

Housing Benefit and Council Tax Reduction Claim Form

If you are just claiming Council Tax Reduction for a second adult, only fill in Part 1, Part 3 and Part 18 of this form.

Office use only

Date issued
Date received
Reference number

Office use only

Part 1 About you and your partner

ARE YOU

- | | | |
|---|--|---|
| <input type="checkbox"/> Home Owner | <input type="checkbox"/> Housing Association Tenant | <input type="checkbox"/> Other – Please State |
| <input type="checkbox"/> Private Tenant | <input type="checkbox"/> Council/Solihull Community Housing Tenant | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

Do you have a partner who normally lives with you?

No Yes If you have a partner, you must answer all the questions about them, as well as yourself.

From 5 December 2005, a partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.

	You	Your partner																								
Last Name	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>																								
Other names	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>																								
Any other last names you have used	<div style="border: 1px solid black; height: 45px;"></div>	<div style="border: 1px solid black; height: 45px;"></div>																								
Title (Mr, Mrs, Ms or other)	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>																								
Address Do not tell us your partner's address if it is the same as yours.	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																								
	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>																								
	Postcode	Postcode																								
Date of birth	<div style="border: 1px solid black; padding: 2px;">/ /</div>	<div style="border: 1px solid black; padding: 2px;">/ /</div>																								
When did you move to this address?	<div style="border: 1px solid black; padding: 2px;">/ /</div>	<div style="border: 1px solid black; padding: 2px;">/ /</div>																								
National Insurance number You can find this on payslips letters from the Department for Work and Pensions or HM Revenue & Customs (Tax Office). We cannot decide your claim if we do not have your National Insurance number.	<table style="font-size: x-small; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">Letters</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">Numbers</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">Letter</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Letters			Numbers							Letter		<table style="font-size: x-small; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">Letters</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">Numbers</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">Letter</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Letters			Numbers							Letter	
Letters			Numbers							Letter																
Letters			Numbers							Letter																
	If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>																								

Part 1 About you and your partner – continued

Your daytime phone number and email address. You do not have to tell us this, but it may help us deal with your claim more quickly.

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

Have you told the council that paid your benefit that you have moved?

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

Were you the homeowner, a private tenant, a council tenant or a boarder at this address?

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

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner in hospital at the moment?

You

Your partner

No
Yes When did you claim?

 / /

Which council did you claim from?

What name did you claim in?

What address did you claim for?

 Postcode

No
Yes

 Postcode

No
Yes We will write to you about this.

 / /

No
Yes When did you go in?

 / /

When will you come out (if you know this)?

 / /

No
Yes When did they claim?

 / /

Which council did they claim from?

What name did they claim in?

What address did they claim for?

 Postcode

No
Yes

 Postcode

No
Yes We will write to you about this.

 / /

No
Yes When did they go in?

 / /

When will they come out (if they know this)?

 / /

Part 1 About you and your partner – continued

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

Do you or your partner get Attendance Allowance?

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

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

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

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

Are you or your partner a student?

When did your course start?

Please tick if you or your partner are:

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

We will contact you if we need any more information.

You

Your partner

No
Yes How much?

 Care: £

 Mobility: £

No
Yes

No
Yes

No
Yes

No
Yes How much do you pay?

 £

How often?

 Every

No
Yes

No
Yes

Do you study full-time or part-time?

Full-time Part-time

 / /

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

 £ a year

No
Yes How much?

 Care: £

 Mobility: £

No
Yes

No
Yes

No
Yes

No
Yes How much do they pay?

 £

How often?

 Every

No
Yes

No
Yes

Do they study full-time or part-time?

Full-time Part-time

 / /

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

 £ a year

Part 2 About children

You may be able to get more benefit / reduction if there are children in your household and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCSE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household?

No Go to **Part 3**.

Yes If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

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

Is the child registered blind?

No

Yes

We need to see evidence of this.

No

Yes

We need to see evidence of this.

No

Yes

We need to see evidence of this.

Foster children

Are you a Foster Parent?

No Yes

If yes please give details of the children in your care.

	First child	Second child	Third child
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you receive foster payments?

No Yes

If yes please confirm the amount received.

£

Part 2 About children – continued

Does the child get Disability Living Allowance or Personal Independence Payment?

No

Yes How much?

Care: £

Mobility: £

We need to see evidence.

No

Yes Tell us the name and registration number of the minder.

How much do you pay a week?

£

We need to see evidence.

Second child

No

Yes How much?

Care: £

Mobility: £

We need to see evidence.

No

Yes Tell us the name and registration number of the minder.

How much do you pay a week?

£

We need to see evidence.

Third child

No

Yes How much?

Care: £

Mobility: £

We need to see evidence.

No

Yes Tell us the name and registration number of the minder.

How much do you pay a week?

£

We need to see evidence.

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

Part 3 About other people who live with you

Do any adults usually live with you and your partner?

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

No Go to **Part 4**.

Yes Give details below.

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

You must provide original proof of their income or benefit and proof that they live with you.

If you want to tell us about more than three people, use a separate sheet of paper.

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, sub-tenant, lodger or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 About other people who live with you – continued

	First person	Second person	Third person
Do they get Income Support or income-based Jobseeker's Allowance or Employment Support Allowance (Income Related)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Personal Independence Payment or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they pay you or your partner rent or money for board or lodgings?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/> We need to see evidence of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/> We need to see evidence of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/> We need to see evidence of their earnings.

Part 3 About other people who live with you – continued

	First person	Second person	Third person
Do they have any other income at all? This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/> Name of first other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> Name of first other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> Name of first other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week
	Name of second other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	Name of second other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	Name of second other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week
	Name of third other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	Name of third other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week	Name of third other income <input type="text"/> How much is it before deductions? £ <input type="text"/> a week
Are any of the people who normally live with you married to each other or living together as if they are married?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names. <input type="text"/> is the partner of <input type="text"/> And <input type="text"/> is the partner of <input type="text"/>		
Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?	No <input type="checkbox"/> Yes <input type="checkbox"/> If you have answered "YES" to this question you may be asked for further information.		

Part 4 About rent

Do you pay rent for you home?
Tick 'Yes' if you would pay rent but you already get Housing Benefit.

No Go to **Part 5**.
Yes Answer the next question.

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

Postcode

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

Postcode

Are you, your partner or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?
Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No
Yes What is the relationship?
 is my landlord's or agent's

Is your landlord a company or a trustee of a trust of which you or your partner, or any of your children or your partner's children are; in the case of a company either a director or an employee, or in the case of a trust a trustee or a beneficiary?

No
Yes
Who
What

When did you start renting your home?

 / /

When did you move to this address?

 / /

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

What sort of tenancy do you have?

For example, shorthold, assured tied rent or something like this.

How long is the tenancy for?

 / / to / /

Part 4 About rent – continued

Please tick to show if the property is let as:

- furnished
- partly furnished
- minimally furnished
- unfurnished

How much is the rent for your home?

£ every
(For example, every week, two weeks, four weeks or month.)

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

No
Yes Tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

£ every
(For example, every week, two weeks, four weeks or month.)

Has your rent changed in the last 12 months?

No
Yes Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

 / /

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

No
Yes Please send us the notice of registration (RO5).

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

No
Yes How many in a year?

Are you behind with your rent?

No
Yes By how many weeks?

Who receives the Council Tax bill for your home?

- You or your partner
- Your landlord
- Someone else Tell us who receives the Council Tax bill.

Part 4 About rent – continued

Does your rent include money for the following?

Meals **No** **Yes** How much each week? £
 Which meals are included?

Water authority charges **No** **Yes** How much each week? £

Heating **No** **Yes** How much each week? £

Lighting **No** **Yes** How much each week? £

Hot water **No** **Yes** How much each week? £

Fuel for cooking **No** **Yes** How much each week? £

Laundry **No** **Yes** How much each week? £

Cleaning rooms or windows **No** **Yes** How much each week? £

Gardening **No** **Yes** How much each week? £

Garage or parking space **No** **Yes** How much each week? £
 Do you have to rent the garage as part of your tenancy agreement? **No** **Yes**

Personal care and support **No** **Yes** How much each week? £

Do you pay any service charges separate from your rent?
 For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.
No **Yes** How much each week? £
 What for?

Part 4 About rent – continued

Are you living away from home at the moment? **No** **Yes** Tell us why you are not living at home.

When did you last live at home? / /

When do you expect to go back home? / /

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

 Postcode

If your home has been sublet, tell us who lives there now.

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

Part 5 About where you live

What sort of building do you live in? Tick one box only.

Detached house <input type="checkbox"/>	Flat in a house <input type="checkbox"/>	Caravan, mobile home or houseboat <input type="checkbox"/>
Semi-detached house <input type="checkbox"/>	Flat in a block <input type="checkbox"/>	Board and lodgings <input type="checkbox"/>
Terraced house <input type="checkbox"/>	Flat over a shop <input type="checkbox"/>	Hotel <input type="checkbox"/>
Maisonette <input type="checkbox"/>	Bedsit or rooms <input type="checkbox"/>	Residential nursing home <input type="checkbox"/>
Bungalow <input type="checkbox"/>	Hostel <input type="checkbox"/>	Residential care home <input type="checkbox"/>
Other <input type="checkbox"/>		

Does your home have central heating? **No** **Yes**

Does your home have a garden? **No** **Yes**

Has your home been built or adapted for people with disabilities? **No** **Yes**

Which floors do you live on?

Do you and your household live in only part of the building you have ticked? **No** **Yes** Where in the building do you live?
 At the front In the middle At the back

Part 5 About where you live – continued

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you use your home for business?
 No
 Yes

Do you have a main home somewhere else?
 If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.
 No
 Yes What is the address?

 Postcode

How much do you pay for this home?
 £

Part 7 About being self-employed

Are you or your partner self-employed?
 No Go to **Part 8**.
 Yes Answer the questions on this page.
 You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
Are there are other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode

How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Please state income and what Period it covers?	£ <input type="text"/> Period <input type="text"/>	£ <input type="text"/> Period <input type="text"/>

Do you get a Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/>
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Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/>
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Part 6 About Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) and Employment Support Allowance (Income Related)

	You	Your partner
Are you and your partner waiting to hear about a claim for Income Support, income based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment Support Allowance (Income Related)	No <input type="checkbox"/> Go to Part 7 . Yes <input type="checkbox"/> When did you claim? <input type="text"/> / <input type="text"/> / <input type="text"/> Type of benefit? <input type="text"/> Go to Part 7 .	No <input type="checkbox"/> Go to Part 7 . Yes <input type="checkbox"/> When did they claim? <input type="text"/> / <input type="text"/> / <input type="text"/> Type of benefit? <input type="text"/> Go to Part 7 .
Are you and your partner actually getting Income Support, income based Jobseeker's Allowance, or Pension Credit (Guarantee Credit) or Employment Support Allowance (Income Related) at the moment	No <input type="checkbox"/> Go to Part 7 . Yes <input type="checkbox"/> When did you start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/> Type of benefit? <input type="text"/> Go to Part 13 .	No <input type="checkbox"/> Go to Part 7 . Yes <input type="checkbox"/> When did they start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/> Type of benefit? <input type="text"/> Go to Part 13 .

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

Part 8 About working for an employer

Do you or your partner work for an employer?

No Go to **Part 9**.
 Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before Tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How much after Tax and National Insurance have been taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid? <small>For example, in cash, by cheque or straight into a bank or building society account.</small>	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise be?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses or commission or tips.	<input type="text"/>	<input type="text"/>
Are you getting, Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "YES" when do you expect to return to work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 8 About working for an employer – continued

Are you getting any other sick pay or maternity pay from your employer at the moment?

No
Yes

Do you pay into a private or company pension scheme?

No
Yes How much?

£
 How often?
 Every

£
 How often?
 Every

We must see evidence of any earnings before we can decide how much benefit/reduction you can get. Read the checklist at Part 16 to see what you can use as evidence. If you get tips or bonuses, tell us about these in Part 9.

Part 9 About any other work

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

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

No Go to **Part 10**.
 Yes Answer the questions on this page.

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? <small>If you only get expenses or tips, still tick 'Yes' and give details.</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you get before any deductions?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do they get before any deductions?
	£ <input type="text"/>	£ <input type="text"/>
	How often? Every <input type="text"/>	How often? Every <input type="text"/>
How are you paid?	<input type="checkbox"/> BACS <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> BACS <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

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

Part 10 About benefits and pensions

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

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

- Adoption Pay
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment and Support Allowance (Contribution Based)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Retirement Pension
- Severe Disablement Allowance
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit
- Statutory Sick Pay or Statutory Maternity Pay
- Statutory Paternity Pay

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

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

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
When did you apply?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input type="text" value="£"/>	<input type="text" value="£"/>
	How often?	How often?
	<input type="text" value="Every"/>	<input type="text" value="Every"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
When did you apply?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input type="text" value="£"/>	<input type="text" value="£"/>
	How often?	How often?
	<input type="text" value="Every"/>	<input type="text" value="Every"/>

Part 10 About benefits and pensions – continued

The name of the benefit or pension	<input type="text"/>	<input type="text"/>
When did you apply?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input type="text" value="£"/>	<input type="text" value="£"/>
	How often?	How often?
	<input type="text" value="Every"/>	<input type="text" value="Every"/>

Part 11 About other money coming in

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

This includes occupational pensions, maintenance payments for your children (or maintenance payments for yourself), money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub-tenants. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

- No** Go to **Part 12**.
- Yes** Answer the questions on this page.

Other money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	<input type="text" value="£"/>
How often?	<input type="text" value="Every"/>
When did they start getting this income?	<input type="text" value="/ /"/>
When is the income likely to go up?	<input type="text" value="/ /"/>

Other money 2

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	<input type="text" value="£"/>
How often?	<input type="text" value="Every"/>
When did they start getting this income?	<input type="text" value="/ /"/>
When is the income likely to go up?	<input type="text" value="/ /"/>

Part 11 About other money coming in – continued

Other money 3

What is the money for?

Who gets it?

How much do they get? £

How often?

When did they start getting this income?

When is the income likely to go up?

Does anyone owe money to you or your partner? No Yes What for?

How much? £

Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday. No Yes What for?

How much? £

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

Part 12 About capital, savings and investments

Do you or your partner have any bank accounts?

No

Yes Tell us about all your **bank accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Name of bank	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>
Name of bank	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Do you or your partner have any building society accounts?

No

Yes Tell us about **building society accounts**, even if you do not use them regularly. If you have more than 2 building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Name of building society	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>
Name of building society	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Part 12 About capital, savings and investments – continued

Do you or your partner have any post office accounts?
This includes savings accounts, Girobank accounts and post office card accounts.

No
 Yes Tell us about **post office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Type of account	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>
Type of account	Account number
<input type="text"/>	<input type="text"/>
Whose name is the account in?	How much is in the account?
<input type="text"/>	£ <input type="text"/>

Do you or your partner have any Premium Bonds?

No
 Yes Value
 £

Do you or your partner have and National Savings Certificates?

No
 Yes Issue number Value How many?
 £

Issue number Value How many?
 £

Do you or your partner have any stocks, shares, bonds or unit trusts?

No
 Yes Company name How many?

Company name How many?

Do you or your partner have any other capital, savings or investments?

No
 Yes Tell us about this.

Part 12 About capital, savings and investments - continued

Do you or your partner own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?
Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

No
 Yes What is the address?

 Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

Have you or your partner received a Far Eastern Prisoner of War payment?

No
 Yes If you answered "Yes", more information may be asked for.

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

Part 13 How you want to be paid

If you are a Solihull Community Housing Tenant please go to Part 14.
 If you are only applying for Council Tax Reduction please go to Part 15.

We can pay your Housing Benefit straight into your bank or building society account, straight into your landlord's bank or building society account or by cheque. Please note we cannot make payments into a building society savings account. Most people renting from a private landlord and making a new claim for Housing Benefit on or after 7 April 2008 will get Local Housing Allowance. If you are already getting Housing Benefit on 7 April 2008, these changes will not affect you, unless you move address or have a break in your claim of more than a week. Claimants whose Housing Benefit is worked out using Local Housing Allowance will be paid directly and cannot choose to have their benefit paid to the landlord. The safest and easiest way to receive payments of Local Housing Allowance will be directly into your own bank account. However, under certain circumstances, we will consider making direct payments to landlords for claimants who are 8 weeks or more in arrears with their rent or who are unable to manage their own financial affairs.

How do you want us to pay your Housing Benefit?

I want my benefit to go straight into my landlord's bank or building society account.

Please give reasons why you would like your landlord paid directly.

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

Please pay my housing benefit straight to my landlord. I understand that:

- I must always tell you about any change in my circumstances;
- If I do not tell you about any change of circumstances and you pay me too much benefits because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Date / /

Now ask your landlord to fill in and return the direct payment of allowance form. This can be found on the last page of this application form.

Part 13 How you want to be paid – continued

I want my benefit to go straight into my bank or building society account.

Name of bank or building society

Address

 Postcode

Whose name is the account in?

Account number

Sort code

I want to be paid by cheque. Go to **Part 15**.

Part 14 Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

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

If you are a private tenant and give us permission by signing this form, we will only share information with your landlord if you have agreed that your Housing Benefit can be paid directly to your landlord.

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

- you have claimed for Housing Benefit;
- we have made a decision on your claim; or
- we need more information to make a decision on your claim, and what that information may be.
- any changes to the level of your benefit entitlement

We will not give your landlord any information about:

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

You can withdraw your permission at any time.

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

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

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

Full name (in CAPITAL LETTERS)

Signature

Address

 Postcode

Date / /

Part 15 Anything else you need to tell us

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

If you are sending separate sheets of paper with this form, tell us how many.

Part 16 Checklist

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into one of our offices. We will take the details we need and give you the documents back straight away. If you cannot get into one of our offices, phone us for more advice.

You must answer every question. If you don't, we will not be able to pay you any benefit/reduction. You must send us all the evidence we ask for on the claim form. Your claim form will not be properly completed until you have sent us all the evidence.

Evidence of identity
 Such as birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We will need to see two documents for each person.

Evidence of National Insurance number
 Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or HM Revenue & Customs (Tax Office).

Evidence of capital, savings and investments
 Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares, unit trusts and post office card account statements. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last two months. Please note, this is not a complete list.

Evidence of earnings
 This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We will contact your employer if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

Evidence of other income
 Such as pension slips from a previous employer, student loan or grant letter or Child Support letter. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits, allowances or pensions
 Such as current award notices, letters from the Department for Work and Pensions or current award notice for Tax Credits. If you do not have evidence, let us know straight away.

Evidence of private rent and tenancy
 Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

Evidence of other money paid out
 Such as letters about student grants or maintenance, agreements or receipts from registered childcarers.

Part 17 Backdating

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

Date you want to claim benefit/
reduction from

 / /

Tell us why you have not
claimed before.

Part 18 Declaration

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

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.

I understand the following:

- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Reduction or both. It may also be used to assess my eligibility for other benefits, grants and awards towards disability, support & care services.
- In order to process my claim you may need to check or share some of the information I have supplied with other services within the Council, other Councils and Government departments such as the Department for Work and Pensions, HM Revenue & Customs and the Home Office.
- You may also get information about me from certain other organisations or give information about me to them to make sure information is accurate and to prevent or detect crime, fraud and to protect public funds. These other organisations include Government departments, other Councils and private sector organisations such as banks, credit reference agencies and organisations that lend money. For example, Housing Benefit and Council Tax Reduction data may be supplied to Experian, a Credit Reference Agency, and may reveal that there may be undeclared cohabiters living at the property.

For more information on how we use your information please contact Awards on 0121 704 8200 or email benefits@solihull.gov.uk

Alternatively, you may also call in person to one of the offices listed at the back of this application form.

- I agree that I will let the Council know about any change in my circumstances which might affect my claim and that if I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

 / /

Partner's signature

Date

 / /

If this form has been filled in by someone other than the person claiming

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

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

Name of the person who
filled in the form

Signature of the person

Date

 / /

Relationship to the person claiming

Equalities monitoring form – service delivery

We are committed to making sure that we deliver all our services fairly. Please answer the following questions about you and your partner, so that we can make sure that we deliver services equally to everyone. We will keep the information you provide confidential, but we may use it to check the fairness of any other services you receive. You do not have to answer these questions, and it will make no difference at all to the way we treat you whether you answer them or not.

Section 1 - About you		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age: <input type="text"/>
Disability Do you have any long-term illness, health problem or disability which limits our daily activities or the work you can do? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is your ethnic group? Please choose one section from A to E, then tick the appropriate box to show your cultural background.		
A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European (not UK) <input type="checkbox"/> Albanian <input type="checkbox"/> Bosnian <input type="checkbox"/> White gypsy or romany <input type="checkbox"/> White traveller <input type="checkbox"/> Any other white background (please write below)	B Mixed <input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Asian and black <input type="checkbox"/> Any other mixed background (please write below)	C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> East African Asian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Any other Asian background (please write below)
D Black or black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> African Somalian <input type="checkbox"/> Any other black background (please write below)	E Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arab (not Yemeni) <input type="checkbox"/> Yemeni <input type="checkbox"/> Afghani	<input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Iranian <input type="checkbox"/> Any other (please write below)
Do you have a religion or belief that you would like to mention?		
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> No religion <input type="checkbox"/> Rastafarian <input type="checkbox"/> Sikh <input type="checkbox"/> Any other (please write below)	

Direct payment of rent allowance form



Section 2 - About your partner		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age: _____
Disability Do they have any long-term illness, health problem or disability which limits their daily activities or the work they can do? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is their ethnic group? Please choose one section from A to E, then tick the appropriate box to show their cultural background.		
A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European (not UK) <input type="checkbox"/> Albanian <input type="checkbox"/> Bosnian <input type="checkbox"/> White gypsy or romany <input type="checkbox"/> White traveller <input type="checkbox"/> Any other white background (please write below)	B Mixed <input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Asian and black <input type="checkbox"/> Any other mixed background (please write below)	C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> East African Asian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Any other Asian background (please write below)
D Black or black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> African Somalian <input type="checkbox"/> Any other black background (please write below)	E Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arab (not Yemeni) <input type="checkbox"/> Yemeni <input type="checkbox"/> Afghani	<input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Iranian <input type="checkbox"/> Any other (please write below)
Do they have a religion or belief that they would like to mention?		
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> No religion <input type="checkbox"/> Rastafarian <input type="checkbox"/> Sikh <input type="checkbox"/> Any other (please write below)	
Is there anything else about you that you would like us to know so that we can improve our services for you? 		

Your landlord should fill in this form if you have asked for the payments to go direct to him or her.

We will make payments direct to you as the landlord as long as you tell us about any changes in your tenant's circumstances. By accepting these payments, you agree to pay back any overpayment you received for the tenant named below.

Changes could include the following.

- If they or their partner stop or start getting Income Support or any other state benefit
- If the amount of their state benefit changes
- If their or their partner's wages go up or down (including overtime)
- If the number of people living with them changes
- If any of their children leave school, or if they have another child
- If they move, or if their rent changes
- If their or their partner's savings change
- The income of one of the people living with them goes up or down

Please fill in this section in BLOCK CAPITALS.

Tenant's name Landlord's name

Tenant's address Landlord's address

How would you like your payments to be made? (Please tick) Crossed cheque Bank credit

If you need a bank credit, please fill in the details below.

Name of bank Name of account holder

Address of bank

Account number Branch sort code

Declaration - I confirm that I am the landlord of the tenant named above. I agree to tell you in writing about any changes in the tenant's circumstances. I agree to pay back any overpayment of Housing Benefit I receive for the tenant named above.

Signature: _____ Date: / /

You can take this form, or report any change of circumstances, to any of the following designated offices:

**Solihull Connect
at Chelmsley Wood**

Bluebell Centre, West Mall
Chelmsley Wood, B37 5TN

Solihull Connect

Ground Floor, Library Square, Solihull, B91 3RG

**Solihull Connect
at Shirley**

Shirley Police Station, 285 Stratford Road
Shirley, B90 3AR

Kingshurst Area Office

Church Close, Kingshurst, Birmingham, B37 6HA

**Solihull Connect at
Balsall Common Library**

283 Kenilworth Road, Balsall Common
Coventry, CV7 7EL

**Chelmsley Wood
Area Office**

6/8 Coppice Way, Chelmsley Wood
Solihull, B37 5TS

Opening Times can be found on our website at **www.solihull.gov.uk**

Or you can post this form to:

Solihull MBC
Income and Awards
PO Box 8118
Council House
Solihull
B91 9WZ

If you have any queries or would like help to complete this form please phone:
0121 704 8200

North Birmingham Credit Union

A Credit Union is a safe place to save and access money.
For more information contact the Credit Union that covers the Solihull Area on
0121 350 8883 or email info@nbccu.org.uk