Credit? <i>If so, are you or your partner also getting:</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 11</i> <i>If Yes, are you are also getting:</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 11</i> <i>If Yes, are they also getting:</i>
War Disablement Pension or a pension from the Armed Forces Compensation Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
War Widow’s Pension or a widow’s pension from the Armed Forces Compensation Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Maintenance (for you/your partner or your children)?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If you are getting Savings Credit, go to part 11</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If they are getting Savings Credit, go to part 11</i>

If you are unsure as to what type of Job Seeker’s Allowance or Employment and Support Allowance you receive please contact Jobcentre Plus. Similarly if you unsure as to what type of Pension Credit you receive please contact the Pension Service.

Are you or your partner waiting to hear about a claim for Income Support, Jobseeker’s Allowance, Employment and Support Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 5</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Go to part 5</i>
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We must see evidence of your earnings, allowances or pension before we can decide how much benefit you can get. Read the checklist with the guidance notes to see what you can use as evidence

Are you or your partner self employed?

By “self-employed” we mean working as a sole trader or in a partnership, normally paying Class 2 and 4 National Insurance contributions. We do **not** mean a director of a limited company.

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, we will need to see some other evidence of your income. We will write to you about this.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	Day / Month / Year <input type="text"/>	Day / Month / Year <input type="text"/>
Do you or your partner work under a business name that is different from your personal name? If yes, please give the business name.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>
Do you or your partner have a business address that is different from the address you are claiming for? If yes, please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every <input type="text"/>

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist with the guidance notes to see what you can use as evidence

Are you or your partner employed by an employer?

Answer Yes and complete this part if you are in paid employment, including if you are currently absent from work and getting sick pay, maternity pay, adoption pay or paternity pay. But do not use this part to tell us about working as a Director of a limited company.

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 in **part 15**

	You	Your partner
What kind of work do you or your partner do?	<input type="text"/>	<input type="text"/>
What is the employer's name and address?	<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?	Day / Month / Year	Day / Month / Year
How much do you get paid?	£ every	£ every
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
When will your next pay rise be? (if known)	Day / Month / Year	Day / Month / Year

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist with the guidance notes to see what you can use as evidence.

	You	Your partner
Do you or your partner's earnings change according to how many hours you work every week or month?	Yes, earnings change with hours worked <input type="checkbox"/> No, earnings are the same every week/month <input type="checkbox"/>	Yes, earnings change with hours worked <input type="checkbox"/> No, earnings are the same every week/month <input type="checkbox"/>
Do you or your partner receive any tips, bonus or other additions?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please give details below</i> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please give details below</i> <input type="text"/>
Do you or your partner pay into a private or company pension scheme? <i>This includes a scheme run by your employer or a private scheme that you pay into separately.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>How much and how often?</i> <input type="text"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>How much and how often?</i> <input type="text"/> £ every
Are you or your partner currently receiving any of the following?		
Sick pay (including Statutory Sick Pay or other sick pay from your employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Maternity pay (including Statutory Maternity Pay or other maternity pay from your employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Paternity pay (including Statutory Paternity Pay or other paternity pay from your employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Adoption pay (including Statutory Adoption Pay or other adoption pay from your employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist with the guidance notes to see what you can use as evidence.

	You	Your partner
Do you or your partner work as a Director of a limited company?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We will write to you about this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We will write to you about this</i>
Do you or your partner hold elected office (for example, as a local Councillor)?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We will write to you about this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>We will write to you about this</i>
Do you or your partner do any other paid or unpaid work that you have not already mentioned on this form?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please give details below</i> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please give details below</i> <div style="border: 1px solid black; height: 150px; width: 100%; background-color: #f0f0f0;"></div>

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist with the guidance notes to see what you can use as evidence.

If you or your partner are currently receiving any of the benefits listed below, or waiting to hear about a claim you have made for any of the benefits listed below, please tick the “Yes” box next to each benefit that you or your partner are getting or waiting to hear about. Tick the “No” box for each benefit that you or your partner are neither getting nor waiting to hear about

	You	Your partner
Child Tax Credit and Working Tax Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Jobseeker’s Allowance (contribution based)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employment & Support Allowance (contribution based)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Incapacity Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
State Retirement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Carer’s Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Maternity Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Bereavement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Widowed Parent’s/Mother’s Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Widow’s pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Industrial Injuries Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Industrial Death Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Reduced Earnings Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Retirement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Severe Disablement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
War Disablement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Armed Forces Compensation Scheme Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Others	<input type="text"/>	<input type="text"/>
<i>Benefits received by other people who provide you or your partner with care</i>		
Does anyone get Carer’s Allowance for caring for you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We must see proof of all benefits, e.g. award letter(s) or payment into your account

Is there a private pension or work pension that you or your partner could take now if you wanted to, but you have decided to delay drawing?

- No
- Yes Tell us the name and address of the pension provider and, if possible, your policy/membership number.

Do you or your partner 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 Go to **part 10**
- Yes If you have more than three sources of money coming in, please use **part 15/page26** to provide details.

Examples of income that you should put in this part:

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

Occupational or work pensions, annuities, maintenance for you, your partner or your children, student grant or loan, money from a trust fund, state benefits or pensions from another country, rent from another property that you rent out. Also include money that is paid directly to someone else on your behalf (e.g. if someone pays your rent or mortgage for you).

	Other money 1	Other money 2	Other money 3
Name of other income	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
Who gets it?	You <input type="checkbox"/> Your partner <input type="checkbox"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/>
How is the money paid?	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
How much is it?	£ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>
How often is it paid?	<div style="border: 1px solid black; padding: 2px;">Every</div>	<div style="border: 1px solid black; padding: 2px;">Every</div>	<div style="border: 1px solid black; padding: 2px;">Every</div>
When did it start?	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>
When is it likely to go up?	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">Day / Month / Year</div>

Please read this before you answer the questions below.

By “savings” we mean any bank, building society or Post Office account etc, even if it is empty or overdrawn.

Do you or your partner have any savings, investments, debts owed to you, land or property in the UK or abroad? Yes Answer the questions in this part
 No Go to **part 11**

Money in bank, building society and post office accounts etc. If you and your partner have more than four accounts, use **part 15** to tell us about the others

Account 1: Name of bank etc: Type of account: Account Total: £

Name of account holder: Account number:

Account 2: Name of bank etc: Type of account: Account Total: £

Name of account holder: Account number:

Account 3: Name of bank etc: Type of account: Account Total: £

Name of account holder: Account number:

Account 4: Name of bank etc: Type of account: Account Total: £

Name of account holder: Account number:

Do you or your partner have any Premium Bonds? No
 Yes Value: £

Do you or your partner have any National Savings Certificates? No
 Yes Details: Issue: Number held: Issue: Number held: Issue: Number held:

Do you or your partner have any ISAs, PEPs or TESSAs?

No Yes Give the details below:

Name/type:
Approximate value £

Name/type:
Approximate value £

Do you or your partner have any other bonds, gilts or cash savings of any kind?

No Yes Give the details below:

Name/type:
Approximate value £

Name/type:
Approximate value £

Do you or your partner have any shares?

No Yes Give the details below:

Name of company:
Number held

Name of company:
Number held

Name of company:
Number held

Do you or your partner own any land or property apart from the home you are claiming for?

No Yes We will write to you

Does anyone owe money to you or your partner?

No Yes We will write to you

Do you or your partner's savings and investments include money that came from any of the following sources? We may have to write to you about this

Money from the sale of a house or flat?

No Yes

An insurance policy?

No Yes

An improvement or repair loan?

No Yes

A charitable donation?

No Yes

Compensation for a personal injury?

No Yes

Compensation for atrocities committed by Germany in World War II?

No Yes

The vCJD (Creutzfeldt-Jakob Disease) Trust? No Yes

Compensation from the Far Eastern Prisoners of War scheme?

No Yes

Arrears of the benefits listed below?

No Yes

Housing Benefit, Council Tax Benefit, Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Child Tax Credit, Working Tax Credit, Pension Credit, Disability Living Allowance, Attendance Allowance, Attendance/Mobility Supplement.

Please note that if you have less than £6,000, or £10,000 if you are a pensioner, we do not need to see evidence of your savings, investment or property.

Do you or your partner own your home (on your own or jointly with someone else)?

No

Yes If Yes, go to **part 13**

By "own" we mean freehold, or a long lease that was granted for at least 21 years when it started.

Do you or your partner have a shared ownership lease?

No

Yes If Yes, go to **part 13**

By "shared ownership" we mean that you own a percentage of the equity in your home and your landlord owns the rest.

We will write to you

Are you or your partner a Council tenant?

No

Yes If Yes, go to **part 13**

Are you or your partner a Housing Association tenant or a tenant of a Registered Social Landlord?

No

Yes If Yes, go to **part 13**

Name of Housing Association/RSL

Only answer the remaining questions in this part and in part 12 if you or your partner **do not** own your home, **do not** have a shared ownership lease, are **not** a Council tenant, **not** a Housing Association tenant and **not** a tenant of a Registered Social Landlord.

What sort of building do you live in?

Tick one box only

Detached house

Flat over a shop

Board and lodgings

Semi-detached house

Bedsit, room or studio flat

Hotel

Terraced house

Hostel

Residential nursing home

Maisonette

Caravan, mobile home or houseboat

Residential care home

Bungalow

Other give details:

Flat in a house

Flat in a block

Is the property let as:

Furnished Partly furnished Minimally furnished Unfurnished

Does your home have any of the following:

Central heating

No Yes

A garage

No Yes

A garden

No Yes

A parking space

No Yes

Who is responsible for decorating your home? Tenant

Landlord Don't know

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

No Yes If Yes, where in the building do you live?

At the front

In the middle

At the back

Room number if known

How many floors are there in the property?

Which floor or floors do you live on?

For example ground floor, first floor, whole house

How many of the following kinds of room are there in the whole building?

(If you live in a flat/bedsit, please answer these questions regarding your flat/bedsit only)

In the whole building/
flat/bedsit

Just for you and your
household

That you share with other
people

Bedrooms

Bedsitting Rooms

Living Rooms

Dining Rooms

Bathrooms or Shower Rooms

Separate Toilets

Kitchens

Other Rooms

Describe the other rooms

Do you use your home for business?

No

Yes

Are you or your partner charged rent for your home?

"Rent" includes any payments you have to make to a landlord for permission to live in your home.
Tick Yes if you would pay rent but you already get Housing Benefit.

No If No, go to **part 13**
Yes If Yes, answer the questions in this part.

How much rent are you charged and how often?

£ every

Who is liable for Council Tax at this address?**What is the landlord's full name and business address?**

By "landlord" we mean the person or organisation with whom you or your partner have a tenancy or licence agreement – this is usually the owner of the property.

Name

Address

Postcode

Telephone

If the landlord uses a managing agent, please provide their full name and business address

The managing agent is usually the person or company you pay rent to and contact about things like repairs.

Name

Address

Postcode

Telephone

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

By "related" we mean by blood or by marriage/civil partnership, even if the marriage/civil partnership has ended, e.g. father, daughter, mother-in-law, step-son, grandson, sister, aunt.

No Yes Please give details of the relationship:

is the landlord's/agent's

Were you or your partner ever the spouse, civil partner or cohabiting (live-in) partner of the landlord or managing agent?

No Yes We will write to you about this.

What kind of agreement do you or your partner have?

For example assured shorthold tenancy, tied, licence.

What period does the current or most recent agreement cover?

From:

Day / Month / Year

To:

Day / Month / Year

On what date did you or your partner's first agreement at this address begin?

Day / Month / Year

Is someone else (apart from you and your partner) jointly liable for the rent on your home? No Yes

By "jointly liable" we mean someone who is a joint tenant or licensee in the agreement that you have with your landlord, even if they do not currently live with you. Tell us about up to three joint payers below. Use **part 15** if there are more than three.

You and your partner's share of the rent	Share of the rent paid by joint payer 1	Share of the rent paid by joint payer 2	Share of the rent paid by joint payer 3
£ per	£ per	£ per	£ per

Has the rent been registered as a fair rent by a Rent Officer? No Yes *Please send us the notice of registration form RO5*

Are there any weeks or months of the year when the rent does not have to be paid? No Yes *Please say how many weeks/months* Weeks / Months

Your landlord might call this a "rent-free period"

Are you or your partner behind with the rent? No Yes *By how many weeks/months?* Weeks / Months

Does the rent include money for any of the following services?

- Water charges** No Yes
- Fuel (gas/electric) for:**
- Heating No Yes
 - Hot water No Yes
 - Cooking No Yes
 - Lighting No Yes

- Laundry service** (for example, clean sheets or towels) No Yes
- Cleaning rooms or windows** No Yes
- Personal care or support** No Yes
- Subscription TV service** No Yes
- Private parking space or garage** No Yes
- If yes, do you or your partner have to rent the garage as part of your agreement? No Yes

Any other services *Please provide details:*

- Meals:**
- Breakfast only No Yes
 - Full board (Breakfast, midday meal and evening meal) No Yes
 - Part Board (Any other meals) No Yes

Do you or your partner pay any service charges separately from the rent? No Yes

If Yes, please provide details:

For example, a separate bill for lift maintenance or a concierge.

Type of service:

Amount paid £ every

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist in the guidance notes to see what you can use as evidence.

Do you or your partner have another home somewhere else (as well as the one you are claiming for)?

No Yes

This includes a home in the UK or abroad, even if you do not pay rent for it

If yes, do you or your partner pay rent for the other home?

No Yes How much?

£ every

What is the address of the other home?

	Postcode

Are you or your partner staying away from the home you are claiming for?

“Staying away” means you are spending nights away from home and not returning during the day time

Yes Tell us about it below

No Go to **part 15**

Who is staying away from home?

Just you

Just your partner

You and your partner

Why are you or your partner staying away from home? Give the reasons in the box below – for example in hospital, visiting relatives, studying

On what date did the absence begin?

Day / Month / Year

On what date do you/your partner expect to return home?

Day / Month / Year

Has the home you are claiming for been rented out to someone else while you or your partner are away?

No Yes If Yes, to whom?

Please provide the address where you/your partner are staying

	Postcode

Depending on your age benefit can be backdated for up to 3 or 6 months. The time limit depends whether you are of working or pension age. Generally a pensioner is someone who has reached the age to qualify for state retirement pension.

Backdating: Pension Age

If you or your partner are a pensioner, we can backdate your Housing Benefit and Council Tax Benefit (including Second Adult Rebate) for up to three months. If you think that you might have been entitled to benefit at any time in the last three months, please answer the questions below:

I am a pensioner and I would like my benefit backdated: for the whole three months (please tick) or to this date:

Day / Month / Year

Please note that we need to see evidence of your income and capital during the period you want to claim backdating for

Backdating: Working Age

If you and your partner are working age, we can backdate your Housing Benefit and Council tax Benefit (including Second Adult Rebate) for up to six months, but only if there was a good reason why you could not make the claim earlier. There must have been continuous good reasons why you did not claim throughout

the whole period you want your claim backdated for. If you think that you might have been entitled to benefit at any time in the last six months and you want to claim backdating, please answer the questions below:

I am of working age and I would like my benefit backdated: for the whole six months (please tick) or to this date:

Day / Month / Year

Reasons for delay in claiming *(please attach any relevant evidence, for example letters from doctor, social worker, support worker)*

Please note that we need to see evidence of your income and capital during the period you want to claim backdating for

Other information

Use the space below and on the next page to tell us about anything you did not have room to put in the rest of this claim form, or anything else you think we should know that we have not asked about.

Other information continued

Sharing information with your landlord or managing agent

If your Housing Benefit is paid directly to the landlord or managing agent, we have to tell them some basic information such as the amount of benefit you are entitled to and when from. If there is an overpayment of benefit to your landlord or agent, we have to tell them how it happened. We might also have to contact your landlord to check that the information in this form is accurate, such as the date when the tenancy began.

Other than that, we will not disclose any information to your landlord or managing agent without your permission. Sharing information with your landlord or agent 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. If you have no objection to us sharing information with your landlord or agent in order to help us deal with your claim more quickly, you can authorise us to do so in the space below.

Sharing information with others

If there is someone else helping you with your claim (such as a friend, relative, support worker or social worker) and you are happy for them to deal with us on your behalf, please provide their name and contact details in the space below.

I give my permission for Bristol City Council to share information about my Housing Benefit and Council Tax Benefit claim with:

(Tick any that apply and sign in the bottom box to confirm your permission)

The landlord Yes No
 The landlord's managing agent Yes No

The person named below: Yes

Their name:

Their connection with you:

Their telephone/email details:

Your signature:

Data Protection Act 1998: How we collect and use information

We will use the information you give in this form, and in any supporting evidence that you send, to process your claim for Housing Benefit and Council Tax Benefit. We may share information with other organisations involved in the administration of benefits, in particular the Department for Work and Pensions, other local authorities and Her Majesty's Revenue and Customs; and we may obtain information about you from those organisations from time to time in order to process your claim and ensure that your award remains correct.

Bristol City Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for the auditing or administering public funds for these purposes. This may include the Department of Work and Pensions and Credit Reference Agencies. For more information, see <http://www.bristol.gov.uk/nfi>.

Where the Data Protection Act allows it, we may:

- use the information you have provided for other purposes, such as Council Tax collection; and
- disclose the information to third parties for lawful purposes, such as the prevention or detection of crime.

Bristol City Council is the data controller for the information on this form for the purposes of the Data Protection Act. Information will be held for at least three years, and for as long as necessary after that to fulfil the purposes described above.

If you want to know more about the information we hold about you or the way we use it, please contact us (see pages 1 and 32 for contact details).

Their address:

Postcode

Your declaration as the person making the claim

- **I am** the person claiming Housing Benefit and Council Tax Benefit
- **I declare** that the information I have given on this form is correct and complete
- **I understand** that as soon as there is any change of circumstances that might affect my Housing Benefit or Council Tax Benefit I must inform Bristol City Council Benefits Service in writing at one of the contact addresses provided on pages 1 and 32 of this form
- **I have read** the examples at the bottom of this page of the kinds of change that I must inform the Council about
- **I understand** that if I give information that is inaccurate or incomplete, or if I fail to inform Bristol City Council Benefits Service about a change of circumstance, I could be prosecuted

Signature of person making the claim:

Date:

Day / Month / Year

Your partner's declaration

- **I am** the partner of the person making this claim for Housing Benefit and Council Tax Benefit
- **I have read** the information that my partner has given on this form and **I declare** that the information is correct and complete
- **I have read** the examples at the bottom of this page of the kinds of change that my partner must inform the Council about
- **I understand** that if I cause or allow my partner to give information that is inaccurate or incomplete, or if I cause or allow my partner to fail to inform Bristol City Council Benefits Service about a change of circumstances, I could be prosecuted

Signature of partner:

Date:

Day / Month / Year

Declaration by the person who filled in the form for you

- **I am** the person who filled in this claim form on behalf of the person making the claim
- **I declare** that I have as far as possible confirmed with the person making the claim that the information given on this form is correct and complete

Name:

Address:

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

Signature:	Date: Day / Month / Year
<input type="text"/>	<input type="text"/>

Changes of circumstance

You must inform Bristol City Council Benefits Service in writing immediately if you have a change of circumstance that might affect your Housing Benefit or Council Tax Benefit. Changes can be reported to the addresses shown on pages 1 and 32 of this form.

Examples of the kinds of change that you must report:

- You, your partner or someone in your household stops getting Jobseeker's Allowance, Employment and Support Allowance or Income Support
- The earnings, pensions, benefits or other income of anyone in your household changes (including your income and your partner's income)
- Either your or your partner's savings or investments change
- If you, your partner or anyone else moves into your home, moves out or goes to stay temporarily at another address
- A child in your household leaves school or college
- You, your partner or someone in your household starts work
- Generally, if anything that you have told us about on this form is no longer correct

Monitoring our services

Bristol City Council works towards eliminating discrimination and promoting equal opportunities. Collecting the following information can help us achieve this. Data collected will be used to help us to plan and deliver services more effectively to individuals and service users. It will also be used to report on the needs of different groups of people. Information provided will be treated confidentially in accordance with the Data Protection Act 1998.

How would you describe your ethnic origin?

White

- English/Welsh/Scottish/
Northern Irish/British'
- Irish
- Gypsy (including English,
Scottish and Roma Gypsy) or
Irish Traveller
- Eastern European
- Any other white background
Please describe:
-

Mixed Race/Dual Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
Please describe:
-

Black or Black British

- Caribbean
- Somali African
- African (non Somali)
Please describe:
-
- Any other Black background
Please describe:
-

Asian / Asian British

- Chinese
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
Please describe:
-

Other ethnic groups

- Arab
- Iranian
- Iraqi
- Kurdish
- Turkish
- Any other ethnic groups
Please describe:
-

- South East Asian
Please describe:
-

- Any other ethnic background
Please describe:
-

How would you describe your sexuality?

- Lesbian
- Gay
- Bisexual
- Heterosexual (straight)
- Prefer not to say

Are you transgender? (Is your gender identity different from the gender you were assigned at birth?)

- Yes
- No

Do you consider yourself to be a disabled person?

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities”

- Yes No

If you have answered yes please tick which of the following apply (you may tick more than one):

- | | | |
|--|---|--|
| <input type="checkbox"/> A physical impairment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Deaf BSL user |
| <input type="checkbox"/> A visual impairment | <input type="checkbox"/> A learning difficulty | <input type="checkbox"/> Health Condition e.g <i>hiv, multiple sclerosis, cancer</i> |
| <input type="checkbox"/> A hearing impairment | <input type="checkbox"/> A specific learning difficulty (e.g. <i>dyslexia</i>) | <input type="checkbox"/> Wheelchair user |
| | | <input type="checkbox"/> Other/Prefer not to say |

What is your religion?

- Christian
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 No religion
 Any other religion
Please describe:

What is your preferred language of communication?

Spoken

- English
 British Sign Language
 Other
Please specify:

Written

- English
 Other
Please specify:

Please tick to say what evidence 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 one of our Customer Service Points. 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 evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.

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

Evidence should be sent or delivered to Bristol City Council Benefits Service at one of the contact addresses given on pages 1 and 32 of this form.

- **Evidence of National Insurance Number**

We need this for both you and your partner. Such as a National Insurance number card, payslips or letters from the DWP or the tax office.

- **Evidence of earnings**

We also need this for any other adults living in your home, apart from joint tenants or lodgers.

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 or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

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

We also need this if any of your children are entitled to benefits, and for other adults living in your home apart from joint tenants or lodgers.

Such as current award notices or letters from the DWP confirming how much you get.

- **Evidence of capital, savings, and investments**

If you have less than £6,000, or £10,000 if you are a pensioner, we do not need to see evidence of your savings, investment or property. If not we need this for 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. The evidence you send must show details for at least the last two months.

- **Evidence of other income**

We also need this for any other adults living in your home, apart from joint tenants or lodgers.

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

- **Evidence of private and Housing Association rent**

Such as a rent book, a tenancy agreement or a letter from your landlord.

- **Evidence of money paid out**

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

Some documents can be used as evidence in more than one category: for example, a letter from the DWP might prove how much Employment and Support Allowance you are receiving and your National Insurance number; or a bank statement might prove how much capital you have in the bank as well as the amount of a pension paid into the bank.

Contacting us

Phone: 0117 922 2300 Email: benefits@bristol.gov.uk

Web: www.bristol.gov.uk/benefits

Post: Benefits Service, Housing and Council Tax Benefits, PO Box 43, Bristol, BS99 1BF

In person at one of our offices below

Bedminster:

2-3 Waring House
Redcliffe Hill
Redcliffe
BS1 6TB

Knowle:

Salcombe House
147 Salcombe Road
Knowle BS4 1AB

Southmead:

Southmead House
Greystoke Ave
Southmead BS10 6BQ

Fishponds:

Robinson House
Hockeys Lane
Fishponds BS16 3HL

Lawrence Weston:

One Stop Shop
Ridingleaze
Lawrence Weston
BS11 0QE

Hartcliffe:

Symes House
Peterson Square
Hartcliffe BS13 0BD

Phoenix Court:

Bond Street South
Bristol BS1 3PH

Housing Association Partners (tenants of the following):

Bristol Community Housing Foundation, Places for People, Self Help, Solon, Guinness Trust, Guinness Housing Association, Guinness Hermitage, and United.

Complaints, comments or compliments

Bristol City Council is committed to providing a high quality service to all its customers. We welcome feedback from customers and, therefore, if you would like to submit a complaint, comment or compliment, further information can be obtained by contacting us using the details at the top of this page.

Independent Advice

Anyone claiming Housing or Council tax benefit from Bristol City Council can get independent advice on claiming benefits or making an appeal. A list of advice agencies can be obtained by contacting us at the details at the top of this page.

This is a Housing Benefit and Council Tax claim form. If English is not your first language and you need a translation, we can get one for you.

Albanian

Ky është një formular kërkese për Ndhimën e Pagesës së Shtëpisë & Ndhimën për Taksat e Bashkisë. Nëse anglishtja nuk është gjuha juaj amtare dhe keni nevojë për përkthim, ne mund t'ua sigurojmë atë.

Bengali

এটি একটি হাউসিং বেনেফিট ও কাউন্সিল ট্যাক্স বেনেফিট দাবি করার ফর্ম। ইংরেজী আপনার মাতৃভাষা না হলে এবং আপনার কোন অনুবাদের প্রয়োজন হলে আমরা তা আপনার জন্য করিয়ে দিতে পারি।

Chinese

这是住房和地方议会税福利计划(Housing Benefit & Council Tax Benefit) 申请表格。如果英文不是您的第一语言，而您需要翻译的话，我们可以为您安排。

Gujarati

આ હાઉસિંગ અને કાઉન્સિલ ટેક્સ બેનેફિટ ફોર્મ છે. જો અંગ્રેજી તમારી માતૃભાષા ન હોય અને તમારે ભાષાંતરની જરૂર હોય, તો અમે તમારા માટે ફરી આપી શકીશું.

Hindu

यह आवासन प्रसुविधा एवं परिषद कर प्रसुविधा मांगने का प्रपत्र है | यदि अंग्रेजी आपकी पहली भाषा नहीं है और आपको अनुवाद की आवश्यकता है तो यह हम आपको प्रदान कर सकते हैं |

Kurdish

ئەمە فۆرمی داواکردنی یارمەتی دەستگیرۆویی خانوو & کاونسڵ تاکسە. ئەگەر ئینگلیزی ی زمانی یەکەمی تۆ نییە یۆ یۆستیت بە ڕەزگێرانە، ئێمە دەتوانین ئاووت بۆ نامادە بکەین.

Polish

To jest formularz podania o przyznanie zasiłku mieszkaniowego (Housing Benefit) i zasiłku na podatek lokalny (Council Tax Benefit). Jeśli język angielski nie jest Twoim językiem ojczystym i potrzebujesz tłumaczenia, możemy je zapewnić.

Portuguese

Este é um impresso de reclamação de Subsídio de Habitação e de Subsídio de Imposto Municipal sobre Imóveis. Se o inglês não é a sua primeira língua e prec de uma tradução, podemos obter-lhe um

Punjabi

ਇਹ ਹਾਉਸਿੰਗ ਬੇਨੇਫਿਟ ਅਤੇ ਕਾਉਂਸਲ ਟੈਕਸ ਬੇਨੇਫਿਟ ਕਲੇਮ ਫਾਰਮ ਹੈ। ਜੇ ਅੰਗਰੇਜ਼ੀ ਤੁਹਾਡੀ ਮਾਤ ਭਾਸ਼ਾ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਅਨੁਵਾਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਅਸੀਂ ਤੁਹਾਡੀ ਲਈ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Somali

Foomkan waxaa laqu dalbadaa Gunooyinka Guryaha & Cashuurta Degmada. Haddii Ingiriisku aanu ahayn afkaaga kowaad oo aad u baahan tahay turjumaad, annagaa kuu samayn karra.

Urdu

یہ ہاؤسنگ بینیفٹ اور کونسل ٹیکس بینیفٹ کا کلیم فارم ہے۔ اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو اس کا ترجمہ چاہیے تو ہم آپ کے لئے یہ مہیا کر سکتے ہیں۔

Vietnamese

Đây là mẫu đơn để xin Trợ cấp Nhà Cửa và Thuê Hộ Đồng Đĩa Phường. Nếu quý vị không thạo Anh văn và cần bản dịch, chúng tôi sẽ cấp cho quý vị bản dịch này.

Remember to tell us about any changes in your circumstances – if you do not tell us, your benefit may be reduced or stopped. You can report changes using any of the contact methods shown on this page and on the front of the form.