



| | |
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| Name and Address | Ref: |
| | |

| | |
|-----------------|--|
| Date requested: | |
| Date issued : | |
| Date received : | |
| | |

North Devon District Council Housing Benefit and Council Tax Benefit Claim Form

Please fill in this form in black or blue ink.

- You must return this form to us immediately even if you do not have all the proof we ask for.
- You must send us the missing proof within one month or we will cancel your claim.
- Do not delay in filling in and sending us this claim form, You will lose benefit if you don't do this immediately.
- You will need to send us various documents or proof to support your claim for benefit.
- We will only process this claim if you send us original documents or proof.
- We cannot accept photocopies. You must answer every question.
- If you need help with this form or you need more information please contact us by telephone:

| | | | | | |
|----------|------------|--------------|----------|------------|--------------|
| Surnames | A to CON | 01271 388390 | Surnames | KIE to PAV | 01271 388396 |
| | COO to GAS | 01271 388389 | | PAW to SME | 01271 388395 |
| | GAT to KIF | 01271 388389 | | SMI to Z | 01271 388396 |

Public Enquiries:

If you have any questions to ask about this form our staff will be ready to help. Our offices are open as follows: -

Lynton House –

Monday to Friday 8.45am to 4.00pm.

Ifracombe Community office –

Monday to Friday 9am to 1.00pm and 1.30pm to 4.30pm

South Molton Community Office –

Monday, Tuesday, Thursday & Friday 8.30am to 1.30pm & 2.00pm to 4.30pm
Wednesday's 8.00am to 12.30pm

Please return this form to:

NORTH DEVON DISTRICT COUNCIL
REVENUES & BENEFITS BUSINESS UNIT
LYNTON HOUSE
COMMERCIAL ROAD
BARNSTAPLE, EX31 1DG

If you need this form in alternative languages or require additional assistance due to language problems, please contact our Customer Services on 01271 388260.

Notes

Please read these notes before you fill in the form. If you do not have all the information we ask for, fill in the form and send it to us immediately. Send us the rest of the information within one month. If we do not receive the information within one month we will cancel your claim.

When will your benefit start. We can normally only pay Housing Benefit from the Monday after we receive your form. If you are a new tenant, we can pay it from the start of your tenancy, but only if we get your form on or before the Sunday after your tenancy starts. We cannot normally pay Housing Benefit for any time before you move in. Council Tax benefit has similar rules.

How we will pay your benefit. If you are a new private tenant, we will pay your Housing Benefit every two weeks in arrears to yourself or four weeks in arrears if you ask us to pay your benefit to your landlord for you. Any Council Tax Benefit you are awarded will be credited to your Council tax account and will show on your Council Tax bill.

Second Adult Rebate. This type of Council Tax Benefit is available to anyone who does not have a partner*, but does not qualify for the Single Occupancy discount because they share their home with another person, who is aged 18 or older, and on a low income and does not pay them rent.

You only need to complete sections A, C and K to claim second adult rebate.

*** (Or whose partner is disregarded for Council Tax purposes)**

Under 25-year-olds. If you are under 25 and single, your Housing Benefit may be reduced. This will only not apply if you have a partner, receive child benefit for a child in your care, have another adult with you who does not pay you rent, for example a friend or relative have been or are getting certain disability benefits.

Backdating. Housing Benefit and Council Tax Benefit will normally start from the Monday after we receive your claim form. It may be possible to backdate your claim if you can show exceptional circumstances why you did not claim earlier. If you think you have a good reason, please explain on a separate sheet, or use section J.

Savings and Investments. If you, your partner, or both of you have savings and investments of more than £16,000, we cannot pay you benefit unless you have been awarded guaranteed pension credit or guaranteed savings credit.

Local Scheme. The National Benefits scheme ignores £10 a week of any War Widows Pension or War Disablement Pension. We have a local scheme that ignores the full War Widows Pension or War Disablement Pension. We meet the cost of the extra benefits. **You must include the pension on the claim.**

Change of circumstances. You must tell us in writing, of any change in the personal or financial circumstances of you or any person within your household. (This includes non-dependants). You must tell us straight away or you may lose benefit.

National Insurance Numbers. You must tell us the National Insurance numbers of everyone over the age of 16 living in your home. If you do not, we cannot deal with your claim.

How we collect and use information. We collect information to work out Housing Benefit and Council Tax Benefit. We may check the information that you provide, or information that someone else gives us about you, with other information we hold. We will store the information on a computer system registered under the Data Protection Act 1998.

We may also get information about you from certain third parties, or give information to them, to check the accuracy of information to prevent or detect crime and protect public funds in other ways, as allowed by law. These third parties include Government departments, Agencies the Government employ for research, and Local authorities.

We will not give information about you to anyone outside the Council unless the law allows us to.

Data Protection Act. We are registered 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 your information, you can ask at the address on the front of the form.

Please indicate which benefit you wish to claim, **Housing Benefit** **Council Tax Benefit**

Second adult rebate If you are claiming Second Adult Rebate, Please fill in parts A, C and K only.

A - About you and your partner - Including civil partnerships

By partner we mean someone you are married to or lives with you as if you were married.

| Surname | Other Names | Title | Date of Birth | National Insurance Number |
|--------------|-------------|-------|---------------|---------------------------|
| You | | | | <input type="text"/> |
| Your Partner | | | | <input type="text"/> |

National Insurance number - We cannot deal with your claim unless you give us the National Insurance numbers. Proofs of these are also needed. They can be found on payslips, P60s or benefit books.

Address
(include the room or flat number) -----

Post code -----

Daytime Phone number -----

At this address are you, or will you be a? (only tick one box)

- Owner / occupier** **Private tenant**
Housing association tenant **Hostel dweller**
Boarder **other** **Please specify what** -----

What date did you move or plan to move to this property?

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

Please give any other names (for example your maiden name) you have used in the last three years

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

Please give your previous address

| You | Your Partner |
|-------|--------------|
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

Dates you lived there

From To From To

Did you get Housing Benefit or Council Tax Benefit there?

Yes No Yes No

A - About you and your partner (continued)

You

Your Partner

Have you or your partner lived in the Common Travel area for all of the last two years?
This consists of The United Kingdom, Republic of Ireland, Channel Islands and The Isle of Mann.

Yes No

Yes No

If No, What is your Nationality?

Have you or your partner been incapable of work for more than 28 or 52 weeks because of illness or disability?

Yes No

Yes No

Are you or your partner registered blind?

Yes No

Yes No

If "yes" what is your registration number?

Do you or your partner get Attendance Allowance?

Yes No

Yes No

Do you or your partner get Disability Living Allowance?

Yes No

Yes No

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

Yes No

Yes No

If "Yes", please say who it is paid to

Are you or your partner in hospital, residential home or legal custody at the moment?

Yes No

Yes No

If "yes", please state which and give the date

When do you expect to come home?

Proof of incomes.

Please provide evidence of your entitlement to Attendance Allowance or Disability Living Allowance by sending in one of the following: -

- The latest award letter
- The payment book
- A bank statement showing the payment

We strongly advise that you bring payment books to our office rather than post them.

A - About you and your partner (continued)

Students.

| You |
|-----|
|-----|

Are you or your partner a student?

Yes No

If "Yes", What is the name of the University or College?

What is the name of the course?

Is the course full time or part time?

How many hours each week?

What date will the course end?

What are the Term dates?

Autumn term: From To

Spring term: From To

Summer term: From To

Do you get a student grant or loan?

Yes No

| Your Partner |
|--------------|
|--------------|

Yes No

From To

From To

From To

Yes No

Notes about students.

Full time students cannot claim Housing Benefit. The exception to this is if you are:

- Looking after a child or young person
- Aged 60 or over
- Disabled
- Receiving Income Support or Jobseekers Allowance (Income Based)
- Aged under 19 in further education but not higher education

All part time students can claim Housing Benefit.

Details and proof of your grant, parental contributions and covenant income are needed to work out your benefit.

We strongly advise that you bring payment books to our office rather than post them.

B - Children you and your partner get child benefit for.

| | First Child | Second Child | Third Child | Fourth Child |
|---|-------------|--------------|-------------|--------------|
| Surname | | | | |
| First Name | | | | |
| Date of birth | | | | |
| Relationship to you | | | | |
| If over 15 when will they leave school? | | | | |
| What savings or investments do they have? | | | | |

If you have more than four children, please give us the details in section J

Do they have income of their own other than savings? Yes No Yes No Yes No Yes No

If "Yes", give details

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

Do they get Disability Living Allowance? Yes No Yes No Yes No Yes No

Are they registered Blind? Yes No Yes No Yes No Yes No

Do you pay childcare costs for any of these children? Yes No Yes No Yes No Yes No

If "Yes", give details of the childminder, nursery or after school club.

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

Carer's registration number?

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

What are each child's weekly childcare costs?

| | | | |
|---|---|---|---|
| £ | £ | £ | £ |
|---|---|---|---|

Name of the registering local authority?

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

Proof of incomes.

Please send in evidence of child benefit for each of the above children.

Proof of Child care costs

Please send in receipts of the childcare costs you pay, it must show the costs, times and name of the person providing the care. Each childminder, nursery or similar scheme must be registered with a local Authority.

C - About any other people living in your home

Apart from you, your partner and any dependant children, does anyone else live in your home?

Yes No If "No", go to Part D

If "Yes" How many are there?

If "Yes", please list everyone else in your home including relatives, boarders, lodgers, friends and anyone else who lives with you. You do not need to give income details for boarders or subtenants. Do not include children you get child benefit for or joint tenants or joint owners.

| | First Person | Second Person | Third Person |
|---------------------------|--------------|---------------|--------------|
| Title | | | |
| Surname | | | |
| First Name | | | |
| Date of birth | | | |
| National insurance number | | | |
| Relationship to you | | | |

Do they pay you rent? Yes No Yes No Yes No

If "Yes", How much do they pay and how often do they pay it?

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

Do they work? Yes No Yes No Yes No

If "Yes", what are their earnings each week before Tax and National Insurance?

| | | |
|---|---|---|
| £ | £ | £ |
|---|---|---|

Do they get Income support, Income based Jobseekers Allowance ?

or guaranteed pension credit? Yes No Yes No Yes No

Do they get any other state benefits? Yes No Yes No Yes No

If "Yes", give the benefit name and the amount each week

| | | |
|---|---|---|
| | | |
| £ | £ | £ |

Please state the amount of any other weekly income

| | | |
|---|---|---|
| £ | £ | £ |
|---|---|---|

Where does this come from?

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

Proof of incomes.

We need proof of income for anyone else who lives with to make sure you receive all the benefit you are entitled to.

If you do not send in this information, you may receive a reduced level of benefit.

C . About any other people living in your home (continued)

| First Person | Second Person | Third Person |
|--------------|---------------|--------------|
|--------------|---------------|--------------|

Do they get Disability Living Allowance or Attendance Allowance?

Yes No Yes No Yes No

If "Yes", how much do they get each week?

| | | |
|---|---|---|
| £ | £ | £ |
|---|---|---|

What was their interest from savings in the last 12 months?

| | | |
|---|---|---|
| £ | £ | £ |
|---|---|---|

Do they provide care for someone in your home for more than 35 hours each week other than their partner or child?

Yes No Yes No Yes No

Is the care provided for you or your partner?

Yes No Yes No Yes No

Are they a student?

Yes No Yes No Yes No

Note - This includes Nursing Diploma students, Youth training trainees and apprentices.

Are they severely mentally impaired?

Yes No Yes No Yes No

Are they in hospital or prison?

Yes No Yes No Yes No

If "yes", please state which and give the date

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

Are any of these partners?

Yes No Yes No Yes No

If "yes", please say who

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

Proof of incomes.

Please provide evidence of their entitlement to Attendance Allowance or Disability living Allowance by sending in one of the following -

- The latest award letter
- The payment book
- A bank statement showing the payment

We strongly advise that you bring payment books to our office rather than post them

E - Self-employed earnings

You

Are you self-employed? Yes No

If "no", please go to part **F**

If "Yes", What is your trade or profession?

When did the business start?

Do you use your home for business purposes? Yes No

Do you pay into a private pension scheme? Yes No

Are you registered for V.A.T? Yes No

Your Partner

Is your partner self-employed? Yes No

If "no", please go to part **F**

If "Yes", What is your trade or profession?

When did the business start?

Does your partner use your home for business purposes? Yes No

Does your partner pay into a private pension scheme? Yes No

Is your partner registered for V.A.T? Yes No

Proof of self employed earnings

Please send in your latest audited accounts but if you do not have any we will send you a form to list your income and expenditure.

F - Other income

Private pension and annuities

Do you or your partner receive a private pension or annuity?

| | You | | Your Partner |
|--|------------|--|---------------------|
|--|------------|--|---------------------|

| | | | | |
|----------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| Private pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the amount | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| And how often it's paid | <input type="text"/> | | <input type="text"/> | |
| Pension company's details | <input type="text"/> | | <input type="text"/> | |

| | | | | |
|----------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| Second private pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the amount | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| And how often it's paid | <input type="text"/> | | <input type="text"/> | |
| Pension company's details | <input type="text"/> | | <input type="text"/> | |

Do you or your partner Receive payments from an annuity or home income plan?

| | You | | Your Partner |
|--|------------|--|---------------------|
|--|------------|--|---------------------|

| | | | | |
|-----------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state which | <input type="text"/> | | <input type="text"/> | |
| and give the amount | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| How often it's paid | <input type="text"/> | | <input type="text"/> | |
| Annuity or plan details | <input type="text"/> | | <input type="text"/> | |

F - Other income

| You | Your Partner |
|-----|--------------|
|-----|--------------|

Do you or your partner get Income Support,
Job Seekers Allowance (Income Based)
Or Guaranteed pension credit ?

Yes No

Yes No

Do you or your partner receive any of the following pensions ?

| You | Your Partner |
|-----|--------------|
|-----|--------------|

| | | |
|--|---|---|
| <p>State retirement pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>Widows pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>Widowed parents allowance</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>War disablement pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>War widow's pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>War dependant's pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |
| <p>Any other pensions</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p> |

Proof of pensions

Please provide evidence of your entitlement to any of the benefits and allowances listed above by sending in one of the following -

- The latest award letter
- The payment book

We strongly advise that you bring payment books to our office rather than post them

F - Other income (continued)

Do you or your partner receive any of the following Benefits and allowances ?

| | You | Your Partner |
|---|--|--|
| Job seekers allowance contribution based Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Employment training Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Child benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Child tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Working tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Disabled persons tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Pension credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Short term incapacity benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Long term incapacity benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |
| Disability working allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount <input type="text" value="£"/> And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text" value="£"/> <input type="text"/> |

F - Other income (continued)

Do you or your partner receive any of the following Benefits and allowances ?

| | You | Your Partner |
|---|--|--|
| Attendance allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Disability living allowance - care | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Disability living allowance - mobility | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Severe disablement allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Industrial injuries benefit | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Maternity allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Carers allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |
| Any other allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| And how often it's paid | <input type="text"/> | <input type="text"/> |

Proof of incomes

Please provide evidence of your entitlement to any of the benefits and allowances listed above by sending in one of the following -

- The latest award letter
- The payment book

We strongly advise that you bring payment books to our office rather than post them

F - Other income (continued)

Do you or your partner receive any of the following Benefits and allowances ?

| | You | | Your Partner |
|--|-----|--|--------------|
|--|-----|--|--------------|

| | | | | | | | |
|---|------------------------------|--|-----------------------------|---|------------------------------|--|-----------------------------|
| Statutory sick pay from employer | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Youth training schemes | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Maintenance payments received For adults | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Maintenance payments received For children | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Student grant or loan | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Payment from boarders | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Payments from letting or subletting | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Payments from charities | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |
| Payments from voluntary groups | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| If "Yes" please state the amount | £ | | | £ | | | |
| And how often it's paid | | | | | | | |

G - Other information

| You | Your Partner |
|-----|--------------|
|-----|--------------|

Are you or your partner caring for anyone who receives Attendance Allowance or the care element of Disability living allowance? Yes No Yes No

Have you or your partner been in full-time education in the last year, Or do either of you plan to be? Yes No Yes No

If "Yes", please give the course dates / / To / / / / To / /

Have you or your partner applied for any other benefit and not received it? Yes No Yes No

If "Yes", please tell us which benefit and the date you claimed it – you will need to send us the award letter

/ / / /

Are you or your partner provided with an invalid carriage or car? Yes No Yes No

Do you or your partner make contributions towards a student grant? Yes No Yes No

If "Yes", how much? £ £

H-Cash, savings and investments

Do you or your partner have any of the following savings or investments ?

| | You | Your Partner |
|--|-----|--------------|
|--|-----|--------------|

| | | |
|----------------------------------|--|--|
| Current account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| Name of bank or building society | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> |
| Second current account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| Name of bank or building society | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> |
| Deposit account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| Name of bank or building society | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> |
| Second deposit account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input type="text"/> | £ <input type="text"/> |
| Name of bank or building society | <input type="text"/> | <input type="text"/> |
| Account number | <input type="text"/> | <input type="text"/> |

H-Cash, savings and investments continued

Do you or your partner have any of the following savings or investments ?

| | You | Your Partner |
|--|-----|--------------|
|--|-----|--------------|

| | | |
|--|--|--|
| A Building Society account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Name of bank or building society | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Second building society account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Name of bank or building society | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| A Post Office account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Second post office account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Giro accounts | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| PayPal account | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the amount | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Account number | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Are you a regular ebay trader? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Premium Bonds | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the value | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Income Bonds | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the value | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| National savings certificates | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the value | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |
| Share or unit trusts | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" please state the value | £ <input style="width: 100%;" type="text"/> | £ <input style="width: 100%;" type="text"/> |

H-Cash, savings and investments

Do you or your partner have any of the following savings or investments?

| | | | | |
|---------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| P.E.P.S | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the value | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| T.E.S.S.A | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the value | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| I.S.A | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the value | <input type="text" value="£"/> | | <input type="text" value="£"/> | |
| Stocks, Sharesave, SAYE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" please state the value | <input type="text" value="£"/> | | <input type="text" value="£"/> | |

Property and land

Do you, your partner or any children you are claiming for own or partly own any property, land or time share, either in the UK or abroad, other than the home you live in?

| | |
|------------|---------------------|
| You | Your Partner |
|------------|---------------------|

Please tick "Yes", even if you have a mortgage or loan on it Yes No Yes No

If "yes", please give the address

| You |
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| Your Partner |
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| You |
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| Your Partner |
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|------------|---------------------|
| You | Your Partner |
|------------|---------------------|

Total value of properties you own or have interest in?

Does a sick, disabled or elderly relative live in any? Yes No Yes No

Does an ex partner live in any? Yes No Yes No

Do any of your children aged under 16 live in them? Yes No Yes No

I- Rent details

You should only fill this in if you pay rent to a Landlord or Housing Association.

If you are an owner-occupier, go to section J

When did your tenancy begin?

Your landlord's name

Your landlord's address

Your landlord's phone number

Your agents name and address (if you have one)

Your agent's phone number

Are you, your partner or your children related to your landlord or their partner? Yes No

If "Yes", please state what the relationship is

Have you claimed Housing Benefit in the last twelve months? Yes No

Was the last tenancy with the same landlord? Yes No

Have you got a written tenancy agreement? Yes No

Has the rent officer or rent tribunal registered a fair rent for your home? Yes No

Have you applied for a Pre-tenancy determination? Yes No

Have you been served with a shorthold tenancy notice? Yes No

If "yes", give the period of the tenancy From To

Proof of rent

Please send in your tenancy agreement or an up to date rent book with your claim. If you do not have these, please ask your landlord to complete section L of this form.

We will not pay Housing Benefit if you –

- Live with and pay rent to a close relative.
- Pay your ex-partner rent to live in the home you used to share with them.
- Are responsible for your landlord's child.
- Rent your home from a company of which you are a director or employee.
- Rent your home from a trust of which you are a trustee or beneficiary.
- Rent your home from a trust of which your child is a beneficiary.
- Previously owned the home, which you now rent, except in certain circumstances.
- Live in your home as a condition of your job.

I - Rent details (continued)

How much is the rent? £

How often is the rent due? Every week Every two weeks

How often is the rent due? Every four weeks Every month Other

Do you have any rent-free weeks? Yes No

If "Yes", how many do you have each year?

Has your rent gone up in the last twelve months? Yes No

If "Yes", give the date of the increase

Was the increase agreed in the tenancy agreement? Yes No

Do you have any joint tenants? Yes No If "Yes", what is your share of the rent? £

Is your home furnished? Yes No If "Yes", is it partly furnished? or fully furnished?

Who is responsible for decorating the inside of your home?

landlord Me Don't know

Are any meals provided? Yes No

If "Yes", which meals? Breakfast? Lunch? Evening meal?

Does your landlord live in the same building as you? Yes No

Do you pay water rates direct to the Water authority? Yes No If "yes", let us see the bill

If your rent includes money for any of the following, tick the correct boxes and fill in the amount you pay,

| Please tick either "Yes" or "No" | Yes | No | If "Yes" how much Do you pay? |
|----------------------------------|-----|----|-------------------------------|
| Water charges | | | £ |
| Cooking | | | £ |
| Heating | | | £ |
| Lighting your home | | | £ |
| Hot water | | | £ |
| Garage or parking space | | | £ |
| Furniture | | | £ |
| Cleaning shared areas | | | £ |
| Personal Laundry | | | £ |

| Please tick either "Yes" or "No" | Yes | No | If "Yes" how much do you pay? |
|----------------------------------|-----|----|-------------------------------|
| Laundry facilities | | | £ |
| Cleaning your room | | | £ |
| Cleaning your windows | | | £ |
| Lighting shared areas | | | £ |
| Lift | | | £ |
| Porter or estate staff | | | £ |
| Emergency alarm | | | £ |
| Council Tax | | | £ |
| Other (TV, Video) | | | £ |

Does your landlord provide general counselling and support? Yes No

If "Yes", how much is included in your rent for it? £ every

Does your home have central heating? Yes No

If your rent includes a charge for using a garage or parking space, could you rent your home without it? Yes No

Housing Benefit limits (private tenants only)

We may refer your rent to the Rent Service, who are independent Government valuers

I- Rent details (continued)

Type of accommodation

Which of the following do you live in?

Terraced house Detached house Semi detached house
 Bungalow Semi detached bungalow Annexe
 Flat in a block Flat in house Flat over a shop
 Maisonette A room or rooms in a house Caravan or mobile home
 Ground rent only Other
 Hostel Hotel or guest house Room number

Which floor is your home on?

Basement Ground floor First floor
 Second floor Third floor

How many floors are there in the whole building?

If you live in a single room, looking at the front of the building, whereabouts is your room?

At the front In the centre At the back

Number of rooms – We need to know how many rooms there are in the building you live in and who uses them?

| | Living Rooms | Bedrooms | Bedsits | Kitchens | Bathrooms | Separate Toilets | Total |
|---|--------------|----------|---------|----------|-----------|------------------|-------|
| Number of rooms in the whole building? | | | | | | | |
| Number of rooms used only by you and your family? | | | | | | | |
| Number of rooms you share with other people? | | | | | | | |

Pre-Tenancy determination (PTD)

You can find out the rent officer's figures before you sign up for a tenancy by asking for a PTD. Ask the Benefits Section for an application form and details about this.

Declaration

Please read these statements carefully and sign below. We cannot deal with your claim if you haven't signed it.

- We can prosecute anybody who knowingly gives us false information or documents, or withholds any information.
- This is my claim for Housing Benefit, and or Council Tax Benefit, or second Adult Rebate.
- I will tell you straight away if the information on any letter you send me is incorrect.
- The information I have given is true and complete to the best of my knowledge and belief.
- You can check any information on this form. This includes sending a Certificate of Earnings direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Benefit for any other address.
- I understand that you may contact or exchange information with the Home Office, Department for Work and Pensions, Employment Service, Revenue & Customs, Child Support Agency other Government departments and Local Authorities and other departments of North Devon District Council:
 1. In order to check or give the information I have given on the form;
 2. As allowed by law, to obtain other information to prevent or detect fraud in obtaining public funds.
- I understand that you will not deal with my claim if I do not give the National Insurance number of everyone aged 16 or over who lives in my home.
- I will tell **North Devon District Council** straight away if there are any changes in my circumstances so that you can work out my Housing Benefit or Council Tax Benefit again. (Examples of this include coming off **Income Support, Job Seekers allowance, Incapacity benefit or any other state benefit**, getting a pay rise and people moving in or out of my home.) If I do not, and I get too much benefit, I understand that I will have to pay it back, and may also be prosecuted under the Social Security Administration Act (1992) or The Theft Act (1968) or The Theft Act (1978).
- I understand that you have the right to claim back **in full** overpaid benefit and that:
 1. If I receive too much Council Tax Benefit or Second Adult Rebate it will be added to my Council Tax Account.
 2. If I am a private tenant and receive too much Housing Benefit, you will claim it back from my ongoing Housing Benefit or by sending me a bill.

I have read and understand the declaration.

Claimants Signature

Date:

- I am the **partner** shown in the claim form. I confirm that the information given about me in the form is correct.
- I have also read the above declaration or someone has read it to me.

I confirm that I understand the declaration

Partners Signature

Date:

IF SOMEONE ELSE HAS FILLED OUT THIS FORM FOR YOU, YOU MUST FILL IN THE FOLLOWING: -

Name of the person who filled in the form

Their signature

Their relationship to you

.....
.....

Do you know someone who is claiming Housing Benefit or Council Tax Benefit which they are not entitled to?

Please ring our Benefit Fraud Hotline. This is a 24-hour answer phone service. We will keep any information you give us confidential.

You can also visit our website at www.northdevon.gov.uk



Number of rooms – We need to know how many rooms there are in the building your tenant lives in and who uses them.

| | Living Rooms | Bedrooms | Bedsits | Kitchens | Bathrooms | Separate Toilets | Total |
|--|--------------|----------|---------|----------|-----------|------------------|-------|
| Number of rooms in The whole building | | | | | | | |
| Number of rooms used Only by you and your family | | | | | | | |
| Number of rooms you Share with other people | | | | | | | |

Does your tenant share a room? Yes No

If "Yes", how many beds are there in the room

Do you provide any meals? Yes No

If "Yes" which meals, Breakfast Lunch Evening meal

Declaration **The information I have given on this form is true and complete. You can make any enquiries you need to check the details. I will notify North Devon District Council promptly if the tenant changes rooms or vacates the accommodation.**

Landlord or agent's name

Landlord or agent's address

I have read and understand the above declaration

Landlord or agent's signature Date

If your tenant has requested their Housing Benefit be paid to you direct please tick the box for your preferred method of payment.

By crossed cheque

By BACS

(We may need to write to you separately for further information regarding payments made direct).

Please return this form to:

NORTH DEVON DISTRICT COUNCIL
 REVENUES & BENEFITS BUSINESS UNIT
 LYNTON HOUSE
 COMMERCIAL ROAD
 BARNSTAPLE, EX31 1DG

PRIVATE AND CONFIDENTIAL

EMPLOYERS CERTIFICATE OF EARNINGS

NORTH DEVON DISTRICT COUNCIL
LYNTON HOUSE, COMMERCIAL ROAD
BARNSTAPLE, EX31 1DG

Please fill in your details below and hand the certificate to your employer. When they have filled it in, return it to us immediately.

| |
|---------------------|
| YOUR NAME & ADDRESS |
|---------------------|

| |
|----------------|
| DATE |
| YOUR SIGNATURE |
| PAYROLL NUMBER |

To The Employer – Please help the employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give us details of employee's earnings for the last five weeks or two months.

| Week or month ending | Pay before tax and deductions | Statutory sick pay/maternity | Income Tax | National insurance contributions | Superannuation/Pension | Tax Credit |
|----------------------|-------------------------------|------------------------------|------------|----------------------------------|------------------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | £ | £ | £ | £ | £ | £ |

Gross to date £ Tax to date £ National insurance to date £

Are these normal earnings? Yes No

If "No", please give reasons why not and tell us the normal amount before deductions.

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

Has your employee opted out of the national insurance scheme? Yes No

Average hours they work each week Date of last pay rise

Date employment started Date of next pay rise

Employee's National Insurance

How are payments made ? Cash / Cheque / BACS

| |
|-----------------------------|
| Employer's name and address |
|-----------------------------|

| |
|----------------|
| Official stamp |
|----------------|

Employer's signature

PRIVATE AND CONFIDENTIAL

EMPLOYERS CERTIFICATE OF EARNINGS

NORTH DEVON DISTRICT COUNCIL
LYNTON HOUSE, COMMERCIAL ROAD
BARNSTAPLE, EX31 1DG

Please fill in your details below and hand the certificate to your employer. When they have filled it in, return it to us immediately.

| |
|---------------------|
| YOUR NAME & ADDRESS |
|---------------------|

| |
|----------------|
| DATE |
| YOUR SIGNATURE |
| PAYROLL NUMBER |

To The Employer – Please help the employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give us details of employee's earnings for the last five weeks or two months.

| Week or month ending | Pay before tax and deductions | Statutory sick pay/maternity | Income Tax | National insurance contributions | Superannuation/Pension | Tax Credit |
|----------------------|-------------------------------|------------------------------|------------|----------------------------------|------------------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | £ | £ | £ | £ | £ | £ |

Gross to date £ Tax to date £ National insurance to date £

Are these normal earnings? Yes No

If "No", please give reasons why not and tell us the normal amount before deductions.

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

Has your employee opted out of the national insurance scheme? Yes No

Average hours they work each week Date of last pay rise

Date employment started Date of next pay rise

Employee's National Insurance

How are payments made ? Cash / Cheque / BACS

| |
|-----------------------------|
| Employer's name and address |
|-----------------------------|

| |
|----------------|
| Official stamp |
|----------------|

Employer's signature

Checklist

Send your form to this office immediately even if you do not have all of the proof.

Is the claim complete?

Have you answered every question?

Have you enclosed the following for you and you partner?

| | | |
|---|--------------------------|--------------------------|
| Proof of Identity | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of National Insurance number | <input type="checkbox"/> | <input type="checkbox"/> |
| Payslips or certificate of earnings | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of any pensions you receive | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of any benefits or allowance you receive | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of any other income you receive | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of savings and investments | <input type="checkbox"/> | <input type="checkbox"/> |
| Rent proof form | <input type="checkbox"/> | <input type="checkbox"/> |
| Request to pay your landlord direct (if this is what you want to do) | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of any payment you make to a pension scheme | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of payment you make to a childminder, nursery or after school club | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of income, savings and investments of anybody you have entered in section C | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are claiming benefit for a new address, have you told the Benefits Agency? | | |

Once you have checked that you have filled in all of this form and have enclosed the proof, please read and sign the declaration on the next page.

Send your form to this office immediately even if you do not have all the above proof.

Your benefit will normally start on the Monday **after** we receive the form.

Proofs

Original documents

We will need to see and photocopy the original documents we ask for on this form. We will send back documents we receive in the post as soon as possible. If you bring your documents to our office's we will photocopy them immediately.

We cannot accept your own photocopies

Important

If you do not have all the proof we ask for, fill in the form and send it to us immediately. Send us the proof within one month.

Don't delay - claim today!

More information

If you would prefer us to contact a relative or friend if we need more information, please give their details here.

Name: _____

Address: _____

Daytime Tel: _____

Explanation of terms used in the form to help you complete it.

- Tenant** - Someone who pays you rent and either lives in part of your home or in another home you own. For benefit purposes the above can also include people who hold a licence to occupy a dwelling.
- Joint Tenants** - Where two or more people are named in the tenancy agreement and have the same tenancy rights in a single property.
- Sub-tenant** - Anyone (other than a member of your family, boarder or any other joint occupier) who pays you rent to live in part of your home.
- Boarder** - See also sub-tenant above. The difference between a boarder and a tenant or sub - tenant is that boarders have at least some meals provided as part of the rental agreement.
- Joint Owners** - Where two people have the same interest in a property.

Related to your landlord - see close relative below

- Close relative** - Is your partner or your child's:- parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, step-son, step-daughter, brother, sister or partner of any of these.
- Partner** - Someone you are married to or someone, who you live with as husband or wife.
- Student** - Someone who is attending a course of study at an educational establishment. This includes: study at any level, full or part-time, with or without grants, state funded and private, both term times and vacation (but not between different courses). The above includes Nursing Diploma students.

Students who retain the right to Housing Benefit :-

- . Pensioners
- . Disabled people
- . People in receipt of Income Support or Jobseekers Allowance
- . Student couples with dependant children
- . People responsible for a child
- . People under 19 years of age undertaking a course of further education
- . Lone Parents

