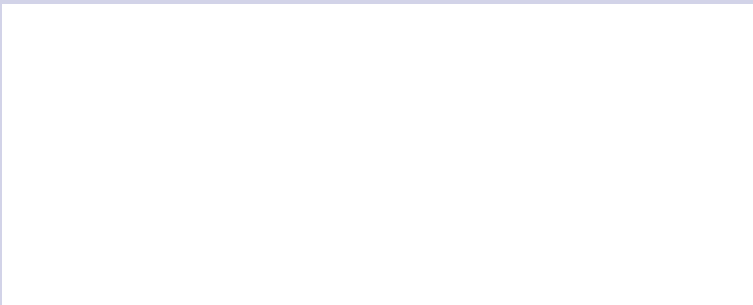


Claim Form for Housing Benefit and Council Tax Reduction

www.oxford.gov.uk



Do not delay in making your claim

- If you delay in returning your form, you may lose money.
- Return the application form even if you do not have all the evidence we have requested.
- If you need help or advice check our website at www.oxford.gov.uk
- Or, contact us immediately.
- You can ring us to make an appointment to bring in your application form so that we can check that the form has been completed correctly.
- This will reduce the time it takes us to assess your application and make payment to you.

How to contact us



Click Email us at benefits@oxford.gov.uk



Call T: 01865 249811 Option 4

Phone lines open from 8am to 6pm, Monday to Friday.

All calls to and from Oxford City Council may be recorded and may be used for quality monitoring and for the detection of fact or fraud.



Come in to see us

Our Customer Services Centres are open at:

- St Aldate's Chambers, St Aldate's
- Templar's Square Shopping Centre, Cowley (by appointment only)

Monday to Thursday 9am to 5pm, Friday 9am to 4.30pm.



Write to us at Oxford City Council Benefits Service,
PO Box 10, St Aldate's, Oxford OX1 1EN

If you need a translation, a larger print version or a copy of this form in another format please contact us on **T: 01865 249811** Option 4.

Building a world-class city for everyone



Notes to help you fill in this form

- Use a black ink pen to complete the form.
- If you make a mistake, cross it out and put the correct answer next to it.
- Do not use correction fluid or tape.
- Answer all the questions.
- Every part starts with a question to help you decide if you need to complete that part.
- If you do not answer a question, we may not be able to make a decision on your claim.
- Check what evidence you need to provide on page 31.
- You must sign the declaration on page 30.

Second Adult Council Tax Reduction

Even if your income or capital is too high for you to get help with your Council Tax, you could still get Second Adult Council Tax Reduction.

To qualify:

- You must be the only person responsible for paying Council Tax, and
- have someone else living with you who is 18 or over, and
- is not your partner and
- is on a low income and
- does not pay rent to you on a commercial basis.

If you are only claiming Second Adult Council Tax Reduction you only need to complete Part 1, Part 11 and Part 18 of this form.

What happens when we receive your application?

- We check that you have answered all the questions.
- We check that you have provided all the supporting documents.
- If we need to ask you further questions we will contact you so please let us know the best way to contact you in Part 1.
- We will calculate how much Housing Benefit/Council Tax Reduction you are entitled to and provide you with a written notification of your award/reduction and how we have calculated it.
- Your notification will tell you what you need to do if you do not agree with our decision.

How will you be paid?

- **Council Tax Reduction:** Your Council Tax account will be reduced by the amount of the reduction that you are entitled to. When a decision is made on your application, you will also receive a new Council Tax bill telling you if you still have some Council Tax to pay.
- **Council Tenant:** Your Housing Benefit will usually be paid directly to your rent account.
- **Housing Association Tenant:** We can pay your Housing Benefit into your bank account fortnightly in arrears or direct to your landlord every 4 weeks in arrears. Please make sure you complete Part 14 if you want to receive payments direct to your bank account.
- **Private Landlord Tenant:** We will usually pay your Housing Benefit direct to you into your bank account fortnightly in arrears, so please provide the details of the account where you would like to receive these payments.

FOR OFFICE USE
Claim no
Property
Ctax a/c
Rent a/c

If you are claiming Second Adult Council Tax Reduction, only fill in Part 1, Part 11 and Part 18

Are you (please tick one box)

- A council tenant?
 A private tenant?
 A home owner/occupier?
 A housing association or social landlord tenant?

Part 1: About you and your partner

'Partner' means someone of the same or opposite sex who you live with as a couple. You may be married, in a civil partnership, or living together as if you were married or civil partners.

Do you have a partner who lives with you?

- Yes No
 If yes, please complete all partner sections.

	You	Your partner
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Title (Mr/Mrs/Ms/Miss/Dr)	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Other names you use, or are known by	<input type="text"/>	<input type="text"/>

Address you wish to claim for

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

	You	Your partner
Email address	<input type="text"/>	<input type="text"/>
Daytime telephone number	<input type="text"/>	<input type="text"/>
How should we contact you by phone or email?	<input type="text"/>	<input type="text"/>
Have you lived in a hostel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the address and the dates you lived there	<input type="text"/>	<input type="text"/>
	<input type="text" value="/ /"/> to <input type="text" value="/ /"/>	<input type="text" value="/ /"/> to <input type="text" value="/ /"/>

(If you have lived at more than one hostel, please list the hostel addresses and dates at each address in Part 16).

Part 1: About you and your partner - continued

	You	Your partner
Are you a British citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your nationality?	<input type="text"/>	<input type="text"/>
Have you come to live in the UK from another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us the date that you arrived in the UK	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Did you come to the UK under sponsorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date sponsorship ends	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What was your previous address?	<input type="text"/>	<input type="text"/>
Date you left this address	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Did you own or rent this property?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Were you living with relatives at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you claim Housing Benefit or Council Tax Benefit/Reduction there?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received Housing Benefit in the last 52 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, registration number	<input type="text"/>	<input type="text"/>
Are you in receipt of Attendance Allowance, Disability Living Allowance, Personal Independence Payment or Armed Forces Independence Payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone get Carer's Allowance for looking after you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please say who gets it and their address	<input type="text"/>	<input type="text"/>

Part 1: About you and your partner - continued

	You	Your partner
Do you have a regular overnight carer who looks after you or your partner, who does not live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of their name and address, the reason for the overnight care and how many nights they provide overnight care in Part 16	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Are you or your partner caring for anyone who gets Attendance Allowance or the care component of Disability Living Allowance or Personal Independence Payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner in hospital or legal custody at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you go in?	<div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">/ /</div>
When do you expect to come out?	<div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">/ /</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">/ /</div>

Part 2: About your income (benefits, allowances, credits and other income)

Income Support (IS), Job Seeker's Allowance Income Based (JSA IB), Employment and Support Allowance Income Related (ESA IR), and Guarantee Pension Credit (GPC).

Are you or your partner in receipt of IS, JSA(IB), ESA(IR) or GPC? Yes No

If yes, when did it start?

/ /

If you answered yes, please go to Part 9.

Are you or your partner waiting to hear about a claim for IS, JSA(IB), ESA(IR) or GPC? Yes No

Date claim made

/ /

Part 2: About your income (benefits, allowances, credits and other income) - continued

Please tell us how you are currently meeting your day to day living expenses.

Are you or your partner receiving any of the following incomes? Please answer Yes or No against each one listed.

	You	Your partner
Contribution-based Jobseeker's Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contribution-based Employment and Support Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Tax Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Tax Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incapacity Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constant Attendance Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Disablement Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternity Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Living Allowance (care component)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Living Allowance (mobility component)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Independence Payment (daily living component)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Independence Payment (mobility component)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Armed Forces Independence Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Widowed Parents Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Universal Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carer's Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your partner ever claimed Carer's Allowance but do not receive it? (This could have been because you were better off getting another benefit or allowance but still have an underlying entitlement to Carers Allowance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: About your income (benefits, allowances, credits and other income) - continued

If you and your partner get any of the following, please complete for all incomes listed. Where you do not receive this income write 'none'. Where we ask how often please write, for example: every week, every month or every 4 weeks.

	You		Your partner	
	How much?	How often?	How much?	How often?
Child Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Industrial Injuries Disablement Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Fostering Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Guardian's Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Bereavement Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Maintenance you receive for you	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Maintenance you receive for your children	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Life Insurance Annuities	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Payments from a trust fund	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Payments from a charity or other voluntary payments	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Any other income (please give details)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>

Have you or your partner recently applied for any benefit(s) or income but have not yet received payment?

Yes No

Yes No

Please tell us which benefit(s) or income

What date did you claim it?

/ /

/ /

If you have no income, please tell us how you are meeting your day to day living expenses and why you have not applied for any benefits with the Department for Work and Pensions

Part 3: About your pensions

Do you receive any pensions? **You** Yes No **Your partner** Yes No

If no, please go to Part 4. If yes, you must fill in every box below and write 'n/a' (not applicable) where you or your partner do not receive a pension.

	You		Your partner	
	How much?	How often?	How much?	How often?
Pension Credit (Savings Credit)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Pension Credit (Assessed income figure - as shown on your letter from the Pension Service)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
State Retirement Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Private Pension (after tax)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Please state when you are due to receive an increase in this pension	<input type="text"/>		<input type="text"/>	
2nd Private Pension (after tax)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Please state when you are due to receive an increase in this pension	<input type="text"/>		<input type="text"/>	
Former Employer's Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Please state when you are due to receive an increase in this pension	<input type="text"/>		<input type="text"/>	
2nd former Employer's Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Please state when you are due to receive an increase in this pension	<input type="text"/>		<input type="text"/>	
Widow's Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Widowed Mother's Allowance or Widow's Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
War Widow's or War Dependent Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
War Disablement Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Armed Forces Compensation Scheme	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Armed Forces Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Any other pension(s) not previously stated	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>

Part 4: About money you pay out

	You	Your partner
Do you pay fees to an OFSTED registered childminder, nursery or after-school club for any of your children under 15? (under 16 if your child is disabled)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay in total a week?	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
Please tell us the name and registration number of the childminder, nursery or club	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Do you or your partner pay a parental contribution towards a student grant or loan as assessed by the Local Education Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay?	£ <input style="width: 80px;" type="text"/> Every <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/> Every <input style="width: 80px;" type="text"/>

Part 5: About your employment and earnings

Do you or your partner work for an employer or an employment agency, or are you a director or secretary of any company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please go to Part 6.		
How many jobs do you have?	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Tell us about your main job here, and use Part 16 to tell us about any other jobs.		
Name of your main employer	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Your employer's address and postcode	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
When did you start this job?	<input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Your job title or type of work	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Your payroll, employee or staff number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Part 5: About your employment and earnings - continued

	You	Your partner
How many hours do you work on average each week?		
If you work on a casual or fixed-term basis, what date will it end?	/ /	/ /
How often do you get paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly

How much do you get paid? Please complete the table below.

- If you are paid **weekly** please give figures for 5 weeks
- If you are paid **fortnightly** please give figures for 3 fortnights
- If you are paid **monthly or every 4 weeks** please give figures for 2 months

Your earnings

Date	Gross Pay	Tax	Nat Ins	Pension
/ /				
/ /				
/ /				
/ /				
/ /				

Your partner's earnings

Date	Gross Pay	Tax	Nat Ins	Pension
/ /				
/ /				
/ /				
/ /				
/ /				

	You	Your partner
Is this a true reflection of your future earnings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please state why		
Do you receive a bonus, tips or commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state when your bonus, tips or commission are paid and how much you receive		
How are you paid? (For example, by cash or cheque, or straight into your bank or building society account)		
When was your last pay increase?	/ /	/ /

Part 5: About your employment and earnings - continued

	You	Your partner
When will your next pay rise be? Or write 'don't know'	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you pay into a personal (not company) pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	<input type="text"/>	<input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>
Are you getting Statutory Sick Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes what date did it start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are you getting Statutory Maternity Pay or Paternity Pay or Adoption Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date will it end?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Part 6: About your self-employment

	You	Your partner
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, please go to Part 7.

Are you or your partner a registered childminder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

If yes, you only need to provide details of your business and your income; you do not need to provide details of your expenses.

If you have more than one self-employment, or you and your partner are both self-employed, please answer all the questions about your other businesses on a separate piece of paper or ask us for a form.

Business name

Business address

Type of business

Date business commenced

Average number of hours worked weekly

Your current estimated weekly profit £

Have you registered with the HM Revenue and Customs (tax office)? Yes No

If yes, what is your UTR number (unique taxpayer reference)?

Part 6: About your self-employment - continued

If you have not registered with the tax office, please state why:

Please note: it is a legal requirement to register with HM Revenues and Customs when you are self-employed.

Are you a partner in the business? Yes No

If yes, what is your share of the business? %

Is your husband/wife a partner in the business? Yes No

If yes, what is their percentage of the profit/loss? %

Are there any other people on the payroll? Yes No

If yes, please tell us how many

Do you use part of your home for business purposes? Yes No

If yes, please give details of rooms used, why, and the average number of hours weekly.

Do you pay into a pension scheme? Yes No

If yes, how much and how often? £ Every

What date does your financial year start? / /

Do you have accounts for your last financial year? Yes No

If yes, and these reflect your current income, please provide your latest set of accounts, we will use these until your next certified accounts are available or you tell us about a significant change in your business.

If no, when will these be available? / /

If you are not providing your latest set of accounts, please provide details of your income and expenditure in respect of a period that reflects your current situation. We require details for at least a 13 week period and no longer than a 12 month period. If you have just started a business or there has been a recent significant change in your business, you may need to estimate your income and expenditure for part of the period.

If you have been trading for more than 12 months but are providing details for a more recent period, please tell us why.

Statement of self-employed income and expenditure

Income		Actual Income	Estimated Income
	From	<input type="text" value="/"/>	<input type="text" value="/"/>
	To	<input type="text" value="/"/>	<input type="text" value="/"/>
Sales/takings	£	<input type="text"/>	<input type="text"/>

Expenditure	Actual Expenses	Estimated Expenses	% for personal use
Buying stock	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Wages paid to you	£ <input type="text"/>	£ <input type="text"/>	
Wages paid to spouse	£ <input type="text"/>	£ <input type="text"/>	
Wages paid to others	£ <input type="text"/>	£ <input type="text"/>	
Business rent	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Business rates	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Heating and lighting	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Advertising	£ <input type="text"/>	£ <input type="text"/>	
Printing and stationery	£ <input type="text"/>	£ <input type="text"/>	
Postage	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Phone	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Broadband	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Travel costs, bus, train	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Business insurance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Accountant fees	£ <input type="text"/>	£ <input type="text"/>	
Business bank charges	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Interest on business loans	£ <input type="text"/>	£ <input type="text"/>	
Repair of business assets	£ <input type="text"/>	£ <input type="text"/>	
Car lease	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Road tax	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Fuel costs	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Motor insurance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Motor repairs	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Other expense			
1.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
2.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
3.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
4.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
5.	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> %
Total expenses	£ <input type="text"/>	£ <input type="text"/>	

Part 6: About your self-employment - continued

If you have declared interest on a business loan, please give details of when the loan was taken out and the purpose for the loan.

If you have declared repair/replacement costs of a business asset please give details of what business asset was repaired or replaced and when.

If you are a partner in a business are the details you have provided above

- Details of the whole business? Yes No
- Your share of the business? Yes No

Do you think your trading figures for the next three to six months will be similar to those shown above? Yes No

If no, when do you think they will change and why?

Do you receive any other income in respect of your self-employment that we have not asked about? Yes No

If yes, please give details

Do not provide any evidence of your expenses with this form. If we require evidence of any of your expenses we will contact you.

Part 7: Students

Most students do not qualify for benefit, but there are some exceptions. Students who can claim benefit include those who:

- Are in receipt of Income Support
- Are on a part-time course of study
- Are in further education, not higher education under the age of 21 providing they were enrolled or accepted on the course before their 19th birthday
- Are of pension age
- Have responsibility for a child
- Who have a disability premium or who have been classed as unfit for work for over 28 weeks.

This is not a full list of students who can claim. If you are not sure whether you can claim, please check our website at www.oxford.gov.uk, call us, drop in to our benefit office or send in this completed form.

Please note that student loans are taken into account as income even if they have not been applied for or received. They are normally treated as starting on the first Monday in September and ending on the last day of the last Sunday in June (a loan/grant is normally assessed over forty-two weeks). However, there are exceptions.

	You	Your partner
Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please go to Part 8.		
What has your university, college or education establishment classified your course as?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
How many Guided Learning Hours does your course have per week?	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
What is the name and address of your college or university?	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title of course	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Length of course	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Which year of study are you in? (i.e. 1st, 2nd etc)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Course start date	<input style="width: 50%; height: 20px;" type="text" value="/ /"/>	<input style="width: 50%; height: 20px;" type="text" value="/ /"/>
Course end date	<input style="width: 50%; height: 20px;" type="text" value="/ /"/>	<input style="width: 50%; height: 20px;" type="text" value="/ /"/>

Part 7: Students - continued

	You	Your partner
Do you receive a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of student loan	£ <input type="text"/>	£ <input type="text"/>
Amount of student grant	£ <input type="text"/>	£ <input type="text"/>
Amount of bursary	£ <input type="text"/>	£ <input type="text"/>
How much is included in your grant or bursary in respect of:		
Parents' Learning Allowance?	£ <input type="text"/>	£ <input type="text"/>
Child Care Grant?	£ <input type="text"/>	£ <input type="text"/>
Special Support Grant?	£ <input type="text"/>	£ <input type="text"/>
Is your course NHS funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a sandwich course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive sponsorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you receive any other income or grants, please give details	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>

We will contact you if we need evidence of your student income.

Part 8: About your capital, savings and investments

Please tell us about all your bank, building society accounts, savings and investments in the UK or abroad, regardless of whether they are overdrawn or not. This will ensure we pay you the correct benefit. 'Capital' means bank accounts, building society accounts, deposit accounts with other organisations (e.g. Post Office or insurance companies), cash, National Savings Certificates, Premium Bonds, shares, bonds, unit trusts and ISAs. We will also need to know if you have money in a trust fund. This is not meant to be a complete list - please telephone us if you have a query.

	You	Your partner
Do you or your partner have any bank, building society accounts or investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of bank/ building society	Account number/ certificate number	Amount	You	Partner	Both
1.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ISA accounts

1.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Office 1	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Office 2	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Office 3	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Premium Bonds	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium Bonds	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Savings Certificate Issue number	Certificate number	Value	You	Partner	Both
1.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input style="width: 100%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 8: About your capital, savings and investments - continued

Income Bonds Type of Income Bond	Account number/ certificate number	Amount	You	Partner	Both
1. <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company Name of Shares/unit trusts	How many	You	Partner	Both
1. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	You	Your partner
Do you have any savings in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner, or any of your children have any money or property held in a trust fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details

Are you, your partner, or any of your children a beneficiary of a will which has not yet been settled? Yes No

If yes, please give details of the inheritance and when you expect it to be paid

Do you or your partner have any other savings or investments, or money owing to you which you have not included in the lists above, such as personal loans, PayPal, other online accounts, or have bank accounts in other countries or a joint account with someone other than your partner? Yes No

If yes, please give details below.

Please also tell us about any other bank/building society/post office accounts that you have not been able to tell us about on the previous page because there was insufficient room.

Second property Please note this question includes properties or land abroad.

	You		Your partner
Do you or your partner own any property or land other than your house you live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no please go to Part 9.			
House name or number	<input type="text"/>		<input type="text"/>
Street	<input type="text"/>		<input type="text"/>
Town	<input type="text"/>		<input type="text"/>
County/State	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Country	<input type="text"/>		<input type="text"/>
Is the property up for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did you put it up for sale?	<input type="text" value="/ /"/>		<input type="text" value="/ /"/>
Who is it on the market with?	<input type="text"/>		<input type="text"/>
What is the value of property?	£ <input type="text"/>		£ <input type="text"/>
What is the outstanding mortgage on it (if any)?	£ <input type="text"/>		£ <input type="text"/>
Are you renting out the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much is the rent?	£ <input type="text"/>		£ <input type="text"/>
Do you pay an agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay?	£ <input type="text"/> Every <input type="text"/>		£ <input type="text"/> Every <input type="text"/>
Do you pay Council Tax on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay?	£ <input type="text"/> Every <input type="text"/>		£ <input type="text"/> Every <input type="text"/>
Do you pay water rates on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay?	£ <input type="text"/> Every <input type="text"/>		£ <input type="text"/> Every <input type="text"/>
Are you renting out the property to a relative who is pension age or who is incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details of their name, date of birth and what relation they are to you and the nature of their incapacity.

Part 9: About any children who live with you

This section is only to be used to provide information about children who live with you and you get Child Benefit and/or Child Tax Credit for. This would usually be your own children who are still at school or in further education and under 20. Adult children, or children who are in higher education (university), who still live with you should be included in Part 11. Foster children should also be included in Part 11.

Do you have any children who live with you? Yes No

If no, go to Part 10.

	First child	Second child	Third child
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive Child Benefit for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for, but not yet received Child Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they registered blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they receive Disability Living Allowance/PIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they have savings or investments, how much do they have?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If you have more than three children, please give details below.

Part 10: About sub-tenants, boarders and lodgers

Is there anyone living with you who pays you rent to live in your home and who is not your partner or relative? Yes No

If yes, tell us about them here.

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Date they moved in	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How much rent do they pay?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is rent paid per week or per month?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the rent they pay include payment for meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they full-time students? (if yes, please supply proof of their course)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 11: About other people who live in your home

Does anyone else live with you in your own home, apart from your partner and people you have told us about in Part 9 and Part 10? Yes No

If no, go to Part 12.

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they get any other state benefits or allowances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please say which one(s) and the amount they get each week	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 11: About other people who live in your home - continued

Are they full-time students or on a Youth Training Course? (if yes, please supply proof of their course)

Yes No

Yes No

Yes No

Do they work?

Yes No

Yes No

Yes No

If yes, how many hours?

Are they an apprentice?

Yes No

Yes No

Yes No

If yes, when does the apprenticeship end?

 / /
 / /
 / /

What are their (gross) earnings before tax and National Insurance?

£

£

£

Every

Every

Every

Do they have any other income?

Yes No

Yes No

Yes No

If yes, please give details, including the amount

Do they provide care for someone in your home for more than 35 hours per week?

Yes No

Yes No

Yes No

If yes, who do they provide care for?

Are they in hospital or legal custody?

Yes No

Yes No

Yes No

If yes, what date did they go into hospital or legal custody?

 / /
 / /
 / /

Are they severely mentally impaired?

Yes No

Yes No

Yes No

Are any of the people you have told us about married to each other or living together as if they are married or civil partners?

Is the partner of

Is the partner of

Is the partner of

If you want to tell us about more than three people, please tell us in Part 16.

Part 12: About the rent you pay

You should only fill in this section if you have to pay rent to a private landlord or housing association, or you live on a boat or in a caravan. If you are a council tenant or an owner/occupier, please go to Part 15.

Have you or your partner ever owned the property you are claiming benefit for? Yes No

If yes, please tell us in Part 16 the dates you owned the property and why you sold it.

What is your landlord's full name, business address and postcode? By landlord we mean the person or organisation who owns the property you live in.

If your landlord has an agent, what is their full name, business address and postcode? By agent we mean the person or organisation you actually pay rent to.

Are you, your partner or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner? Yes No

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, uncle, brother, sister, son, daughter, parent, grandchild, grandparent, son/daughter-in-law or stepchild.

If yes, what is your relationship?

Do you have a signed tenancy agreement? Yes No

What kind of tenancy is it? Shorthold Assured Don't know
Other (please state)

Has your rent been registered with the rent service? Yes No Don't know

When did you start renting your home? / /

When did you move to this address? / /

If you have not moved in yet, write the date you expect to move in, and you must email us at benefits@oxford.gov.uk or ring to tell us once you have actually moved in.

How much is the rent for your home? £ Every
(for example, every week, 4 weeks or month)

Part 12: About the rent you pay - continued

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

Yes No

If yes, tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

Do you have any weeks when you do not have to pay rent?

Yes No

If yes, how many a year?

Are you behind with your rent?

Yes No

If yes, by how much?

£

Who receives the Council Tax Bill for your home?

You or your partner
 Your landlord
 Someone else (please tell us who)

Does your rent include money for the following?

Meals Yes No

If yes, please tick which meals are included Breakfast Lunch Dinner

Council Tax Yes No How much? £ Every

Water charges Yes No How much? £ Every

Heating Yes No How much? £ Every

Lighting Yes No How much? £ Every

Hot water Yes No How much? £ Every

Fuel for cooking Yes No How much? £ Every

Laundry Yes No How much? £ Every

Cleaning rooms or windows Yes No How much? £ Every

Gardening Yes No How much? £ Every

Personal care and support Yes No How much? £ Every

Garage or parking space Yes No How much? £ Every

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

Part 12: About the rent you pay - continued

Are you currently living away from this address? Yes No

If yes, tell us why you are not living here

When did you last live here? / /

When do you expect to return? / /

Tell us the address and postcode of where you are living at the moment.

Are you getting or have you claimed Housing Benefit for this address? Yes No

Is anyone living in your home whilst you are away? Yes No

If yes, please tell us who is living there

We may need to contact your landlord about details concerning your tenancy. Please tick the relevant box below:

Yes, I give my permission to contact my landlord

No, please do not contact my landlord

Part 13: More about where you live

What sort of building is your home?

- | | | |
|---|---|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Flat in a house | <input type="checkbox"/> Caravan, mobile home |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Flat in a block | <input type="checkbox"/> Houseboat |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Flat over a shop | <input type="checkbox"/> Board and lodgings |
| <input type="checkbox"/> Room or bedsit | <input type="checkbox"/> Hostel | <input type="checkbox"/> Hotel or guest house |

Other - please give details

Is the property you live in? Detached Semi-detached Terraced

Is your accommodation? Fully furnished Partly furnished Unfurnished

Does your home have central heating? Yes No

Does your home have a garden? Yes No

Does your home have a garage? Yes No

Do you occupy the whole of the property? Yes No

If no, what floors do you occupy?

If you rent a room or bedsit what is your room number?

Part 13: More about where you live - continued

If you rent a room or a bedsit where in the building is it?

Basement Ground floor First floor Second floor Third floor

Other - please give details

Is your room or bedsit? At the front In the middle At the back

Looking at the property from the front, is your room or bedsit on the?

Right hand side of property Left hand side of property Centre of the property

How many of the following rooms are there in the building?

	In the whole building	Just for you and your household	That you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your home a boat? Yes No If no, go to Part 13A

If yes please provide:

The boat name

The length of the boat

Do you pay mooring fee separately from the rent? Yes No

If yes, how much do you pay? £ Every

Do you pay for the boat licence? Yes No

If yes, how much do you pay? £ Every

Part 13A

Is your home a caravan? Yes No

If yes, what is the pitch number?

Part 14: Paying your Housing Benefit

If you rent your home from a private landlord and you are making a new claim, we will pay your benefit direct to you under Local Housing Allowance. We can pay your Local Housing Allowance to your landlord if you are 8 weeks or more in arrears, or if you have difficulty in managing your affairs. Please contact us for a form to request this.

Paying your benefit direct into your bank (or building society) account is the easiest and safest way because cheques can get lost, stolen or delayed in the post. You must have an account for us to pay you direct.

Do you want us to pay your Housing Benefit straight into your bank or building society account? Yes No

If yes, please fill in your account details below:

Bank name

Branch address

Sort code - -

Account number

Account name

Reference number/Roll number/Credit Union reference

If you are a tenant of a housing association or you are a private tenant who is not assessed under Local Housing Allowance, you can choose to have your benefit paid direct to your landlord.

Who would you like us to pay your Housing Benefit to? You Your landlord

If you want your Housing Benefit payments to be made to you, please give us your bank account details above.

If you are a Council Tenant we will usually pay any Housing Benefit direct to your rent account.

Part 15: When do you want to be paid from?

Backdate request

We usually award payment of Housing Benefit and Council Tax Reduction from the Monday after we receive your application. Sometimes, we can pay from an earlier date if you have a good reason for not making your application earlier.

If you want us to consider paying you from an earlier date, tell us what date you want to be paid from and why you did not make your application earlier.

In order to consider a request for an application to be backdated, you will need to show continuous 'good cause' for failing to make your application from the earlier date.

Reasons which might be considered 'good cause' might be things such as if you were too ill to contact this office, or ask someone to contact this office on your behalf, bereavement, an inability to manage your own affairs or you were given incorrect advice by an official agency such as the Jobcentre or this office.

Your reason(s) must cover the entire period that you are requesting the backdated award to be paid for; meaning that you must be able to show why you did not contact the benefit office at any point from the date you wish your award to start, and the date we received your application form.

What date do you want your Housing Benefit and/
or Council Tax Reduction to be awarded from?

Please explain the reason(s) for the delay in making your application.

Part 15: When do you want to be paid from? - continued

If you were ill or unable to manage your affairs, you will need to provide evidence to support your backdate request. This can be a copy of your medical certificates or a letter from your doctor, the hospital or support worker.

If you were incorrectly advised, please provide details of the department you contacted, the date of contact and the officer's name.

A large, empty rectangular box with a thin blue border, intended for the user to provide evidence or details as requested in the text above.

Part 16: Anything else you need to tell us about

Please use this page to tell us any additional information we need to know.

Part 17: Changes you must tell us about

We will assess your claim using the information you have given to us. You must tell us straight away if there are any changes to your circumstances. Below are some examples of changes you must tell us about. You must tell us about anything that is different from what you have told us on the form.

- You or anyone living with you stops receiving Income Support (IS), Jobseeker's Allowance (JSA), Incapacity Benefit or Employment and Support Allowance (ESA) or any other benefit or allowance
- Your rent changes
- You and/or your partner will be away from home for 4 weeks or more
- You receive a decision from the Home Office/UK Border Agency
- Your Working Tax Credit or Child Tax Credit changes
- Your income, or the income of anyone living with you, goes up or down
- Someone starts to receive Carer's Allowance for looking after you or your partner
- You move (even if you only move to a different room or flat within the same property)
- You change the bank account we are paying your Housing Benefit into
- A child leaves school or leaves home
- You have a baby
- Your child starts to be cared for, or stops being cared for, by a registered childminder, or nursery or playgroup
- You or your partner inherit any property or money from a will
- Your capital increases above or decreases below £6,000 if you are working age, or if over £6,000 changes by £250
- Your capital increases above or decreases below £10,000 if you are pensionable age, or if over £10,000 changes by £500
- Someone moves into or out of your home (including boarders and sub-tenants)
- You or anyone living with you becomes a student, or takes up a Government Training Scheme
- You return to work after a period of illness
- You or anyone living with you starts or stops work or changes their job
- You or anyone living with you goes into hospital or a nursing home, or goes into prison (even if this is on remand)
- You or anyone living with you takes on more than one job.

Important – Tell us about these changes as soon as you can so that we can pay you the correct money. You must tell us about any changes within one calendar month; if you don't you may lose money that you are entitled to. If we pay you too much money we will ask you to repay it. If you are not sure whether you need to tell us about a change, call us on 01865 249811 Option 4.

Part 18: Declaration

Even if someone else has filled in this form for you, you must sign this declaration, if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct.

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

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit and Council Tax Reduction or both.
- You may check the information with other sources as allowed by law.
- You may use the information I have provided in connection with this and any other claim for benefits or tax credits that I have made or may make.
- You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the Benefit Department of Oxford City Council know about any changes to my circumstances which might affect my award(s) to either Housing Benefit and or Council Tax Reduction.

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

Your signature

Date / /

Your partner's signature

Date / /

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

I have gone through this form with the person claiming. All the information I have given in the form is based on the information given by them. The person claiming agrees that this information is correct.

Name of the person who filled in the form

Address of the person who filled in the form

Signature of person who filled in the form

Date

 / /

Relationship to the person claiming

To the person claiming

Are you happy for us to discuss the details of your claim with this person?

Yes No

Signature of person claiming

If there is someone else who you would like us to be able to discuss your claim with, please give details in Part 16.

Checklist

- Please tick box(es) to tell us what proof you are sending with this form.
- For all claims, we need proof of yours and your partner's National Insurance number and identity.
- If you cannot send the proof we need at the moment, return the form to us now and send the proof within one month.
- We may not be able to pay you any benefit until we have all the proof.

Proof of National Insurance numbers for you and your partner

Such as a National Insurance card, payslip, P60 or letters from The Department for Work and Pensions or HM Revenue and Customs.

Proof of identity for you and your partner

Such as passport, birth certificate, marriage certificate, up to date driving licence, medical card, UK residence permit, EEC identity card or recent gas or electricity bill.

Proof of immigration status for you and your partner if you have come to live in the UK from another country

Such as passport, letter from the Home Office or Residence Documentation.

Self-employed accounts for the last financial year

Proof of Student Status

(for anyone in the household who is a student, but Child Benefit is not in payment for them). Such as a Council Tax exemption certificate or a letter from the place of study stating whether it is a full-time or part-time course, and the start and end dates.

If we require further evidence or information to process your claim we will contact you.

How we collect and use information

We will use the information you have given us in this form and any supporting proof you send us to process your application for Housing and/or Council Tax Reduction. We will not give information about you to anyone else, or use the information about you for other purposes, unless the law allows us to.

This authority is required by law to protect the public funds it administers. In order to prevent and detect fraud it may share information provided to it with other bodies responsible for auditing or administering public funds. Data held by the authority will be for cross system authority comparisons. We may give and receive information to organisations including credit reference agencies to check the accuracy of information. This can include checks on undeclared cohabiters or others resident in a household.

Data Protection Act

Under the Data Protection Act we cannot discuss your claim with anyone other than you unless you give your permission. Sometimes it may be useful for others to help you with your benefit claim. If you would like someone else to help you with your claim, please confirm this in writing. If you give us permission to discuss your claim with another person we will be able to discuss any aspect of your claim including your circumstances and income.

Sharing information with your landlord

If you have given permission for us to talk to your landlord in Part 12 we will be able to tell your landlord:

- Whether or not you have claimed Housing Benefit.
- What further information we need to make a decision on your claim.
- When we have made a decision on your claim.

With or without your permission, we may check some information, such as the date you moved into the property, but we will not do this unless it is absolutely necessary and we will not give your landlord any information about your personal circumstances or finances.

For further information about how we collect and use information go to www.oxford.gov/privacy

Monitoring our services

We are committed to making sure that residents have equal access to services. Please help us to keep track of how successfully we are achieving this by ticking the appropriate question boxes below.

All information is confidential and will only be used to help us monitor whether views differ across the community.

Are you male or female? Male Female

How old are you? Under 16 16-24 25-34 35-44
 45-54 55-64 65+

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Yes, limited a lot Yes, limited a little No

What is your ethnic group? (Please tick ONE box only)

White

English, Welsh, Scottish, Northern Irish, British

Irish

Gypsy or Irish Traveller

Any other white background (please write in)

Black or Black British

Caribbean

African

Any other Black background (please write in)

Mixed or multiple ethnic groups

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background (please write in)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please write in)

Arab

Other ethnic group (please write in)

You may also want to contact some other agencies for help, support and advice:

Oxford Citizens Advice Bureau

95 St Aldate's, Oxford
Telephone: 08444 111 444
Monday - Friday 10am - 4pm

Barton Advice Centre

Barton Neighbourhood Centre, Underhill Circus, Barton, Oxford
Telephone: 01865 744152

Agnes Smith Advice Centre

96 Blackbird Leys Road, Blackbird Leys, Oxford
Telephone: 01865 770206

Rose Hill & Donnington Advice Centre

60 Ashhurst Way, Rose Hill, Oxford
Telephone: 01865 438634

StepChange (Consumer Credit Counselling Service)

Free confidential debt advice
Telephone: 0800 138 1111 freephone, including all mobiles.
Monday - Friday 8am - 8pm, Saturday 9am - 4pm

National Debtline

Free confidential debt advice
Telephone: 0808 808 4000
Monday - Friday 9am - 9pm, Saturday 9.30am - 1pm

Jobcentre Plus

7 Worcester Street, Oxford OX1 2BX
Looking for work - Telephone: 0845 6060 234. Textphone: 0845 6055 255
New benefit claims - Telephone: 0800 055 6688. Textphone: 0800 023 488
Existing benefit claims - Telephone: 0845 608 8573
www.gov.uk/contact-jobcentre-plus

HM Revenue & Customs Tax Credits

Telephone: 0345 300 3900
Textphone: 0345 300 3909
Monday - Friday 8am - 8pm, Saturday 8am - 4pm
www.hmrc.gov.uk/taxcredits

Pension Service

Telephone: 0845 6060 265
Textphone: 0800 7317 339
Monday - Friday 8am - 6pm
www.gov.uk/contact-pension-service