



## Notes for filling in the Housing Benefit and Council Tax Support claim form

### About this form

This Housing Benefit and Council Tax Support claim form has been specially designed to be easy to fill in. It may seem rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

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.

### Proof

We need to see proof of all of the things you tell us about. There is a checklist at the end of the form to help you. If you are not sure if we need to see proof 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 proof we have asked for.

### 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.

Answer 'Yes' or 'No' questions by putting a tick in 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 we will have to send the form back, and this will delay the claim.

If someone else fills in the form for you, there is a special space for them to sign.

### If you need help filling in the form

If you need any help, our phone number is 01553 616200.

If you have problems hearing, our textphone number is 01553 616705. Office opening hours are between 8.45am and 5.15pm Monday, Tuesday & Thursday, 9.30am to 5.15pm Wednesday, and 8.45am to 4.45pm Friday.

If you cannot come into King's Lynn you may be able to see someone at the Hunstanton or Downham Market Offices, please phone 01553 616200.

A Visiting Officer service is available if you find it difficult to travel into King's Lynn, Downham Market or Hunstanton and need help or advice. If you need this service, please phone the Benefits Section on 01553 616200.

Or you can get in touch with an organisation like the Citizens Advice Bureau. The address and phone number of your nearest bureau is

**White's House, 26 St Nicholas Street  
King's Lynn, PE30 1LY Tel: 0844 4994104**

### What to do next

When you have filled in the form, sign it and send it to the Revenues Division (herein after known as us or we) with the proof we need to see in the envelope we have sent you. Or you can bring in the form and the proof to us at:

**King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX**

If you cannot get the proof we need straight away, do not worry. Send the form to us, but let us know that you will be sending some proof later. If you do not send the form to us straight away, you might lose money. If you cannot get the proof within 2 or 3 weeks, let us know. We may be able to help you.

### Changes you must tell us about

**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 benefit, which will have to be repaid.

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

It is an offence not to tell us about any change of circumstances that affects your benefit. We may take court action against you if you fail to do so.

Tell us straight away if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and sub-tenants);
- you or your partner's income or the income of anyone living with you changes;
- you or your partner's capital or savings change by more than £250;
- 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;
- your rent changes; the rent you receive from a tenant or boarder changes;
- you move;
- you receive any decision from the Home Office;
- you are coming off any benefits

### Other information

#### When your benefit will start

We can usually award benefit from the Monday after we receive your form. If you are a new tenant, we can pay it from the start of your tenancy, but only if we get your form on or before the Sunday after your tenancy starts.

We cannot normally pay benefit for any time before you move in.

#### How we will pay your benefit

If you are a new private tenant, we will pay your Housing Benefit every four weeks for the period that has just passed. We will pay your Council Tax Support direct to your Council Tax account.

#### How your benefit is worked out

Housing Benefit and Council Tax Support are worked out based on your financial and personal circumstances. Please do not assume that you will receive the maximum amount of benefit.



## Resources

**Borough Council of King's Lynn & West Norfolk**  
PO Box 26, King's Lynn, Norfolk PE30 1PX  
Tel: (01553) 616200 Fax: (01553) 691663 or 767332  
DX57825 King's Lynn Email: [revenues@west-norfolk.gov.uk](mailto:revenues@west-norfolk.gov.uk)

### Second Adult Rebate (pension age claimants only)

This different type of Council Tax Support is available to anyone who does not have a partner, but does not qualify for the Council Tax single person discount because they share their home with another person, who:

- is aged 18 or older;
- is on a low income; and does not pay them rent.

You need to only fill in Part 1, Part 3 and Part 14 of this form.

### Under 35 year olds

If you are under 35 and single, your Housing Benefit may be reduced. This will not apply if you:

- have a partner;
- receive Child Benefit for a child in your care;
- have another adult living with you who does not pay you rent for example, a relative or friend;
- get certain disability benefits;
- or you are under 22 and you have left local authority care.

Before you sign a tenancy agreement, you should contact us to discuss this.

### Discretionary Housing Payments

If your Housing Benefit or Council Tax Support is not enough, and you have special circumstances, you can ask for additional help with your housing costs.

### Backdating

Housing Benefit and Council Tax Support will normally start from the Monday after we receive your claim form. It may be possible to backdate your claim if you can show good cause why you did not claim earlier. If you think you have a good reason, please explain in Part 17.

### Saving and investments

If you, your partner, or both of you have savings and investments of more than £16,000 for Housing Benefit and £6000 for Council Tax Support, we cannot pay you benefit unless you receive the Guaranteed element of Pension Credit. This rule does not apply if you are claiming Second Adult Rebate.

### Local Scheme

The National Benefits scheme ignores £10 a week of any War Widow's/Widower's Pension or War Disablement Pension. We have a local scheme that ignores the full War Widow's Pension or War Disablement Pension. You must include the pension on the claim form.

### National Insurance Scheme

You must tell us the National Insurance numbers of you and your partner.

**If you do not, we cannot deal with your claim.**

## 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.

We may pass the information to other agencies or organisations such as the Department of Work and Pensions, the Job Centre Plus and H M Revenue & Customs, allowed by the law.

By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may also ask other agencies, private sector organisations such as banks and organisations that lend you money and companies that assist us in fraud detection and prevention such as Credit Reference Agencies, local authorities or government departments to give us information they have about you to:

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

**Please complete the section below if you have a change of circumstance**

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

You have the right to ask for a copy of the information we hold on you which is subject to the Data Protection Act 1998 (for which we may make a small charge) and to correct any inaccuracies.

The Borough Council of King's Lynn and West Norfolk is the data controller for the purposes of the Data Protection Act 1998.

If you want to know more about what information we have about you, or the way we use that information, you can ask our Data Protection Officer.

## Change of circumstance

Name	
Address	

Details of your change	
Signature	
Claim reference	



# Claim form for Housing Benefit and Council Tax Support

<b>Date of issue</b>	<b>What do you want to claim?</b>		
<input type="text"/>	Council Tax <input type="checkbox"/>	Housing Benefit <input type="checkbox"/>	2 <sup>nd</sup> Adult Rebate (Pension age claimants only) <input type="checkbox"/>
<b>Claim reference</b>			
<input type="text"/>			

## Part 1. About you and your partner

Do you have a partner that normally lives with you?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

*If you have a partner you must answer all the questions about them as well as yourself. A 'partner' includes Civil Partner.*

You	Your Partner
<b>Last name</b>	
<input type="text"/>	<input type="text"/>
<b>Other names</b>	
<input type="text"/>	<input type="text"/>
<b>Any other last names you have used</b>	
<input type="text"/>	<input type="text"/>
<b>Title</b>	
<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	
<input type="text"/>	<input type="text"/>
<b>Address you / they wish to claim for</b>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	Postcode
<input type="text"/>	<input type="text"/>
<b>When did you/ they move to this address?</b>	
<input type="text"/>	<input type="text"/>

Do you / they own this property?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**National Insurance number**

Letters      Numbers      Letter

<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"/>
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If you / they do not have a National Insurance number or cannot find it, tick this box

☐

Letters      Numbers      Letter

<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"/>
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If you / they do not have a National Insurance number or cannot find it, tick this box

☐

**Daytime phone number**



**E-mail address**

## Part 1. About you and your partner - continued

### You

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

When did you / they claim?

Which council did you / they claim from?

Which name did you / they claim in?

What address did you / they claim for?

Postcode

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you / they have moved home tell us the last address if it is different from above.

Postcode

Were you / they the home owner, a private tenant or a boarder at this address?

### Your partner

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Postcode

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Postcode

What is your / their nationality?

What language do you / they speak?

If your / their nationality is not British, on what date did you last arrive in the UK?

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 5 years?

We will write to you about this.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

We will write to you about this.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please provide your Home Office documents and passport.

## Part 1. About you and your partner - continued

### You

Are you or your partner in hospital at the moment? ☐ Yes ☐ No

When did you / they go in?

When will you come out?

Do you or your partner pay towards the upkeep of a student? ☐ Yes ☐ No

How much do you / they pay?

£

How often?

Are you or your partner a student or student nurse? ☐ Yes ☐ No

Please tick if you / they study full or part time ☐ Full time ☐ Part time

How much loan / grant do you receive?

£

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 ☐

### Your partner

☐ Yes ☐ No



☐ Yes ☐ No

£

☐ Yes ☐ No

☐ Full time ☐ Part time

£

## Part 2. About children

Do you want to claim for any children who are 18 years or under?

☐ No ☐ Go to Part 3.

☐ Yes Tell us about the children you want to claim for. If you want to claim for more than 3 children, use a separate sheet of paper.

### First Child

Last name

Other names

Date of Birth

Male or Female

The child's relationship to you

### Second Child






### Third Child

## Part 2. About children

Does the child live with you permanently?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Usual address if different from yours

Postcode

Postcode

Postcode

Who gets the Child Benefit for them? - **We need to see proof of this**

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Is the child registered blind or getting Disability Living Allowance/ Personal Independence Payment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you pay any child-minding costs for this child?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Tell us the name registration number of the minder

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How much do you / they pay a week? - **We need to see proof of this**

£
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£
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£
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## Part 3. About other people who live with you

**We need to know details about other people who live with you who are over 16. You must get their consent before you complete their income details on this part of the form and they will need to sign at the end of this section. All of the people will need to sign to show their consent. If income details are not provided, the highest non-dependant deduction may be taken.**

Do any adults normally live with you and your partner?

No
<input type="checkbox"/>

**Go to Part 4.**

Yes
<input type="checkbox"/>

Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than 3 people, use a separate piece of paper.

Are any of the people who normally live with you partners of each other?

No
<input type="checkbox"/>

Yes
<input type="checkbox"/>

**Tell us their names**

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**Is the partner of**

--

### First Person

**Name**

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**Date of Birth**

--

**Their relationship to you**

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Are they a joint tenant / owner with you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**National Insurance Number**

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--	--	--	--	--	--	--	--	--	--

Are they in receipt of any benefits?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Which benefit do they receive?**

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Are they a full-time student, a student nurse, a care worker, an apprentice or on a Youth Training Scheme?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Tell us which

Do they pay rent or money for board and lodgings to you or your partner?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

#### How much?

£  a week

£  a week

£  a week

Are they severely mentally impaired?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are they in legal custody at the moment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

When are they expected to come out?

Are they in hospital at the moment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

When did they go in / come out?

Do they work more than 16 hours a week?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Tell us their earnings before deductions for things like tax and National Insurance - **We need to see proof of this.**

£

£

£

**Do they have any other income or interest from savings / investments? - We need to see proof of this.**

## Data Protection

The Revenues Division will use this information to process a Housing Benefit or Council Tax Support claim to which it relates. It will use the information for that purpose only.

In processing this information the Revenues Division may check its content and in doing so may disclose it to other sections within the Council or other relevant agencies.

You have the right to ask for a copy of the information we hold on you which is subject to the Data Protection Act 1998 (for which we may make a small charge) and to correct inaccuracies.

I have read and understood the above and give my consent to use the information as appropriate.

1<sup>st</sup> person signature

2<sup>nd</sup> person signature

3<sup>rd</sup> person signature

## Part 4. About being self-employed

Are you or your partner self-employed?

No
<input type="checkbox"/> <b>Go to Part 5.</b>

Yes
<input type="checkbox"/> You must send us your trading accounts for the last financial year. If you do not have accounts or have only recently started trading please contact us to request a self employed form.

## Part 5. About working for an employer

Do you or your partner work for an employer?

No

Go to Part 6.

Yes

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

### You

What is your employer's name and address?

Postcode

When did you start this job?

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Yes

No

Are you employed for a limited period?

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--

When will you finish?

--

How much do you get paid?

£	Every
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When was your last pay rise?

--

How many hours a week do you work?

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

Yes

No

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

Yes

No

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Do you pay into a private or company pension scheme?

Yes

No

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How much do you pay?

£	Every
---	-------

### Your partner

Postcode

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Yes

No

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--

£	Every
---	-------

--

--

Yes

No

--

--

Yes

No

--

--

Yes

No

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£
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We must see proof of any earnings before we can decide how much benefit you can get. Do not delay in returning this form. Please provide 2 monthly, 3 fortnightly or 5 weekly consecutive pay slips.

## Part 6. About any other work

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

No

Go to Part 7.

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Yes

We will write to you about this.

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## Part 7. About Benefits Support

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

No

Go to Part 8.

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Yes

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## Part 8. About other benefits, pensions and tax credits

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

No
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Go to Part 9.

Yes
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Tell us about the benefits below.

### You

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

Yes	No
-----	----

Have you or your partner ever claimed Carer's Allowance?

Yes	No
-----	----

The name of the benefit

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Waiting	Receiving
---------	-----------

Waiting to hear / Getting now

How much do you get paid?

£

How often do you get paid?

Every

How are you paid?

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The name of the benefit

--

Waiting	Receiving
---------	-----------

Waiting to hear / Getting now

How much do you get paid?

£

How often do you get paid?

Every

How are you paid?

--

The name of the benefit

--

Waiting	Receiving
---------	-----------

Waiting to hear / Getting now

How much do you get paid?

£

How often do you get paid?

Every

How are you paid?

--

### Your partner

Yes	No
-----	----

Yes	No
-----	----

--

Waiting	Receiving
---------	-----------

£
---

Every
-------

--

--

Waiting	Receiving
---------	-----------

£
---

Every
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--

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Waiting	Receiving
---------	-----------

£
---

Every
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We must see proof of any money coming in before we can decide how much benefit you can get. Do not delay in returning this form. Read the checklist at part 18 to see what you can use as proof. Full notifications must be provided.

## Part 9. 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?

☐ **No** **Go to Part 10.**

☐ **Yes** Please detail below

This includes occupational pensions and private 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; 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.

Other Money 1	Other Money 2	Other Money 3
<b>What is the money for?</b>		
<b>Who gets it?</b>		
<b>How much do you / they get?</b>		
£	£	£
<b>How often?</b>		
Every	Every	Every
<b>When did you / they start getting this income?</b>		

## Part 10. About bank / building society accounts, capital, savings and investments

Do you or your partner have any bank/building society accounts, capital, savings, investments in the UK or abroad and land or property (other than the home you live in)?

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

☐ **No** **Go to Part 11.**

☐ **Yes** Answer all the questions on this page.

<b>All bank or post office accounts (including current accounts)</b>	<input type="text" value="None held"/>	<input type="checkbox"/>
<b>Account number / name / other detail</b>	<b>Your balance</b>	<b>Partner's balance</b>
	£	£
	£	£
	£	£
<b>Building society accounts</b>	<input type="text" value="None held"/>	<input type="checkbox"/>
	£	£
	£	£
	£	£
<b>Other investments, redundancy payments, premium bonds etc.</b>	<input type="text" value="None held"/>	<input type="checkbox"/>
	£	£
	£	£
	£	£

## Part 10. About bank / building society accounts, capital, savings and investments - continued

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you or your partner have any National Savings Certificates, Stocks, Shares, Bonds or Unit Trusts?

Issue number / Company Name	Value	How Many?
	£	
	£	
	£	
	£	

Have you or your partner delayed claiming the State Pension and chosen to take a lump sum payment?

No
<input type="checkbox"/>

Yes
<input type="checkbox"/>

If yes, the gross amount of lump sum awarded

£

Have you or your partner received a Far Eastern Prisoner of War payment or a compensation payment made to victims of atrocities that happened during the Second World War?

Yes
<input type="checkbox"/>

No
<input type="checkbox"/>

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?

Yes
<input type="checkbox"/>

No
<input type="checkbox"/>

**We must see proof of your bank, building society and post office accounts and other savings and investments before we can decide how much benefit you can get. Do not delay in returning this form.**

**Please read the checklist at part 18 to see what proof to provide.**

## Part 11. About rent

Are you charged rent for your home?

No
<input type="checkbox"/>

**Go to Part 14.**

Yes
<input type="checkbox"/>

Answer all the questions in this section

**When did you start renting your home?**

**When did you move in / expect to move in?**

Does anyone else share the rent with you and your partner?  
e.g joint tenant

No
<input type="checkbox"/>

Yes
<input type="checkbox"/>

**Tell us their names and their relationship to you and your partner (if applicable)**

**How much of the rent do they pay and how often?**

£ every

**What sort of tenancy do you have?**

**How long is the tenancy for?**

**How much is your rent?**

£ every

**When is the next rent increase due?**

What is your landlord's name and address?
Postcode

If your landlord has an agent, tell us their full name and address
Postcode

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you under 22 and have left Local Authority Care? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you behind with your rent? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you or your partner related in any way to your landlord / landlady or their partner? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is your landlord your employer or your partner's employer? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you or your partner the trustee, or beneficiary of a trust which is your landlord? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you or your partner a director of a company which is your landlord? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

How many weeks?

How many weeks?

Is your landlord your (or your partner's) former partner? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is your landlord the parent of any children you or your partner are responsible for? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you or your partner pay rent to a trust of which your child (children) is/are beneficiaries? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes' to any question in this section explain the relationship with your landlord here.

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Did you previously own the property you now rent? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have to live in your accommodation because it is a condition of your job? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you living away from home at the moment? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

### Who pays the Council Tax on your home?

Please tick:

You and your partner ☐ Your landlord ☐ Someone else ☐ Give details

### Tell us who pays the Council Tax

--

Do you pay water charges direct to the water authority? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is your accommodation centrally heated? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

### Please tick to show if the property is let as

Furnished ☐ Partly furnished ☐ Minimally furnished ☐ Unfurnished ☐

### Who decorates the inside of your accommodation?

Your landlord ☐ You ☐ Don't know ☐

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**We must see proof of your current rent and tenancy before we can decide how much benefit you can get. Do not delay in returning this form. Read the checklist at part 18 to see what you can use as proof.**

### Does your rent include money for:

	Yes	No			Yes	No	
Meals	<input type="checkbox"/>	<input type="checkbox"/>	£	Personal laundry	<input type="checkbox"/>	<input type="checkbox"/>	£
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£	Gardening	<input type="checkbox"/>	<input type="checkbox"/>	£
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£	Garage or parking space	<input type="checkbox"/>	<input type="checkbox"/>	£
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	£	Do you have to rent the garage as part of your tenancy agreement?	<input type="checkbox"/>	<input type="checkbox"/>	£
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£	Cleaning of accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£
Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	£	Cleaning of shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£
TV	<input type="checkbox"/>	<input type="checkbox"/>	£	Personal care and support	<input type="checkbox"/>	<input type="checkbox"/>	£
Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	£	Warden / Porter	<input type="checkbox"/>	<input type="checkbox"/>	£
Do you pay any service charges separate from your rent	<input type="checkbox"/>	<input type="checkbox"/>	£	<b>What for?</b> <input type="text"/>			

## Part 12. About where you live

Detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Hotel	<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"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bedsit or rooms	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>

Other

<input type="checkbox"/>	<b>Give details</b>	<input type="text"/>
--------------------------	---------------------	----------------------

Is there more than one floor?

Yes	No	How many floors are there?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do you and your household occupy only part of the building?

Yes	No	Which floors do you live on?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Where in the building do you live?

At the front ☐ In the middle ☐ At the back ☐

Do you need an extra bedroom that is used by an overnight carer who looks after you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Do you use your home for business?

Yes	No
<input type="text"/>	<input type="text"/>

## Part 13. How you will be paid

We will pay your Housing Benefit straight into your bank or building society account. (Unfortunately, we cannot pay into Post Office Card Accounts.)

Tenants affected by the Local Housing Allowance will normally be paid

direct to themselves and then be responsible for paying their landlord. However we will consider making direct payments to landlords for tenants who are unable to manage their financial affairs, or who are not capable of taking responsibility for the payment of their rent, or if they are 8 weeks or more in arrears with their rent.

Name of bank or building society
<input type="text"/>

Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Whose name is the account in?
<input type="text"/>

Account number
<input type="text"/>

Sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Roll number
<input type="text"/>

## Housing association and Hostel Tenants only

### Paying benefit direct to your landlord

If you want us to pay your benefit straight to your landlord you must sign this declaration.  
Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you about any changes in circumstances;

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

Signature	Dated
<input type="text"/>	<input type="text"/>

## Part 14. Declaration

**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, the Revenues Division 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 Benefit or Council Tax Support, or both. You may check some of the information with other sources as allowed by the law. I agree that you may share information with other Departments within the Council.

- I understand that 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 money and companies that assist us in fraud detection and prevention such as Credit Reference Agencies, if the law allows this.
- I know that I must let you know in writing about any change in my circumstances which might affect my claim.

**Even if someone else has filled in this form for you, you must sign this declaration if you can.**

<b>Signature of person claiming</b>

Date

<b>Partner's signature</b>

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.

--

Name of the person who filled in the form

<b>Signature of the person</b>

Relationship to the person claiming

Date

## Part 15. Dealing with your affairs

If you are unable to deal with your financial affairs and would prefer us to contact a relative or friend for further information please give details here.

Name

<b>Daytime phone No.</b>

Address
Postcode

## Part 16. 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.

Under the Data Protection Act we need your permission to share this 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.

There may be other information about your claim that we need to check with you 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 you 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 the Borough Council of King's Lynn & West Norfolk permission to share my information about the progress of my Housing Benefit claim with my landlord or their representative.**

**Signature**

Date

## Part 17. Anything else you need to tell us

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

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

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

## Part 18. 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.

**Date you want to claim benefit from**

**Tell us why you have not claimed before**

## Part 19. Checklist

Please tick to tell us what proof you are sending with this form. We must see original documents, not copies.

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

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your

claim, **we will not be able to pay you any benefit until we have all the proof.**

Please do not send valuable items through the post. If you can, bring them into one of our Council Offices. We will take the details we need and give you the documents back straight away. If you cannot get into one of our offices, phone us for more advice.

	With form	Will send later		With form	Will send later
Your payslips			Pension Credit Notification		
Your partner's payslips			War Pension		
Self employed accounts			Working Tax Credit Notification		
Payslips for part-time fireman			Children's Tax Credit Notification		
Payslips for territorial/reserves			Maintenance Court Order		
Private Pension contributions			Maternity Allowance		
Income Support			Child Care Costs		
Jobseekers Allowance (Income Based)			Rent from Lettings		
Jobseekers Allowance (Contribution Based)			Rent from Boarders		
Enterprise Allowance Notification			Home Income Plan		
Youth Training Scheme			Building Society Passbook		
Student Grant Assessment			Share Certificates		
Carer's Allowance			National Savings Certificate		
Incapacity Benefit / ESA			Bank Statements (3 months required)		
Attendance Allowance			Other Savings and Investments		
Severe Disablement Allowance			Any Other Income		
Disability Living Allowance/ Personal Independence Payment			Non-dependant Income		
Employers Pension			Tenancy Agreement		
Other Pension			Rent Book/Receipts (current rent)		
State Retirement Pension			Letter from Landlord confirming rent paid		



**We must have proof of identity for you and your partner to assess your claim.**  
**Please send at least two original documents each for you and your partner from the following list.**

	With form	Will send later		With form	Will send later
Birth Certificate (Full/Short)	<input type="checkbox"/>	<input type="checkbox"/>	Home Office Standard acknowledgement letter	<input type="checkbox"/>	<input type="checkbox"/>
Driving Licence (Full/Current)	<input type="checkbox"/>	<input type="checkbox"/>	Bank Statements	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>	Medical Card	<input type="checkbox"/>	<input type="checkbox"/>
Passport (Current & Valid)	<input type="checkbox"/>	<input type="checkbox"/>	Wage Slips (current employer)	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence from DWP/Job Centre Plus/ Pension Service	<input type="checkbox"/>	<input type="checkbox"/>	Utility Bill (in your name for the last quarter at the address where you are claiming benefit)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Employment in HM Forces/ Merchant Navy	<input type="checkbox"/>	<input type="checkbox"/>	Life Assurance/Insurance policies	<input type="checkbox"/>	<input type="checkbox"/>
Divorce /Annulment Papers	<input type="checkbox"/>	<input type="checkbox"/>	Letter from Solicitor/Social Worker/Probation Officer/Inland Revenue	<input type="checkbox"/>	<input type="checkbox"/>
UK residence permit	<input type="checkbox"/>	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Identity card issued by EEC/EEA Member State	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

## Equal Opportunities Policy

The Borough Council of King's Lynn & West Norfolk is committed to an Equal Opportunities Policy to promote equality and fair treatment in the provision of its services.

In order to monitor the effectiveness of this policy, all customers completing a Benefit application are asked to complete this part of the form.

You do not have to provide this information but it would help us if you do. It will not affect your Benefit application in any way. This information will be used solely to measure our performance against our Equal Opportunity standards.

**Monitoring Information (please tick appropriate box)**

### I would describe my ethnic origin as

Please choose one section from **A to E** then tick the appropriate box to indicate your cultural background.

<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish  Any other white background (please give details below) <input type="text"/>	<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian  Any other White background (please give details below) <input type="text"/>	<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi  Any other Asian background (please give details below) <input type="text"/>
<b>Black or Black British</b> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African  Any other Black background (please give details below) <input type="text"/>	<b>Chinese or other ethnic group</b> <input type="checkbox"/> Chinese  Any other ethnic group (Please give details below) <input type="text"/>	<b>Gypsy / Traveller</b> <input type="checkbox"/> Gypsy / Traveller  <b>Arab</b> <input type="checkbox"/> Arab

<b>My gender is</b>	
<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Disability</b>	
Do you have a long term illness or disability which limits your daily activities in any way?	
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

**Thank you for helping us by completing this section.**





## Proof of Rent

This form should be filled in by your landlord/agent if you are a private tenant and have no written tenancy agreement.  
**Do not delay in returning your application form, then return this page as soon as your landlord / agent has completed & signed it.**

Name of tenant / boarder (Mr, Miss, Mrs, Ms)

Address of the above mentioned


If you are the Agent, the Landlord's full name must also be given

Landlords name

Business

Address


Tel no


Landlords name

Business

Address


Tel no


As landlord / agent please confirm the following details of the tenancy

Date tenancy started

Date of occupation

Is this a joint tenancy

Yes ☐

No ☐

How many tenants

Are you related to the tenant

Yes ☐

No ☐

What is your relationship

Total amount of rent payable

Date of last rent increase

Does the rent include any of the following

Council Tax

Yes ☐

No ☐

Water Rates

Yes ☐

No ☐

Heating

Yes ☐

No ☐

Hot Water

Yes ☐

No ☐

Cooking Facilities

Yes ☐

No ☐

Lighting

Yes ☐

No ☐

Power

Yes ☐

No ☐

Laundry

Yes ☐

No ☐

Care & Support Charges

Yes ☐

No ☐

Meals

Yes ☐

No ☐

Is this charged weekly / monthly / 4 weekly


If yes, which of the following

Breakfast ☐

Lunch ☐

Evening meal ☐

How much furniture do you provide?

All ☐

Some ☐

Very Little ☐

None ☐

Who is responsible for  
interior decoration?

Landlord ☐

Tenant ☐

Is this property:

Detached ☐

Semi-detached ☐

Terraced ☐

Does the property have a garage?

Yes ☐

No ☐

Is the property central heated?

Yes ☐

No ☐

### Declaration

I confirm the above information is true and correct.

The Revenues Division can make any enquiries needed to check the details I have given on this form.

Landlord's / Agent's Signature

Date



## Resources

**Borough Council of King's Lynn & West Norfolk**  
PO Box 26, King's Lynn, Norfolk PE30 1PX  
Tel: (01553) 616200 Fax: (01553) 691663 or 767332  
DX57825 King's Lynn Email: [revenues@west-norfolk.gov.uk](mailto:revenues@west-norfolk.gov.uk)