

April 2013

Date form requested:	<input type="text"/>	Local authority office date stamp
Name:	<input type="text"/>	
Department:	<input type="text"/>	

Help notes can be found on pages 20 and 21.

You are still liable for your full rent and Council Tax until a decision has been made on your claim.

A claim form for Housing Benefit and Council Tax Support

Benefit Claim Reference (if known)

Are you (please tick one box)

an owner/occupier? a council tenant?
 a private tenant? a housing association or social landlord tenant?

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No

Yes If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Have you ever used any other names?	No <input type="checkbox"/> Tell us the other names Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Tell us the other names Yes <input type="checkbox"/> <input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>	<input type="text"/>
Status Please tell us if you are single, married, in a civil partnership, divorced, legally separated, widowed, etc	<input type="text"/>	<input type="text"/>
Address including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Email: <input type="text"/>	Email: <input type="text"/>
What date did you move to this address	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your daytime phone number	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number (NI no) You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI no.	Letters <input type="text"/> Numbers <input type="text"/> Letter <input type="text"/> If you do not have a NI no. or cannot find it, tick this box. <input type="checkbox"/>	Letters <input type="text"/> Numbers <input type="text"/> Letter <input type="text"/> If your partner does not have a NI no. or cannot find it, tick this box. <input type="checkbox"/>
Do you receive or have you applied for Income Support, Guarantee Credit, income based Job Seeker's Allowance or income based Employment Support Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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

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

You

No
 Yes Please tell us about it below.

When did you last claim? / /

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

 Postcode

Your partner

No
 Yes Please tell us about it below.

When did you last claim? / /

 Postcode

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

No
 Yes

No
 Yes

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

 Postcode

 Postcode

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

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No
 Yes We will write to you about this.

No
 Yes We will write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK? The UK is England, Northern Ireland, Scotland and Wales.

/ /

/ /

Are you or anyone included in this application:-

- an asylum seeker
- subject to immigration rules
- granted exceptional, extended or indefinite leave to enter or remain in the United Kingdom
- Is this leave conditional or sponsored

Yes No
 Yes No
 Yes No
 Yes No

Have you or anyone included in this application been given leave to enter the United Kingdom for education or employment reasons?

Yes No

If you answer Yes to any of the above, please provide proof of your status with travel documents, Home Office documents or passport

Are you or your partner in hospital at the moment?

No
 Yes Please tell us about it below.

No
 Yes Please tell us about it below.

When did you go in?

/ /

/ /

When will you come out, if you know this?

/ /

/ /

Are you or your partner in receipt of any advice from a care worker, social worker or an appointee?

No
 Yes We will write to you about this.

No
 Yes We will write to you about this.

You

Your partner

Do you or your partner get Disability Living Allowance or Personal Independence Payment?

No
 Yes How much?
 Care £
 Mobility £

No
 Yes How much?
 Care £
 Mobility £

Do you or your partner get Attendance Allowance?

No
 Yes

No
 Yes

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

No
 Yes

No
 Yes

Have you or your partner been told that you are entitled to Carer's Allowance even if you do not receive it, because you are getting another benefit instead?

No
 Yes

No
 Yes

Do you or your partner pay towards the upkeep of a student?

No
 Yes How much do you pay and how often?
 £ every

No
 Yes How much do you pay and how often?
 £ every

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

No
 Yes

No
 Yes

Are you or your partner a student?

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

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

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

Full time Part time

Full time Part time

How much of your income is taken into account when working out your grant?

£ a year

£ a year

Please tick if you or your partner are:

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

-
-
-
-
-
-

Are you being looked after by Social Services?

No
 Yes

No
 Yes

If yes please give the date it started

/ /

/ /

Are you entitled to Leaving Care Support?

No
 Yes

No
 Yes

Do you or your partner have a carer who stays overnight with you?

No
 Yes

No
 Yes

If yes please tell us their name

We will contact you if we need any more information.

We need to know about any children in your household who are:

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16, 17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No Go to **Part 3**.

Yes If there are more than three children. Please continue on page 22.

If you do need to use page 22, please tick this box.

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Remember to tell us about Child Benefit and Child Tax Credit in Part 8.

Is the child disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does that disability make it difficult for the child to share a bedroom with other children?	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	<input type="text"/> £ a week We need to see proof of this.	<input type="text"/> £ a week We need to see proof of this.	<input type="text"/> £ a week We need to see proof of this.

Now tell us about all the people who usually live with you and your partner, including people who just share a hall, bathroom or toilet with you. If you want to tell us about more than three people, use a separate sheet of paper.

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

Do any adults usually live with you and your partner?

No Go to **Part 4**.

Yes Fill in this section.

By *adults* we mean people over 16 who nobody gets Child Benefit for. Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, cousin, ex-partner, ex-husband, joint tenant, landlord, landlord's partner, joint owner, subtenant, lodger, boarder, carer, appointee, friend, acquaintance, visitor, or person from abroad. This is not a full list, and we need to know about all adults who live with you.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they move in?	<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"/>
Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance, Personal Independence payment or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they due to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they due to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they due to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below
When did they go in?	<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"/>
When are they due to come out (if you know)?	<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"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £ <input type="text"/>
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.

	First person	Second person	Third person
Do they have any other income at all? Make sure you tell us about all other income they have.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

1 Where does this income come from? How much is it before deductions?	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
2 Where does this income come from? How much is it before deductions?	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
3 Where does this income come from? How much is it before deductions?	<input type="text"/> £ <input type="text"/> We need to see proof of their income.	<input type="text"/> £ <input type="text"/> We need to see proof of their income.	<input type="text"/> £ <input type="text"/> We need to see proof of their income.

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

No
Yes Tell us their names below.

<input type="text"/>	is the partner of	<input type="text"/>
<input type="text"/>	is the partner of	<input type="text"/>

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

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-based Employment Support Allowance or Pension Credit?

No Go to Part 5.
Yes Answer both the questions in this part.

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

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

Are you or your partner self-employed, even if this is part time or temporary?

- No Go to **Part 6**.
 Yes Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Do you have any business partners?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their name and address.	Yes <input type="checkbox"/> Tell us their name and address.
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	<input type="text"/> £ <input type="text"/> every <input type="text"/>	<input type="text"/> £ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	<input type="text"/> £ <input type="text"/> every <input type="text"/>	<input type="text"/> £ <input type="text"/> every <input type="text"/>

Remember to tell us about Working Tax Credit in Part 8.

Part 6 About working for an employer

Do you or your partner work for an employer, even if this is part time or temporary?

- No Go to **Part 7**.
 Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode

	You	Your partner		
When did you start this job?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>		
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>		
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text" value=" / /"/>		
How often do you get paid?	<input type="text"/>	<input type="text"/>		
How much do you get paid?				
• Gross Pay (before tax and National Insurance are deducted)	£ <input type="text"/>	£ <input type="text"/>		
• Tax	£ <input type="text"/>	£ <input type="text"/>		
• National Insurance	£ <input type="text"/>	£ <input type="text"/>		
• Pension Contribution	£ <input type="text"/>	£ <input type="text"/>		
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>		
When was your last pay rise?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>		
When will your next pay rise be?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>		
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>		
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay(AP) or Statutory Maternity Pay (SMP) from your employer at the moment?	SSP	AP	SSP	AP
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	SPP	SMP	SPP	SMP
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text" value="£ every"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text" value="£ every"/>		

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

Remember to tell us about Working Tax Credit in Part 8.

Part 7 About any other work

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No Go to **Part 8**.

Yes Answer the questions on this page.

What other work do you do?

	You	Your partner
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
How much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
How often are you paid?	<input type="text"/> every	<input type="text"/> every
We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.		
Remember to tell us about Working Tax Credit in Part 8.		

Part 8 About benefits and pensions

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

- Child Benefit
- Child Tax Credit
- Working Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Maternity Allowance
- Employment Support Allowance
- Contribution-based Employment Support Allowance
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- Pension Credit (including Savings Credit)
- Retirement Pension
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Personal Independence Payment
- Armed Forces Independence Payment

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

No Go to **Part 9**.
Yes Tell us about these benefits in the section below. Tell us the full rate of the benefits before any deductions.

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

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

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

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

No Go to **Part 10**.

Yes Answer the questions on this page.

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

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

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

We need to know about ALL bank accounts, building society accounts, savings, investments and property in the UK and abroad, held by you and your partner. This includes cash, current accounts and savings accounts with a bank or building society, post office® accounts, Premium Bonds, National Savings Certificates, and stocks and shares even if you do not use them or they have no money in them.

Do you or your partner have any of the following?

Bank accounts No Yes How many accounts? Total amount £
Name of the bank(s) where the accounts are held?

Building society accounts No Yes How many accounts? Total amount £
Name of the building society(ies) where the accounts are held?

Post office® accounts No Yes How many accounts? Total amount £

Money in cash No Yes Total amount £

Premium Bonds No Yes How many bonds? Total amount £

Unit trusts, ISAs, PEPs, TESSAs No Yes How many? Total amount £
Where are they held?

Income bonds or capital bonds No Yes How many bonds? Total amount £
Where are they held?

Money and property in trust No Yes How many? Total amount £
Where is the money held?
Address(es) of property?

National Savings Certificates No Yes How many certificates? Total amount £

Shares No Yes How many shares? Total amount £
Name of the company the shares are held with?

Any other savings or investments No Yes How many? Total amount £
Type of other savings or investment
Where are they held?

Are any of your savings and investments moneys from the sale of a house or money from a charity

No
Yes

Do you own a property or land in the UK or abroad? Even if it is on a mortgage or loan, still tick Yes

No
Yes Tell us the address of all of the property and land you own

Does your partner own any property or land in the UK or abroad? Even if it is on a mortgage or a loan, still tick Yes.

No
Yes Tell us the address of all of the property and land your partner owns

We must see evidence of ALL bank accounts, building society accounts, savings, investments and property before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Have you or your partner received:

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

No

Yes What payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment You Your partner

A compensation payment made to victims of atrocities that happened during the Second World War You Your partner

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

Have you or your partner received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? No

Yes We will write to you about it.

Do you own your home or have a mortgage?

No Go to the next question.

Yes Go to Part 13.

Have you previously owned your home?

No

Yes If yes, please give us the date you stopped owning this property

What sort of building do you live in?

Tick one box only.

Detached house

Semi-detached house

Terraced house

Maisonette

Bungalow detached

Bungalow semi-detached

Flat in a house

Flat in a block

Flat over a shop

Bedsit or rooms or a studio flat

Hostel

Other – give details _____

Caravan, mobile home or houseboat

Board and lodgings

Hotel

Residential nursing home

Residential care home

Does your home have central heating?

No

Yes

Does your home have a garden?

No

Yes

Does your home have a garage?

No

Yes

Does your home have a parking space?

No

Yes

How many floors are there?

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

No

Yes Where in the building do you live?

At the front In the middle At the back

Which floors do you live on?

For example, ground floor, first floor.

How many rooms are there in the building?

A) Just for you and your household

B) That you share with other people

C) In the whole building

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

The numbers in blocks A) and B) should add up to the number in block C).

What is the property let as?

Tick the box that applies.

- Furnished
- Partly furnished
- Hardly any furniture
- Unfurnished

How much rent do you pay and how often?

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

£ every

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

- No
- Yes Tell us the details below.

Tell us their names and their relationship to you and your partner.

How much of the rent do they pay and how often?

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

£ every

Has your rent changed in the last 12 months?

- No
- Yes

Send us proof of the date it changed and how much it changed.

When is the next rent increase due?

/ /

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

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

- No
- Yes Please send us the notice of registration form **RO5**.

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

- No
- Yes How many in a year and when?

Are you behind with your rent?

- No
- Yes By how many weeks?

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

Tick the box that applies.

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

Please read the list below and tell us about anything which is included in your rent.

- | | | |
|------------------|---------------------------|---------------------------|
| Meals | Water authority charges | Heating |
| Fuel for cooking | Hot water | Cleaning rooms or windows |
| Lighting | Laundry | Garage or parking space |
| Gardening | Personal care and support | |

Does your rent include money for any of the above?

- No
- Yes Tell us what your rent includes in the section below.

What your rent includes?

How much you pay for this £ every

What your rent includes?

How much you pay for this £ every

If more than two items from the list are included in your rent, please tell us about any other items on a separate sheet of paper and send it with the form.

If your rent includes meals, please tell us which meals it includes.

If your rent includes a garage, please tell us if you have to rent the garage as part of your tenancy agreement.

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

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?

No

Yes How much?

£ every

What for?

Are you living away from home at the moment?

No

Yes Tell us about it below.

Why are you not living at home?

When did you last live at home?

/ /

When do you expect to go back home?

/ /

What is the address of where you are living at the moment?

Postcode

Have you sublet your home?

No

Yes

Who lives there now?

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

Part 13 How you will be paid

- If you are a council tenant, we will pay any Housing Benefit you are awarded into your rent account.
- If you are awarded Council Tax Support, we will pay this into your Council Tax account.

Tenants receiving Local Housing Allowance (LHA). See Page 21 for further information. Your benefit will be paid directly to you unless you feel this may cause you difficulty. If you would like benefit to be paid to your landlord, you will need to complete a Paying benefit to your landlord form and we will write to you about this..

Housing Association Tenants and Tenants exempt from LHA. You can have payments made to you or to your landlord.

Method of payment. All payments should be made directly to a bank account. If you need help to open a bank account, please contact MyCouncil or the Citizens Advice Bureau.

Would you like Housing Benefit to be paid to you?

No

We will write to you about this.

Yes

Please tell us the details of the bank or building society account you would like your benefit paid into. If you do not have an account, a crossed cheque will be sent to you in the post, until you open an account.

Name of bank or building society

Address of the branch where your account is held

Postcode

The name in which the account is held

Account number

Sort code

Roll number (Building society accounts only)

Would you like Housing Benefit to be paid to your landlord?

No

Please complete the section above.

Yes

Please complete a paying benefit to your landlord form at the back of this application form. You will need to get your landlord to fill in this form too.

If there is anything else that you need to tell us, please use this space

If you need more space, please continue on a separate sheet of paper and send it with the form.

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

Part 14b Changes you must tell us about

YOU MUST READ THIS PART.

You must tell us about changes in your circumstances which might affect your claim. You must write to Slough Borough Council Benefits Service, P.O. Box 1032, Slough, Berkshire SL1 3YT immediately if anything to do with your household, job, income or savings change.

Changes which you have to tell us about include:

- If you, your partner or anyone living with you starts work
- If your income, your partners income or the income of anyone living with you goes up or down. Income includes money from benefits, such as Employment Support Allowance, Working Tax Credits, Child Tax Credits, and others listed in Part 8.
- If the type of benefit you or your partner receive changes.
- If you or your partners capital or savings go up or down.
- If you or your partner buy or sell property or land.
- If any of your children leave school or leave home.
- If anyone moves into or out of your home, including your partner, lodgers or subtenants.
- If you or anyone living with you become a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves a job.
- If your rent goes up or down.
- If you move
- If you or your partner are going to be away from home for more than one month.
- If you receive any decision from the Home Office.

This is not a full list. If you are not sure, please ask the Benefits Section of MyCouncil for advice. If you do not tell the Benefits Section about changes, you may lose money you are entitled to or you may get too much benefit. Do not rely on The Department for Work and Pension or HM Revenue and Customs or anyone else to tell the Benefits Section about changes. It is an offence not to declare any change in circumstances that may affect your benefit. If you do not notify Slough Borough Council Benefits Section about all the changes in your circumstances, the council may take action against you. This may include court action.

Part 14c Monitoring our services

The Race Relations Amendment Act requires Slough Borough Council to continually look to improve the quality of service it provides to the Community. To allow us to do this, please complete the information below.

I would describe my ethnic origin as: (please tick appropriate box)

WHITE	BLACK	ASIAN	MIXED
UK <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White/African <input type="checkbox"/>
Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White/Caribbean <input type="checkbox"/>
European <input type="checkbox"/>	Other..... <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White/Asian <input type="checkbox"/>
Other..... <input type="checkbox"/>		Kashmiri <input type="checkbox"/>	Other..... <input type="checkbox"/>
		Chinese <input type="checkbox"/>	
		Other..... <input type="checkbox"/>	

This information will be used purely to monitor and improve our service to the whole community regardless of race or ethnic background. This does not affect your claim for benefit.

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

Please do not send valuable items through the post. If you can, bring them into My Council, Landmark Place, High Street, Slough. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice on 01753 475111.

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.

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

- **Evidence of identity**

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill.

We may need to see several of these documents for each person. Once proof of identity has been given we will not need to request this again.

- **Evidence of your address**

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

- **Evidence of National Insurance number**

Such as a National Insurance number card, payslips or letters from social security or the tax office.

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

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

- **Evidence of earnings**

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. Alternatively, you may complete the employer's certificate of earnings form at the back of this form. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

- **Evidence of other income**

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

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

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

- **Evidence of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord. Alternatively, you may complete the **statement of rent** form at the back of this form.

- **Evidence of other money paid out**

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

Make sure you read and sign the declaration on page 18.

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

Date you want to claim benefit from / /

For this earlier period, were your circumstances the same as on this form? No Yes

Tell us why you have not claimed before. Please use this space to give your reasons.

If you need more space, please continue on a separate sheet of paper and send it with the form.

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

Part 17a Declaration

YOU MUST READ THIS PART. After you have read the declaration, you and your partner should sign and date it.

- I/We declare that the information I/we have given on this form is true and complete.
- I/We understand that if I/we give information that is not true or incomplete, you may take action against me/us. This may include court action.
- I/We agree that you will use the information I/we have provided to process my/our claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources as allowed by the law.
- I/We understand that you may use any information I/we have provided in connection with this and any other claim for social security benefits that I/we 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/us money, if the law allows this.
- I/We know that I/we must let you know in writing about any change in my/our circumstances which might affect my/our claim.
- I/We understand that if I/we do not let you know about any change in my/our circumstances which might affect my/our claim you may take action against me/us. This may include court action.

WARNING: It is a criminal offence to knowingly provide false information and/or to withhold any information, in order to fraudulently increase or obtain entitlement to Housing Benefit. You have a legal obligation to notify Slough Borough Council of any changes in circumstance. Failure to do so may lead to prosecution. If anything to do with your household, job, income or savings changes - please tell us. If you know of anyone committing fraud please contact our fraud hotline on 01753 787876.

Who completed this form? You Your partner Someone else

If this form was not completed by you, the person completing the form must complete Part 17b.

Signature of person claiming

Date / /

Partner's signature

Date / /

If this form has been filled in by someone other than the person claiming, this part must be completed.

Please tell us why you are filling in this form for the person claiming.

After you have read the declaration below, you must sign and date it.

I declare that I have confirmed with the person claiming that the answers I have written on this form are true and complete.

I declare that I have read Changes you must tell us about (Part 14b) and the Declaration (Part 17a) to the person claiming.

I declare that I have confirmed that the person claiming understands Changes you must tell us about (Part 14b) and the Declaration (Part 17a).

I understand that if I have knowingly written information on this form that is not true or is incomplete, Slough Borough Council may take action against me. This may include court action.

Signature of the person who filled in the form

Name of the person who filled in the form

Address of the person who filled in the form

Relationship to the person claiming

Date

/ /

Part 18 What to do next

You should now have:

- filled in the claim form for Housing Benefit and Council Tax Support
- collected any evidence to support your claim - but remember not to send valuable items, and

Please send your completed claim form to:

Slough Borough Council Benefits Service, PO Box 1032, Slough, Berkshire SL1 3YT

Benefits helpline: 01753 475111 Minicom: 01753 875030

For public reception please go to MyCouncil, Landmark Place, High Street, Slough.

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

Filling in the form

Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

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

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

Proof

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

If you need help to fill in the form

If you need any help or require a home visit, please contact Customer Services at MyCouncil on 01753 475111 or visit My Council, Landmark Place, High Street, Slough. Slough Borough Council's Benefits Service, My Council and Britwell Talk Shop are designated offices for receiving Housing Benefit and Council Tax Support claim forms.

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें।

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in larger print.

Useful contacts

Slough Benefits Service

P.O. Box 1032, Slough SL1 3UT

Tel: 01753 875348/875349

Open 08.30am to 5.30pm

Monday to Friday

MyCouncil

Landmark Place, High Street, Slough

09.00am to 6.30pm Monday

09.00am to 5.30pm Tuesday, Wednesday and Friday

10.00am to 5.30pm Thursday

09.00am to 1.30pm Saturday

Call Centre 8.00am to 7.00pm

Monday to Friday 01753 475111

Welfare Benefits and Debt Support Unit

MyCouncil, Landmark Place, High Street, Slough

Tel: 01753 875399

Same opening times and dates as for MyCouncil,

Landmark Place

Britwell Talk Shop

73 Wentworth Avenue, Slough SL2 2DS

Monday to Friday

open 9.00am to 5.00pm

Department for Works and Pension

2a Yew Tree Road, Slough SL1 2AQ

Tel: 01753 615600

Age Concern

The Old Library, William Street, Slough SL1 1XX

Tel: 01753 822890

Cippenham Library

Elmshott Lane, Cippenham, Slough SL1 5RB

Open 10.00am to 12.45pm and 1.45pm to 4.45pm

Tuesday, Thursday and Friday

Citizens Advice Bureau

27 Church Street, Slough, Berkshire SL1 1PL

Open Monday, Wednesday and Friday 10.00am to 1.00pm

Advice line 0845 120 3712 open Monday and Friday

2.00pm to 4.00pm and Wednesday 10.00am to 1.00pm

Langley Library

Trelawney Avenue, Langley, SL3 7UF

9.30am to 5.00pm

Tuesday to Friday

About Housing Benefit and Council Tax Support

Housing Benefit can pay all or part of your rent. It may also give you some extra money towards things you have to pay for, like children's play areas and cleaning shared areas. Council Tax Support can pay all or part of your Council Tax. It cannot help with water charges or, if you live in Scotland, the Scottish Water Authority water and sewerage charges.

Housing Benefit Payments

If Local Housing Allowance applies to you, benefit will be paid directly to you. If you have had problems opening a current account, or if you are worried about being overdrawn, you could ask any bank or building society about opening a basic bank account. These are sometimes called introductory or starter accounts and are available from all major banks. These accounts offer free banking but overdrafts are not available. You can use these accounts to pay money in, pay bills automatically and get cash out. Many basic bank accounts also allow you to get cash from Post Offices ®.

How we collect and use information

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

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

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

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

These third parties include government departments, other local authorities and private-sector organisations such as banks and organisations that may lend you money.

They will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

Your local council is the data controller for the purposes of the Data Protection Act.

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

Please use this page if you have more than three children

	Fourth child	Fifth child	Sixth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of this.			
Does the child have any savings?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? <input type="text" value="£"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? <input type="text" value="£"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? <input type="text" value="£"/> We need to see proof of this.
Is the child disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does that disability make it difficult for the child to share a bedroom with other children?	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you for more information about this.
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below. <input type="text"/>
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	<input type="text" value="£"/> a week We need to see proof of this.	<input type="text" value="£"/> a week We need to see proof of this.	<input type="text" value="£"/> a week We need to see proof of this.



Please return to:

Slough Borough Council, Benefit Service,
P.O Box 1032, Slough, Berkshire SL1 3YT

If you want us to pay your benefit straight to your landlord, you must complete this section and sign this declaration.

Your Landlords or agents address

Your declaration

Please pay my Housing Benefit straight to my landlord.

- **I understand** that I must always tell you about any change in my circumstances.
- **I understand** that if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- **I understand** that I may be prosecuted if I do not tell you about any change of circumstances.
- **I confirm** that the information provided is true and complete and I understand that I may be prosecuted if I state something which I know to be false or do not believe to be true.

Signature

Address

Full name
(in CAPITAL LETTERS)

Postcode

Date

 / /

Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form and I am the owner of the property.

I agree to accept Housing Benefit payments for the tenant named in this form and I am authorised by the owner of the property to act on his behalf and can produce evidence of this if required.

I understand that by law:

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

I confirm that the information provided is true and complete and I understand that I may be prosecuted if I state something which I know to be false or do not believe to be true.

Signature

Date

 / /

If Housing Benefit is paid directly to you, it will be paid by BACS. Please complete the details below.

Name of bank or building society

Address of the branch where your account is held

Postcode

The name in which the account is held

Account number

Sort code

Roll number (Building society accounts only)





Slough Borough Council, Benefit Service, P.O Box 1032, Slough, Berkshire SL1 3YT

Sharing information with your landlord

Under the Data Protection Act 1998 we need your permission to discuss your claim.

If you give us permission by signing this form, we will be able to share certain information about your claim with your landlord.

We will only be able to tell your landlord whether:

- you have claimed Housing Benefit,
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

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

Signature

Full name
(in CAPITAL LETTERS)

Date

Address

Postcode

Statement of Rent

This form is to be completed by the landlord/agent or property owner. **All sections must be completed.**

Tenant's full name: Mr Mrs Miss Ms First name:
 Surname:

Address and postcode: Address:
 Please state room/flat number where applicable Postcode:

Tenancy Start Date: / / Tenancy End Date: / /

Landlord/Agent's name: Mr Mrs Miss Ms First name:
 Surname/Agency:

Address and postcode and phone number: Please state room/flat number where applicable Address:
 Phone Number:

Are you the owner of the property let? If NO, please give details below. Yes No

Owner's Full Name: Mr Mrs Miss Ms
 Address:

Address and postcode and phone number:
 Postcode: Phone Number:

Is the tenant or the tenant's partner related to:

The Landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Agent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES, please state what the relationship is:

Who is the relationship between?

Are any of the children living in the property related to:

The Landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Agent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES, please state what the relationship is:

Who is the relationship between?

Is the property solely in the name of the above tenant? Yes No

If NO, please give the name(s) of the other joint tenant(s)

Please state the amount chargeable to each tenant £

How much is the full rent for the property? £

How often is this sum due? Weekly Monthly Four Weekly Fortnightly

Other (give details)

Is the tenant more than 8 weeks in arrears with their rent? Yes No

If YES, by how much are they in arrears? £

What type of tenancy does the tenant hold? eg assured, shorthold etc.

How much notice is required should this tenant wish to leave?

Who is responsible for the internal decorating? Landlord Tenant

Is the accommodation: Fully Furnished? Partly Furnished? Unfurnished?

What type of accommodation are you providing for this tenant?

Detached House	<input type="checkbox"/>	Semi-Detached House	<input type="checkbox"/>	Terraced House	<input type="checkbox"/>
Flat in House	<input type="checkbox"/>	Flat over Shops	<input type="checkbox"/>	Flat in Block	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Room or Rooms	<input type="checkbox"/>	Something else	<input type="checkbox"/>	Please say what	<input type="text"/>
Please tell us the number of floors in the whole building				<input type="text"/>	

What floor does the tenant live on? All Floors Basement Ground 1st 2nd

Other (please say which)

If the tenant has sole occupation of only one room, please indicate its location on the floor in the building:

Front Centre Rear

Does the tenant have to share a bedroom? Yes No

If YES, who do they share with?

How many rooms are in the property?	Single Bedsit	Double Bedsit	Bed rooms	Living Rooms	Dining Room	Kitchen	Bath room	Toilet	Other
Total number of rooms	<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"/>
Rooms that only your tenant uses	<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"/>
Rooms that your tenant shares	<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"/>

If the rent includes any of these please tick ✓ the box and give the amount charged per week.

Water Rates	<input type="checkbox"/>	<input type="text"/>	Heating	<input type="checkbox"/>	<input type="text"/>
Garage/Parking	<input type="checkbox"/>	<input type="text"/>	Lighting	<input type="checkbox"/>	<input type="text"/>
Council Tax	<input type="checkbox"/>	<input type="text"/>	Hot Water	<input type="checkbox"/>	<input type="text"/>
Laundry	<input type="checkbox"/>	<input type="text"/>	Fuel for Cooking	<input type="checkbox"/>	<input type="text"/>
Cleaning	<input type="checkbox"/>	<input type="text"/>	Garage	<input type="checkbox"/>	<input type="text"/>

Does the accommodation have central heating? Yes No Yes No

Are meals included? If YES, which ones? Breakfast Lunch Dinner

Declarations

Please read these statements carefully, sign and date the form and then return it to The Benefits Section at Slough Borough Council.

HOUSING BENEFIT WILL NOT BE PAID WITHOUT THIS INFORMATION.

YOU MUST READ THIS

REMEMBER: If you deliberately give false or incomplete information you are likely to be prosecuted under the Social Security Administration (Fraud) Act 1997.

- I declare that the information given on this form is true and complete.
- I agree that the Council make any necessary enquiries to check the information on this form.
- I agree to inform the Benefits Section of Slough Borough Council **immediately** if any of the information I have given on this form changes.
- I confirm that the information provided is true and complete and I understand that I may be prosecuted if I state something which I know to be false or do not believe to be true.

Landlord's/Agent's Signature:

Date: / /

Name in BLOCK CAPITALS:

Date: / /



Slough Borough Council, Benefit Service, P.O Box 1032, Slough, Berkshire SL1 3YT

Employer's certificate of earnings

PRIVATE & CONFIDENTIAL

PART 1 To be completed by employee

1. Your name 2. Occupation
 3. Address 4. Signature

PART 2 (To be completed by employer) Slough Borough Council would be grateful if you will assist your employee by completing sections 5 to 22 of this certificate and return it to the address at the top of this certificate.

5. Date employment started 6. Date of last pay rise 7. Date next pay rise due
 8. National Insurance No. 9. Works No. 10. Tax Code

11. Please tick if you get paid: Weekly Fortnightly 4 Weekly Calendar monthly

12. Other (please specify)

13. Please indicate the method of payment e.g. cash, cheque, direct into bank account

14. Normal basic wage Normal hours worked Regular Overtime Yes No

15. Please enter the details of your employee's pay for the last 5 weeks, 3 fortnights or 2 monthly pay periods (including overtime, bonus, commission, tips, SSP, SMP etc)

Pay Period ending	No. of hours worked	Gross Pay for pay period	Gross pay to date	Working Tax Credit	Tax paid by employee		National Insurance Contributions paid by employee		Occupational or personal pension contributions	
					This Pay Period	Year to date	This Pay Period	Year to date	This Pay Period	Year to date

If Statutory Sick Pay or Statutory Maternity Pay is included in the gross pay please indicate clearly which and how much

16. Name 17. Date
 18. Business Name 19. Telephone No

20. Business Address 21. Company's Official Stamp

DECLARATION • I confirm that the information provided is true and complete and I understand that I may be prosecuted if I state something which I know to be false or do not believe to be true.

22. Signature of employer



**Please return this form to:
Slough Borough Council Benefits Service, PO Box 1032, Slough, Berkshire SL1 3YT**