



|                  |      |
|------------------|------|
| 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  
                   COO to GAS    01271 388389  
                   GAT to KIF    01271 388389

Surnames    KIE to PAV    01271 388396  
                   PAW to SME    01271 388395  
                   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.

#### Ilfracombe 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          |             |       |               | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |
|              |             |       |               |  |  |  |  |  |  |  |  |  |  |
| Your Partner |             |       |               | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |
|              |             |       |               |  |  |  |  |  |  |  |  |  |  |

**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<br>(include the room or flat number) | -----<br>-----<br>----- |
| 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 |
|-----|--------------|
|     |              |

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

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

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  | Your Partner  |
|--|---|
| Are you or your partner a student?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| If "Yes", What is the name of the University or College?<br><input type="text"/>   | <input type="text"/>  |
| What is the name of the course?<br><input type="text"/>  | <input type="text"/>  |
| Is the course full time or part time?<br><input type="text"/>  | <input type="text"/>  |
| How many hours each week?<br><input type="text"/>  | <input type="text"/>  |
| What date will the course end?<br><input type="text"/>   | <input type="text"/>  |
| What are the Term dates?<br>Autumn term: From <input type="text"/> To <input type="text"/><br>Spring term: From <input type="text"/> To <input type="text"/><br>Summer term: From <input type="text"/> To <input type="text"/> | From <input type="text"/> To <input type="text"/><br>From <input type="text"/> To <input type="text"/><br>From <input type="text"/> To <input type="text"/> |
| Do you get a student grant or loan?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

### **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**



## D - You and your partners Earnings

### You

Are you in paid work? Yes ☐ No ☐

**If "No", please go to part E**

If "Yes", give your Employers Name and Address

|          |
|----------|
|          |
|          |
|          |
|          |
| Postcode |

Job title

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

Payroll or reference number

Date started

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

How often are you paid? Weekly ☐  
Fortnightly ☐ Monthly ☐

How many hours do you work each week?

How much are you paid before any deductions are made? £

How do you get paid?

Cash in hand ☐ Cheque ☐

Into a bank account ☐

Please give account holders name and account number

Do you receive Tax Credits in your pay? Yes ☐ No ☐

Please give details in section **F**

When was your last pay rise?

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

Do you pay into a private pension scheme? Yes ☐ No ☐

Do you pay into a company pension scheme? Yes ☐ No ☐

### Proof of incomes and pension schemes.

Please send in you and your partners last five payslips if paid weekly, the last three payslips if paid fortnightly or the last two payslips if paid monthly.

Please also send in proof of your pension scheme, along with poof of the payments you make.

### Your Partner

Is your partner in paid work? Yes ☐ No ☐

**If "No", please go to part E**

If "Yes", give your Employers Name and Address

|          |
|----------|
|          |
|          |
|          |
|          |
| Postcode |

Job title

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

Payroll or reference number

Date started

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

How often is your partner paid? Weekly ☐  
Fortnightly ☐ Monthly ☐

How many hours does your partner work each week?

How much is your partner paid before any deductions are made? £

How does your partner get paid?

Cash in hand ☐ Cheque ☐

Into a bank account ☐

Please give account holders name and account number

Does your partner receive Tax Credits in their pay? Yes ☐ No ☐

Please give details in section **F**

When was your partners last pay rise?

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

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

Does your partner pay into a company pension scheme? Yes ☐ No ☐

## **E** - Self-employed earnings

| You   |  |
|---|--|
| Are you self-employed?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "no", please go to part <b>F</b>         |  |
| If "Yes", What is your trade or profession? |  |
| <input type="text"/>                        |  |
| When did the business start?                | <input type="text"/>                                     |
| Do you use your home for business purposes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you pay into a private pension scheme?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you registered for V.A.T?               | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Your Partner   |  |
|--|--|
| Is your partner self-employed?                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "no", please go to part <b>F</b>                    |  |
| If "Yes", What is your trade or profession?            |  |
| <input type="text"/>                                   |  |
| When did the business start?                           | <input type="text"/>                                     |
| Does your partner use your home for business purposes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your partner pay into a private pension scheme?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your partner registered for V.A.T?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### **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 |
|-----|--------------|
|-----|--------------|

|                                  |  |  |
|----------------------------------|--|--|
| <b>Private pension</b>           | 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"/>                                     |
| Pension company's details        | <input type="text"/>                                     | <input type="text"/>                                     |

|                                  |  |  |
|----------------------------------|--|--|
| <b>Second private pension</b>    | 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"/>                                     |
| 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"/>                                     | <input type="text"/>                                     |
| How often it's paid         | <input type="text"/>                                     | <input type="text"/>                                     |
| Annuity or plan details     | <input type="text"/>                                     | <input type="text"/>                                     |

## F - Other income

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

| You |                          | Your Partner |                          |
|-----|--------------------------|--------------|--------------------------|
| Yes | <input type="checkbox"/> | No           | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No           | <input type="checkbox"/> |

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

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

|                                  |  |  |
|----------------------------------|--|--|
| <b>State retirement pension</b>  | 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"/>                                     |
| <b>Widows pension</b>            | 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"/>                                     |
| <b>Widowed parents allowance</b> | 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"/>                                     |
| <b>War disablement pension</b>   | 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"/>                                     |
| <b>War widow's pension</b>       | 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"/>                                     |
| <b>War dependant's pension</b>   | 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"/>                                     |
| <b>Any other pensions</b>        | 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 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   |
|---|--|--|
| <b>Job seekers allowance contribution based</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Employment training</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                      | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Child benefit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Child tax credit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                         | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Working tax credit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Disabled persons tax credit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>              | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Pension credit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                           | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Short term incapacity benefit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Long term incapacity benefit</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>             | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Disability working allowance</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>             | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |

## **F - Other income (continued)**

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

|  | <b>You</b>  | <b>Your Partner</b>   |
|--|---|---|
| <b>Attendance allowance</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>                   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Disability living allowance - care</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>     | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Disability living allowance - mobility</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Severe disablement allowance</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>           | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Industrial injuries benefit</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Maternity allowance</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>                    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Carers allowance</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> |
| <b>Any other allowance</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/>                    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount <input type="text" value="£"/><br>And how often it's paid <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   |
|---|--|--|
| <b>Statutory sick pay from employer</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                     | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Youth training schemes</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                               | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Maintenance payments received</b><br><b>For adults</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Maintenance payments received</b><br><b>For children</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Student grant or loan</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                                | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Payment from boarders</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                                | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Payments from letting or subletting</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Payments from charities</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                              | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |
| <b>Payments from voluntary groups</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes" please state the amount £ <input type="text"/><br>And how often it's paid <input type="text"/>                       | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>£ <input type="text"/><br><input type="text"/> |

## 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  /  /

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

|                                  |  |  |
|----------------------------------|--|--|
| <b>Current account</b>           | 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"/>                                     |
| <b>Second current account</b>    | 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"/>                                     |
| <b>Deposit account</b>           | 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"/>                                     |
| <b>Second deposit account</b>    | 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   |
|--|--|--|
| <b>A Building Society account</b>      | 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"/>                                     |
| <b>Second building society account</b> | 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"/>                                     |
| <b>A Post Office account</b>           | 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"/>                                   |
| Account number                         | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>Second post office account</b>      | 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"/>                                   |
| Account number                         | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>Giro accounts</b>                   | 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"/>                                   |
| Account number                         | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>PayPal account</b>                  | 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"/>                                   |
| Account number                         | <input type="text"/>                                     | <input type="text"/>                                     |
| Are you a regular ebay trader?         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Premium Bonds</b>                   | 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"/>                                   | £ <input type="text"/>                                   |
| <b>Income Bonds</b>                    | 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"/>                                   | £ <input type="text"/>                                   |
| <b>National savings certificates</b>   | 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"/>                                   | £ <input type="text"/>                                   |
| <b>Share or unit trusts</b>            | 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"/>                                   | £ <input type="text"/>                                   |



# H-Cash, savings and investments

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

|                                 |                                |                             |                                |                             |
|---------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| <b>P.E.P.S</b>                  | 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="£"/> |                             |
| <b>T.E.S.S.A</b>                | 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="£"/> |                             |
| <b>I.S.A</b>                    | 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="£"/> |                             |
| <b>Stocks, Sharesave, SAYE</b>  | 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?

|            |                     |
|------------|---------------------|
| <b>You</b> | <b>Your Partner</b> |
|------------|---------------------|

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

If "yes", please give the address

|             |                     |
|-------------|---------------------|
| <b>You</b>  | <b>Your Partner</b> |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |

|             |                     |
|-------------|---------------------|
| <b>You</b>  | <b>Your Partner</b> |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |
| <div></div> | <div></div>         |

|            |                     |
|------------|---------------------|
| <b>You</b> | <b>Your Partner</b> |
|------------|---------------------|

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                    | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Cooking                          | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Heating                          | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Lighting your home               | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Hot water                        | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Garage or parking space          | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Furniture                        | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Cleaning shared areas            | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |
| Personal Laundry                 | <input type="checkbox"/> | <input type="checkbox"/> | £ <input type="text"/>        |

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

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 <input type="checkbox"/>   | Detached house <input type="checkbox"/>             | Semi detached house <input type="checkbox"/>    |
| Bungalow <input type="checkbox"/>         | Semi detached bungalow <input type="checkbox"/>     | Annexe <input type="checkbox"/>                 |
| Flat in a block <input type="checkbox"/>  | Flat in house <input type="checkbox"/>              | Flat over a shop <input type="checkbox"/>       |
| Maisonette <input type="checkbox"/>       | A room or rooms in a house <input type="checkbox"/> | Caravan or mobile home <input type="checkbox"/> |
| Ground rent only <input type="checkbox"/> | Other <input type="checkbox"/>                      | <input type="text"/>                            |
| Hostel <input type="checkbox"/>           | Hotel or guest house <input type="checkbox"/>       | Room number <input type="text"/>                |

Which floor is your home on?

|                                       |                                       |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|
| Basement <input type="checkbox"/>     | Ground floor <input type="checkbox"/> | First floor <input type="checkbox"/> |
| Second floor <input type="checkbox"/> | Third floor <input type="checkbox"/>  |                                      |

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 <input type="checkbox"/> | In the centre <input type="checkbox"/> | At the back <input type="checkbox"/> |
|---------------------------------------|--|--------------------------------------|

**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.

## Paying your Benefit

### Housing Benefit – (Private landlord tenants)

We will pay your Housing Benefit in one of the following ways

(Please tick the appropriate box to show us how you want us to pay it)

We can pay your Housing benefit direct to your landlord on your behalf. We may need to write to your landlord about this and we will tell the landlord the amount of Housing benefit you are entitled to.

Please pay my Housing benefit direct to my landlord on my behalf.

☐

Please pay my Housing benefit direct to me by crossed cheque.

☐

Please pay my Housing benefit direct to my bank .

☐

If you want us to pay your benefit direct to your bank, please fill in the details below in capital letters

|   |
|---|
| Name of Bank :  |
| Address of Bank:  |
| Name of account holder<br>(as it appears on your bank statement ) |

Your account number

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

Your sort code

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

## J- Extra information

Please give us any extra information that you feel might help us when we work out your benefit.  
For example, if you have more than one job or work irregular hours.

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## 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](http://www.northdevon.gov.uk)



# L- Rent proof

Your landlord should fill in this page if you are a private tenant with no other form of rent evidence.

Full name of your tenant or boarder

Their address

How much rent do you charge

£

How often is the rent due?

Every week

☐

Every two weeks

☐

Every four weeks

☐

Every month

☐

When did you start charging this rent

When did the tenancy start

Do you have any joint tenants?

Yes

☐

No

☐

If "Yes", what is your share of the rent

£

What is the total rent for the property

£

Do you have any rent-free weeks?

Yes

☐

No

☐

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

Which floor is your home on? Basement

☐

Ground floor

☐

First floor

☐

Second floor

☐

Third floor

☐

All floors

☐

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

☐

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

|                         | 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        |     |    | £                              |

|                        | 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)       |     |    | £                             |

Do you landlord provide general counselling and support?

Yes

☐

No

☐

If "Yes", how much is included in the rent for it?

£

every

**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

