

1 About the address you want to claim for

Name:

Address: (Please give flat or room number if you have one)

Post code:

Phone Number:

Date received:

You must provide evidence to support your claim or your benefit will be delayed

For our use only

Benefit Reference:

Property Reference:

Date form requested:

Date Issued:

Issued by:

Date of Publication - April 2013

About filling in this claim form. Please use **black ink**. **Please return the purple section of this form.** Please read the notes in Section A carefully before you fill in the rest of this claim form. The notes will give you more information about your claim and will help you to fill in the form. Please remove sections A to D and keep the sheets in case you have any questions about your claim. If you need any help, please phone us on 01484 414950

Are you?

Home owner	<input type="checkbox"/>	Boarder	<input type="checkbox"/>	A joint tenant	<input type="checkbox"/>
Housing association tenant	<input type="checkbox"/>	Private tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>
Council tenant	<input type="checkbox"/>	In bed and breakfast	<input type="checkbox"/>	If 'Other' say what	<input type="text"/>

Joint tenants who are not partners must each fill in a separate claim form to claim benefit.

If you have moved in the last 12 months, what was your or your partner's last address?

You:	Your partner (if different):
Please write the last address where you or your partner claimed housing or council tax benefit if it is different from above.	
You:	Your partner (if different):

What was your status at your last address?

Status:	You	Partner
Owner		
Tenant		
With friends		
With relations		
Other		

If "Other", please tell us what this was.

2 About you and your partner

This is my claim for: Housing benefit Council Tax Reduction Alternative Maximum Reduction

For pension-age applicants only

(You do not need to fill in sections 4 to 12 if your claim is for Alternative Maximum Reduction only.)

	You	Your partner
Last name		
Other names		
Title (For example Mr, Mrs, Miss, Ms, Dr)		
Date of birth		
If you are known, or have been known, by any other names write them here		
National Insurance number	<input type="text"/>	<input type="text"/>

(We must see proof of your identity and National Insurance number. If you have a partner we will also need to see proof of their identity and National Insurance number). The types of things you can use as proof are listed in Section B of the notes.

Do you have a partner who normally lives with you? No Yes

By a partner we mean someone you are married to or have a civil partnership with, or you live with them as if you are married or have a civil partnership.

Please tick if you or your partner are any of the following?

	You	Your partner
A student	<input type="checkbox"/>	<input type="checkbox"/>
A student nurse	<input type="checkbox"/>	<input type="checkbox"/>
An apprentice	<input type="checkbox"/>	<input type="checkbox"/>
On youth training	<input type="checkbox"/>	<input type="checkbox"/>
In legal custody	<input type="checkbox"/>	<input type="checkbox"/>
Severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
Registered blind	<input type="checkbox"/>	<input type="checkbox"/>

Please tick if you or your partner came to live in England, Scotland, Northern Ireland, Wales, the Republic of Ireland, the Channel Isles or the Isle of Man in the last two years?

You	Your partner
<input type="checkbox"/>	<input type="checkbox"/>

It is our policy to make sure that everyone who applies to use our services receives equal treatment whatever their race, colour, or ethnic or national origin. To help us to check this policy is carried out we need to ask this question. The information is confidential and we will use it to give a better service.

White	<input type="checkbox"/>	M	Indian	<input type="checkbox"/>	Q	Asian other	<input type="checkbox"/>	U
Black Caribbean	<input type="checkbox"/>	N	Pakistani	<input type="checkbox"/>	R	Other	<input type="checkbox"/>	V
Black African	<input type="checkbox"/>	O	Bangladeshi	<input type="checkbox"/>	S	If 'Other' say what:		
Black other	<input type="checkbox"/>	P	Chinese	<input type="checkbox"/>	T	<input type="text"/>		

Please tick the box which best describes you.

Now please go to section 3

3 About other people who live in your household

Does anyone else live in your house?

No

Please go to section 4

Yes

Please answer the following questions.

Are there any children living with you that you receive Child Benefit for?

No

Yes

If 'Yes', please give their details below.

Full Name	Date of birth	Boy or girl?	Do they get Disability Living Allowance?	Are they registered blind?	Please tick if they have any savings? If 'Yes' how much
			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"/> 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"/> 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"/>

If you have more than 7 children living with you, please give details in section 16

Is there anyone else, other than your partner, living in your house?

No

Please go to section 4

Yes

Please answer the following questions.

If any of these people are couples, please bracket their names together.

Full Name	Date of birth	What is their relationship to you?	Are they a student?	Do they get state benefits?	Are they working?
			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"/> 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"/> 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"/>

If there are more than 5 other people living with you, please give their details in section 16.

If any other people are in hospital or prison, please tell us below.

Name	Date they went into prison or hospital	Date they are due to return home

We may need to make deductions from your benefits for non dependants. Non dependants are adults (other than your partner) who live with you. Please let us have proof of the gross income of any non dependants who live with you. If you do not give us proof, we will have to make the highest deduction from your housing benefit and council tax reduction for them.

- If you are:
- Registered blind
 - Receiving the care component of Disability living allowance
 - Receiving Attendance allowance
 - Receiving Constant attendant allowance.

We do not need to see proof of any non dependants income as no deductions will be made. Now please go to section 4

4 Details about illness and disability

These questions help us to decide whether you are entitled to more housing benefit or council tax reduction because of a disability. **You must let us have proof of every income you or your partner receive.** Please see section B of the notes for the types of documents we need to see.

Do you or your partner receive any of the following benefits? Please note you must answer either yes or no to each question.

Benefit	You	Partner
Incapacity Benefit:		
• short-term lower rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• short-term higher rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• long term rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Severe Disablement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Attendance Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Disability Living Allowance:		
• care higher rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• care middle rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• care lower rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• mobility higher rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• mobility lower rate	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Carers Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please answer yes or no to the following questions about you and your partner.

	You	Partner	
Do you or your partner have a specially adapted car or car through a mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you or your partner registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you or your partner unable to work because of illness or disability?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', from what date?
Are you or your partner entitled to Care Allowance but not receiving it?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'No', why not?
Have you or your partner had entitlement to Carers Allowance stopped in the last 8 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', from what date?
Does somebody receive Carers Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', who receives it?
Are you or your partner in hospital?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', from what date?

If you would like advice on any of the benefits listed in sections 4 and 5, please contact one of the advice agencies listed in section C of the notes.

5 Details of benefits and pensions that you receive

These questions help us to decide how much income you have. **You must answer each question and let us have proof of every income that you or your partner receive.** Please see section B of the notes for the types of documents we need to see.

Do you or your partner receive Income Support or Jobseeker's Allowance (Income Based)? No Yes Please answer **ALL** the questions below Please go to section 10

Do you or your partner receive Employment Support allowance (Income related)? No Yes Please answer **ALL** the questions below Please go to section 10

Do you or your partner receive Guaranteed Pension Credits? No Yes Please answer **ALL** the questions below Please go to section 10

Do you or your partner receive any of the following state benefits?
Please note - you must answer either yes or no to each question.

Benefit	You		Partner	
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Student grants, loans or other student awards	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Jobseeker's Allowance (Contribution Based)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Child Benefit	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Fostering Allowance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Government Training Allowance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Child support or maintenance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Maternity Allowance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
State Retirement Pension	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Pension Credit	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
War Widow's Pension	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
War Disablement Pension	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Bereavement Allowance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Industrial Injuries - Disablement or Death Benefit	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Working Tax Credit	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Child Tax Credit	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Employment Support Allowance (Contribution based)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Do you, or your partner, receive any other benefits not already listed? No Yes If 'Yes' please give details below

Who receives it?	What benefit is it?	How much?	How often?	How is it paid?	Are any deductions being taken off?
		£			Yes <input type="checkbox"/> No <input type="checkbox"/>
		£			Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you, or your partner, receive a pension from a former employer or a private pension? No Yes If 'Yes' please give details below

What is the name of the employer who pays the pension?	How much?	How often?	How is it paid? For example into bank, cheque
You	£		
Partner	£		

Now please go to section 6

6 Details of your work

Do you or your partner work (either for yourself or someone else), or receive Statutory Sick Pay or Statutory Maternity Pay?

No Please go to section 7

Yes Please give details below

Are you or your partner self-employed? You: No Yes Your Partner: No Yes
If 'Yes', please ask for the self-employed earnings certificate (HB2C) and let us have your accounts for the last financial year.

Please fill this section if you are working for someone but are not self-employed. Only give details of one job in each column. Work is any paid or unpaid, including casual, temporary, and permanent work.

Who is working? (Please tick)	Job 1		Job 2		Job 3	
	You <input type="checkbox"/>	Partner <input type="checkbox"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>
What kind of work is it?						
What is the employer's name?						
What is the employer's address?						
On average, how many hours do you work each week?						
How much are you paid?	£		£		£	
How often are you paid?						
When did you start working here?						
Is the employment for a fixed period? If so, what period?						
When is the next pay increase expected?						
If earnings include Statutory Maternity Pay or Statutory Sick Pay please say which			When did this start?		When is it due to end?	

If you and your partner have more than 3 jobs between you, you will have to tell us about the other jobs on a separate sheet of paper.

You will need to give us proof of the wages you receive. Section B of the notes tells you the types of documents we need. There is a Certificate of Earned Income (HB2A) at section B for you to give to your employer if you do not have wage slips.

Now please go to section 7

7 Money

Do you, your partner or any of the children you are claiming for have any capital savings or investments? No Go to section 8 Yes Answer all questions below

We need to know about all the money that you have in bank, post office and building society accounts, TESSAS, PEPS, stocks, shares, unit trusts, and National Savings Certificates. Please tell us about all the accounts you have, even if they are overdrawn.

Do you or your partner have a current account with a building society, bank or the post office? No Yes

If you have answered 'Yes' to the question above please give the following details for all accounts held by all household members.

Whose account is it?	How much is in it?	Name of bank, building society or post office	Account number
	£		
	£		
	£		

Do you or your partner have any savings in a building society, bank or post office account? (Please include TESSAS, PEPS, ISAS and other special saving schemes)

No
Yes

If you have answered 'Yes' to the question above please give the following details

Whose account is it?	How much is in it?	Name of bank, building society or post office	Account number
	£		
	£		
	£		

Do you or your partner have any stocks, shares, unit trusts, or National Savings Certificates?

No Yes

If you have answered 'Yes' to the question above please give the following details

Who do they belong to?	Name of company	Number of shares or units	Issue number

Do you or your partner own any houses, land or property other than the house you are claiming from?

You must tell us about any houses, land or property you may own here or abroad.

No

If you have answered 'Yes', please give the addresses below

Yes

Is any property up for sale? No Yes If 'Yes', please give us details in section 16.

You will need to give us proof of the money that you have. Section B of the notes shows you the things you have to send.

Now please go to section 8

8 Any other income or money

This section is for you to give us any other information about money that you have not told us in the earlier sections.

This could be a charitable payment, rent that you get from properties you own, money you get from boarders, lodgers, cash savings, Premium Bonds, shared accounts such as credit unions and so on. You also need to tell us about any income or benefit that is due or applied for that has not yet been paid.

Do you have any other income or capital that you have not included in other parts of this form? No Yes

If 'Yes', please give details below

Income or capital	Where from?	Date paid from	Are you getting this yet?	How much?	How often?	Date of next increase
				£		
				£		
				£		

You will need to supply proof of any amount you have shown above.

9 Money going out

We can deduct some of your outgoings from your income, which means you may get more benefit. It is therefore important that you fully fill in all this section.

If you or your partner work, do either of you pay into a personal pension scheme? No
Yes

If 'Yes', please give the following details

	How much?	How often?	Name and address of the company that you have a pension with	Policy number
You	£			
Partner	£			

Do you pay any money for your children to be looked after by a registered childminder, playgroup, nursery or after-school club? No

Yes

If you have answered 'Yes' to the question above please give the following details

Name of child	How much?	How often?	Name of childminder or nursery	Registration number
	£			
	£			
	£			

You will need to let us have proof of the money you pay out. Please see section B of the notes for a list of what we need to see.

Now please go to section 10

10 About your accommodation

What date did you move in?

Are you living away from home at the moment? No Yes

If 'Yes', when did you leave?

Have you sublet this home while you are away? No Yes

Tell us why you are living away from this home (For example - you are in prison)

What address are you living at, at the moment?

Do you own your home? No Yes If 'Yes', go to section 15

If we are paying housing benefit directly to your landlord they only have the **right** to know your weekly benefit, the date the claim is paid from and when it will end, details about any payments made and any payments waiting to be paid in the future. They do not have the right to know personal details, details about your income or any forwarding address. If we are paying housing benefit to you, the landlord does not have the right to know anything about your claim.

What will we tell your landlord if you give us permission?

We will tell your landlord:

- the date we received your claim
- whether we have received a renewal claim, when your claim is due for renewal
- who you have asked us to make payment to
- what information we need to be able to deal with your claim, for example, proof of your income
- how much benefit you qualify for
- the date your benefit starts and ends
- whether we are going to recover any overpaid benefit from your payments

I would like you to be able to discuss my claim with my landlord No Yes

If 'Yes', please sign here:

This permission will only apply to this claim.

Please tick if you rent your home from: the council Go to section 15

a housing association Fill in the rest of this section

a private landlord or agent Fill in the rest of this section

You must make sure you answer all the questions in this section. If you do not we may not be able to deal with your claim.

About your accommodation (continued)

When did you start paying rent?

How often do you pay your rent?
(weekly, 4-weekly, monthly)

How much rent do you pay? £

Do you owe your landlord any rent? No Yes If 'Yes' how much? £

Are there any weeks when you do not have to pay rent? No Yes If 'Yes' how many?

What sort of tenancy do you have? (for example shorthold, assured, secure, regulated)

What period is the tenancy for? From To

Are you a joint tenant with anyone else? No Yes

If 'Yes', what are their names?

Has your rent been registered as a fair rent by the Rent Officer? No Yes

Does your rent include any of the following?

Heating No Yes How much? £ How often?

Lighting No Yes How much? £ How often?

Hot water No Yes How much? £ How often?

Fuel for cooking No Yes How much? £ How often?

Laundry No Yes How much? £ How often?

Gardening No Yes How much? £ How often?

Personal care and support No Yes How much? £ How often?

Garage or parking space No Yes How much? £ How often?

Any other services No Yes How much? £ How often?

If you ticked 'Yes' for 'Any other services' please say what this service is

Do you have any meals included in your rent? Please tick a box for each of the meals you receive.

Breakfast Midday meal Evening meal

Do you have a garden? No Yes

Do you have off road parking? No Yes

About your accommodation (continued)

Please tell us all the details about your house below.

How many floors are there in the whole building? When did your tenancy start?

Please tell us about the number of rooms there are in the house and who uses them.

How many rooms are there?	Bathrooms	Bedrooms	Bedsit rooms	Kitchens	Living rooms	Other rooms	Separate toilets
In the whole building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Just for you and your family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
That are shared with other people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who is responsible for the inside decorations? You Landlord Don't know

Does the landlord provide furniture? No Yes How much? All Part Very little

Do you have a garage you can use? No Yes Do you have central heating? No Yes

What sort of building do you live in? (please tick one box only)

Detached house Flat in a house Hotel
 Semi-detached house Flat in a block Board and lodgings
 Terraced house Flat over a shop Caravan, mobile home or houseboat
 Maisonette Bedsit or rooms Residential nursing home
 Bungalow Hostel Residential care home

Other (please say what)

Do you use any part of your home for business purposes? No Yes

If you have answered 'Yes', which rooms?

Only answer the next question if you live in a room, bedsit or flat. This will help the Rent Officer to decide where your room, bedsit or flat is and make a decision about your rent.

Where is your room, bedsit or flat in the building? Imagine that you are looking at the front of the building.

Is it at the Front Back Middle

Is it on the Left Right Middle

Which floor is it on? Basement Ground First Second Third

Other (Please say which)

You will need to let us have proof of the rent you pay; section B of the notes shows you the types of things we need to see. If you do not let us have them with your form we will write to you and you must give us this information within 1 calendar month of our letter. If you do not let us have this information in time we may not deal with your claim and you could lose benefit.

Now please go to section 11

11 About your landlord

What is your landlord's name and address?

If you have to pay your rent to an agent (for example, an estate agent or rental company), or someone else who is not your landlord, you will have to fill in both boxes.

Landlord's name and address

Agent's name and address, or who and where the rent is paid to if not the landlord

Are you, your partner or any of your children or your partner's children related to your landlord or agent, or to your landlord's partner or to the agent's partner? No Yes

If you have answered 'Yes', who is related?

is related to

What is their relationship?

Does your landlord or their agent live in your home? No Yes

12 Type of accommodation

Please tick if you are:

A council tenant go to section 15

An owner occupier go to section 15

If you live in:

A housing association property, or go to section 13

A hostel, houseboat or caravan, or go to section 13

Are a private tenant, who has been claiming housing benefit continuously since before 7 April 2008 at this address go to section 13

If you live in:

Privately rented accommodation and are not currently in receipt of housing benefit for the address of this claim go to section 14

13 Your benefit payments (non Local housing allowance)

You have the choice of having your housing benefit paid to yourself or your landlord if you:

- Live in a housing association property, or
- Live in a hostel, a houseboat or caravan, or
- Are a private tenant, who has been claiming housing benefit continuously since before 7 April 2008 at this address

Please tick who you would like your housing benefit paid to:

Yourself

Your landlord

Complete the bank account details of where your housing benefit needs to be paid:

Name and address of bank or building society	Name of account holder	Account or roll number	Sort code

If you want more information about opening a new basic bank account, that we can use to pay your housing benefit please tick here.

14 Your housing benefit payments

Your housing benefit will usually be paid direct to your bank account. You should set up a standing order or direct debit to your landlord, to make sure your rent is paid on time. You will need to ask your landlord for their bank details.

I want my housing benefit entitlement to be paid into my account.

Name and address of bank or building society	Name of account holder	Account or roll number	Sort code

If you want information about opening a new basic bank account, that we can use to pay your housing benefit please tick here.

If you think you are unable to pay your housing benefit to your landlord for their rent, please explain why here:

We will contact you to discuss this further, and will make a decision about whether we can pay your landlord direct.

Now please go to section 16

15 Backdating

We can usually pay benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier. Attach a separate sheet if you do not have enough space in the box below. If you do not want your claim to be backdated, please go to section 16.

The date I want to claim benefit from is:

The reason I did not claim earlier was:

16 Is there anything else you need to tell us?

Use this box to tell us anything else you think we should know about before we deal with your claim. Use a separate sheet if you do not have enough space in the box below.

Please let us know how many separate sheets you have attached so that we know that nothing is missing from your claim. Do **not** include the number of documents of proof that you have enclosed to support your claim.

I have attached separate sheets with my claim form.

Now please go to section 17

17 Your 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, it would be helpful if they sign below to confirm the details about them are correct but they don't have to sign. You are responsible for making sure that the information on this form is true and accurate even if someone else has filled in the form for you. Make sure you are certain that all the questions you have answered are a true and accurate record of your circumstances when you send us this form.

We must protect the public funds we handle, so we may use the information you have given on this form to prevent and detect fraud. For this reason we may also share this information with other organisations that handle public funds.

Declaration

- I understand that the information I have given on this form will be used to help the council manage and collect council tax and any other related payments.
- I understand that if I have knowingly given inaccurate or false information on this form to get benefit, or increase the amount of benefit paid, I may be prosecuted or have to pay a penalty, or other action may be taken against me.
- I understand that the council may check the information I have given on this form by contacting any other agencies, and I agree to them doing so.
- I know that I must tell the council about any changes in my circumstances that I have declared on this form. I know I must do this in writing as soon as the change happens. It is an offence under the Social Security Fraud Act 2001 not to tell you about changes in circumstances as soon as they happen.
- I know that I must report changes such as a change in:
 - my income, if it goes up or down
 - the income of anyone else living with me, if it goes up or down
 - a job for anyone in my house even if it is with the same employer
 - the number of hours I or my partner work, if these go up or down
 - my or my partners savings or investments, if they go up or down
 - anyone else in my household's capital, if it goes up or down
 - the number of people living in my house, if anyone moves in or out - if someone moves out I will tell you where they have moved to
 - the amount of rent I pay
 - the income I receive, if I start or stop work, or start or stop receiving a state benefit
 - my address, when I move in or out of a property, even if it is a room in the same property
 - where I am staying - if I leave the country for more than 13 weeks and intend to return
 - anything else that I think might affect my benefit.
- I declare that the information I have given on this form is true and accurate, and that I will tell the council in writing about any changes that happen, including those listed above, so that my benefit can be worked out again.

Signature of person claiming: Date:

Partners signature: Date:

If someone else has filled in the form other than the person claiming, fill in this section.

Reason:

Name of person filling in form: Relationship:

Signature of person filling in form: Date:

Make sure you get your housing benefit payments as quickly as possible!

Answer every question on the form. Remember to tick the “no” box, if a question does not apply to you.

Make sure you give us the evidence to confirm the information you have told us.

If you do not have all the evidence you need, don't forget to send in your claim anyway. You could lose benefit if you do not hand your benefit claim in.

If we write to you for more information, send the information back to us as quickly as you can. Do not ignore our letter.

Send this form back to:

Customer & Exchequer Service
Civic Centre 1
Huddersfield
HD1 2NF