

Housing Benefit & Council Tax Rebate Review Form



Fife Council

Benefits and Council Tax Team, PO Box 18015, Glenrothes KY7 5YJ

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For official use only

Please complete this form and return it immediately to the address above or to your nearest Local Services Centre.

If you choose to return your form to a Local Service Centre, we recommend you make an appointment. Although it is not always necessary this will ensure you receive the best possible service. To arrange an appointment please call 08451 55 11 44.

Please read the following information before completing this form

- You must complete **in full** all sections of this form. Failure to do so will result in the form being returned to you.
- You need to provide original documents for any changes that have occurred since the last time you completed an application for Housing Benefit and/or Council Tax Rebate.

Benefit Fraud is a criminal offence. Committing benefit fraud can lead to being fined or a prison sentence. In all cases the money received will have to be repaid. To report your suspicions or make an anonymous allegation call the Fraud Hotline on 01592 583637 or visit www.fifedirect.org

For more information on Council Tax and Benefits or to use one of our online forms, visit <http://www.fifedirect.org.uk/counciltax>

Section 1 Personal details

	Title	Surname	First Name	Date of Birth	National Insurance Number
You					
Your partner					

Home Telephone Number:

Mobile Telephone Number:

Email Address:

Section 2 Other people that live in your home

Does anyone else live in your home?

Yes ☐

No ☐

If Yes, please list the names of the people who live with you, including dependant children. You should provide proof of income for anyone who is not a dependant child.

Surname	First name	Relationship to you	Date of birth	Type of income	Amount
					£
					£
					£
					£
					£

If anyone has moved in since you last claimed please tell us their name, previous address and the date they moved in.

If anyone has moved out please tell us their name, new address and the date they moved out.

Section 3 You and your partner's earnings (including self-employed income)

Are you working?

Yes ☐

No ☐

Is your partner working?

Yes ☐

No ☐

Please give details of all earnings received and how often it is paid. (e.g. weekly, four weekly, monthly)

If you are self employed please provide your latest accounts.

Name and address of employer	Amount	How are you paid? (cash, into bank)	How often	Number of hours worked
	£		every	
	£		every	
	£		every	

If you or your partner have recently started work or your earnings have changed please tell us the date the change happened.

When is your next pay rise due?

If you have started self-employment please tell us the date you started work and provide proof of all Income & Expenditure.

Important Note: If you are paid weekly, please send your last 5 weekly wage slips.

If you are paid fortnightly, please send your last 3 wage slips.

If you are paid monthly or every 4 weeks, please send your last 2 wage slips.

Section 4 Child Care Costs

Do you pay a registered childminder or nursery for child care? Yes ☐ No ☐

If Yes, please provide the following information.

Name	Address	Registration Number	Amount Paid

Please provide evidence of any payments you make for registered childcare.

Section 5 Unearned Income

Do you or your partner have any unearned income? Yes ☐ No ☐

Please give details and provide evidence of all unearned income. This includes Incapacity Benefit, Jobseekers Allowance, Tax Credits as well as any other state benefits, allowances, occupational pensions etc.

Type of income	You	Your partner	How often paid? (week, month etc)	How are you paid? (into bank, post office)
	£	£	every	
	£	£	every	
	£	£	every	
	£	£	every	
	£	£	every	

If your unearned income has changed please tell us the change, the date of change and provide evidence.

If you have unearned income other than a state benefit, please give the date this is likely to increase.

Section 6 Capital and Savings

Do you or your partner have any capital and savings? Yes ☐ No ☐

Please give details of all bank accounts, building society accounts, post office accounts, ISA/TESSAs, Premium Bonds, National Saving Certificates, Stocks & Shares and other property owned. This includes accounts that are empty or overdrawn. You must provide evidence of everything listed.

Type (bank account, ISA, Bond)	Account number(s), address of property/land	You	Partner
		£	£
		£	£
		£	£
		£	£
		£	£

If your capital and savings have changed, please tell us the change, the date of the change and provide evidence.

Section 7 About Your Rent

Only fill this section in if you are charged rent by a private landlord or Housing Association landlord.

Landlord's name and address:

How much rent are you charged?

£

How often? (e.g. weekly,
monthly, 4 weekly)

If your rent has changed since the last time you completed an application form, please provide your current lease or a letter from your landlord.

Section 8 Any Other Changes

Please tell us about any other changes that have happened since the last time you completed an application form.

Section 9 Declaration

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

- You may make any enquiries you need to check the information on this form.
- I/We confirm that all the information on this form is a full statement of my/our income, savings and investments.
- If I/we give information that is incorrect or incomplete, you may take action against me/us. This may include court action.
- You can use the information I/we have provided on this form to prevent and detect fraud. You may also share it with other organisations handling public funds.
- I/We confirm that all the information on this form is true and complete.

I/We will tell you immediately, in writing, about any change in my/our income, savings or investments or any other circumstance which may affect my/our claim.

I/We understand that if I/we do not tell you about any changes, I/we may have to repay any overpayment of benefit and I/we may also be prosecuted, have to pay a fine or other action be taken against me/us.

Your signature:

Date:

Your partner's signature:

Date:

Information gathered on this form will be held by Fife Council on electronic computer records to manage your entitlement. Fife Council has a duty to protect the funds it administers and for this purpose may use the information you have provided on this form to assist in the prevention and detection of fraud.

All collection, use and storage of personal information will be in accordance with the Data Protection Act 1998. Telephone calls may be recorded for training purposes and the protection of public funds.

Data matching involves comparing computer records held by Fife Council against other computer records held by the Council or other body. This is usually personal information. Fife Council may share the information that you have provided on this form with other bodies for the purpose of prevention and detection of fraud. Further information is available on the website www.fifedirect.gov.uk