

A claim for Housing Benefit and Council Tax Benefit

Name
Address


Office use	
Reference No.:	
Date sent:	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
Date received:	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>

Please send this form to us quickly or you may lose benefit

Information to claimants:




- If you require assistance due to language barriers, or to impaired vision, please contact the benefit office using the contact details below.
- Before completing this form, please read the notes on page 3.
- You must answer all the questions on this form. Please use black ink.
- You can bring your filled in form and proof to the Council. We will check and photocopy your documents before returning them to you.

We will usually only talk to you or your partner about your claim, but if you want us to talk to someone else, like a friend, relative or your landlord, please give their details here.

Name.		
Address.		
	Postcode	
Relationship to you.		Telephone No. 

Your daytime telephone number(s) and email address.

You do not have to give these but they may help us to deal with your claim more quickly.


Home telephone No. 	Mobile No. 
Email address. 	

I want to claim:

- Housing Benefit ☐
- Council Tax Benefit ☐
- Second Adult Rebate (only) ☐

Christchurch Borough Council, Civic Offices, Bridge Street, Christchurch, Dorset, BH23 1AZ

 (01202) 495190
 benefits@christchurch.gov.uk

 (01202) 495109
www.dorsetforyou.com

Fraud Freephone Confidential Hotline: **0800 328 6340**

Offices open: Monday to Thursday 8.45am - 5.15pm, Friday 8.45am - 4.45pm.

Part 1 About you and your partner (including Civil Partners)

If you are claiming Second Adult Rebate, only fill in **Part 1**, **Part 3** and **Part 17** of this form.

Do you have a partner who normally lives with you?

A partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. *(A civil partnership is a formal arrangement that gives same sex partners the same legal status as a married couple).*

No ☐ You must answer the questions below.

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"/>
Any other names you have used.	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other).	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
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"/>
Postcode	<input type="text"/>	<input type="text"/>

Date of birth.

When did you move to this address?

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

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in

National Insurance (NI) number.

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 number.

Letters	Numbers	Letters	Letters	Numbers	Letters
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not have a National Insurance number, or cannot find it, tick this box. ☐

If they do not have a National Insurance number, or cannot find it, tick this box. ☐

We need to see proof of your identity and NI number. **See the checklist at Part 16.**

If you or your partner have moved home in the last 12 months, tell us your last address

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

Tell us whether you were the homeowner or tenant at this address?

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

No ☐

Yes ☐ Please tell us about it below.

When did you last claim?

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

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 ☐ Please tell us about it below.

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

No ☐

Yes ☐ We will write to you about this.

Notes for filling in the form

Please tear off these notes and retain them for reference. You should use the 'Change of Circumstances Form' overleaf if your circumstances change in the future from the details you have included on this form.

Filling in the form

Please fill in this form in **black ink**. 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. 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, they too must sign the form. There is a special space for them to sign.

Proof

We need to see proof of some of the things you write about on the form. Please ensure that all proof provided to support this application are original documents. There is a checklist in **Part 16** of the form to help you. If you are not sure if we need to see proof of something, get in touch with us and we will tell you what we need to see. 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, contact the Council's Benefits Service by telephone or visit us at the council's offices. If you have difficulty filling in the form and you cannot come into the offices, we may be able to arrange for someone to visit you in your home. Please telephone us to arrange a visit.

Or you can get in touch with an organisation like the Citizens Advice Bureau.

For more information or to request a different format such as - Easy read, large print, audio tape or another language please contact the benefit office. Information is also available on the councils website, **www.dorsetforyou** which has options for translation.

What to do next

When you have filled in the form sign it and send it to us with the proof we need to see, you can bring the form and proof to our offices. Do not send valuable items such as bank books or passports in the post. Bring them to the Benefit Office and we will get the information we need and give them back to you.

If you cannot get the proof we need straight away, do not worry. Send the form to us with the proof you do have and let us know that you will be sending some proof later.

If you do not send the form to us straight away, you might lose money.

How your Benefits Office collects and uses 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 Benefit. It may also be used for the accounting and recovery of Council Tax.

The authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

These other bodies include government departments, like the Department for Work and Pensions; other local authorities and private-sector organisations such as banks and organisations that may lend you money.

We 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.

Getting your benefit right

We may need to visit you at home to confirm some of the details on this form.

You can do an estimate of entitlement online at: **www.dorsetforyou.com/benefitscalculator**

For example:

- If you are not sure, ask us for advice.

It is an offence not to tell us about any change of circumstances that may affect your benefit. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.

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	You	Your partner
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK?	<div>DDMMYYYY</div> <p>The UK is England, Northern Ireland, Scotland and Wales.</p>	<div>DDMMYYYY</div>
Are you or your partner in hospital at the moment?	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.
When did you go in?	<div>DDMMYYYY</div>	<div>DDMMYYYY</div>
When will you come out, if you know this?	<div>DDMMYYYY</div>	<div>DDMMYYYY</div>
Do you or your partner get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much, we need to see proof of this. Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much, we need to see proof of this. Care: £ <input type="text"/> Mobility: £ <input type="text"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does anyone get Carer's Allowance for looking after you or your partner?	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.
Please tick if you or your partner are:		
An apprentice	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
On youth training	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
In legal custody	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
Severely mentally impaired	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
Registered blind	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
Long-term sick or disabled	<input type="checkbox"/> We need to see proof of this.	<input type="checkbox"/> We need to see proof of this.
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay and how often? £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay and how often? £ <input type="text"/> every <input type="text"/>
Are you or your partner a student?	No <input type="checkbox"/> Go to Part 2. Yes <input type="checkbox"/> Tell us if this is full or part time. Full time <input type="checkbox"/> Part Time <input type="checkbox"/>	No <input type="checkbox"/> Go to Part 2. Yes <input type="checkbox"/> Tell us if this is full or part time. Full time <input type="checkbox"/> Part Time <input type="checkbox"/>

Please provide evidence of your term time dates of study and evidence of any student grant/loan or other funding you receive.

Part 2 About children

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, 18 or 19 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, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

	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" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Is the child registered blind?

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

Does the child get Disability Living Allowance?

No ☐

Yes ☐ How much?

No ☐

Yes ☐ How much?

No ☐

Yes ☐ How much?

Care £

Mobility £

Care £

Mobility £

Care £

Mobility £

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

No ☐

Yes ☐ Please tell us about it below.

No ☐

Yes ☐ Please tell us about it below.

No ☐

Yes ☐ 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"/>
<input type="text"/>

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

How much do you pay a week?

£ a week

£ a week

£ a week

How many weeks in the year do you pay childminding costs?

weeks

weeks

weeks

Please provide evidence of the childcare costs you pay. [See checklist at Part 16.](#)

Part 3 About other people who live with you

Now tell us about all the other people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

Do any adults usually live with you and your partner?

No ☐ Go to Part 4.

By adults we mean people over 16 who nobody gets
Child Benefit for.

Yes ☐ Fill in this Section.

☐ Tick this box if you are sending a separate sheet of paper.

	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"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Their relationship to you or your partner.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, step daughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

Do they get Income Support or income-based Jobseeker's Allowance, Employment Support Allowance (Income Related) or Pension Credit (Guarantee Credit)?

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

Do they get Disability Living Allowance or Attendance Allowance?

No ☐

Yes ☐ How much?

£ a week

No ☐

Yes ☐ How much?

£ a week

No ☐

Yes ☐ How much?

£ a week

Are they registered blind?

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No ☐

Yes ☐ Tell us which. We need to see proof of this.

No ☐

Yes ☐ Tell us which. We need to see proof of this.

No ☐

Yes ☐ Tell us which. We need to see proof of this.

Are any of the people who normally live with you married to each other, civil partners, or living together as if they were married or civil partners?

Is the partner of

Part 3 About other people who live with you continued

	First person	Second person	Third person
Do they pay rent or money to lodge with you or your partner?	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.
How much?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <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"/>
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.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.
We need to see proof of their earnings.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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"/> 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 are they expected to come out?	<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"/> <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"/>
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"/> <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"/> <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 have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not already told us about on this form. For example interest from savings and investments.	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.
	Where does the income come from? <input type="text"/>	Where does the income come from? <input type="text"/>	Where does the income come from? <input type="text"/>
	How much is it before deductions? £ <input type="text"/>	How much is it before deductions? £ <input type="text"/>	How much is it before deductions? £ <input type="text"/>
	Where does the income come from? <input type="text"/>	Where does the income come from? <input type="text"/>	Where does the income come from? <input type="text"/>
	How much is it before deductions? £ <input type="text"/>	How much is it before deductions? £ <input type="text"/>	How much is it before deductions? £ <input type="text"/>

Part 4 About Income Support, Income-Based Jobseeker's Allowance, Employment & Support Allowance (Income Related) & Pension Credit

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

No ☐ Go to Part 5.

Yes ☐ Please tell us about it below.

Are you or your partner **actually getting** Income Support, income-based Jobseeker's Allowance, Employment & Support Allowance (Income Related) or Pension Credit (Guarantee Credit) at the moment?

No ☐

Yes ☐ When did you start getting it?

Now go to Part 11.

Your partner

No ☐

Yes ☐ When did they start getting it?

Now go to Part 11.

Are you or your partner actually receiving Pension Credit (Savings Credit) at the moment?

No ☐

Yes ☐ When did you start getting it?

Now go to Part 5.

No ☐

Yes ☐ When did they start getting it?

Now go to Part 5.

Are you or your partner **still waiting** to hear about a claim for Income Support, income-based Jobseeker's Allowance, Employment & Support Allowance (Income Related) or Pension Credit?

No ☐

Yes ☐ When did you claim?

Now go to Part 5.

No ☐

Yes ☐ When did they claim?

Now go to Part 5.

Part 5 About current accounts, savings, investments and property

Do you or your partner have any bank accounts, savings, investments or property in the UK or abroad?

No ☐ Go to Part 6.

Yes ☐ Answer the questions below and on the next page.

This includes cash, overdrawn accounts, internet accounts, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares.

Money in bank accounts

Number of accounts

Total amount

Name of the bank

Account number

£

(eg. 1,2,3)

£

£

Money in building society accounts

Number of accounts

Total amount

Name of building society

Account number

£

(eg. 1,2,3)

£

£

Money in post office accounts

Number of accounts

Total amount

Name of the post office account

Account number

£

(eg. 1,2,3)

£

Part 5 About current accounts, savings, investments and property continued

Premium Bonds.

How many bonds?	Total amount
<input type="text"/>	£ <input type="text"/>

Unit trusts, ISAs, PEPs, TESSAs or other investments.

Number of accounts	Total amount	Name	Account number
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
(eg. 1,2,3)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Income bonds or capital bonds.

Number of bonds	Total amount	Name	Bond number
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
(eg. 1,2,3)			

Money or property held in trust.

Approximate value
£ We will write to you about this.

Stocks and Shares

Approximate value	Name of the company these are held in.	Number held
£ <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 there are more, tell us about the others on a separate piece of paper and send it with this form.

☐ Tick this box if you are sending a separate sheet of paper.

Do you or your partner have any National Savings Certificates?

No ☐

Yes ☐ Please send us the original certificates as proof. We will return the certificates to you.

Do any of your savings or investments include:

- money from the sale of a house, or
- money from a charity?

No ☐

Yes ☐ We will write to you about it.

Apart from your home, do you or your partner own, or partly own, any other property, land or time-share in this country or abroad?

No ☐

Yes ☐ We will write to you about it.

If it is on a mortgage or a loan, still tick **Yes**.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment,
- a compensation payment made to victims of atrocities that happened during the Second World War, or
- a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No ☐

Yes ☐ We will write to you about it.

Any other savings or investments.

£ <input type="text"/>	Type of other savings or investment	<input type="text"/>
£ <input type="text"/>	Type of other savings or investment	<input type="text"/>
£ <input type="text"/>	Type of other savings or investment	<input type="text"/>

We must see evidence of any savings, investments or property before we can decide how much benefit you can get. **Read the checklist at Part 16 to see what you can use as evidence.**

Part 6 About working for an employer

Do you or your partner work for an employer?

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.

☐ Tick this box if you are sending a separate sheet of paper.

	You	Your partner
What is your job title?	<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"/>
Postcode	<input type="text"/>	<input type="text"/>
When did you start this job?	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When do you finish?	Yes <input type="checkbox"/> When do you finish?
	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
How often do you get paid?	<input type="text"/> every	<input type="text"/> every
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid?	<input type="text"/>	<input type="text"/>
For example, in cash, by cheque or straight into a bank or building society account?		
When was your last pay rise?	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
When will your next pay rise be?	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>

If you are getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment tell us how much in **Part 9**.

Are you getting any non-statutory sick pay or maternity pay from your employer at the moment?

No ☐

Yes ☐ How much and how often?
We need to see proof of this.

£ every

No ☐

Yes ☐ How much and how often?
We need to see proof of this.

£ every

Do you pay into a private or company pension scheme?

No ☐

Yes ☐ How much and how often?
We need to see proof of this.

£ every

No ☐

Yes ☐ How much and how often?
We need to see proof of this.

£ every

We must see evidence of any earnings before we can decide how much benefit you can get.

If you get tips or bonuses, tell us about these in Part 14.

Read the checklist at Part 16 to see what you can use as evidence.

Part 7 About being self-employed

Are you or your partner self-employed?

No

Go to Part 8.

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. Read the checklist at Part 16 to see what you can use as evidence. We will write to you about this.

	You	Your partner
What kind of work do you do?	<div></div> <div></div>	<div></div> <div></div>
When did the business start?	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
What is the business address?	<div></div> <div></div> <div></div> <div>Postcode</div>	<div></div> <div></div> <div></div> <div>Postcode</div>
How many hours a week do you usually work?	<div></div>	<div></div>
Do you get a Business Start-up Allowance?	<div><div>No</div><div></div></div> <div><div>Yes</div><div></div><div>How much and how often?</div><div><div>£</div><div></div><div>every</div><div></div></div></div>	<div><div>No</div><div></div></div> <div><div>Yes</div><div></div><div>How much and how often?</div><div><div>£</div><div></div><div>every</div><div></div></div></div>
Do you pay into a private pension scheme?	<div><div>No</div><div></div></div> <div><div>Yes</div><div></div><div>How much and how often?</div><div><div>£</div><div></div><div>every</div><div></div></div></div>	<div><div>No</div><div></div></div> <div><div>Yes</div><div></div><div>How much and how often?</div><div><div>£</div><div></div><div>every</div><div></div></div></div>

We must see evidence of your earnings before we can decide how much benefit you can get.
Read the checklist at Part 16 to see what you can use as evidence.

Part 8 About any other work

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

No

Go to Part 9.

Yes

Answer the questions below..

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

	You	Your partner
What other work do you do?	<div></div>	<div></div>
What is the name and address of the person you do this work for?	<div></div> <div></div> <div></div> <div>Postcode</div>	<div></div> <div></div> <div></div> <div>Postcode</div>

Part 9 About benefits and pensions

Have you or your partner deferred your entitlement to State Pension? No ☐ Yes ☐

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? No ☐ Go to **Part 10**.
Yes ☐ Answer the questions on this page.
Tell us the full rate of the benefits before any deductions.

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

- Adoption Pay
- Attendance Allowance
- Better off in Work Credit (BWC)
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment & Support Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Return to Work Credit
- Severe Disablement Allowance
- State Retirement Pension
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- War Disablement Benefit War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit

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.

☐ Tick this box if you are sending a separate sheet of paper.

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

Part 10 About other money coming in

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

No ☐ Go to Part 11.

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.

This includes:

- Occupational pensions
 - Work pensions and private pensions
 - Annuities
 - Any cash payments
 - Any money you get from boarders, lodgers or subtenants
 - Equity Release schemes
- Home Income Plans
 - Training allowances
 - Money from a trust fund
 - Student grant or loan
 - Maintenance or child support for you, your partner or any child

	Other money 1	Other money 2	Other money 3
What is the money for?			
Who gets it?			
How much do they get?	£	£	£
How often?	every	every	every
How is it paid?			
When did they start getting this income?	<div>D D M M Y Y</div>	<div>D D M M Y Y</div>	<div>D D M M Y Y</div>
When is the income likely to go up?	<div>D D M M Y Y</div>	<div>D D M M Y Y</div>	<div>D D M M Y Y</div>
Does anyone owe money to you or your partner?	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?			
How much?	£	£	£
Who is it owed to?			

Are you or your partner expecting to get any money in the next 12 months?

No ☐

Yes ☐ Tell us about it below.

For example, a redundancy payment or a payment instead of notice or holiday.

What for?	
How much?	£

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as evidence.

Part 11 About where you live

Do you jointly own your own home?

No☐

Yes☐ Who with?

Go to Part 12.

Do you own your own home or have a mortgage?

No☐

Yes☐ Go to Part 12.

Are you a tenant of Twynham Housing Association?

No☐ Fill in this section.

Yes☐ Go to Part 13.

What sort of building do you live in?

Tick one box only.

Detached house☐

Flat in a house☐

Caravan, mobile home or houseboat☐

Semi-detached house☐

Flat in a block☐

Board and lodgings☐

Terraced house☐

Flat over a shop☐

Hotel or guest house☐

Maisonette☐

Bedsit or rooms or a studio flat☐

Residential care/nursing home☐

Detached bungalow☐

Hostel☐

Semi-detached bungalow☐

Other - give details

Does your home have central heating?

No☐

Yes☐

Does your home have a garage?

No☐

Does your home have a parking space?

No☐

Yes☐

Yes☐

How many floors are there?

If you and your household occupy only part of the building, where in the building do you live?

At the front☐

In the middle☐

At the back☐

Which floor do you live on?

For example, ground floor, first floor.

How many 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"/>
Toilets.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you use your home for business?

No☐

Yes☐

Do you have a main home somewhere else?

No☐ Go to Part 12.

Yes☐ Tell us about it below. If your main home is somewhere else in the UK or abroad, tick **Yes**, even if you do not pay rent for it.

What is the address?

Postcode

Do you pay rent on the address above?

No☐

Yes☐ How much and how often? £ every We need to see proof of this.

Part 12 About rent

Do you pay rent or a site fee for your home?

No ☐ Go to **Part 14**.

Yes ☐ Complete the section below.

What is your landlord's full name and business address?

By landlord we mean the person or organisation who owns the property you live in.

Postcode

If your landlord has an agent, tell us their full name and address.

By agent we mean the person or organisation you actually pay your rent to.

Postcode

Are you or your partner related to your landlord or agent, or to your landlord's partner or the agent's partner?

No ☐

Yes ☐ Who?

--

Relationship to my landlord(s) or agent(s)

--

Related includes related through marriage/civil partnership, even if the marriage/civil partnership has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

When did you start renting your home?

D	D	M	M	Y	Y
---	---	---	---	---	---

When did you move to this address?

D	D	M	M	Y	Y
---	---	---	---	---	---

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

What sort of tenancy do you have?

--

How long is the tenancy for?

D	D	M	M	Y	Y
---	---	---	---	---	---

 to

D	D	M	M	Y	Y
---	---	---	---	---	---

What is the property let as?

Tick the box that applies.

Furnished ☐

Partly furnished ☐

Unfurnished ☐

How much is your rent before Housing Benefit and how often should it be paid?

£		every	
---	--	-------	--

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

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at **Part 16** to see what you can use as proof.

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.

Name

Relationship

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

£ every

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

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?

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?

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.

Does your rent include money for the following?

Meals

No ☐

Yes ☐ How much?

£ every

For which meals? (please tick).

Breakfast ☐

Lunch ☐

Evening meal ☐

Water authority charges.

No ☐

Yes ☐ How much?

£ every

Heating.

No ☐

Yes ☐ How much?

£ every

Lighting.

No ☐

Yes ☐ How much?

£ every

Hot water.

No ☐

Yes ☐ How much?

£ every

Fuel for cooking.

No ☐

Yes ☐ How much?

£ every

Laundry.

No

Yes

How much?

£

every

Cleaning rooms or windows.

No

Yes

How much?

£

every

Gardening.

No

Yes

How much?

£

every

Garage or parking space.

No

Yes

How much?

£

every

Do you have to rent the garage as part of the tenancy agreement?

No

Yes

Personal care and general counselling and support.

No

Yes

How much?

£

every

Do you pay any service charges separate from your rent?

No

Yes

How much?

£

every

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?

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?

D

D

M

M

Y

Y

When do you expect to go back home?

D

D

M

M

Y

Y

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 16](#) to see what you can use as proof.

Part 13 How you will be paid and the choices you have

If you are awarded Council Tax Benefit, we will pay this into your Council Tax account.

How often would you like your Housing Benefit to be paid?

Every **two** weeks (in arrears). ☐

Every **four** weeks (in arrears). ☐

Section A - Tenants of housing associations or registered social landlords

We can pay your rent direct to your landlord or we can pay your money into a bank or building society account.

If you would like us to pay your landlord direct please tick this box. ☐

If you would like us to pay your benefit to your bank account, please tick this box and complete **Section C** below. ☐

If you require us to pay you by cheque, please tick this box and explain why you require payment by cheque in **Part 14**. ☐

Section B - Private tenants

Under the Local Housing Allowance rules your housing benefit will be paid into your bank or building society account.

Please provide details of the account into which you want your benefit paid by completing **Section C** below.

If your circumstances are exceptional:

- if you require us to pay your landlord, please tick this box and we will send a form you must complete, explaining why payment should be sent to your landlord, or ☐
- if you require us to pay you by cheque, please tick this box and explain why you consider you need to be paid by cheque in **Part 14**. ☐

Section C - Payment into an bank or building society account

What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement.

Full name of bank or building society.

Sort code - of the bank, building society or other account provider.
Please tell us all six numbers, for example 12-34-56.

--	--	--	--	--	--

Account number - This is 7 to 10 numbers long

--	--	--	--	--	--	--	--	--	--

More information if it is a building society account - Some building societies accounts use a roll or reference number. The roll or reference number is on the passbook. The roll or reference can contain letters and numbers and can be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society roll or reference number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 14 Anything else you need to tell us

Please use this space to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form? Tell us how many sheets?

Part 15 Backdating

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.

The date you want to claim benefit from?

D

D

M

M

Y

Y

For this earlier period, were your
circumstances the same as on this form?

No

Yes

Tell us why you have not claimed before:

Part 16 Checklist

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 our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

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

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

Evidence of identity ☐

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit or EEC identity card. We may need to see several of these documents for each person.

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. The evidence you send must show details for at least the last two months, or six months if you are self employed.

Evidence of earnings ☐

We also need this for other adults who form part of your household.

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. You can use the Employers Certificate at the end of this form to provide proof about your earnings. We will contact your employer if you do not provide this information.

Evidence of self employed earnings ☐

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, details of your trading records so far. Alternatively you can complete a self employed assessment form.

If you would like a form please tick the box. ☐

Evidence of other income ☐

We also need this for other adults who form part of your household.

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 ☐

We also need this for other adults who form part of your household.

Such as current award notices or letters from social security or inland revenue 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.

Evidence of other money paid out ☐

Such as letters about student grants or maintenance agreements.

Evidence of childcare costs ☐

such as receipts of the childcare costs you pay. They must show the costs, times and the name of the person providing the care.

Evidence of student status ☐

If you or your partner are a student we need to see evidence of your term time dates of study and evidence of any student grants/loans or other funding you receive.

Part 17 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, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign.

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

- I declare that the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- I understand the authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. These other bodies include government departments, like the Department for Work and Pensions; other local authorities and private-sector organisations such as banks and organisations that lend you money.
- I know that I must let you know in writing about any change in my circumstances which might affect my claim.

Signature of person claiming.

Date.

D

D

M

M

Y

Y

Partner's signature.

Date.

D

D

M

M

Y

Y

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

I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form.

Signature of person claiming.

Relationship to the person claiming.

Date.

D

D

M

M

Y

Y

Sharing information with your landlord

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

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

If you give us permission, we would be able to tell your landlord whether:

- you have claimed or renewed your claim for 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 my local 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)

Address.

Postcode

Date.

D	D	M	M	Y	Y
---	---	---	---	---	---

Paying benefit to your landlord if you are a tenant of a Housing Association or Registered Social Landlord

Tear-off sheet

If you want us to pay your benefit straight to your landlord, you must sign this declaration. Please then detach this sheet and hand it to your landlord to sign.

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.

Signature.

Full name.

(in CAPITAL LETTERS)

Address.

Postcode

Date.

D	D	M	M	Y	Y
---	---	---	---	---	---

Your landlords declaration

Please assist your tenant by completing this declaration and returning it to your tenant as soon as possible.

I agree to accept Housing Benefit payments for the tenant named above.

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.

Signature.


Full name.

(in CAPITAL LETTERS)

Address.

Postcode

Telephone No.



Date.

D	D	M	M	Y	Y
---	---	---	---	---	---

To the tenant

Please hand this form to your landlord and ask him to complete it and return it to you. The completed form should then be sent to the Council as soon as possible.

To the landlord

Please assist your tenant by completing this form and returning it to the tenant as soon as possible.

Name of tenant.

Address of tenancy.

 Postcode

Date tenancy started?

D	D	M	M	Y	Y
---	---	---	---	---	---

How much and how often is the tenant liable to pay?

£ every

Are there any rent free weeks?

No ☐

Yes ☐ If Yes, how many?

Is the rent paid up to date?

No ☐ If No, state details.

Yes ☐

Is the accommodation furnished?

No ☐

Yes ☐

How much notice is the tenant required to give?

weeks/months

Meals.

No ☐

Yes ☐ How much?

£ every

For which meals? (please tick).

Breakfast ☐

Lunch ☐

Evening meal ☐

Water charges.

No ☐

Yes ☐ How much?

£ every

Heating.

No ☐

Yes ☐ How much?

£ every

Lighting.

No ☐

Yes ☐ How much?

£ every

Hot water.

No ☐

Yes ☐ How much?

£ every

Fuel for cooking.

No ☐

Yes ☐ How much?

£ every

Electricity.

No ☐

Yes ☐ How much?

£ every

Any other services?
Please specify.

Do you own the property?

No ☐

Yes ☐

If No, are you a
licenced tenant?

No ☐

Yes ☐

Are you related to
anyone in the household?

No ☐

Yes ☐ Who?

Related includes related through marriage/civil partnership, even if the marriage/civil partnership has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

Relationship?

Name of landlord.

Address of landlord.

Postcode

Telephone number.



Mobile number.



Email address.



The information given on this form is, to the best of my knowledge and belief, true and correct.

Landlords signature.

Full name.
(in CAPITAL LETTERS)

Date.

D	D	M	M	Y	Y
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Note to claimant

You should only use this form if you are unable to provide payslips as proof of employment. Please complete your name and address and then give the form to your employer to complete your details. **Please return the form as soon as possible to the local authority benefits office.**

Claimants name.

Address.

Postcode

Note to employer

National Insurance (NI) number.

Letters		Numbers				Letters	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payrole number.

Start date.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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End date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of next pay rise.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Wage details for the last consecutive 5 weeks, 3 fortnights or 2 months.

Date			Gross pay	Income tax	National Insurance	Pension contribution	Tax Credits	Take home pay
<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"/>
<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"/>
<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"/>
<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"/>
<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"/>

Totals so far this year.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Up to and including week/month

Method of payment (e.g. cash, cheque, BACS).

Frequency of payment (e.g. weekly, monthly)

I declare this record is true and complete. I am aware that if I give incorrect information I may be prosecuted.

Signature.

Full name.

(in CAPITAL LETTERS)

Position held.

Address.

Company stamp

Date.

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