

For Office Use Only	
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Date of Issue:	
Reason for Issue:	

Receipt Stamp

HOUSING BENEFIT, COUNCIL TAX BENEFIT AND SECOND ADULT REBATE CLAIM FORM

You should complete and return this form as soon as you can. If you don't you may lose benefit. If you are entitled to benefit it will normally start from either the date you moved in or the Monday after we get your completed claim form.

You may be entitled to benefit if you are on a low income and have less than £16,000 in savings. It is very important that you answer all the questions so we can process your claim. Please read the notes enclosed before you start to fill in this form.

There is a reminder at the end of each section which tells you what proof to send us. Please do not send valuable documents through the post. Take them to your local East Ayrshire Council Office or bring them to us at the Benefits Section where they will be copied and returned to you. You can send this form back to us even if you are waiting for proof of your income or any other details. You can send the proof or details later but if you cannot get it to us within one calendar month, you must let us know. Please make sure that your name, address and National Insurance number are shown clearly on any documents you send us.

You should try to pay your rent or Council Tax (or both) in full until we tell you whether you are entitled to any benefit.



If you have any questions or need help completing the form our telephone number is: 01563 554400.

Further information is also available on our website: www.east-ayrshire.gov.uk/finance

If you know about anyone claiming any other benefit they are not entitled to, please ring The National Benefit Fraud Hotline on: 0800 3286340 or write to PO Box 647, Preston PR1 1WA

HOUSING BENEFIT, COUNCIL TAX BENEFIT AND SECOND ADULT REBATE CLAIM FORM

If you are applying for Housing Benefit and/or Council Tax Benefit please fully complete this form. If you are applying for a Second Adult Rebate only fill in this page, Part 1 and Part 11 of this form. The notes enclosed with this form may also help you.

	You	Your Partner
Title (<i>Mr/Mrs/Miss/Ms etc</i>)	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <hr/> <input type="text"/> <hr/> <input type="text"/> <hr/> <input type="text"/>	
	Postcode	
What date did you actually move to this address? If you have not yet moved in, please leave blank and advise in writing when you do move in.	<input type="text"/>	<input type="text"/>
Contact telephone number (including STD)	<input type="text"/>	
Email address	<input type="text"/>	

We need to see two forms of identification and proof of your National Insurance Number for you and your partner otherwise we are unable to consider your claim.

- I am a (*please tick box*)
- Council Tenant
 - Registered Social Landlord/Housing Association
 - Private Tenant
 - Hostel Tenant
 - Owner Occupier
 - Boarder

If you rent your property we need to see your current lease agreement (unless you are a Council Tenant)

Part 1: about other people living in your household

Please list everyone else who lives with you at this address (*excluding boarders, lodgers and subtenants*)

Name	Date of Birth	National Insurance Number	Relationship to Claimant (<i>eg son, daughter</i>)	Other names they have been known as	Do you receive Child Benefit for this person?

Do you pay childcare costs for anyone under 15 years old to a registered childcare provider? **Y** **N**

If yes, please provide your contract from your childcare provider

Please complete details of all boarders, lodgers and subtenants in the household

Name	Relationship to Claimant	Rent charged by you each week	Does this include meals?	Does this include heating?

Please indicate if you or any household member falls into any of these categories

Category	Name of person	Category	Name of person
a student		severely mentally impaired	
a student nurse		registered or certified blind	
an apprentice		long term sick or disabled	
a skillseeker		in legal custody	

If any of the above are students, you will need to complete a student details form which we will send you. Please also provide their loan/bursary/grant award letter(s).

If you or any household members are in legal custody, please provide the name/address of where they are being held

Please provide the date they entered custody

Part 2: your nationality

Have you or your partner come to live in the United Kingdom, Channel Islands or Isle of Man in the last two years?

You do not need to complete this box if you were out of the UK on holiday for a period of less than one month

What date did you last arrive in the UK?

What is your Nationality?

You may need to provide your Home Office documents/passport(s)

Part 3: unearned income (State Benefits)

Please list any benefits you or any household members are getting or have claimed and are waiting to hear about. This is an example of some of the benefits; however, this list is not exhaustive.

Adoption Pay
Bereavement Allowance
Child Tax Credit
Carers Allowance
Contributions Based Jobseekers Allowance
Disability Living Allowance
Fostering Allowance
Guardian’s Allowance

Income Based Jobseekers Allowance
Income Support
Incapacity Benefit/Employment Support Allowance
Industrial Death Benefit
Industrial Injuries Disablement Allowance
Maternity Allowance
Pension Credits
Return to Work Credit

State Retirement Pension
Statutory Sick Pay
Statutory Maternity Pay
Severe Disablement Allowance
War Disablement Pension
War Pension/War Widows Pension
Working Tax Credit

Name of benefit	Who receives it?	Amount	How often	Waiting to hear

We need to see original award letters confirming how much you get for each benefit.

Part 3: unearned income (State Benefits) *continued*

Do you or your partner receive Carers Allowance for looking after someone? **Y** **N**

Does anyone receive Carers Allowance for looking after you or your partner? **Y** **N**

Are you or your partner in hospital or a residential home at the moment? **Y** **N**

Have you or your partner been told you are entitled to Carers Allowance but do not receive payment? **Y** **N**

If **YES**, Please provide the date you/they went in

Please provide the name/address of the hospital/residential home

Do you/they intend to return home? **Y** **N**

Part 4: earned income

Are any members of the household self employed? **Y** **N**

If yes, you/they will need to complete a self employed form which we will send you. Please also provide your/their most recent accounts

Please list all members of the household who work for an employer

Name	Employer's name	Employer's address	Date started	Hours worked per week	How often are they paid?

Are any of the above people currently on sick leave? **Y** **N**

Please provide the date they last worked

Are any of the above people currently on maternity leave? **Y** **N**

Please provide the date they last worked

Do you or any of the household members do any voluntary work? **Y** **N**

Do you/they receive any payment including expenses? **Y** **N**

If, **YES**, how much?

We need to see 5 weekly, 3 fortnightly or 2 monthly consecutive payslips or have the enclosed earnings certificate completed, ensuring the company stamp is shown or a company letterhead is provided.

Part 5: any other money coming in

Do you or your partner have any other money coming in?

You

Y N

Your Partner

Y N

Please list any other income you or anyone who lives with you receives eg private pension, occupational pension, works pension, maintenance payments or payments from The Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Who receives it?	Who does this income come from?	Amount	How often

We need to see original award letters, statement advice slips, proof of maintenance payments for any other income above

Part 6: capital, savings and investments

6a Do you or your partner have any bank, building society or post office accounts?

You

Y N

Your Partner

Y N

If **YES**, please complete the table below, if no, go to **Part 6b**

Name of account holder(s)	Name of Bank/Building Society	Account number	How much (£s)

We need to see an original current statement showing at least 2 months of transactions

Part 6: capital, savings and investments *continued*

6b Do you or your partner have any stocks, shares, premium bonds, unit trusts, ISAs, PEPS or National Savings Certificates?

You

Y N

Your Partner

Y N

If **YES**, please complete the table below, if no, go to **Part 6c**

Held by	Type of investment/ company name	Number of units/shares	Issue date	Value
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£

We need to see your original share certificate, premium bonds, national savings certificates, current valuation letter for unit trusts

6c Do you or your partner have any other kind of savings or investments?

You

Y N

Your Partner

Y N

If **YES**, please say how much, if no, go to **Part 7**

£

£

Please give details

We need to see original documents for any other savings or investments you have mentioned above

Part 7: about your rent

Are you charged rent for your home? **Y** **N**

Do you use your home for business? **Y** **N**

When did your rent charge start?

If you are charged rent by East Ayrshire Council, go to Part 8

Does your landlord live at this address? **Y** **N**

What is your landlord's name and address?

Postcode

Is your landlord registered with East Ayrshire Council? **Y** **N** If **YES**, please provide their registration number

If your landlord has an agent, what is their full name and address?

Postcode

Are you, your partner or children related to your landlord or agent or to your landlords' partner or agent's partner? **Y** **N** If **YES**, what is the relationship?

If you answer yes to this, you and your landlord will be required to complete a questionnaire which we will send you

Who do you want us to pay your benefit to? You Your landlord
(for most private tenants we will pay Housing Benefit to you, not your landlord) Your landlord's agent Someone else you choose

Please provide details of the account your cheque will be paid into

Bank or Building Society name and address

Postcode

If you want us to pay benefit to someone else, please give their name, address and relationship to you and the reason why you want this person to receive your benefit at Part 10

Sort code - -

Account number

Part 7: about your rent *continued*

How much rent are you charged?

Are you more than 6 weeks behind with the rent?

Y N

How often do you pay it?

Weekly Fortnightly 4 weekly Monthly

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

Y N

If, **YES**, who?

What sort of building do you live in?

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

If **other**, please state what type

	Livingroom	Bedroom	Bedsits	Kitchens	Bathrooms	Separate Toilets	Other rooms	TOTAL
Number of rooms in your property								
Number of rooms used by you/family								
Number of rooms that you share								

If you live in a building where there is more than one floor, which floor do you live in?

Ground First
 Second Third

If you live in a flat, from the outside facing the building, is your property on the?

Left
 Right

Do you have any weeks when you are not charged rent?

Y N

If, **YES**, how many?

Who is liable to pay the Council Tax on your home?

You/Partner

Your Landlord

Does your rent include meals?

Y N

If, **YES**, which?

Breakfast Lunch Evening meal

Has your home been built or adapted for people with disabilities?

Y N

Does your rent include any other services listed here?

Service	How much (£)	Service	How much (£)
Lighting of accommodation		Cleaning of common areas	
Hot water		Laundry equipment	
Gas/electricity for cooking		Laundering by landlord	
Heating		Gardening	
Power		Personal care/support	
Cleaning of accommodation		Council Tax	
Lighting of common areas		Other	

Part 8: property

Have you or your partner ever owned the property you currently live in?

Y N

If **YES**, please provide reason for the sale

We may ask you to provide further information

What was your previous address?

Postcode

Did you or your partner own your previous address?

Y N

If **YES**, is this property?

For sale

Sold

If sold, please provide the schedule of sale

Do you or your partner own any other properties or land in this country and abroad other than the home you live in?

Y N

If **YES**, please provide the address

Postcode

Is anyone resident in this property?

Y N

If **YES**, please provide details here, if **NO**, go to **Part 9**

Name

Age

Relationship

Name	Age	Relationship
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

You may be required to complete a questionnaire which we will send you

Do you receive any monies in respect of this property?

Y N

Are you living away from home at the moment?

Y N

If **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?

Part 8: property *continued*

What is the address you are living at the moment?

Postcode

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

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Part 9: backdating

We normally pay benefit from the Monday following the date we receive the form. We can pay it earlier if there are good reasons for you failing to claim earlier.

If you want us to consider backdating your benefit, please tell us below the date you want this to apply from. Please note we can only award you benefit from six months before the date you have actually claimed. Please say why you did not claim earlier (at **Part 10**) and provide any supporting evidence, eg medical evidence etc.

For the earlier period were your circumstances the same as this form?

Y N

Date you want to claim benefit from

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If **NO**, please give details of what has changed and the date of change, at **Part 10**

Important note for people aged 60 or over

If you meet all the conditions, we can award you benefit from three months before the date you have actually claimed.

Were you, your partner's (if you have one) and your household circumstances the same for the last year as you have declared on the form?

Y N

If **NO**, please give details of what has changed and the date of change, in **Part 10**

Part 10: other relevant information

Please give us any other information that you feel might help us when we work out your benefit. For example, you might have more than one job or work irregular hours or you might like us to consider you for backdated benefit. *Please continue on separate sheet if necessary*

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Part 11: declaration

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

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.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree that you will use the information I have provided to process my claim for Housing and/or Council Tax Benefit. You may check some of the information with other sources as allowed by law.
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefits or educational 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 agree that you may use the information I have provided in connection with the collection of Community Charge/Council Tax.
- I understand that the data held by you will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.
- I know that I must let you know about any change in circumstances that might affect my claim.

Your signature

Your Partner's signature

Date

Date

Forms filled in by someone else who is not the person claiming

Have you filled in the form for someone else? **Y** **N** If **YES**, please tell us why Ill health Disability Cannot read or write Other

If **other**, please give details

Please read and sign below the following declaration

I read back to the customer the entries I made on this form based on the information given by them. The customer agreed they were correct.

Name of person completing form

Signature

Customer's signature

Date

Date