



Herefordshire Council

Claim form for Housing Benefit, Council Tax Reduction and free school meals



Do not write in this box – it is for office use only.

Date form sent out: _____ / _____ / _____ **Form to be returned by:** _____ / _____ / _____

Date form received back at our office: _____ / _____ / _____ Reference number: _____

Your name:

Address of the property you want to claim for:

.....

.....

Postcode:

Phone number:

Mobile number:

E-mail address:

You do not have to give your phone numbers or e-mail address if you do not want to, but it may help speed up your claim.

Our Benefits Office will look at the information you give on this form and the proof you send to us to confirm the information you have given. They will then work out the help you can get to pay your rent and council tax. We will send you a letter telling you our decision once we have received all the proof we have asked for. We will write to you telling you what you are entitled to everytime you tell us about a change in your circumstances.

If you have any questions, please phone our Benefits Office on 01432 260333.

If you are elderly or are not able to leave your home and need someone to come to your home and help you fill in this form, please phone our Joint Visiting Team on 01432 363756.

Please tick the boxes that apply to you.

- | | | | |
|--|--------------------------|---|--------------------------|
| I rent my home from a housing association | <input type="checkbox"/> | I rent my home from a private landlord | <input type="checkbox"/> |
| I own my home | <input type="checkbox"/> | I want to apply for Second Adult Rebate (read the notes on page 2) | <input type="checkbox"/> |
| I live in rooms or lodgings or in a hostel | <input type="checkbox"/> | Your Homelessness Prevention Team have placed me in my current home | <input type="checkbox"/> |
| I have savings or capital of more than £16,000 | <input type="checkbox"/> | I am a full-time student over 19 years of age | <input type="checkbox"/> |
| I have multi-agency public protection | <input type="checkbox"/> | | |

If you have savings or capital investments of more than £16,000, read the notes on page 2.

Please read the notes on page 2 about students who can claim Housing Benefit and Council Tax Reduction.

Do not delay sending this form to our Benefits Office or one of our Customer Service Centres listed on page 37 of this form.

Return this form straight away after you have filled it in, even if you do not have all the proof you need.
Please let us have the missing proof **within seven days** of sending this form to us.

**Please return this form to Herefordshire Council, The Benefits Office, PO Box 224, Hereford, HR1 2XW.
You can find out more about Housing Benefit and Council Tax Reduction at www.herefordshire.gov.uk.**

Please read these notes and the notes on the next page before filling in this form.

- So we can work out your Housing Benefit or Council Tax Reduction, you must give us proof of your identity, National Insurance number, income, savings and rent (see the checklist on page 34).
- We will only process this application if you **give us original** documents as proof.
- We cannot accept photocopies.
- Please fill in this form using black ink. **Do not use pencil.**
- You must read and sign the declaration on page 32 before you return the form.
- If you do not fill in the form properly, it will take longer for us to deal with your application.
- There are notes in this form to explain the questions. Our Benefits Office is only a phone call away on 01432 260333 if you need help or are not sure of some of the questions.
- **If you would like to see a council officer to discuss your application, our Customer Service Centres are listed on page 37 of this form. You can tear out and keep pages 35, 36 and 37 of this form.**

Notes

Savings or investments of more than £16,000

If you or your partner or both of you have savings or investments valued at more than £16,000 and you do not receive Pension Credit (Guarantee Credit), you may not be entitled to Housing Benefit or Council Tax Reduction. Please contact us on 01432 260333 to find out if you are entitled before filling in the form.

Full-time students

If you are a single full-time student over 19 years old and you are not a single parent, have a disability or receive Income Support or income-based Jobseeker's Allowance or Employment and Support Allowance, you may not be entitled to Housing Benefit or Council Tax Reduction. Please contact us on 01432 260333 to find out if you are entitled before filling in this form.

When your Housing Benefit or Council Tax Reduction will start

We can usually pay Housing Benefit or provide Council Tax Reduction from the Monday after you first contact us, or on the Monday after we receive your form. If you are a new tenant, we can pay it from the start of your tenancy, but only if we receive your form on or before the Sunday after your tenancy starts. We cannot normally pay benefit for any time before you move in.

Backdating

Housing Benefit and Council Tax Reduction will normally start from the Monday after we receive your application form. We may be able to backdate your Housing Benefit for up to six months and your Council Tax Reduction for up to three months if you can give a good reason why you did not apply earlier. If you think you have a good reason, please tell us on page 31, in **part 16 – 'Backdating'**.

How will we pay your Housing Benefit or Council Tax Reduction

If you are a new private tenant, we will pay your Housing Benefit every two weeks or every four weeks for the period that has just passed. Your Council Tax Reduction will show on your council tax bill.

How your Housing Benefit or Council Tax Reduction is worked out

We work out how much Housing Benefit and Council Tax Reduction you are entitled to based on your financial and personal circumstances. Please do not assume that you will get all your rent or council tax paid for you.

Second Adult Rebate

This is a type of Council Tax Reduction you can get if you have reached the qualifying age for State Pension Credit. You can claim Second Adult Rebate if you do not have a partner, but you do not qualify for a council tax single-person discount because you share your home with another person who:

- is aged 18 or older;
- is on a low income; and
- does not pay you rent.

If you are under 35

If you are under 35 and are single, you may only be entitled to a reduced amount of Housing Benefit. This will not apply if you:

- have a partner who lives with you;
- receive Child Benefit for a child in your care;
- have another adult living with you who does not pay you rent (for example, a relative or a friend);
- get the higher- or middle-rate care part of Disability Living Allowance (DLA); or
- are under 22 and are under local authority care.

If you think you are going to need to claim Housing Benefit to help pay your rent, you should contact us on 01432 260333 to talk about claiming. You should do this before you sign a tenancy agreement.

Local Housing Allowance

If you rent from a private landlord and you are making a new claim for Housing Benefit or you move home on or after 7 April 2008, we will work out your Housing Benefit using Local Housing Allowance (LHA) rules. LHA has rates set each year for different size properties by The Rent Service. The rate you are entitled to is based on the number of people who live with you and their ages. Local Housing Allowance is the most you can receive. You may receive less depending on your income, savings and circumstances. The Local Housing Allowance rates are available in advance from our website at www.herefordshire.gov.uk or from our Customer Service Centre Offices (see page 37).

Registered social landlord or housing associations

If you rent a property from a registered social landlord (usually a housing association), please ask them if they are part of the government scheme for checking documents relating to your claim. If they are, you will be able to take your claim form and documents to them instead of bringing them to us or sending them to our Housing Benefits office.



When you see this symbol it means that you need to give us an original document to confirm the details you have given in this form.

Proof of identity

We need to see proof of your and your partner's identity. We need to see two original documents. We cannot accept photocopies. Below is a list of some of the documents we can accept as proof of your identity (it is not a complete list).

- A current and valid passport
- A UK resident permit
- A birth certificate
- A marriage certificate
- A driving licence
- An HM Forces employment certificate
- A divorce or annulment certificate
- A Home Office letter deciding your status in the UK
- A bank statement (this must be less than four weeks old)
- A bank or building-society passbook
- A gas, electricity or phone bill in your name (this must be less than three months old)

We cannot deal with your claim unless you give us your and your partner's National Insurance numbers and provide proof of them. You can find your National Insurance number on payslips, P60 or benefit letters.

How we collect and use your information

We must protect the public funds we handle, so we may use the information provided on this form to prevent and detect fraud. We may share this information with other organisations that handle public funds for the same purpose. We may use this information to promote other council services you may be entitled to. We will keep information about you on our computer and we will keep to the Data Protection Act 1998. We are 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.

Part 1 About you and your partner



Do you have a partner who normally lives with you?

Yes No


By partner we mean someone that you are married to or are in a civil partnership with or live with as if you are married or civil partners. (A civil partner is someone who has entered into a formal agreement (known as a civil partnership) with a same-sex partner so they have the same legal rights as a married couple.) If you have a partner, you must answer all the questions about them.

| | You | Your partner | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|--|
| 1 Title (for example, Miss, Mrs, Mr, or Ms) | | | | | | | | | | | | |
| 2 Surname | | | | | | | | | | | | |
| 3 First name and middle name | | | | | | | | | | | | |
| 4 Any other name you have used (for example, a maiden name) | | | | | | | | | | | | |
| 5 Date of birth | | | | | | | | | | | | |
| 6 Are you: | single? <input type="checkbox"/> a single parent? <input type="checkbox"/> married, in a civil partnership or living together? <input type="checkbox"/> separated? <input type="checkbox"/> | married, in a civil partnership or living together? <input type="checkbox"/> separated? <input type="checkbox"/> | | | | | | | | | | |
| 7 National Insurance number | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | We must see proof of your National Insurance number and your partner's National Insurance number and proof of identity. (See the checklist on page 34.) | | | | | | | | | | | |
| 8 When did you move into your new property (the address you have written on page 1)? | / / | / / | | | | | | | | | | |
| 9 If you or your partner have not yet moved into your new property, please tell us the address and postcode where you are currently living. | | | | | | | | | | | | |
| 10 When do you expect to move into your new property (the address you have written on page 1)? | / / | / / | | | | | | | | | | |
| | In most cases, we cannot pay Housing Benefit and Council Tax Reduction until you have actually moved into your new property. | | | | | | | | | | | |
| 11 What was your previous address and postcode? | | | | | | | | | | | | |
| 12 Have you previously spent at least 3 months in a specialised hostel for homeless people? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 13 Have you or your partner applied for Housing Benefit or Council Tax Reduction before? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| When did you last receive a payment for Housing Benefit or Council Tax Reduction? | / / | / / | | | | | | | | | | |

Part 1 About you and your partner (continued)

| | You | Your partner |
|---|--|--|
| What address was your claim for? | | |
| 14 What is your nationality (for example, British)? | | |
| | The benefit rules say we must ask you about your nationality. | |
| 15 Have you or your partner come to live in the UK, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | The UK is England, Northern Ireland, Scotland and Wales | |
| 16 If you were not born in the UK or do not hold a UK passport, please confirm the actual date that you entered the country. | / / | / / |
| 17 Have you been told by the Immigration Office that you are eligible to claim benefit in the UK? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | We may need to write to you for more information. | |
| 18 Are you or your partner currently in a hospital or residential home? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did you or your partner go into hospital or a residential home? | / / | / / |
| When do you or your partner expect to leave? | / / | / / |
| 19 Does anyone get Carer's Allowance for looking after you or your partner? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| |  If somebody receives Carer's Allowance for looking after you or your partner, we must see the award letter or payment book. | |
| 20 Are you or your partner registered blind? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please tell us your registration number. | | |
| 21 Are you or your partner full-time or part-time students? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a student nurse? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| |  Only certain full-time students can claim benefit. (See the notes on students on page 2.) We must see proof of any student grant or loan assessments. (See the checklist on page 34.) | |
| How many hours each week do you study? | | |
| What is the name of your university or college? | | |
| What is the name of your course? | | |

Part 1 About you and your partner (continued)



| | You | Your partner |
|---|--|--|
| What are the start and end dates of your course? | Start / / | Start / / |
| | End / / | End / / |
| 22 Are you or your partner in prison? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| When did you or your partner go to prison? | / / | / / |
| What is the name of the prison? | | |
| We will write to you for more information about this if we need to. | | |
| 23 Do you or your partner have a long-term mental-health problem? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24 Are you an apprentice? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 25 Are you receiving a work-based training allowance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| We must ask questions 20 to 22 in case you are eligible for a council tax discount. | | |
|  Please give us proof of the benefits you are receiving (see the checklist on page 34). | | |

Part 2 About children and young people

| | You | Your partner | | |
|--|---|---|---------|---------|
| 1 Are you or your partner pregnant? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If yes, when is the baby due? | / / | / / | | |
| You must tell us about the birth of your child within one month or you may lose benefit. | | | | |
| 2 Do you or your partner have any children or young people in your household who you receive Child Benefit for? | Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to part 3. | Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to part 3. | | |
| If yes, please give us the details of the children or young people below. | | | | |
| | Child 1 | Child 2 | Child 3 | Child 4 |
| Last name | | | | |
| First name | | | | |
| Date of birth | | | | |
| Are they male or female? | | | | |
| You need to tell us about your or your partner's children. For benefit purposes, a child or young person is a person up to the age of 20 who: <ul style="list-style-type: none"> • lives with you; • you receive Child Benefit for; and • is still in full-time education at A level or below or on approved training with Connexions. | | | | |

If you have more than four children in your property, you should include their details in part 17 on Page 31.

Part 2 About children and young people (continued)

| | Child 1 | Child 2 | Child 3 | Child 4 |
|--|---|--|--|--|
| Do you receive Child Benefit for this child? | 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"/> No <input type="checkbox"/> |
| Does this child receive Disability Living Allowance? | 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"/> No <input type="checkbox"/> |
| Is this child registered blind? | 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"/> No <input type="checkbox"/> |
| <p> If you receive Child Benefit for your child or children or they receive Disability Living Allowance (DLA) we must see one of the following for each child.</p> <ul style="list-style-type: none"> • The award letter • The payment book • A recent bank statement showing the DLA or Child Benefit payment | | | | |
| Do you pay childcare costs for this child? | 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"/> No <input type="checkbox"/> |
| Are you fostering this child? | 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"/> No <input type="checkbox"/> |
| Tell us the name of the childminder, nursery, after-school club or before-school club who cares for your child. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registration number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much do you pay for childcare each week? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Does it change during the year? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give further details in Section 17. | | | |
| Do you receive childcare vouchers to help with these payments? | 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"/> No <input type="checkbox"/> |
| <p> Childcare - We need to see receipts, no older than one month, showing how much you pay and who you pay your childcare costs to. The receipt must show the cost of childcare, times of care and name of the person providing the care. Each childminder, nursery or similar scheme must be registered with a local authority. If you use a childminder, please send a copy of your childminder's registration document.</p> | | | | |

If you have more than four children in your property, you should include their details in part 17 on Page 31.

If you want free school meals for your child or children, make sure you answer the questions in part 19 on page 33.

Part 3 About other people who live with you

1 Do any adults live with you and your partner? By adults we mean people over 16 who nobody gets Child Benefit for. If no, go to **part 4**. If yes, please fill in the rest of part 3.

Last name

First name

Date of birth

Title (for example, Mr, Miss, and so on)

Their relationship to you or your partner (for example, brother, parent, friend, and so on)

Their National Insurance number

Do they get Income Support or income-based Jobseeker's Allowance?

Do they get Disability Living Allowance, Personal Independence Payment or Attendance Allowance or are they registered blind?

Do they get Employment and Support Allowance?

If yes, is the part they receive:


How much do they receive every week?

Are they on the:

Do they get Pension Credit (Guarantee Credit)?

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


If yes, please tell us which.


| You | Your partner | |
|---|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p> We need details of the income of anyone else who lives with you to make sure that you receive all the benefit you are entitled to. If you do not let us have this information, you will receive a reduced level of benefit.</p> <p>Tell us about the people who normally live with you and your partner.</p> | | |
| First person | Second person | Third person |
| <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"/> |
| 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"/> 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"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| income-related? <input type="checkbox"/> contribution-based? <input type="checkbox"/> | income-related? <input type="checkbox"/> contribution-based? <input type="checkbox"/> | income-related? <input type="checkbox"/> contribution-based? <input type="checkbox"/> |
| £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| assessment phase? <input type="checkbox"/> main phase? <input type="checkbox"/> | assessment phase? <input type="checkbox"/> main phase? <input type="checkbox"/> | assessment phase? <input type="checkbox"/> main phase? <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"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |


If you want to tell us about more than three other people normally living with you, please include their details in part 17 on page 31.

Part 3 About other people who live with you (continued)


| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|--|
| Are they in prison at the moment? | | | |
| If yes, when did they go in? | / / | / / | / / |
| When are they expected to come out? | / / | / / | / / |
| Are they in hospital at the moment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did they go in? | / / | / / | / / |
| When will they come out? | / / | / / | / / |
| | First person | Second person | Third person |
| Do they work? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how many hours do they work? | | | |
| If yes, tell us their weekly earnings before tax. | £ | £ | £ |
| Do they have any other income at all? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is it? | | | |
| Are any of the people who normally live with you married to each other, in a civil partnership or living together as if they are married or in a civil partnership? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, tell us their names. | | | |
| | | | |


 **Do they pay you rent?** Yes No If yes, fill in their details in Section 10.

 **Earnings** We must see their last five payslips if they are paid every week, their last three payslips if they are paid every two weeks, or their last two payslips if they are paid every month.


 **State benefits** We must see one of the following.

- Their most recent award letter (all pages)
- A recent bank statement showing the benefit payment

 **Other income** We need proof of their income (for example, a letter or statement showing the amount they get from a private pension or interest from investments).

 **Disability Living Allowance or Personal Independence Payment** We must see one of the following.

- Their most recent award letter (all pages)
- A recent bank statement showing the benefit payment

 **Students** ('Students' includes nursing diploma students and those receiving a work-based training allowance). We need proof that these people are students. Nursing diploma students were previously known as 'Project 2000' nurses.

We strongly suggest you bring original documents to our office. Do not post them.

Please provide proof of their income, benefit or proof that they are a student – see the checklist on page 34.

If you want to tell us about more than three other people normally living with you, please include their details in Part 17 on page 31.

Part 4

Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) and income-related Employment and Support Allowance

| | You | Your partner |
|--|--|--|
| 1 Do you or your partner receive: | | |
| Income Support? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Income-based Jobseekers's Allowance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Income-related Employment and Support Allowance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pension Credit (Guarantee Credit)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--|-----|-----|
| If yes, when did you or your partner start receiving it? | / / | / / |
|--|-----|-----|

| | | |
|--|--|--|
| 2 Are you or your partner waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | |

We will check with the Department for Work and Pensions (DWP) and Jobcentre Plus to confirm you have been awarded the above benefits. However, you must still tell us when you stop or start receiving any of these benefits.

If you or your partner receive any of the benefits listed in this section, you do not need to fill in parts 5 to 11. Please go straight to part 12 on page 25.

Part 5 About other state benefits and pensions




We need to know if you or your partner are receiving any of the benefits or pensions listed below or if you or your partner are waiting to hear about them. Please tick the appropriate box to show us which benefits or pensions you receive or are waiting to receive. Tell us the amount you receive (if this applies).

| | You | Amount received and how often | Your partner | Amount received and how often |
|---|--|-------------------------------|--|-------------------------------|
| Child Benefit | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| Working Tax Credit | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| Child Tax Credit | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| Disabled Person's Tax Credit | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| Attendance Allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| The care part of Disability Living Allowance or Personal Independence Payment | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |
| The mobility part of Disability Living Allowance or Personal Independence Payment | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ every |

Part 5 About other state benefits and pensions (continued)

| | You | | Amount received and how often | Your partner | | Amount received and how often |
|--|-------------------------------------|-----------------------------|-------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| Carer's Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Severe Disablement Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Short-term Incapacity Benefit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Long-term Incapacity Benefit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Employment and Support Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| If yes, do you receive the contribution element? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, are you in the assessment phase or the main phase? | Assessment <input type="checkbox"/> | | | Assessment <input type="checkbox"/> | | |
| | Main <input type="checkbox"/> | | | Main <input type="checkbox"/> | | |
| Contribution-based Jobseeker's Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Employment Training Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| State Pension | | | £ every | | | £ every |
| Work or private pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Have you or your partner delayed drawing all or part of a personal pension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have you received a lump sum from a pension you have delayed receiving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | If yes, how much? | | £ | If yes, how much? | | £ |
| Do you receive a work or private pension from the employer of a previous partner who has died? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Pension Protection Fund Payment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Pension Credit (Savings Credit) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Maternity Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Industrial Injuries Benefit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| War Disablement Pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| War Pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| War Widow's Pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Widow's Pension | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |
| Bereavement Allowance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every | Yes <input type="checkbox"/> | No <input type="checkbox"/> | £ every |

Part 5 About other state benefits and pensions (continued)



| | You | Your partner |
|---|--|--|
| Do you or your partner receive any other benefit or pension which is not listed on the previous page? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is the name of the benefit or pension? | <input type="text"/> | <input type="text"/> |
| How much do you or your partner receive each week? | £ <input type="text"/> | £ <input type="text"/> |
| <p> For Working Tax Credit and Child Tax Credit we must see the whole award letter. If you have any questions about Working Tax Credit or Child Tax Credit, phone HMRCs Tax Credit advice line on 0845 300 900.</p> <p> For each type of income, benefit or pension you or your partner receive, we must see one of the following.</p> <ul style="list-style-type: none"> • The most recent award letter • A recent bank statement showing the payment <p>Pension Service advice line: 0845 111 111</p> <p> You must provide proof of the benefits and pensions you are receiving (see the checklist on page 34).</p> <p>We may not count some of your income when we work out your benefit but we still need to know about it. Rather than posting your documents to us, we strongly suggest you bring documents into one of our Customer Service Centres (see page 37).</p> | | |

Part 6 Other money coming in

We need to know if you or your partner have any other money coming in, such as the payments listed below, or if you or your partner are waiting to hear about them. Please tick the appropriate box to show which income you receive or are waiting to receive. Tell us the amount (if this applies).

| | You | Amount received and how often | Your partner | Amount received and how often |
|--|--|---|--|---|
| Maintenance payments | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |
| Money from a trust fund | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |
| Payment for fostering a child | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |
| Payment for adopting a child | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |
| Guardian's Allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |
| Any money from a voluntary organisation or charity | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | £ <input type="text"/> every <input type="text"/> |

Part 6 Other money coming in (continued)

| | You | Your partner |
|--|--|--|
| Do you or your partner receive any other payment or income, apart from your earnings? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please tell us what the payment is for or where you have received the income from, (for example, payments from a relative). | <input type="text"/> | <input type="text"/> |
| How much do you or your partner receive each week? | £ <input type="text"/> | £ <input type="text"/> |
| <p> Proof of maintenance payments can include Child Support Agency (CSA) payments, a letter from an ex-partner or a bank statement showing the payment.</p> <p>We do not count maintenance you receive for a child who lives with you as income, but we still need to know about any maintenance you receive.</p> <p> For each type of income we will need to see one of the following.</p> <ul style="list-style-type: none"> • The most recent award letter • A recent bank statement showing the payments | | |

Part 7 Earnings – working for an employer

| | You | Your partner |
|--|--|--|
| 1 Are you or your partner working for an employer? If yes, continue with part 7, If no, go to part 8 . | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 What is your employer's name and address? | If you carry out work that you do not get paid for or receive a benefit in kind for, (for example, food, housing or other services in return for work), please tell us about this in section 17, on page 31. | |

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

| | You | Your partner |
|---|---|---|
| What do you or your partner do? | <input type="text"/> | <input type="text"/> |
| When did you or your partner start this job? | <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> |
| How many hours do you or your partner work? | <input type="text"/> | <input type="text"/> |
| How often do you or your partner get paid? | <input type="text"/> | <input type="text"/> |
| When is your or your partner's next pay rise? | <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> |

Part 7 Earnings – working for an employer (continued)

| | You | Your partner |
|---|--|--|
| Do you pay into any private pensions? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how much? | £ <input type="text"/> | £ <input type="text"/> |
| 3 Do you or your partner receive any bonuses? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how often do you receive them and how much do you receive? | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> |
| 4 Do you or your partner receive any tips? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 Do you or your partner receive any profit-related pay? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6 Do you or your partner normally work overtime or expect to in the near future? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7 Are you or your partner currently off work sick? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8 Are you or your partner receiving Statutory Sick Pay? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did you or your partner start receiving it? | <input type="text"/> / <input type="text"/> | |
| 9 Are you or your partner receiving any Statutory Maternity Pay or Statutory Paternity Pay from an employer? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did you or your partner start receiving it? | <input type="text"/> / <input type="text"/> | |
| 10 Are you or your partner getting any other income from an employer? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, which employer? | <input type="text"/> | |
| How much do you or your partner receive each week or month? | £ <input type="text"/> every <input type="text"/> | |

We do not need to see proof of your earnings if you receive Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Pension Credit (Guarantee Credit).



You must give us proof of any income you receive from your employer. We may need to write to you about any other income you receive.

Part 7 Earnings – working for an employer (continued)

Please fill in the table below for each job you or your partner have.

We need to see your last five payslips (if you are paid every week), three payslips (if you are paid every two weeks) or two payslips (if you are paid every month or four weeks).

| You | Employer | | | | | Job title |
|--------------------------------------|----------|----------|----------|----------|----------|-----------|
| | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| Date | | | | | | |
| Tax code | | | | | | |
| Tax week number | | | | | | |
| Gross pay to date | | | | | | |
| Hours worked | | | | | | |
| Gross pay (before deductions) | | | | | | |
| Working Tax Credit (from April 2003) | | | | | | |
| Sick pay and so on | | | | | | |
| Deductions – Tax | | | | | | |
| – National Insurance | | | | | | |
| – Pension scheme | | | | | | |
| – Other | | | | | | |
| Net pay (after deductions) | | | | | | |

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

Your partner

Employer

Job title

| | | | | | | |
|--------------------------------------|----------|----------|----------|----------|----------|--|
| | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| Date | | | | | | |
| Tax code | | | | | | |
| Tax week number | | | | | | |
| Gross pay to date | | | | | | |
| Hours worked | | | | | | |
| Gross pay (before deductions) | | | | | | |
| Working Tax Credit (from April 2003) | | | | | | |
| Sick pay and so on | | | | | | |
| Deductions – Tax | | | | | | |
| – National Insurance | | | | | | |
| – Pension scheme | | | | | | |
| – Other | | | | | | |
| Net pay (after deductions) | | | | | | |

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

If you have more than two jobs, please tell us about them in section 17.

Part 7 Earnings – working for an employer (continued)


11 Please provide the same details for any other job with an employer that you or your partner may have.

If you need more space, please use section 17.

| You | Your partner |
|---------------------------------|---------------------------------|
| Employer's name | Employer's name |
| Employer's address and postcode | Employer's address and postcode |
| | |

| | You | Your partner |
|--|--|--|
| What do you or your partner do? | | |
| When did you or your partner start this job? | / / | / / |
| How many hours do you or your partner work? | | |
| How often do you or your partner get paid? | | |
| When is your or your partner's next pay rise? | / / | / / |
| Do you make any private pensions payments? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how much? | £ | £ |
| 12 Do you or your partner receive any bonuses? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how often do you receive them and how much do you receive? | £ every | £ every |
| 13 Do you or your partner receive any tips? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14 Do you or your partner receive any profit-related pay? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15 Do you or your partner normally work overtime or expect to in the near future? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16 Are you or your partner currently off work sick? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17 Are you or your partner receiving Statutory Sick Pay? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did you or your partner start receiving it? | / / | / / |

Part 7 Earnings – Working for an employer (continued)

| | You | Your partner |
|---|--|--|
| 18 Are you or your partner receiving any Statutory Maternity Pay or Statutory Paternity Pay from an employer? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, when did you or your partner start receiving it? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 19 Are you or your partner getting any other income from an employer? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, which employer? | <input type="text"/> | <input type="text"/> |
| How much do you or your partner receive each week or month? | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> |
| <p>We do not need to see proof of your earnings if you receive Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Pension Credit (Guarantee Credit).</p> <p> You must give us proof of any income you receive from your employer. We may need to write to you about any other income you receive.</p> | | |

Please fill in the table below for each job you or your partner have.

We need to see your last five payslips (if you are paid every week), three payslips (if you are paid every two weeks) or two payslips (if you are paid every month or four weeks).

| You | Employer | Job title | | | | |
|--------------------------------------|----------|-----------|----------|----------|----------|----------|
| | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| Date | | | | | | |
| Tax code | | | | | | |
| Tax week number | | | | | | |
| Gross pay to date | | | | | | |
| Hours worked | | | | | | |
| Gross pay (before deductions) | | | | | | |
| Working Tax Credit (from April 2003) | | | | | | |
| Sick pay and so on | | | | | | |
| Deductions – Tax | | | | | | |
| – National Insurance | | | | | | |
| – Pension scheme | | | | | | |
| – Other | | | | | | |
| Net pay (after deductions) | | | | | | |

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Amount

£

Period to

 / /

Part 7 Earnings – working for an employer (continued)

| Your partner | Employer | | Job title | | |
|--------------------------------------|----------|----------|-----------|----------|----------|
| | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Date | | | | | |
| Tax code | | | | | |
| Tax week number | | | | | |
| Gross pay to date | | | | | |
| Hours worked | | | | | |
| Gross pay (before deductions) | | | | | |
| Working Tax Credit (from April 2003) | | | | | |
| Sick pay and so on | | | | | |
| Deductions – Tax | | | | | |
| – National Insurance | | | | | |
| – Pension scheme | | | | | |
| – Other | | | | | |
| Net pay (after deductions) | | | | | |

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Amount

£

Period to

 / /

If you have more than two jobs, please tell us about them in section 17.


Part 8 Being self-employed

| | You | Your partner |
|---|--|--|
| <p>1 Are you or your partner self-employed? If no, go to part 9. If yes, continue with this part.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>2 Do you or your partner have more than one job where you or they are self-employed?</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |


You must send us your trading accounts for the last financial year if they reflect your earnings. If they are not available or they do not reflect your earnings, please fill in the form SE1. If you have only recently set up your business we will need to see proof of your estimated earnings.

If you need form SE1, please phone us on 01432 260333, email: benefits@herefordshire.gov.uk or download a form from our website at www.herefordshire.gov.uk or visit one of our Customer Service Centres (see page 37).

Part 9 Other money coming in

| | You | Your Partner |
|---|--|--|
| 1 Are you or your partner a director of a company? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, we will write to you about this. | | |
| 2 Do you or your partner have any other money coming in that you have not yet told us about? If no, go to part 10 . If yes, continue with this part. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 'Other money coming in' does not include income you receive from boarders or lodgers. We ask about this in part 10. | | |
| What do you receive this income for? | <input type="text"/> | <input type="text"/> |
| How much do you receive? | £ <input type="text"/> | £ <input type="text"/> |
| How often do you receive this money? | <input type="text"/> | <input type="text"/> |
|  Please provide proof, (for example, a letter or statement) of all the income you receive. | | |

Part 10 Lodgers, boarders and subtenants

| | You | Your partner |
|--|---|---|
| 1 Do you or your partner receive rent from someone living with you who is not a member of your family? If no, go to part 11 . If yes, continue with this part. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is the name of the person you receive rent from? | <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"/> |
| How much do they pay you? | £ <input type="text"/> | £ <input type="text"/> |
| How often do they pay rent (for example, every week or month)? | <input type="text"/> | <input type="text"/> |
| Does their rent include meals? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what meals are included? | Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> | Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> |
|  We must see proof of your lodger's, boarder's or subtenant's legal responsibility to pay rent to you under their tenancy agreement before we can decide how much Housing Benefit you will receive. If you do not have a tenancy agreement with your lodger, boarder or subtenant, we may accept a letter from you as landlord if it confirms: the type of tenancy they have, the amount of rent they pay and when they pay it, what services are included in the rent, the date their tenancy started, the length of the tenancy, who the tenancy agreement is between and the amount of rent they owe you. | | |

Part 11 About accounts, savings and investments

Please list all your cash, savings and investments (such as PEPs, TESSAs or ISAs) you have and send us proof of these amounts for the last two months.

Tell us if you or your partner have any of the following.

1 Do you or your partner have any bank accounts? If no, go to **part 12**. If yes, **please list them below even if they are overdrawn.**

You

Yes No

Your partner

Yes No

You

Your partner

| | | | |
|--|---|--|---|
| Name of bank | | Name of bank | |
| Type of account (for example, a savings or current account) | | Type of account (for example, a savings or current account) | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of bank | | Name of bank | |
| Type of account (for example, a savings or current account) | | Type of account (for example, a savings or current account) | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of bank | | Name of bank | |
| Type of account (for example, a savings or current account) | | Type of account (for example, a savings or current account) | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of bank | | Name of bank | |
| Type of account (for example, a savings or current account) | | Type of account (for example, a savings or current account) | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |

If you, or your partner, have cash, savings and investments over £16,000, we cannot normally award you benefit. We may be able to pay you benefit if your savings include Far Eastern Prisoner of War payments, Holocaust Victims payments, Creutzfeldt-Jakob disease trust payments or if you receive Pension Credit (Guarantee Credit).

You must tell us about every account you have, even if they are overdrawn.

Proof of bank accounts

We need to see a statement covering at least the last two months' transactions, **even if the account is overdrawn**. We cannot accept an advice slip from a cash machine.

Part 11 About accounts, savings and investments (continued)

2 Do you or your partner have any building society accounts or accounts with other financial institutions (for example, PayPal, supermarket accounts or credit unions)?
If yes, **please list them below even if the accounts are overdrawn.**

You

Yes No

Your partner

Yes No

You

Your partner

| | | | |
|--------------------------|---|--------------------------|---|
| Name of building society | | Name of building society | |
| Type of account | | Type of account | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of building society | | Name of building society | |
| Type of account | | Type of account | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of building society | | Name of building society | |
| Type of account | | Type of account | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |
| Name of building society | | Name of building society | |
| Type of account | | Type of account | |
| Account number | | Account number | |
| Current balance | £ | Current balance | £ |





Proof of building-society accounts or accounts from other financial institutions


We need to see your up-to-date passbook or statements covering at least the last two months transactions. This includes statements for internet bank accounts and any other accounts such as PayPal or supermarket accounts.

If the only evidence you can get is a letter from the bank, please ask the bank to show **all** your transactions over the last two months, not just some of them.

Part 11 About accounts, savings and investments (continued)


| | You | Your partner |
|---|---|---|
| 3 Do you or your partner have a Post Office account? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How much is in the account? | £ <input type="text"/> | £ <input type="text"/> |
| 4 Do you or your partner have any Premium Bonds? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is their value? | £ <input type="text"/> | £ <input type="text"/> |
| 5 Do you or your partner have any Income Bonds? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is their value? | £ <input type="text"/> | £ <input type="text"/> |
| 6 Do you or your partner have any cash savings? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What is their value? | £ <input type="text"/> | £ <input type="text"/> |
| 7 Have you or your partner lent money to other people? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How much? | £ <input type="text"/> | £ <input type="text"/> |
| 8 Are you entitled to receive money from a trust (for example, a trust set up for you because you were injured)? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? |
| | £ <input type="text"/> | £ <input type="text"/> |
| |  We need to see proof (for example, a letter or statement) of any of these savings or income you have told us about above. | |
| 9 Do you or your partner have any National Savings Certificates? | | |
| If yes, please list them below. |  National Savings We need to see the relevant certificate or bond document. | |

| You | | | Your partner | | |
|--------------|---------------|------------------------|--------------|---------------|------------------------|
| Issue number | Date of issue | Number of certificates | Issue number | Date of issue | Number of certificates |
| | / / | | | / / | |
| | / / | | | / / | |
| | / / | | | / / | |


| | You | Your partner |
|--|--|--|
| 10 Do you or your partner have any stocks, shares or unit trusts? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please list them below. |  Shares, bonds and unit trusts We need to see the share certificates or the last dividend statement. | |

| You | | Your partner | |
|-----------------|------------------------------|-----------------|---|
| Name of company | How many shares do you have? | Name of company | How many shares does your partner have? |
| | | | |
| | | | |
| | | | |

Part 11 About accounts, savings and investments (continued)

| | You | Your partner |
|--|--|--|
| <p>11 Do you or your partner have a sharesave or take part in a save-as-you-earn (SAYE) scheme? If yes, tell us the amount you have saved so far below.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | <p> We need to see the share certificates or the last dividend statement.</p> | |

| You | Your partner |
|-----|--------------|
| £ | £ |
| £ | £ |
| £ | £ |

| | You | Your partner |
|---|--|--|
| 12 Have you or your partner received a Far Eastern Prisoner of War payment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13 Have you or your partner received a Holocaust Victim payment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14 Have you or your partner received a Creutzfeldt-Jakob disease trust payment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15 Do you or your partner have any cash, savings or investments (such as PEPs, TESSAs or ISAs) or money you are owed which you have not told us about. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p> PEPs, TESSAs and ISAs We need to see the latest statement showing the value of your investment.</p> | | |
| <p>If yes, please list them below.</p> | | |

| You | Your partner |
|-----|--------------|
| | |


Part 11 About accounts, savings and investments (continued)

| | You | Your partner |
|---|--|--|
| 16 Do you or your partner own or part-own property or land either here or abroad other than your home? If yes, please give the address, even if you have an outstanding mortgage or loan on the property that is more than the value of the property or land. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| We may need to contact you for more information. | | |

| You | Your partner |
|--|--|
| | |

Part 12 About rent and your tenancy

If you are only applying for Council Tax Reduction please go to Section 14.

 **We must see proof of your legal responsibility to pay rent or your tenancy agreement before we can decide how much Housing Benefit you will receive. You must give us your current tenancy agreement as proof. If you do not have a tenancy agreement we may accept a letter from your landlord or your landlord's agent if it confirms the type of tenancy you have, the amount of rent you pay and when you pay it, what services are included in your rent, the date your tenancy started, the length of the tenancy, who the tenancy agreement is between and, if it applies, the amount of rent you owe.**

1 About your tenancy

When did your tenancy start? / /

When did you move into this address? / /

How much rent do you pay? £

How often do you pay rent? Every week Every two weeks Every four weeks Every month

Do you get any rent-free weeks during the year? No Yes If yes, how many?

When are they?

Has your rent changed in the last 12 months? No Yes

Could you afford the rent when you first moved into the property? No Yes

When is the next rent increase due? / /

Part 12 About rent and your tenancy (continued)

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

No Yes

If yes, tell us the names of the other people who share the rent.

Do you have a carer staying with you, who does not permanently live with you but stays overnight to help you with a disability?

No Yes

Have you been given a shorthold tenancy notice?

No Yes If yes, for how long?

Do you have a payment reference number or tenancy reference number?

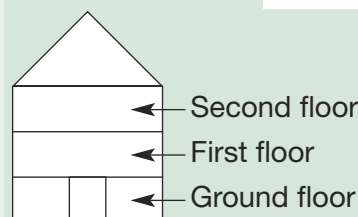
No Yes If yes, what is the reference?

What type of home do you live in?

- Detached house Semi-detached house Terraced house
 Detached bungalow Semi-detached bungalow Terraced bungalow
 Flat in a block Flat in a house Flat over a shop
 Maisonette Hotel or hostel Bedsit or rooms
 Caravan or mobile home

Other (please tell us)

Look at the diagram of the house. This will help you to answer the questions below.



How many floors and rooms are there in the whole building?

Floors

Rooms

Which floor or floors do you live on?

All floors Ground floor First floor
 Second floor Third floor

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

If you rent just a room, where in the property is your room?

Front Middle Back

Part 12 About rent and your tenancy (continued)

How many different rooms are there in the building?

Living and dining rooms

Bedsits

Bedrooms

Bathrooms

Toilets

Kitchens

Other rooms (please tell us what these rooms are for)

| Rooms in the whole building | Rooms just for you and your household | Rooms that you share with other people |
|-----------------------------|---------------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Do you have central heating?

No Yes

In your tenancy agreement is your property described as:

fully furnished? partly furnished? unfurnished?
minimally furnished (carpets and curtains only)?

Who is responsible for decorating the inside of your home?

You Landlord I do not know

Do you have a garage or parking space?

No Yes Can you choose whether or not to rent it? No Yes

If you rent a garage or parking space, how much rent do you pay?

£

2 About your rent

Does your rent include an amount for any of the following services?

Having your room or rooms cleaned?

No Yes How much? £

Laundry?

No Yes How much? £

Heating?

No Yes How much? £

Lighting?

No Yes How much? £

Hot water?

No Yes How much? £

Fuel for cooking?

No Yes How much? £

Meals?

No Yes

If yes, tell us which meals you receive. Breakfast Lunch Dinner

General counselling and support

No Yes How much? £

Personal care and support

No Yes How much? £

Emergency alarm

No Yes How much? £

A warden or caretaker

No Yes How much? £

Part 12 About rent and your tenancy (continued)

Gardening

No Yes How much?

Other services

No Yes If yes, please tell us what they are.

Do you pay water rates direct to a water authority?

No Yes

Do you use your home for business?

No Yes If yes, please tell us what type of business it is and how many rooms you use for your business.

Who pays the council tax on your home?

Has a fair rent been registered on the property?
If yes, please send us the 'notification of registration' (RR1) form.

No Yes

How did you find out about your home (for example, in a local newspaper)?

Does your landlord live at the same address as you? (By 'landlord' we mean the person or organisation who owns the property you live in.)

No Yes

What is your landlord's name and address?

If your landlord has an agent, tell us their name and address. (By 'agent' we mean the person or organisation you actually pay your rent to.)

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

Related means parents, son or daughter, step-parent, stepson, stepdaughter, father-in-law or mother-in-law, brother or sister, brother-in-law or sister-in-law, or partner of any of these people.

No Yes If yes, what is the relationship?

Is the landlord the parent of any child living in your household?

No Yes

Is your landlord an ex-partner?

No Yes

Part 12 About rent and your tenancy (continued)

Do you pay rent to a trust of which you, or any member of your household are a trustee or beneficiary?

No Yes

Do you pay rent to a company of which you or any member of your household are an employee or director?

No Yes

Must you live in this property as a condition of your employment contract?

No Yes

Have you or your partner ever owned or part-owned the property you rent in the last five years?

No Yes

Are you behind with your rent?

No Yes If yes, how many weeks are you behind by?

If you are claiming Housing Benefit and are more than eight weeks behind with your rent, the law says that we must pay your benefit direct to your landlord. If your first benefit payment is a large amount and you have asked us to pay your benefit to you, we will make the first cheque payable to your landlord but send the payment to you.

How do you want us to pay your Housing Benefit?

Paying benefit direct into a bank or building-society account is the safest way to pay.

- If you are a tenant of a private landlord we will normally pay your Housing Benefit direct to you.
- If there is a reason why you cannot manage your own payments, you should tell us why by filling in an LHA vulnerability form. (Please go to page 3 for information on Local Housing Allowance.) You can get a form from our website or we can send a form to you through the post if you ask us to. You will normally need to show us proof as to why you want us to pay your landlord direct. For example, a letter from your doctor, support worker or a welfare organisation confirming the reasons why you cannot manage your rent payments.
- If the only way you can keep your current tenancy or get a new one is if your Housing Benefit is paid direct to your landlord, you should provide us with proof of this (for example a letter signed by both you and your landlord) and we may be able to help you.
- If you are a tenant of a housing association, we will pay your Housing Benefit to you unless you choose to have it paid to your landlord.
- If we award you Council Tax Reduction, we will pay this straight into your council tax account.

Tick here if you want your benefit to go straight into your bank or building-society account. Tell us the following details.

We can pay Housing Benefit straight into your bank or building-society account or, in certain cases, straight to your landlord.



Name of bank or building society

Address of bank or building society

Postcode

What name or names are the account in?

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

Part 12 About rent and your tenancy (continued)

Sort code of the bank, building society or other account provider

Account number
(This is seven to 10 numbers long.)

If you have a building society account, tell us the roll number.

I want my benefit to go straight to my landlord.

Please tell us all six numbers, for example 12-34-56.

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

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

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

Some building-society accounts use a roll or reference number. You can find the number on your 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.



From April 2008, most private tenants who do not rent from a housing association cannot choose to have payments made to their landlords. Even so, you may be able to have your benefit paid to your landlord if we feel you are not able to manage your finances. Please ask us for an LHA vulnerability form. Also, if the only way you can keep your current tenancy or get a new one is by having your Housing Benefit paid direct to your landlord, don't forget to provide proof (for example a letter signed by both you and your landlord) and we may be able to help you.

Part 13 Sharing information

Sharing information with your landlord or agent 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.

If you do not give us permission by signing this form, we will only share information with your landlord if we pay Housing Benefit direct to them. We would not be able to give information to a representative who may be acting on your behalf.

If your landlord is receiving your Housing Benefit direct, we can tell them:

- the amount of benefit we pay;
- the date we pay benefit from;
- when we make a payment; and
- how much we pay.

If you give us permission, we would be able to tell your landlord or agent if:

- 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 or agent any information about your personal circumstances or your financial circumstances without your permission.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. You can withdraw your permission at any time.

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

I give Herefordshire Council Benefit Section permission to share information about the progress of my Housing Benefit claim with my landlord or their agent.

Signature

Landlord's name

Full name (in capital letters)

Agent's name and organisation

Address

Address

Postcode

Postcode

Please remember you also need to read and sign the declaration on page 32.

Part 14 Discussing your claim with other people

We will need your permission to discuss your application with anyone else, for example, your family and friends, accountant, solicitor, social worker or Citizens Advice.

Your permission

I give you permission to talk to the people or organisations below.

Name and address of person or organisation

Name and address of person or organisation

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

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

Your signature

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

Date

| | |
|---|---|
| / | / |
|---|---|

Your partner's signature

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

Date

| | |
|---|---|
| / | / |
|---|---|

Please remember you also need to read and sign the declaration on page 32.

Part 15 Forms filled in by someone else

Has this form been filled in by someone other than the person who is making the application?

No

Yes The person who has filled in the form must fill in the details and sign below.

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

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

Name

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

Date

| | |
|---|---|
| / | / |
|---|---|

Address

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

Your relationship to the person applying

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

Do you work for us (Herefordshire Council)?

No Yes

Read the sentence and sign below to show you agree with it.

As far as possible, I have confirmed with the person applying for Housing Benefit or Council Tax Reduction that the answers I have written on this form are correct.

Signature

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

Part 18 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form means we can usually process your application more quickly, but they do not have to sign.

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

- The information I/we have given on this form is correct and complete as far as I/we know and believe.
- **I/we understand** that if I/we knowingly give information that is incorrect or incomplete, I/we may be taken to court.
- **I/we agree** you may use the information I/we have provided to process my/our claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other people or organisations such as my/our employer, as allowed by law.
- **I/we understand** you may use any information I/we have given in connection with this and any other claim for benefits that I/we have made or may make. You may give some information to other organisations, such as government departments and local authorities, where the law allows this.
- **I/we know** that I/we must let you know in writing straight away about any change in my/our circumstances which might affect my application, including changes to:
 - my income, my partner's income and the income of anyone else who lives with me;
 - my savings and my partner's savings;
 - the number of people who live with me/us; and
 - my/our address and my/our rent.

Signature of person applying

Date

Partner's signature
(they do not have to sign if they don't want to)

Date

Part 19 Free school meals

If you want to apply for free school meals you should fill in this section. Only parents and guardians who receive the benefits listed below are eligible for free school meals for their child or children

- Income Support
- Income-based Jobseeker's Allowance
- Child Tax Credit (if your annual income is £16,190 or less and you do not receive Working Tax Credit - see note below)
- Pension Credit (Guarantee Credit)
- Income-related Employment and Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999

Note: You may also be eligible for free school meals if Working Tax Credit is awarded for an extra four weeks due to you or your partner ending work or reducing your hours below 16 a week.

1 Please give details of all the children who live with you and who are of school age (4 to 16 or 19 if in full-time education).

| Surname | First name | Date started school or due to start school | Name and address of school |
|---------|------------|--|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2 Declaration

I wish to claim free school meals for the above child or children.

- 1 The information I have given on this form is accurate.
- 2 I will tell you straight away if I stop receiving any of the above benefits. I will tell you if there are any changes to my circumstances, including a change in my child or children's schools.
- 3 I agree that you may contact the Department for Work and Pensions and HM Revenue & Customs to check the information I have given is accurate.

Your signature

Date

Please tell us what proof you are sending with this form. We must see original documents – we do not accept photocopies.

Even if you cannot send all the proof we need at the moment, send the form back to us now and send the rest of the proof later.

Please do not send valuable documents through the post. If you can, bring them into one of our Customer Service Centres as listed on page 37. We will take the details we need and give you the documents back straightaway. If you cannot get to one of our offices, phone us on 01432 260333.

Proof of National Insurance number

You will need to send us documents to prove the National Insurance numbers you have given us belong to you and your partner. You can use any of the following as proof.

- P45 or P60
- Inland Revenue tax code notice
- National Insurance number card
- Wage or salary slips
- A DWP benefit letter

Proof of identity (for new claims only)

The documents we prefer are the new photocard driving licence or a UK passport. If you do not have either of these, we may accept some of the following. We need to see proof for you **and** your partner.

- Birth certificate
- Marriage certificate
- Paper driving licence
- Recent gas, electricity or water bill
- Medical card

Proof of accounts, savings and investments

We need to see all your bank, building society or post office books, or certificates for Premium Bonds or National Savings Certificates, ISAs, stocks, shares and trusts.

Proof of benefit, pensions and allowances

We need to see proof such as award notices or letters from the DWP confirming how much you get. If you do not have proof, let us know straight away and send it as soon as you can.

Proof of other income

We need to see proof such as pension slips from a former employer or a letter confirming payments from a charity or voluntary organisation.

Proof of earnings, self-employment, company director

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 four weeks or every month. If you do not have any payslips, ask your employer to fill in a certificate of earnings form. You can ask us to send you one. If you or your partner are self-employed, we need to see your trading accounts for the last financial year, or you can ask us to send you form SE1. You can also download form SE1 from our website or visit a Customer Service Centre for a copy.

Proof of private rent and tenancy

We need to see proof such as a current tenancy agreement or an LL1 form. You can download an LL1 form from our website or visit a Customer Service Centre for a copy (as listed on page 37).

Please tell us which documents you are sending as proof.

Please remember that you need to read and sign the declaration on page 32.

Please remove these last three pages (pages 35, 36 and 37) from this form. Keep these pages at home until you need to tell us about a change in your circumstances.

You must tell us straight away in writing about any changes in your circumstances which could affect the amount of Housing Benefit or Council Tax Reduction you receive.

For example, you must tell us if:

- any of your children leave school or leave home;
- anyone moves into or out of your home, including lodgers and subtenants;
- your income or any benefits you receive changes or the income and benefits of anyone living with you changes;
- there are changes to your savings or investments;
- you or anyone living with you becomes a student, goes on a youth training scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves a job;
- your rent changes;
- you move house;
- you or your partner are going to be away from home for more than a month;
- you or anyone living with you starts work;
- you receive any decision from the Home Office; or
- any of the details you have told us about on this form change.

This is not a full list. If you are not sure what you should tell us about, ask us. You must also tell us about any changes in writing or by email to benefits@herefordshire.gov.uk - a phone call is not enough.

If you do not tell our Benefits Office about any changes, you may lose money you are entitled to or you may get too much Housing Benefit or Council Tax Reduction and have to pay it back.

You must make sure that you tell our benefits office about any changes. Do not rely on someone else to pass the message on.

It is a criminal offence not to tell us about any changes that may affect your Housing Benefit or Council Tax Reduction. We may take court action against you, and if we pay you too much Housing Benefit or Council Tax Reduction, you will probably have to pay it back.

Housing Benefit and Council Tax Reduction Change of circumstances form

Please keep this form and return it to our Benefits Office with details of any changes in your circumstances.

Name

Address

Postcode

Reference
(This is on your benefit decision letter.)

Date of change

Details of the change
(continue on a separate sheet if necessary)

I understand that if I give information that is not correct or not complete, you may take action against me. This may include court action.

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

Signature

Date

If you are not the person claiming Housing Benefit or Council Tax Reduction please fill in this section.

Name

Relationship to the person claiming

You will need to provide proof of the change. Please provide original documents – we do not accept photocopies.

Return this form straight away, even if you do not yet have the proof.

Please return this form to:

**Herefordshire Council, The Benefits Office, PO Box 224, Hereford
HR1 2XW or bring it into one of our Customer Service Offices listed on
page 37.**

Customer Service

The Hereford Centre
Hereford Customer Services
Franklin House
4 Commercial Road
Hereford
HR1 2BB

Phone: 01432 260500

Office hours

Monday to Thursday 8.45am to 5.15pm

Friday 8.45am to 4.45pm

Saturday 9am to 1pm

The Bromyard Centre
1 Cruxwell Street
Bromyard
Herefordshire
HR7 4EB

Phone: 01432 260280

Office hours

Monday 8.15am to 9.30pm

Tuesday 9am to 9.30pm

Wednesday 8.15am to 9.30pm

Thursday 9am to 9.30pm

Friday 8.15am to 9.30pm

Saturday and Sunday 9am to 4pm

Ross-on-Wye Customer Service Centre
Ross Library
Cantilupe Road
Ross on Wye
Herefordshire
HR9 7AN

Phone: 01432 260500

Office hours

Monday to Thursday 8.45am to 5.15pm

Friday 8.45am to 4.45pm

Saturday 9.30am to 1pm

The Kington Centre
64 Bridge Street
Kington
HR5 3DJ

Phone: 01432 260600

Office hours

Monday, Thursday
& Friday 9am to 4pm

Tuesday 9am to 6pm

Wednesday & Saturday 9am to 12 noon

Ledbury Customer Service Centre
The Master's House
St Katherines, High Street
Ledbury
Herefordshire
HR8 1EA

Phone: 01432 260500

Office hours

Monday to Thursday 8.45am to 5.15pm

Friday 8.45am to 4.45pm

Leominster Customer Service Centre
11 Corn Square
Leominster
Herefordshire
HR6 8YP

Phone: 01432 260500

Office hours

Monday to Thursday 8.45am to 5.15pm

Friday 8.45am to 4.45pm

Please check our website at
www.herefordshire.gov.uk for actual opening times.