



A claim form for Housing Benefit and Council Tax Benefit

If you are just claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 18 of this form.

Bromsgrove District Council
 Telephone: 01527 881288
 Fax: 01527 881223

Return form to:-
 Benefit Section, PO Box 7760, Burcot Lane, Bromsgrove, B60 1EH.

Reference Number:

Name:

Address:

For enquiries/help filling in this form, please contact:-
 Customer Service Centre
 School Drive, Bromsgrove

For office use
 Date of Contact:
 Date of Issue:

Are you a Private Tenant Second Adult Rebate Owner Occupier

If you are an owner occupier do you own your own home with anyone else? No Yes If 'Yes', who?

Part 1 About you and your partner

Please use black ink when completing this form.

Do you have a partner who normally lives with you? No Yes If you have a partner, you must answer all the questions about them, as well as yourself.

You

Your partner

Last name

Other names

Any other last names you have used

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 into this property? / /

/ /

Date of birth / /

/ /

National Insurance number
 You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number.

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.

Your daytime telephone number

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

Part 1 About you and your partner – continued

You

Your partner

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

No
 Yes When did you claim?

 / /

Which council did you claim from?

What name did you claim in?

What address did you claim for?

 Postcode

No
 Yes When did they claim?

 / /

Which council did they claim from?

What name did they claim in?

What address did they claim for?

 Postcode

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

No
 Yes

 Postcode

No
 Yes

 Postcode

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

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.

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.

Are you or your partner in hospital at the moment?

No
 Yes When did you go in?

 / /

No
 Yes When did they go in?

 / /

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

 / /

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

 / /

	You	Your partner
Do you or your partner get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner ever claimed Carer's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<p>Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.</p>		
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay? £ <input type="text"/> How often? Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do they pay? £ <input type="text"/> How often? Every <input type="text"/>
Are you or your partner a student?	No <input type="checkbox"/> Yes <input type="checkbox"/> Do you study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/> How much of your income is taken into account when working out your grant? £ <input type="text"/> a year	No <input type="checkbox"/> Yes <input type="checkbox"/> Do they study full time or part time? Full time <input type="checkbox"/> Part time <input type="checkbox"/> How much of their income is taken into account when working out their grant? £ <input type="text"/> a year

Part 1 About you and your partner – continued

Please tick if you or your partner are:

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

We will contact you if we need any more information.

Part 2 About children

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

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16 to 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 3 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

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

We need to see proof of this.

Part 2 About children – continued

First child

Second child

Third child

When do you expect the child to finish full-time education?

Is the child registered blind?

No

No

No

Yes

Yes

Yes

We need to see evidence of this.

We need to see evidence of this.

We need to see evidence of this.

Does the child get Disability Living Allowance?

No

No

No

Yes How much?

Yes How much?

Yes How much?

Care: £

Care: £

Care: £

Mobility: £

Mobility: £

Mobility: £

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

No

No

No

Yes

Yes

Yes

If Yes please tell us the name and registration number of the minder. (Please provide proof of this)

How much do you pay a week?

How much do you pay a week?

How much do you pay a week?

£

£

£

Part 3 About other people who live with you

Do any adults usually live with you and your partner?

No Go to Part 4.

Yes Give details below.

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

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.

Part 3 About other people who live with you – continued

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Their relationship to you or your partner. Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Pension Credit or Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> <input type="text" value="a week"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>	When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>	When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>

Part 3 About other people who live with you – continued

First person

Second person

Third person

Are they in hospital at the moment?

No

Yes When did they go in?

 / /

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

 / /

No

Yes When did they go in?

 / /

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

 / /

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.

£

We need to see evidence of their earnings.

No

Yes Tell us their earnings before any deductions.

£

We need to see evidence of their earnings.

No

Yes Tell us their earnings before any deductions.

£

We need to see evidence of their earnings.

Employers name / address

Do they have any other income at all?

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

No

Yes Name of first other income

How much is it before deductions?

£ a week

Name of second other income

How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

We need to see evidence of other incomes.

No

Yes Name of first other income

How much is it before deductions?

£ a week

Name of second other income

How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

We need to see evidence of other incomes.

No

Yes Name of first other income

How much is it before deductions?

£ a week

Name of second other income

How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

We need to see evidence of other incomes.

Part 4 About rent – continued

What sort of tenancy do you have?

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

How long is the tenancy for?

 / /

to

 / /

Please tick to show if the property is let as:

furnished

partly furnished

minimally furnished

unfurnished

How much is the rent for your home?

 £

every

(For example, every week/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 and your partner.

How much of the rent do you pay?

 £

every

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

Has your rent changed in the last 12 months?

No

Yes Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

 / /

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

No

Yes Please send us the notice of registration (RO5).

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

No

Yes How many in a year?

Are you behind with your rent?

No

Yes By how many weeks?

Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else

Tell us who receives the Council Tax bill.

Part 4 About rent – continued

Does your rent include money for the following?

Meals	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
			Which meals are included? <input type="text"/>
Water Authority charges	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Heating	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Lighting	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Hot water	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Fuel for cooking	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Laundry	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Cleaning rooms or windows	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Gardening	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Garage or parking space	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
			Do you have to rent the garage as part of your tenancy agreement? No <input type="checkbox"/> Yes <input type="checkbox"/>
Personal care and support	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
Do you pay any service charges separate from your rent? For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much each week? <input type="text" value="£"/>
			What for? <input type="text"/>

Part 4 About rent – continued

Are you living away from home at the moment?

No

Yes Tell us why you are not living at home.

When did you last live at home?

 / /

When do you expect to go back home?

 / /

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

 Postcode

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

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

Part 5 About where you live

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

- Detached house
- Semi-detached house
- Terraced house
- Maisonette
- Bungalow
- Other

- Flat in a house
- Flat in a block
- Flat over a shop
- Bedsit or rooms
- Hostel

- Caravan, mobile home or houseboat
- Board and lodgings
- Hotel
- Residential nursing home
- Residential care home

Please give the approximate age of your home

Does your home have central heating? No Yes

Does your home have a garden? No Yes

Who is responsible for decorating the inside of your home? Your landlord You Don't know

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

If your home is a bedsit, a flat, or a room, is it:

- at the front of the building? in the centre of the building? at the back of the building?
- Is your home: in a block of flats? over a shop?
- in the basement? on the ground floor? on the 1st floor?
- on the second floor? on the 3rd floor? on all floors?

Room number:

How many floors in the building?

Which floors do you live on?

Do you and your household occupy only part of the building you have ticked? No Yes

Where in the building do you live? At the front In the middle At the back

Part 5 About where you live – continued

How many rooms are there in the building?

In the whole building?

Just for you and your household?

That you share with other people?

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

Do you use your home for business?

No

Yes

Do you have a main home somewhere else?

No

Yes What is the address?

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

Postcode

How much do you pay for this home?

£

Part 6 About Income Support, income-based Jobseeker's Allowance and Guarantee Pension Credit

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Guarantee Pension Credit?

No Go to **Part 7**.

Yes Answer both the questions in this part, then go to **Part 10**.

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance or Guarantee Pension Credit at the moment?

No

Yes When did you start getting it?

 / /

Your partner

No

Yes When did they start getting it?

 / /

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Guarantee Pension Credit?

No

Yes When did you claim?

 / /

No

Yes When did they claim?

 / /

Part 7 About being self-employed

Are you or your partner self-employed?

No Go to **Part 8**.

Yes Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Are there any other partners in the business?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their name and address.	Yes <input type="checkbox"/> Tell us their name and address.
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often? <input type="text"/> Every	How often? <input type="text"/> Every
Do you pay into a private pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often? <input type="text"/> Every	How often? <input type="text"/> Every

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

Part 8 About working for an employer

Do you or your partner work for an employer?

No Go to **Part 9**.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

You

Your partner

What kind of work do you do?

What is your employer's name and address

 Postcode

 Postcode

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

Are you employed for a limited period?

No

Yes When will you finish?

 / /

No

Yes When will they finish?

 / /

How often do you get paid?

 Every

 Every

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

 £

 £

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account.

When was your last pay rise?

 / /
 / /

When will your next pay rise be?

 / /
 / /

Who many hours a week do you usually work?

Give details of any regular overtime, bonuses or commission.

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?

No

Yes

No

Yes

Part 8 About working for an employer – continued

	You	Your partner
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
	How often? <input style="width: 150px;" type="text"/>	How often? <input style="width: 150px;" type="text"/>
	Every <input style="width: 150px;" type="text"/>	Every <input style="width: 150px;" type="text"/>

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

Part 9 About any other work

Do you or your partner do any other work at all?
This could be voluntary work or any other work, even if it is not paid work.

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

	You	Your partner
What other work do you do?	<input style="width: 300px; height: 80px;" type="text"/>	<input style="width: 300px; height: 80px;" type="text"/>
What is the name and address of the person you do this work for?	<input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> Postcode	<input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> Postcode
When did you start this work?	<input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/>
How many hours a week do you usually work?	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Do you get paid? If you only get expenses or tips, still tick 'Yes' and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you get before any deductions?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do they get before any deductions?
	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
	How often? <input style="width: 150px;" type="text"/>	How often? <input style="width: 150px;" type="text"/>
	Every <input style="width: 150px;" type="text"/>	Every <input style="width: 150px;" type="text"/>

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

Part 10 About benefits and pensions

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

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

No Go to **Part 11**.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

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

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

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

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

Part 11 About other money coming in

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

This includes occupational pensions; maintenance 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 12**.

Yes Answer the questions on this page.

Other money 1

What is the money for?

Who gets it?

How much to they get?

£

How often?

Every

When did they start getting this income?

/ /

When is the income likely to go up?

/ /

Other money 2

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start getting this income?

/ /

When is the income likely to go up?

/ /

Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes What for?

How much

£

Are you expecting to get any money in the next 12 months?

No

Yes What for?

For example, a redundancy payment or a payment instead of notice or holiday.

How much

£

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

Part 12 About capital, savings and investments

Do you or your partner have any capital, savings or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares.

No Go to **Part 13**.

Yes Answer all the questions in this part. We must see evidence of all the capital, savings and investments. Please note that 'mini' statements will not be accepted as evidence. Read the checklist at Part 16 to see what you can use as evidence.

Do you or your partner have any bank accounts, building society accounts or post office accounts?

No

Yes Tell us about all your **accounts**, even empty or overdrawn ones. If there are more than 6 accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

1.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £
2.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £
3.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £
4.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £
5.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £
6.	Who is the account with <input type="text"/>	Account number <input type="text"/>
	Whose name is the account in? <input type="text"/>	How much is in the account? <input type="text"/> £

Part 12 About capital, savings and investments – continued

Do you or your partner have any premium bonds?

No

Yes Value

£

Do you or your partner have any National Savings Certificates?

No

Yes Issue number

Issue number

Value

£

Value

£

How many?

How many?

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

No

Yes Company name

Company name

How many?

How many?

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

No

Yes Tell us about this.

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

No

Yes What is the address?

Postcode

How much is it worth?

£

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

£

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

No

Yes

Have you or your partner received a Holocaust Payment?

No

Yes

Part 13 How you want to be paid

(Owner occupiers do not need to complete this section.)

We can pay your Housing Benefit straight into your bank or building society account, or straight into your landlord's bank or building society account, or by cheque.

Who do you want your Housing Benefit to be paid to? You Landlord

If Housing Benefit is going direct to your landlord go to **Part 14, and then complete page 25.**

If Housing Benefit is going direct to you please complete the section below.

How do you want us to pay your Housing Benefit?

By cheque. Go to **Part 15.**

Straight into my bank or building society account. Please complete the following details then go to **Part 15.**

Name of bank or building society

Address

Postcode

Whose name is the account in?

Account number

Sort code

Part 14 Sharing information with your landlord

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share information with your landlord if you:

- have agreed that your Housing Benefit can be paid directly to your landlord.

But under the Data Protection Act we need your permission to share information.

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

- whether or not you had claimed Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim, and if so what information this is.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

We will not give your landlord any information about:

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

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

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

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

Signature

Address

Postcode

Date

Part 15 Anything else you need to tell us

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

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

Part 16 Checklist

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

IF YOU CANNOT SEND THE EVIDENCE WE NEED AT THE MOMENT, SEND THE FORM BACK TO US NOW AND SEND THE EVIDENCE LATER. WE CAN START TO PROCESS YOUR CLAIM, BUT WE WILL NOT BE ABLE TO PAY YOU ANY BENEFIT UNTIL WE HAVE ALL THE EVIDENCE.

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

Evidence of identity

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

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from social security or the tax office.

Evidence of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last 2 months.

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. Please detach the earnings certificate at the back of this form if you do not have these payslips and give it to your employer to fill in. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of trading records so far.

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 or pensions

Such as current award notices or letters from social security 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.

Evidence of other money paid out

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

Part 17 Backdating

We can usually award 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. You will also need to provide any evidence to support your request in backdated benefit.

Date you want to claim benefit from

Tell us why you have not claimed before.

Part 18 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct.

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for social security 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 I must let the council know about any change in my circumstances which might affect my claim.

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

Signature of person claiming

Date

Partner's signature

Date

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

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

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

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Part 19 Equal Opportunities monitoring

It would help the council to monitor the use of the Benefit Service if you would complete the following section:-

To which of these groups do you consider you belong?

Please tick one box only.

White

British

Irish

Any other White background
(Please write in)

Black or Black British

Caribbean.....

African.....

Any other Black background
(Please write in)

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background
(Please write in)

Asian or Asian British

Indian.....

Pakistani

Bangladeshi

Any other Asian background
(Please write in)

Chinese

Other ethnic group (Please write in)

Need help with English? Ethnic Access Link Tel: 01905 25121

'Potrzebujesz pomocy z Angielskim – skontaktuj się z Ethnic Access
Tel: 01905 25121'

Potrebujete pomôct's angličtinou? Kontaktujte etnickú prístupovú linku
na telefónom čísle 01905 25121

„Aveți nevoie de ajutor cu engleza? Contactați Ethnic Access la numărul
de telefon: 01905 25121.”

क्या अंग्रेजी में सहायता चाहिए? एथनिक ऐक्सेस लिंक [Ethnic Access Link]
से फोन: 01905 25121 पर संपर्क करें

[Ethnic Access] آپ انگریزی میں مدد چاہتے ہیں— نسلیاتی رسائی سے
01905 25121 سے رابطہ کریں ٹیلیفون:

Request to pay your Housing Benefit direct to your landlord

We can pay your Housing Benefit direct to your landlord.

If you want us to do this, please fill in and return this form, and ask your landlord to fill in the bottom section.

Until I tell you otherwise, please pay my landlord all amounts which you would normally pay me under the Housing Benefit scheme.

Your full name: _____

Address you are claiming Housing Benefit for:

Full name of your landlord or agent: _____

Address of your landlord or agent:

Once you have asked for direct payments to your landlord, they cannot normally be cancelled without your written agreement.

I understand that I must tell you within one calendar month about any changes in my circumstances that may affect my Housing Benefit.

I may be prosecuted if I do not tell you about any change of circumstances

Claimant's signature: _____ Date ____ / ____ / ____

Your landlord must fill in the section below. Do not delay returning the rest of the form. Tear out this page and send it in when your landlord has signed it. If we do not get this within one calendar month of receiving your claim, we will pay you direct.

IMPORTANT INFORMATION FOR LANDLORDS

- **If you are overpaid Housing Benefit, we may decide to recover this from any future payments you receive, regardless of whether the payments are for the same tenant. You must not ask the 'blameless tenant' to repay you.**

As a landlord (or agent for the landlord) I agree to accept payments due to the above tenant. I understand the following:

- I must tell you about any changes in the tenant's circumstances which I know about. I may be prosecuted if I do not do this;
- I must tell you if the tenant moves out, or changes rooms;
- I must repay any Housing Benefit which is overpaid to me which the tenant is not entitled to;
- I agree that you can claim back overpayment from any future benefit you should pay to me.
- You can stop paying benefit to me if I do not tell you about any change of circumstances which I know about.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to.

We can pay your tenant's benefit by a direct credit to your bank account, (BACS). If you want us to pay it in this way, please give details below. If you want, you can confirm the details in a separate letter.

How do you want us to pay your tenant's benefit to you?

By BACS

By crossed cheque

Return to:
Benefit Services
PO Box 7760
Burcot Lane
Bromsgrove
B60 1EH

Creditor reference if known

Name of your bank or building society: _____ Branch: _____

Account name: _____

Account number: _____ Sort Code: _____

Landlord or agent's signature: _____ Date ____ / ____ / ____

CERTIFICATE OF EARNINGS

Private and Confidential

Employee's Name _____
 Employee's Address _____

To the Employer

Please fill in this form showing your employee's earnings. If you pay monthly, fill in the employee's last two months wages. If you pay weekly, fill in the employee's last five weeks wages. Please give an estimated figure if these are not available.

Period covered		Gross Pay	National Insurance	Income Tax	Pension	Overtime	Net Pay
From	To						

Tell us the gross income paid to this employee for the current financial year £

How do you pay your employee? (cash, cheque, or directly into their bank account) Amount

If your employee receives a bonus, profit sharing or tips please state the amount and how often it is paid. How often?

Are these normal earnings? Yes No

I certify this to be a correct statement of the earnings paid to this employee.

Signature of Employer _____
 Business Address _____

Company Stamp

PLEASE STAMP THIS FORM WITH YOUR COMPANY/BUSINESS STAMP

Please return this form to:-

Benefits Section, PO Box 7760, Burcot Lane, Bromsgrove, B60 1EH

