

# Housing Benefit and Council Tax Support (reduction) Claim Form

The logo for Central Bedfordshire, featuring the text "Central Bedfordshire" in white on a green circular background.

**Don't delay – claim today!**

Please return this form as quickly as possible, even if you do not have everything we ask for. You can send the rest to us later.

## Filling in the form

- Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape. Please initial any alterations.
- Answer 'Yes or No' questions by ticking ✓ the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. **Do not put a cross in any boxes.** If you answer a question with a cross or do not answer a question we will have to send the form back, and this will delay the claim.
- If someone fills in the form for you, there is a special space for them to sign in Part 17. You must sign Part 17 as well.
- If you need help filling in this form, please phone 0300 300 8306 or visit us at any of our offices listed on page 23.
- If you cannot get out easily and need help filling in the form, we can come and help you. Please phone 0300 300 8306.
- **Please send the form back to us straight away to make sure you do not lose any benefit.** Your benefit will normally start from the Monday after we receive the form. In the form, we ask for proof of your income, rent and so on. If you don't yet have all the proof we need, send the form in now and send the proof later. You have one month from the date we receive the form to send in the proof.
- You must tell us immediately if your circumstances change. See page 2 for a list of changes that may affect your claim.

Please return the form either by post to:

Watling House, High Street North, Dunstable, Beds. LU6 1LF

Or in person by visiting us at any of the offices listed on page 23.

Phone: 0300 300 8306

Email: [customer.accounts@centralbedfordshire.gov.uk](mailto:customer.accounts@centralbedfordshire.gov.uk)

## About this form

The Housing Benefit and Council Tax Support (reduction) form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit or support.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

### Second Adult Rebate

Second Adult Rebate is a Council Tax Support (reduction) you can get if you are of state pension credit age and share your home with someone who is not your partner, is on a low income, is 18 or over and does not pay you rent.

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3, 13 and 17.

### Evidence

We need to see evidence of some of the things you tell us about. The checklist at the end of the form will help you. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for.

## How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Support (reduction) and other Welfare Benefits.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law. We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information, to:

- make sure the information is accurate; and
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities, and private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

The Council is the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use it, please ask us.

## If we award Housing Benefit and/or Council Tax Support (reduction)

If we decide to pay benefit, we will review your claim regularly. This may involve a visit to your home by our Visiting Officer. We may also post you a form that you should complete and return to us with all relevant supporting evidence.

### Changes you must tell us about

Tell the Council's Customer Accounts Section straightaway if:

- any of your children leave school or leave home; or
- anyone moves in or out of your home (including lodgers and subtenants); or
- your income or the income of anyone living with you, including benefits, changes; or
- your capital, savings or investments change; or
- you or anyone living with you becomes a student; goes on a Youth Training Scheme; goes into hospital or a nursing home; goes into prison; or gets, changes or leaves a job; or
- your rent changes; or
- you move house; or
- you or your partner are going to be away from home for more than a month; or
- you receive any decision from the Home Office; or
- anything you have told us about changes.

You must tell us about these changes in writing – a phone call is not enough.

If you don't tell us about these changes, you may lose money you are entitled to or you may get too much Housing Benefit and Council Tax Support (reduction).

You must make sure that you tell us about these changes. Don't rely on someone else to pass on the message.

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

**This page has been perforated for you to remove and keep.**

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3, 13 and 17 of this form.

|                  |  |
|------------------|--|
| Office use only  |  |
| First contact on |  |
| Issued on        |  |
| Reference number |  |

## Part 1 About you and your partner

Do you wish to claim Housing Benefit and Council Tax Support (reduction)?

No ☐ Yes ☐

Do you wish to claim Second Adult Rebate? (read the notes on Page 2)

No ☐ Yes ☐

Do you have a partner who normally lives with you?

No ☐

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.) Even if your partner only comes home at weekends, or part of the week, you must include them.

Yes ☐ If you have a partner, you must answer all the questions about them, as well as yourself.

### You

### Your partner

Surname or family name



Other names



Any other surnames or family names you have used, such as before marriage or in a previous marriage



Title (Mr, Mrs, Ms and so on)



Address

Do not tell us your partner's address if it is the same as yours.

  
  
  

  
  
  


Postcode

Postcode

What date did you move in to this address? (first spent the night there)

 /  / 
 /  / 

Your daytime phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly.



What is this number?

Please tick.

Home ☐ Work ☐ Mobile ☐ Textphone ☐

Home ☐ Work ☐ Mobile ☐ Textphone ☐

E-mail address

You do not have to tell us this but it may help us to deal with your claim more quickly.



Date of birth

 /  / 
 /  / 

National Insurance number

You can find this on payslips or letters from the Department for Work and Pensions or the tax office. We can decide your claim only if we see evidence that this is your National Insurance number (see Part 18).

|         |  |  |         |  |  |  |  |  |  |        |
|---------|--|--|---------|--|--|--|--|--|--|--------|
| Letters |  |  | Numbers |  |  |  |  |  |  | Letter |
|         |  |  |         |  |  |  |  |  |  |        |

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

☐

|         |  |  |         |  |  |  |  |  |  |        |
|---------|--|--|---------|--|--|--|--|--|--|--------|
| Letters |  |  | Numbers |  |  |  |  |  |  | Letter |
|         |  |  |         |  |  |  |  |  |  |        |

If your partner does not have a National Insurance number, or cannot find it, tick this box.

☐

We must see evidence of you and your partner's identity and National Insurance number. If you and your partner are asylum seekers, you must provide your current Home Office letter. Read the checklist in Part 16.

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 you are living at the moment.

  
 Postcode

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

## You

Have you or your partner claimed Housing Benefit, Council Tax Support (reduction) and/or Council Tax Benefit before?

No ☐

Yes ☐ When did you claim?

 /  / 

What name did you claim in?

What address did you claim for?

  
  
  
 Postcode

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

  
  
  
 Postcode

Were you the home owner, 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 2 years?

No ☐

Yes ☐ We will write to you about this.

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.

 /  / 

## Your partner

No ☐

Yes ☐ When did they claim?

 /  / 

What name did they claim in?

What address did they claim for?

  
  
  
 Postcode

  
  
  
 Postcode

No ☐

Yes ☐ We will write to you about this.

 /  /

|   | You  | Your partner  |
|---|--|---|
| Are you or your partner in hospital at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you go in?<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0; text-align: center;">/ /</div> When will you come out (if you know this)?<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0; text-align: center;">/ /</div> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they go in?<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0; text-align: center;">/ /</div> When will they come out (if they know this)?<br><div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px 0; text-align: center;">/ /</div> |
| Do you or your partner get Disability Living Allowance, Personal Independence Payments or Armed Forces Independence Payment?                                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do you or your partner get Attendance Allowance?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Does anyone get Carer's Allowance for looking after you or your partner?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit instead? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do you or your partner have a vehicle from a mobility scheme?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are you or your partner a student?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
|   | Do you study full time or part time?<br>Full time <input type="checkbox"/> Part time <input type="checkbox"/>  | Do they study full time or part time?<br>Full time <input type="checkbox"/> Part time <input type="checkbox"/>  |
| Tick if you or your partner are:  |  |   |
| • 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"/>  |
| • long-term sick or disabled  | <input type="checkbox"/>   | <input type="checkbox"/>  |

You may be able to get more Housing Benefit and Council Tax Support (reduction) if there are children in your household and they are:

- under 16; or
- aged 16 or 17 and registered for work or youth training; or
- aged 16 and over but still under 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household?

No ☐ Go to Part 3.

Yes ☐ If there are more than 4 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** **Fourth child**

Surname or family name

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

Other names

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

Date of birth

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

What is the child's sex?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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The child's relationship to you

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

The child's relationship to your partner

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

Usual address if different from yours

|  |  |  |  |
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Child Benefit number

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

Who gets the Child Benefit for them?

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

Is the child registered blind?

No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐

Does the child get Disability Living Allowance?

No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐

Is the child unable to share a bedroom because of severe disabilities ?

No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐

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

No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐

If yes, please tell us the name and registration number of the childcare provider.

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

How much do you pay a week?

|   |
|---|
| £ |
|---|

If yes, please tell us the name and registration number of the childcare provider.

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

How much do you pay a week?

|   |
|---|
| £ |
|---|

If yes, please tell us the name and registration number of the childcare provider.

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

How much do you pay a week?

|   |
|---|
| £ |
|---|

If yes, please tell us the name and registration number of the childcare provider.

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

How much do you pay a week?

|   |
|---|
| £ |
|---|

We must see evidence of Child Benefit, Disability Living Allowance and Childminding costs before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Do any adults usually live with you and any partner you have?

No ☐ Go to Part 4.

Yes ☐ Answer all questions in this section.

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

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

Do tell us about grown up children away at university who return during holidays and at the end of their course.

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

If you want to tell us about more than 3 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   |
|---|--|--|--|
| Surname or family 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   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend. |  |  |  |
| When did they move in?  | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Do they get Income Support, income-based Jobseeker's Allowance, Pension Credit or Employment and Support Allowance (income-related)?            | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they in the armed forces?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Do they get Disability Living Allowance or Attendance Allowance?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they registered blind?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>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"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>   |
| Do they pay rent or money for board and lodgings to you or your partner?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week  |
| Does this include money for food?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they severely mentally impaired?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they in legal custody at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> / <input type="text"/> / <input type="text"/> |

Are they in hospital at the moment?

**First person**

No ☐  
Yes ☐ When did they go in?

/ /

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

/ /

Do they normally work for 16 hours or more a week?

No ☐  
Yes ☐ Tell us their earnings before any deductions.

£

**Second person**

No ☐  
Yes ☐ When did they go in?

/ /

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

/ /

No ☐  
Yes ☐ Tell us their earnings before any deductions.

£

**Third person**

No ☐  
Yes ☐ When did they go in?

/ /

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

/ /

No ☐  
Yes ☐ Tell us their earnings before any deductions.

£

Do they have any other income?

This includes any benefits, allowances, tax or pension credits you have not told us about on this form, and interest from savings and investments.

No ☐  
Yes ☐ First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

No ☐  
Yes ☐ First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

No ☐  
Yes ☐ First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

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

No ☐  
Yes ☐ Tell us their names.

is the partner of

And

is the partner of

We must see evidence of all income and interest from savings for the people shown above. Read the checklist in Part 18.



**Do you rent your home?**

Tick 'Yes' if you would pay rent but already get Housing Benefit.

No ☐ Go to **Part 6**.

Yes ☐ Answer all the questions in this section.

**What date did the tenancy start?**

 /  / 

**May we discuss the progress of your claim with your landlord?** We will not disclose personal/income information.

No ☐

Yes ☐ Please sign here.

I authorise the Council to discuss the progress of my claim with my landlord.

Signed

Date

**Do you rent your home from the council?** Tick 'Yes' if you would pay rent but already get Housing Benefit.

No ☐

Yes ☐ Answer all the questions in this section.

Yes ☐ Go to **Part 6**.

**What is your landlord's name and 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?**

No ☐

Yes ☐ What is the relationship?

|                      |                             |                      |
|----------------------|-----------------------------|----------------------|
| <input type="text"/> | is my landlord's or agent's | <input type="text"/> |
|----------------------|-----------------------------|----------------------|

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.

**Are you or your partner a director, shareholder or employee of your landlord?**

No ☐

Yes ☐

**Have you or your partner ever owned your current home?**

No ☐

Yes ☐

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

No ☐

Yes ☐ Please send us the notice of registration (R05).

**Are there 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 much? £

How much is the rent for your home?

£  every

(For example, every week/fortnight/4 weeks/month.)

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

No ☐

Yes ☐

Tell us their names and their relationship to you or your partner.

How much of the rent do you pay?

£  every

(For example, every week/fortnight/4 weeks/month.)

Does your rent include money for the following?

|                         |                             |                              |                           |                              |                                    |                                  |
|-------------------------|-----------------------------|------------------------------|---------------------------|------------------------------|------------------------------------|----------------------------------|
| Meals                   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Which meals are included? | All <input type="checkbox"/> | Breakfast <input type="checkbox"/> | Evening <input type="checkbox"/> |
| Water authority charges | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Laundry                   | No <input type="checkbox"/>  | Yes <input type="checkbox"/>       |                                  |
| Heating                 | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Cleaning rooms or windows | No <input type="checkbox"/>  | Yes <input type="checkbox"/>       |                                  |
| Lighting                | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Gardening                 | No <input type="checkbox"/>  | Yes <input type="checkbox"/>       |                                  |
| Hot water               | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Garage or Parking space   | No <input type="checkbox"/>  | Yes <input type="checkbox"/>       |                                  |
| Fuel for cooking        | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Personal Care and Support | No <input type="checkbox"/>  | Yes <input type="checkbox"/>       |                                  |

Is anything included or separate from your rent that you have not already told us about?

No ☐

Yes ☐

What is it?

## 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"/>             |
| Detached Bungalow <input type="checkbox"/>   |   |  |

Other (please say what)

Please tick to show if the property is let as:

|  |                                      |
|--|--------------------------------------|
| furnished <input type="checkbox"/>           | That is, completely furnished        |
| partly furnished <input type="checkbox"/>    | That is, some furniture, but not all |
| minimally furnished <input type="checkbox"/> | That is, just two or three items     |
| unfurnished <input type="checkbox"/>         | That is, no furniture at all         |

| 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"/>              |
| Separate 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"/>              |
| What are these other rooms?<br><input type="text"/>  |   |                                  |                                   |
| Does your home have central heating?   | No <input type="checkbox"/> Yes <input type="checkbox"/>  |                                  |                                   |
| Does your home have a garden?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |                                  |                                   |
| Has your home been built or adapted for people with disabilities?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |                                  |                                   |
| Which floors do you live on?   | All <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |                                  |                                   |
| How many floors are there in the building?   | <input type="text"/>  |                                  |                                   |
| Do you and your household occupy only part of the building you have ticked?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |                                  |                                   |
|  | Where in the building do you live?<br>At the front <input type="checkbox"/> In the middle <input type="checkbox"/> At the back <input type="checkbox"/>                               |                                  |                                   |
| Do you use your home for business?   | No <input type="checkbox"/> Yes <input type="checkbox"/>  |                                  |                                   |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> What is the address?<br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/>         |                                  |                                   |
|  | Postcode <input type="text"/>   |                                  |                                   |

## Part 6 About Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) and Employment and Support Allowance (income-related)

|   | You   | Your partner   |
|---|---|--|
| Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related) at the moment?          | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related)? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/> |

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? Read the list of benefits and credits below and tell us about any that you or your partner are getting now or have claimed. **Please put a line through any boxes that do not apply to you or your partner.** We will need to see evidence of the benefit or credit, such as an award letter.

No ☒ Go to **Part 8**.

Yes ☒ Tell us about the benefits below.

|  | You                                 |                         |                          | Your partner                        |                          |                          |
|--|-------------------------------------|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Pensions   | Yes<br>✓                            | How much<br>do you get? | How often<br>is it paid? | Yes<br>✓                            | How much<br>do they get? | How often<br>is it paid? |
| State retirement pension                         | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| Pension Credit<br>(Savings Credit)               | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| Widow's Allowance or<br>Bereavement Allowance    | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| Widowed Parent's Allowance<br>or Widow's Pension | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| War Widow's or War<br>Dependant's Pension        | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| War Disablement Pension                          | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| Industrial Injury/Disablement<br>Pension         | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
| Exceptionally Severe<br>Disablement Allowance    | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |

## Benefits and allowances

|  |                                     |   |  |                                     |   |  |
|--|-------------------------------------|---|--|-------------------------------------|---|--|
| Contribution-based Jobseeker's<br>Allowance                | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Child Tax Credit   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Working Tax Credit   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Employment Training Allowance                              | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Child Benefit  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Incapacity Benefit   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Employment and Support<br>Allowance - Contribution based   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Attendance Allowance                                       | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Disability Living Allowance:<br>Mobility Component         | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Care Component   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Carer's Allowance  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Severe Disablement Allowance                               | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Maternity Allowance  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Fostering Allowance  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Any other benefit, pension or<br>money from the government | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |

Are you repaying a Social Fund loan or overpayment for any of these benefits? No ☒ Yes ☒ If yes, which one?

Have you or your partner deferred (put off) receiving a pension? No ☒ Yes ☒ If yes, please give details

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 work-based pensions; pension protection fund payments; pensions from abroad; maintenance or child support for you, your partner or any of the children you have told us about on this form; 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 subtenants. 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 9.

Yes ☐ Answer the questions on this page. Please put a line through any boxes that do not apply to you or your partner.

|                           | You                                 |                         |                          | Your partner                        |                          |                          |
|---------------------------|-------------------------------------|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|                           | Yes<br>✓                            | How much<br>do you get? | How often<br>is it paid? | Yes<br>✓                            | How much<br>do they get? | How often<br>is it paid? |
| Private pension 1 paid by | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
|                           |                                     | Date of next increase   | / /                      |                                     | Date of next increase    | / /                      |
| Private pension 2 paid by | <input checked="" type="checkbox"/> | £                       |                          | <input checked="" type="checkbox"/> | £                        |                          |
|                           |                                     | Date of next increase   | / /                      |                                     | Date of next increase    | / /                      |

If you have more private pensions, please tell us about them on a separate sheet of paper and send it with this form.

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

|  |                                     |   |  |                                     |   |  |
|--|-------------------------------------|---|--|-------------------------------------|---|--|
| Pension Protection Fund payments   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Youth Training Scheme payment or Training Credits                              | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Maintenance for you  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Maintenance for your child - including CSA                                     | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Student grant or loan  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Payments from boarders   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Weekly amount from letting or sub-letting part of a property                   | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Payments from a charity  | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |
| Any other income e.g Redundancy or Loan Protection Payments (please give name) | <input checked="" type="checkbox"/> | £ |  | <input checked="" type="checkbox"/> | £ |  |

We must see evidence of any money or pension coming in before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Do you or your partner work for an employer? Answer 'Yes' even if you are absent due to sickness, maternity leave etc.

Do you work for more than one employer?

What kind of work do you do?

What is your employer's name and address?

When did you start this job?

How much do you get paid before tax and National Insurance are taken off?

How often do you get paid?

How are you paid?  
For example, in cash, by cheque or straight into a bank or building society account.

How many hours a week do you usually work?

Give details of any regular overtime, bonuses, commission or tips.

When will your next pay rise be?

Are you getting Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer at the moment?

When did it start?

Do you pay into a private or company pension scheme?

## You

No ☐ Go to Part 10.  
Yes ☐ Answer the questions in this part.

No ☐  
Yes ☐ Tell us about all the employers on a separate sheet of paper and send it with this form. Include all the information asked for below.

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

## Your partner

No ☐ Go to Part 10.  
Yes ☐ Answer the questions in this part.

Postcode

Postcode

/ /

/ /

£

£

Every

Every

/ /

/ /

No ☐  
Yes ☐

No ☐  
Yes ☐

/ /

/ /

No ☐  
Yes ☐ How much?

No ☐  
Yes ☐ How much?

£

£

How often?

How often?

Every

Every

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive pay slips before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

## You

## Your partner

Are you or your partner self-employed?

No ☐ Go to Part 11.  
 Yes ☐ Answer the questions on this page.

No ☐ Go to Part 11.  
 Yes ☐ Answer the questions on this page.

You must send us your trading accounts for the last financial/trading 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.

What kind of work do you do?

When did the business start?

/ /

/ /

What is the business address?

Postcode

Postcode

Are you a Director of the business?

No ☐ Yes ☐

No ☐ Yes ☐

Are there any other partners in the business?

No ☐ Yes ☐ Tell us their name and address.

No ☐ Yes ☐ Tell us their name and address.

Postcode

Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No ☐  
 Yes ☐ How much?

No ☐  
 Yes ☐ How much?

£

£

How often?

How often?

Every

Every

Do you pay into a private pension scheme?

No ☐  
 Yes ☐ How much?

No ☐  
 Yes ☐ How much?

£

£

How often?

How often?

Every

Every

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

|  | <b>You</b>  | <b>Your partner</b>   |
|--|---|---|
| <b>Do you or your partner do any other work?</b><br>This could be voluntary work, therapeutic work or any other work, even if it is not paid work. | No <input type="checkbox"/> Go to Part 12.<br>Yes <input type="checkbox"/> Answer the questions on this page.   | No <input type="checkbox"/> Go to Part 12.<br>Yes <input type="checkbox"/> Answer the questions on this page.   |
| <b>What other work do you do?</b>  | <div style="border: 1px solid black; height: 60px;"></div>  | <div style="border: 1px solid black; height: 60px;"></div>  |
| <b>What is the name and address of the person you do this work for?</b>  | <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px; text-align: center;">Postcode</div> | <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px; text-align: center;">Postcode</div> |
| <b>When did you start this work?</b>   | <div style="border: 1px solid black; padding: 2px 10px;">/ /</div>  | <div style="border: 1px solid black; padding: 2px 10px;">/ /</div>  |
| <b>How many hours a week do you usually work?</b>  | <div style="border: 1px solid black; height: 25px;"></div>  | <div style="border: 1px solid black; height: 25px;"></div>  |
| <b>Do you get paid?</b><br>If you only get expenses or tips, still tick 'Yes' and give details.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><br><div style="border: 1px solid black; padding: 2px 10px;">£</div> How often?<br><div style="border: 1px solid black; padding: 2px 10px;">Every</div>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><br><div style="border: 1px solid black; padding: 2px 10px;">£</div> How often?<br><div style="border: 1px solid black; padding: 2px 10px;">Every</div>  |

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

## Part 12 About bank accounts, savings, investments and property

|  | <b>You</b>  | <b>Your partner</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Do you or your partner have any bank accounts, savings, property or investments in the UK or abroad?</b><br>This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, stocks, shares and property. | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Answer all the questions in this part. We must see evidence of all the capital, savings and investments. Read the checklist at Part 18 to see what you can use as evidence. <b>We will need statements or pass books covering the last 2 months at least.</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Please answer these questions for yourself and your partner. Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | <b>Account number/name/other details</b>  | <b>Your balance/value      Partner's balance/value</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Do you have bank, building society or post office accounts (including current accounts)?</b><br>If yes, please give details.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;">£</td><td style="width: 50%; text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> <tr><td style="text-align: center;">£</td><td style="text-align: center;">£</td></tr> </table> | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| £  | £   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |



Please answer these questions for yourself and your partner

|  |   | Name                          | Number held |
|--|---|-------------------------------|-------------|
| Do you have stocks, shares, or unit trusts?<br>If yes, list the names of investments and number of shares held.  | No <input checked="" type="checkbox"/>  |                               |             |
|  | Yes <input checked="" type="checkbox"/> |                               |             |
| Do you have National Savings Certificates?<br>If yes, list the issue, purchase date and number of units.   | No <input checked="" type="checkbox"/>  |                               |             |
|  | Yes <input checked="" type="checkbox"/> |                               |             |
| Do you have other investments, redundancy payments, premium bonds, Tessas, ISAs, SAYE, cash etc?<br>If yes, please give details.<br>(Please also use this space if you need more room for any of the above savings.) | No <input checked="" type="checkbox"/>  |                               |             |
|  | Yes <input checked="" type="checkbox"/> |                               |             |
| Have you or your partner received any backdated benefit or deferred payments, such as State pension, which you have added to your savings?   | No <input checked="" type="checkbox"/>  | If 'Yes' please give details. |             |
|  | Yes <input checked="" type="checkbox"/> |                               |             |

Do any of your savings or investments include:

- money from the sale of a house; or
- money from a charity; or
- compensation relating to the Second World War; or
- payments from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No ☒

Yes ☒

Do you or your partner own or partly own any property or land except the home you live in, either in the UK or abroad?

Tick 'Yes' even if you have a mortgage or loan for the property or land. This includes jointly owned properties.

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?

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

People who have more than £16,000 in capital are not eligible to receive benefit (although special rules apply to people over 60). Capital includes money, property, land or capital held outside the United Kingdom.

We can usually award Housing Benefit and Council Tax Support (reduction) from the Monday after the day we get 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 before.

Tell us the date you want to claim benefit from.

 /  / 

Tell us the reasons why you could not claim before today.

## Part 14 Foster carers

Are you or your partner an approved foster carer?

No ☐ Go to Part 15.

Yes ☐



Do you have a foster child/children placed with you?

No ☐



Yes ☐

Name of child/children

Are you between placements for a foster child?

No ☐

Yes ☐

Date last placement ended?

 /  / 

Are you or your partner a newly approved foster carer, awaiting for first foster child placement?

No ☐

Yes ☐

Date of approval?

 /  /

Do you or your partner have a carer who stays overnight in your home?

No ☐ Go to Part 16.  
Yes ☐

Is the overnight care provided by a carer (or team of carers) who lives in your home?

No ☐  
Yes ☐

Do you have a spare bedroom that your carer (or team of carers) uses to sleep overnight?

No ☐  
Yes ☐

Name of carer?

Usual address of carer?

Part 16 Anything else you need to tell us about

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.

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 that all the details about them are correct.

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

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I agree that you will use the information provided to process my claim for Housing Benefit, Council Tax Support (reduction) and/or Council Tax Benefit, or to assess any discount or grant for Council services. You may check some of the information with other sources as allowed by the law.
- I understand that you may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must let the Council's Customer Accounts Section know straight away in writing about any change in my circumstances, or the circumstances of anyone living with me, which might affect my claim.

Signature of person claiming

Date

Partner's signature

Date

If this form has been partly or fully 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.  
If I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that the declaration applies to me.

Name of the person who  
filled in the form

Signature of the person

Relationship to the person claiming

Date

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies. If you bring them to our reception, we will take the details we need and give you the documents back straightaway.

**If you do not provide all the evidence we need, we might not be able to pay you any Housing Benefit and Council Tax Support (reduction). We need the same evidence for your partner, if you have one.**

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later (within one month). We can start to process your claim, **but we will not be able to pay you any benefit until we have all the evidence.** Please tell us now in Part 16 if you cannot supply the evidence within one month.

#### **Evidence of identity**

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, current Home Office letter, EU identity card or recent gas or electricity bill. We may need to see two of these documents each for both you and your partner.

☐

#### **Evidence of National Insurance number**

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or the tax office. We need to see one of these documents each for both you and your partner.

☐

#### **Evidence of savings, investments and property**

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, Tessas, stocks, shares and unit trusts. The evidence you send must show details for at least the last 2 months. If your total capital is £6,000 or less we do not need to see any evidence.

☐

#### **Evidence of earnings**

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. We can send a form to your employer to fill in if you do not have these payslips – please let us know if you want us to do this. If you or your partner are self-employed, we need to see your accounts for the last financial/trading year or, if you have been trading for less than 6 months, a summary of your trading records so far. We can supply a form – please let us know if you want one.

☐

#### **Evidence of other income**

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

☐

#### **Evidence of benefits, allowances, tax credits, pension credits or pensions**

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

☐

#### **Evidence of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord, or we can supply a form (let us know if you want one).

☐

#### **Evidence of other money paid out**

Such as letters about student grants, or agreements or receipts from registered child carers.

☐

#### **Evidence for non-dependants (such as adult children or relatives living with you)**

We must see evidence of their income and earnings as detailed above. We also need to see evidence of actual interest received on savings, if they have any.

☐

The government has asked us to gather information about our customers' ethnic background. It's your choice whether to fill in this section. Please show which of the following groups you and your partner (if any) consider you belong to by ticking one box for you and one for your partner.

| White       | You                                 | Your partner                        |
|-------------|-------------------------------------|-------------------------------------|
| British     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Irish       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other white | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Mixed                     | You                                 | Your partner                        |
|---------------------------|-------------------------------------|-------------------------------------|
| White and black Caribbean | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| White and black African   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| White and Asian           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other mixed               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Asian         | You                                 | Your partner                        |
|---------------|-------------------------------------|-------------------------------------|
| Asian British | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bangladeshi   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Indian        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Kashmiri      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pakistani     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other Asian   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Black         | You                                 | Your partner                        |
|---------------|-------------------------------------|-------------------------------------|
| Black British | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Caribbean     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| African       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other black   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|         |                                     |                                     |
|---------|-------------------------------------|-------------------------------------|
| Chinese | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

## Part 20 How you will be paid and the choices you have

- If you are awarded Council Tax Support (reduction) we will credit this to your council tax account.
- If you are a Council tenant we will pay any housing benefit you are due straight into your rent account.
- If you pay rent to a **private landlord** we will pay any benefit directly to you.  
If you feel this will cause you difficulties please ring us for a "Direct Payments to Landlord form", you will find our telephone number on the front page of this form.
- If you pay rent to a **Housing Association** you can either have your housing benefit paid to you or direct to your Housing Association. Please "tick" how you would like to be paid.

To myself ☒ To my Housing Association ☒

Payment to you or your landlord will be made by direct credit to a current or basic bank account.  
Please complete the details of the account to be credited.

|                               |                      |                      |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |                      |                      |  |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Name of bank/building society | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |                      |                      |  |
| Branch                        | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |                      |                      |  |
| Account name                  | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |           |                      |                      |                      |                      |                      |  |
| Account number                | <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"/> | Sort code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |

If you have not got a current or basic account, and have previously been unable to open one, banks have leaflets giving details of the new Basic Bank Accounts you can open. With a Basic Bank Account you will receive a cash-machine card, which you can usually use to draw cash in post offices, but not a debit card, cheque book or overdraft.

You can hand your form in or visit us in person at one of the following Customer Service Centres.

### **Biggleswade**

73 High Street (located within Jobcentre Plus) Biggleswade Beds SG18 0JH

Opening times

Monday, Tuesday, Thursday 9.00am to 5.00pm

Wednesday 9.30am to 5.00pm

Friday 9.00 to 4.00pm

### **Dunstable**

Watling House, High Street North, Dunstable, Beds. LU6 1LF

Opening times

Monday, Tuesday, Wednesday, Thursday 8.30am to 5.00pm

Friday 8.30am to 4.00pm

### **Leighton Buzzard**

Bossard House, West Street, Leighton Buzzard LU7 1DA

Opening times

Monday, Tuesday, Thursday 8.30am to 4.30pm

### **Shefford**

Priory House, Monks Walk, Chicksands, Shefford, Beds. SG17 5TQ

Opening times

Monday, Tuesday, Wednesday, Thursday 8.30am to 5.00pm

Friday 8.30am to 4.00pm

If you have any queries concerning this form that you wish to discuss by phone you may call us Monday - Thursday between 8.30 am - 17.30 pm or Friday 8.30 am - 16.30 pm on 0300 300 8306.

**Please keep this page for your own information**

