



London Borough  
of Hounslow

# **A claim form for Housing Benefit and Council Tax Support**



If you need help or more information, please contact Hounslow Revenue Services either by phone on 020 8583 4242 or in person at any of our offices. We can translate information for you, but you may need to give us time to arrange a translator.

## **Please ask us if you would like this information in large print or audio tape.**

Farsi

چنانچه شما احتیاج به کمک و یا اطلاعات بیشتر دارید، لطفاً با خدمات درآمد هانسلو بوسیله تلفن یا شماره زیر، و یا بطور شخصی با مراجعه به هر یک از دفاتر نوشته شده در لیست زیر، تماس بگیرید. ساعات کاری ما نیز در اختیار شما گذاشته شده است. خدمات ترجمه می تواند ترتیب داده شود، ولی شما باید به ما وقت دهید که مترجمی را فراهم نماییم.

Gujarati

જો તમને મદદ અથવા વધુ માહિતી જોઈતી હોય તો, મહેરબાની કરી હાઉન્સલો રેવન્યુ સર્વિસીઝને નીચે આપેલાં ટેલિફોન નંબર પર સંપર્ક કરો અથવા નીચે જણાવેલી અમારી કોઈપણ એક ઓફિસમાં રૂબરૂ આવીને મળો. અમારી ઓફિસના ખુલ્લવાના સમયો પણ તેમાં આપેલાં છે. ગુજરાતી દુભાષિયા પણ હાજર થઈ શકે છે પણ ઇન્ટરપ્રિટરની ગોઠવણ કરવા માટે તમારે અમને થોડો સમય દેવો પડશે.

Hindi

यदि आपको सहायता या अधिक जानकारी चाहिए तो कृपया हाउज़लो रैवेन्यू सर्विसिज़ को नीचे दिए फोन नंबर पर फोन करें या नीचे लिखे हमारे किसी भी ऑफिस में जाएं। हमारी ऑफिस के खुलने के समय भी दिए गए हैं। हम अनुवाद भी कर सकते हैं परन्तु हमें अनुवादक का प्रबंध करने के लिए आपको हमें कुछ समय देना पड़ सकता है।

Panjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਮਦਦ ਜਾਂ ਹੋਰ ਜਾਣਕਾਰੀ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੰਸਲੋ ਰੈਵੇਨਿਊ ਸਰਵਿਸਿਜ਼ ਨੂੰ ਹੇਠ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਦਫਤਰਾਂ ਵਿੱਚੋਂ ਕਿਸੇ ਇੱਕ 'ਚ ਆਪ ਆ ਕੇ ਮਿਲੋ। ਦਫਤਰਾਂ ਦੇ ਖੁਲ੍ਹਣ ਦਾ ਸਮਾਂ ਵੀ ਦੱਸਿਆ ਗਿਆ ਹੈ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲੇ ਦਾ ਪ੍ਰਬੰਧ ਵੀ ਹੋ ਸਕਦਾ ਹੈ ਪਰ ਇਸ ਲਈ ਤੁਹਾਨੂੰ ਪਹਿਲਾਂ ਸਾਨੂੰ ਦੱਸਣਾ ਪਵੇਗਾ।

Somali

Haddii aad u baahantahay macluumaad ama macluumaad dheeraad ah, telefoon kagala soo xidhiidh lambarka hoose, ama shakhsi ahaan u kaalay mid ka mida xafiisyada hoos ku sjilan. Waxa kale oo lagu siiyay saacadaha aannu furannahay. Waa lagu tarjumi karaa, hase yeeshee waa inaad na siisaa wakhti aannu kuugu qabanqaabinno.

Urdu

اگر آپ کو مدد یا مزید معلومات درکار ہیں، تو براہ کرم ہاؤنسلور یوینوسروسز سے یا تو نیچے دیئے ہوئے فون نمبر پر رابطہ کریں، یا ہمارے دفاتر کی دی ہوئی فہرست میں سے کسی ایک دفتر میں ذاتی طور پر جا کر ملیں، ہمارے دفتری اوقات بھی بیان کئے گئے ہیں۔ اُردو ترجمہ بھی مہیا کیا جاسکتا ہے، لیکن اُس کیلئے آپ کو ہمیں اتنا وقت دینا ہوگا کہ ہم آپ کیلئے ترجمان زبان کا انتظام کر سکیں۔

Please return the white pages only.

# Notes to help you fill in this claim form

**Please read these notes before filling in your application for Housing Benefit and Council Tax Support.**

**Housing Benefit** is money to help people on low incomes pay their rent.

**Council Tax Support** is a reduction to help people on low incomes pay their Council Tax.

**Second Adult Rebate** is a different type of Council Tax Support which is based on the income of non-dependants (other adults and grown-up children) in your household. You are normally able to claim this benefit only if you do not have a partner. If you think you may be entitled to this please look at sections 1, 2, 4, 20, 21, 22 and 23.

**Local Housing Allowance (LHA)** After 7 April 2008, you will have your benefit entitlement paid directly into your bank or building society account as Local Housing Allowance.

If you are renting from a private landlord and making a new claim for Housing Benefit, or if you move home, you will get LHA. Your benefit will be worked out using LHA rates. The DWP sets these rates each year and the rent you are entitled to is based on the number of people who live with you and how old they are. To see what the LHA rates are, go to [www.hounslow.gov.uk](http://www.hounslow.gov.uk)

## Filling in the form

We realise there are a lot of questions, but we need to make sure we award the correct amount of benefit.

When filling in the form you should:

- use black ink;
- write clearly and in CAPITAL LETTERS;
- fill in all parts that apply to you;
- amend any mistakes and write your initials next to the correct answer (do not use correction fluid); and
- use the extra space in part 20 of this form if you want to give us any other information.

## How we use your information

We will use any information and proof which you provide to process your claim for Housing Benefit and Council Tax Support.

We may also exchange information with other agencies, councils, government departments or organisations that handle public money.

This is to:

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

## Providing proof

We cannot work out your claim until we have all the information and proof we have asked for.

We must see original documents, not copies. Do not put important documents in the post. Please bring them to us to check.

If you cannot provide all the documents straight away, please return the filled-in form and tell us when the rest of the proof will be sent.

Housing Benefit and Council Tax Support normally starts on the Monday after we receive the claim form.

**Do not delay sending us the application form, even if you can't provide all the information and evidence we have asked for. If you delay sending us the form, you may lose benefit.**

**Finally, please read, sign and date the declaration at the back of the form and ask your partner (if you have one) to do the same.**

# Notes to help you fill in this claim form

Please put a cross ☒ in the appropriate box on the top of the application form to tell us whether you are a council tenant, the owner of the property where you are living or a private tenant.

Give your full address, including your postcode.

Give your and your partner's (if you have one) personal details, and National Insurance numbers. **You must provide proof of these. We must see original documents.**

## Important note

**A child** is a young person who you get Child Benefit for. You need to provide proof of the Child Benefit you receive.

**An adult** is a 16- or 17-year-old who Child Benefit has stopped for, and anyone aged 18 or over.

**Income** is any money you have coming in regularly (for example, every week or every month). This could be wages, pensions, social security benefits, allowances, tax credits and any other regular source of money.

**Capital** is any savings or investments you have - for example, property, bank accounts, building society accounts, post office accounts, Premium Bonds and shares. Please provide all recent bank and building society statements.

## About your rent (private tenants only)

So that we can decide how much Housing Benefit you will be able to get, please answer all the questions about your rent and send us a copy of your tenancy agreement, if you have one.

We need to know:

- how much your rent is;
- how often it needs to be paid;
- what is included in your rent;
- who your landlord or landlady is;
- if you owe any rent and, if so, how much;
- who we should pay the Housing Benefit to;
- the type of accommodation you live in;
- how many floors there are in the property;
- how many rooms you can use and where in the building the room is;
- if your rent includes any meals or services

It is very important to answer all questions in full.

**Do not forget to ask your landlord to fill in the form included with this application. If they do not, you need to include proof of the rent you have paid. If the landlord is not the owner of the property, you need to include an authorisation letter from the owner of the property, saying that the landlord can collect the rent.**

# Dealing with your claim

## Our decision

When we have all the information and proof we need, we have 14 days to process your claim. We will write to tell you whether your claim has been successful and, if so, how much benefit you will be paid. If you do not agree with our decision, you may ask us to look at it again, or you may appeal.

**If you are not happy about the way we have dealt with your claim, we have a complaints procedure. Please write to:**

**The Complaints Manager  
Revenue Services  
Client Unit  
Civic Centre  
Lampton Road  
Hounslow  
TW3 4DN**

## Report changes

If any of the details you have given us change, or if new situations arise, you must tell us **straight away**. If you do not tell us, you may receive too much benefit and you will have to pay it back. It is also an offence not to tell us about a change and could lead to criminal prosecution.

**You need to report all changes to us. It is not enough to just tell the Department for Work and Pensions, Jobcentre Plus, The Pension Service or the Tax Credit Office.**

Here are examples of the type of changes you should tell us about.

- Anyone who moves in to or out of your home (including children)
- Any of your children leave school
- You have a baby
- You (or anyone living with you) become a student or take part in a youth training scheme
- Your income changes (or your partner's income changes)
- The income of anyone living with you changes
- You (or anyone living with you) start work or change jobs
- The welfare benefits received by you (or anyone living with you) changes
- Your capital, savings or investments change
- You (or anyone living with you) go into hospital or a nursing home
- You (or anyone living with you) go into prison or are on remand
- Your rent changes
- You move
- You (or anyone living with you) are going away for a long time (that is four weeks or more)
- You receive a decision from the Home Office about your immigration status
- You receive any extra money or payments
- Your Child Tax Credit or Working Tax Credit changes
- You inherit property or capital

**You must tell us in writing and provide any relevant proof. You should not rely on someone else to tell us about a change. We must see original documents.**

## Useful contact details

### Hounslow Revenue Services

#### Hounslow

Civic Centre, Lampton Road, Hounslow, TW3 4DN  
Opening hours: 9.00am to 4.15pm (Monday to Friday)

#### Feltham

81/83 Bedfont Lane, Feltham, TW14 9BH  
Opening hours: 9.00am to 4.45pm (Monday to Thursday)  
9.00am to 4.30pm Friday

#### Brentford

58/59 Brentford High Street, Brentford, TW8 0AH  
Opening hours: 9.00am to 4.45pm Wednesday  
9.00am to 4.45pm Thursday  
9.00am to 4.30pm Friday  
Closed for lunch 1.00pm to 2.00pm

#### Langdale Centre

240 Summerwood Road, Isleworth, TW7 7QN  
Opening hours: 9.00am to 4.45pm Monday  
9.00am to 4.30pm Friday  
Closed for lunch 1.00pm to 2.00pm

### Hounslow Revenue Services

PO Box 355, Hounslow, Middlesex, TW3 4PJ

**Phone:** 020 8583 4242

Opening hours: 9.00am to 5pm (Monday to Thursday)  
9.00am to 4.45pm (Friday)

Revenue Services also offer an appointment service. Just e mail [rbappointments@hounslow.gov.uk](mailto:rbappointments@hounslow.gov.uk) and they will arrange an appointment for you. Or, you can call 020 8583 4242 and speak to an advisor who can also arrange an appointment for you.

### Benefits Agency Jobcentre Plus

10 Montague Road, Hounslow, Middlesex, TW3 1LE

**Phone:** 0845 604 3719

### Citizens Advice Bureau

[www.adviceguide.org.uk](http://www.adviceguide.org.uk)

### Hounslow Law Centre

**Phone:** 020 8570 9505

### Homeless Persons Unit

**Phone:** 020 8583 3842

### Direct Lets

**Phone:** 020 8583 3844

### Domestic violence 24-hour helpline

London-wide helpline offering support and advice for women and children escaping domestic violence.

**Phone:** 0808 200 0247

### Victim Support

Provides support and help to victims of crime.

**Phone:** 020 8570 6702

### Refugee Council (one-stop service)

Offers practical advice and help to refugees and asylum seekers in the UK and their advisors.

**Phone:** 020 7346 6700

### Hounslow Race Equality Council

**Phone:** 020 8572 5532

# A claim form for Housing Benefit and Council Tax Support

Date issued

/ /

Are you (please tick one box):

a council tenant?

☐

an owner-occupier?

☐

a private tenant?

☐

a housing-association or social-landlord tenant?

☐

other (say what)?

## Part 1 About you and your partner

**Do you have a partner who normally lives with you?**

No

☐

Yes

☐

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them; or
- a civil partner or a person you live with as if you are civil partners.

If you have a partner, you must answer all the questions about them.

**Address, including your room number if you have one**

**Postcode**

**You**

**Your partner**

**Title (Mr, Mrs, Ms, Miss)**

**First name**

**Last name or family name**

**Any other names you or your partner are known by**

**National Insurance number**

**Date of birth**

**Your daytime phone number or mobile phone number**

Daytime:

Mobile:

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

**What date did you move into this address?**

# Part 1 About you and your partner

## You

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

**No** ☐

**Yes** ☐ Please tell us about it below if you have ticked 'Yes'.

When did you last claim?

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

If you have moved from this address, have you told the council you claimed from?

**No** ☐

**Yes** ☐

**If you or your partner have moved home in the last 12 months, tell us your last address and the date you moved if it is different from above.**

Tell us if you were a homeowner, a private tenant, a council tenant or a lodger at this address.

**Are you or your partner in hospital at the moment?**

**No** ☐

**Yes** ☐ When did you go in?

When do you expect to come out?

## Your partner

**No** ☐

**Yes** ☐ Please tell us about it below if you have ticked 'Yes'.

**No** ☐

**Yes** ☐

**No** ☐

**Yes** ☐ When did your partner go in?

When does your partner expect to come out?

## Part 1 About you and your partner

Please tick if you or your partner are:

- a full-time student;
- a student nurse;
- an apprentice;
- on youth training;
- in legal custody;
- severely mentally impaired;
- registered blind;
- long-term sick or disabled;
- receiving Attendance Allowance;
- receiving Disability Living Allowance; or
- receiving Personal Independence Payments

You

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Your partner

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Do you or your partner have a vehicle from a mobility scheme?

No ☐  
Yes ☐

No ☐  
Yes ☐

**Please provide proof of any of the above. We must see original documents.**

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.

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

## Part 2 About your nationality

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 two years?

No ☐  
Yes ☐ We may write to you about this.

No ☐  
Yes ☐ We may write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?

The UK is England, Northern Ireland, Scotland and Wales.

## Part 3 About children

We need to know about any children in your household who are:

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

Are there any children in your household as described above?

No ☐ Go to **part 4**.

Yes ☐ If there are more than four children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with this form.

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

	First child	Second child	Third child	Fourth child
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name or family name	<input type="text"/>	<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="/ /"/>
The child's relationship to you	<input type="text"/>	<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"/>	<input type="text"/>
Are they male or female?	<input type="text"/>	<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"/>
Child Benefit number	<input type="text"/>	<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"/>	<input type="text"/>
Does the child get Disability Living Allowance or Personal Independence Payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child registered blind or has been in the last 28 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 4 About other people who live with you

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

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

**Do any adults normally live with you and your partner?**

By adults, we mean anyone for who Child Benefit has stopped, and anyone aged 18 or over.

**No** ☐ Go to **part 5**.

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

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

	First person	Second person	Third person	Fourth person
<b>First name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last name or family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
<b>Their relationship to you</b> For example, aunt, brother, daughter, father, grandfather, grandmother, stepdaughter, friend, lodger, subtenant, joint tenant, owner or joint owner.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>National Insurance number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Do they pay rent to you or your partner?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get Income Support?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get income-based Jobseeker's Allowance?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get Employment and Support Allowance (income-related)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get Pension Credit?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they severely mentally impaired?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do they get Disability Living Allowance, Personal Independence Payments or Attendance Allowance?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 4 About other people who live with you

	First person	Second person	Third person	Fourth person
Are they registered blind or have they been registered blind in the last 28 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in legal custody at the moment? If 'Yes', when are they expected to come out?	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /
Are they in hospital at the moment? If 'Yes' when did they go in?	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	Yes <input type="checkbox"/> No <input type="checkbox"/> / /
When are they expected to come out?	/ /	/ /	/ /	/ /
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they normally work for 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', tell us their earnings before deductions for things such as tax and National Insurance.				
Do they have any other income at all, including State Benefits? Make sure you tell us about all other income they have.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where does this income come from?				
How much is it before deductions?				
Where does this income come from?				
How much is it before deductions?				
Where does this income come from?				
How much is it before deductions?				
Are any of the people who normally live with you married to each other or living together as if they are married or civil partner's?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Tell us their names below.		
		is the partner of		
		is the partner of		

## Part 5 About Income Support, income-based Jobseeker's Allowance Pension Credit and Employment and Support Allowance (income-related)

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

No ☐ Go to **part 6**.

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

Do you or your partner get Income Support, income-based Jobseeker's Allowance, Pension Credit, or Employment and Support Allowance (income-related)?

**You**

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, Pension Credit (Guarantee Credit), or Employment and Support Allowance (income-related)?

No ☐

Yes ☐ When did you claim?

/ /

No ☐

Yes ☐ When did they claim?

/ /

Which benefit are you getting or waiting to hear about?

Income Support

☐
☐

Income-based Jobseeker's Allowance

☐
☐

Pension Credit

☐
☐

Employment and Support Allowance (income-related)

☐
☐

We must see proof of your benefits, allowances or pension before we can decide how much benefit you can get. We must see original documents.

## Part 6 About working for an employer

Do you or your partner work for an employer?

No ☐ Go to **part 7**.

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

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

**You**

**Your partner**

What type of work do you do?



What is your employer's name and address?

# Part 6 About working for an employer

## You

When did you start this job?

 /  / 

Are you employed for a limited period?

No ☐

Yes ☐ When will you finish?

 /  / 

How many hours a week do you usually work?

How often do you get paid? Please tick the correct box.

Weekly ☐ Fortnightly ☐

Monthly ☐ Four-weekly ☐

Other

Do you get paid overtime?

No ☐

Yes ☐

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

£

We need to see proof. We must see original documents.

How are you paid (for example, in cash, by cheque or direct into a bank or building society account)?

When was your last pay rise?

 /  / 

When will your next pay rise be?

 /  / 

Are you getting Statutory Sick Pay (SSP)?

No ☐

Yes ☐ £

Are you getting Statutory Maternity Pay (SMP)?

No ☐

Yes ☐ £

Are you getting Statutory Paternity Pay (SPP)?

No ☐

Yes ☐ £

Are you getting adoption pay from your employer at the moment?

No ☐

Yes ☐ £

Are you getting any other sick pay or maternity pay?

No ☐

Yes ☐ £

Are you receiving Working Tax Credit?

No ☐

Yes ☐ £

We need to see proof. We must see original documents.

## Your partner

 /  / 

No ☐

Yes ☐ When will they finish?

 /  / 


Weekly ☐ Fortnightly ☐

Monthly ☐ Four-weekly ☐

Other

No ☐

Yes ☐

£

 /  / 
 /  / 

No ☐

Yes ☐ £

No ☐

Yes ☐ £

No ☐

Yes ☐ £

No ☐

Yes ☐ £

No ☐

Yes ☐ £

No ☐

Yes ☐ £

## Part 6 About working for an employer

Do you pay into a private or company pension scheme?

**You**

No ☐

Yes ☐ How much? £

How often?

**Your partner**

No ☐

Yes ☐ How much? £

How often?

## Part 7 About childminding costs

Do you pay any childminding costs for your children?

No ☐ Go to **part 8**.

Yes ☐

For example, to a childminder, a nursery or an after-school club.

If you have answered 'Yes', tell us the name and registration number of the minder, nursery or after-school club.

How much do you pay a week?

£

We need to see proof. We must see original documents.

## Part 8 About being self-employed

Are you or your partner self-employed?

No ☐ Go to **part 9**.

Yes ☐ Answer the questions in this section.

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 type of work do you do?

When did the business start?

What is the business address?

How many hours a week do you usually work?

Are there any other partners in the business?

No ☐

Yes ☐ If 'Yes', please tell us their name and address.

No ☐

Yes ☐ If 'Yes', please tell us their name and address.

## Part 8 About being self-employed

	You	Your partner
<b>Do you get a Business Start-up Allowance?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>
<b>Do you pay into a private pension scheme?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>
<b>Do you receive Working Tax Credit?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often? <div></div>

## Part 9 About any other work

**Do you or your partner do any other work at all?**      **No** ☐ Go to **part 10**.  
**Yes** ☐ Answer the questions on this page.

This could be voluntary work or any other work, even if it is not paid work.

	You	Your partner
<b>What other work do you do?</b>	<div></div>	<div></div>
<b>What is the name and address of the person you do this work for?</b>	<div></div>	<div></div>
<b>When did you start this work?</b>	<div>/ /</div>	<div>/ /</div>
<b>How many hours a week do you usually work?</b>	<div></div>	<div></div>
<b>Do you get paid?</b> If you get expenses or tips, still tick 'Yes' and give details.	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often are you paid? <div></div>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> How much? <div>£</div> How often are they paid? <div></div>

**We must see proof of your earnings before we can decide how much benefit you can get. You must tell us immediately about any changes in your circumstances. We must see original documents.**

## Part 10 About other benefits and pensions

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

No ☐ Go to **part 11**.  
 Yes ☐ Tell us about the benefits below.

Do you or your partner receive any of the following?

No ☐  
 Yes ☐ If 'Yes', put a cross ☒ in all the boxes which apply.

	You		Your partner	
	Received	Applied for	Received	Applied for
Jobseeker's Allowance (contribution based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance (Contributory)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you paid into a private pension, but decided to delay receiving all or some of your pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any of the following pensions?				
State Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private pension, such as from a private company, past employer or from abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widow's or widower's pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces Compensation Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Widow's or War Widower's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Disablement Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Protection Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the name and address of the company and the policy number or numbers.

Please provide the name and address of the company or organisation.

If you have put a cross ☒ in any of the above boxes you must send us proof. We must see original documents.

## Part 11 Family allowances

No ☐ **part 12**.  
 Yes ☐

☐

### Child Tax Credit

If you have recently applied for a tax credit and are waiting to hear, send in this form and let us know the result when you get it.

### Child Benefit

You		Your partner	
Received	Applied for	Received	Applied for
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 11 Family allowances

	You		Your partner	
	Received	Applied for	Received	Applied for
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostering Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed Parents' Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption or Custodian Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have put a cross ☒ in any of the boxes, you must send proof. We must see original documents.

## Part 12 Disability, bereavement and carer's allowances

Are you or your partner receiving any disability benefits, Bereavement Allowance or Carer's Allowance?

No ☐ Go to **part 13**.

Yes ☐ If 'Yes', please put a cross ☒ in all the boxes which apply.

	You			Your partner		
	Received	Applied for	Amount	Received	Applied for	Amount
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Industrial Injuries Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Carer's Allowance						
Mark the box if you receive an allowance for looking after someone else.	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Mark the box if someone else receives an allowance for looking after you.	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Have you or your partner been told that you are entitled to Carer's Allowance but do not receive it because of other benefits that you are getting?

No ☐

Yes ☐

Please tell us the name and address of the person you are looking after, or the name and address of the person who is looking after you.

Name

Address

## Part 13 About other money coming in

Do you or your partner have any money coming in that you have not already told us about on this form?

This includes cash payments. You must 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, the MacFarlane Trust or the Skipton Trust.

No ☐ Go to **part 14**.

Yes ☐ Answer the questions on this page.

### Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

How is this paid?

When did they start getting this income?

If the income is likely to increase, when will this be?

### Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

How is this paid?

When did they start getting this income?

If the income is likely to increase, when will this be?

### Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

How is this paid?

When did they start getting this income?

If the income is likely to increase, when will this be?

## Part 13 About other money coming in

Does anyone owe money to you, or your partner?

No ☐

Yes ☐ Tell us about it below.

How much?

£

Who is it owed to?

Are you expecting to get any money in the next 12 months (for example, a redundancy payment or a payment instead of notice or holiday)?

No ☐

Yes ☐ Tell us about it below.

What for?

How much?

£

We must see proof of any money coming in before we can decide how much benefit you can get. We must see original documents.

## Part 14 About capital, property, savings and investments

Do you or your partner have any bank accounts, savings, investments or property 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, stocks, shares and property.

Do you or your partner have any of the following?

No ☐ Go to **part 15**.

Yes ☐ If 'Yes', please put a cross ☒ in the boxes that apply.

	You	Your partner		You	Your partner
Bank accounts (current)	<input type="checkbox"/>	<input type="checkbox"/>	Premium Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts (deposits)	<input type="checkbox"/>	<input type="checkbox"/>	Unit trusts	<input type="checkbox"/>	<input type="checkbox"/>
Building society account or accounts	<input type="checkbox"/>	<input type="checkbox"/>	Stocks or shares	<input type="checkbox"/>	<input type="checkbox"/>
Post office account or accounts	<input type="checkbox"/>	<input type="checkbox"/>	Other capital and savings	<input type="checkbox"/>	<input type="checkbox"/>
National Savings Certificates and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Please provide details.	<div></div>	
TESSAs or ISAs	<input type="checkbox"/>	<input type="checkbox"/>			

## Part 14 About capital, property, savings and investments

How much are your savings worth?

Do you have more than one bank or building society account?

No ☐

Yes ☐

How many accounts do you have?

Please provide proof of all the accounts you have.

Please give details of any other person whose name is included on the account or accounts.

Name

How are these people related or connected to you?

Do any of your savings or investments include:

- money from the sale of a house; or
- money from a charity?

No ☐

Yes ☐ We will write to you about it.

Apart from your home, do you or your partner own any other property in this country or abroad?

No ☐

Yes ☐ What is the address?

If it is on a mortgage or loan, still tick 'Yes'.

When did you buy this property?

 

How much is this property worth?

We will have to write to you to ask for this extra information.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment?

No ☐

Yes ☐

- a compensation payment made to victims of atrocities that happened during the Second World War?

No ☐

Yes ☐

- a lump sum due to deferring a State Retirement Pension?

No ☐

Yes ☐

We need to know this to make sure we do not count it as part of your savings.

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No ☐

Yes ☐ We will write to you about it.

Give details of any other savings or investments that are not listed above.

If you have put a cross ☒ in any of the boxes above, you must send us proof.

Do not send original documents by post.

We must see proof of any savings, investments or property before we can decide how much benefit you can get. We must see original documents.

## Part 15 About your tenancy agreement

Fill in this part only if you rent your home.

When did you start renting your home?

 /  / 

If you have not moved in yet, tell us when you expect to move in.

 /  / 

Do you have a tenancy agreement:

No ☐ Yes ☐

What sort of tenancy do you have?  
For example, shorthold or tied rent.

How long is the tenancy for?

You must send us a copy of your tenancy agreement if you are a private tenant.  
If you are a council tenant, you do not need to send us a copy.

Do you use any part of your home for a business?

No ☐ Yes ☐

Do you or your partner sublet this property or let any other property?  
If 'Yes', please give the name and address of your tenant or subtenant.

No ☐ Yes ☐

If 'Yes', what is the total weekly rent you charge your tenant or tenants? £

Does the rent include:

heating?

Yes ☐

No ☐

meals?

Yes ☐

No ☐

## Part 16 Property details

Please put a cross ☒ in the box which describes the type of home you pay rent for.

Houseboat <input type="checkbox"/>	Detached bungalow <input type="checkbox"/>	Flat in a block <input type="checkbox"/>	Residential nursing home <input type="checkbox"/>
Caravan or mobile home <input type="checkbox"/>	Semi-detached bungalow <input type="checkbox"/>	Flat over a shop <input type="checkbox"/>	Bedsit or rooms or a studio flat <input type="checkbox"/>
Detached house <input type="checkbox"/>	Terraced bungalow <input type="checkbox"/>	Flat in a house <input type="checkbox"/>	
Semi-detached house <input type="checkbox"/>	Hotel, guest house or hostel <input type="checkbox"/>	Hostel <input type="checkbox"/>	
Terraced house <input type="checkbox"/>	Residential care home <input type="checkbox"/>	Board and lodgings <input type="checkbox"/>	
Other (please say) <input type="text"/>			

How many floors are there in the property?

Does your home have central heating? No ☐ Yes ☐

Is your landlord responsible for decorating the inside of your home? No ☐ Yes ☐

Which floor do you live on?

Basement ☐

Ground ☐

First ☐

Second ☐

Third ☐

Fourth ☐

All ☐

Other (please say)

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

No ☐

Yes ☐

Where in the building do you live?

At the front ☐

In the middle ☐

At the back ☐

	Living or dining room	Bedrooms	Bedsitting rooms	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the whole property							
How many rooms can only you and the people named on this form use?							
How many rooms do you share with people not named on this form?							

# Part 17 About your rent

Fill in this part only if you are a private tenant. Only fill in parts 17, 18 and 19 if you are a private tenant.

Please provide proof of your tenancy agreement. If you do not have one, you must provide proof of the rent you pay your landlord.

How much rent do you pay?

£

Put a cross ☒ to show when your rent is due.

Every week

☐

Every two weeks

☐

Every four weeks

☐

Every month

☐

Every three months

☐

Every year

☐

Other

Put a cross to show how the property is let.

Furnished

☐

Partly furnished

☐

Hardly any furniture

☐

Unfurnished

☐

Has your rent changed in the last 12 months?

No

☐

Yes

☐

Send us proof of the date it changed, and the amount.

When is the next rent increase due?

/ /

Has your rent been registered as a fair rent by The Rent Service?

No

☐

Yes

☐

Don't know

☐

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

No

☐

Yes

☐

How many?

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

No

☐

Yes

☐

Tell us their name or names.

Does your rent include any of the following?

No

☐

Yes

☐

If 'Yes', please put a cross ☒ in all the boxes that apply and write in the amount (if you know it).

Heating

☐

£

Water rates

☐

£

Hot water

☐

£

Laundry

☐

£

Fuel for cooking

☐

£

Garage or parking space

☐

£

Gardening

☐

£

Do you rent the garage as part of your tenancy agreement?

No

☐

Yes

☐

Other

☐

£

If you put a cross by 'Other', tell us what it is.

Is part of your rent for personal care and support?

No

☐

Yes

☐

If you have put a cross by 'Yes', how much do you pay?

£

## Part 17 About your rent

Does your rent include money for meals?

No ☐

Yes ☐

Which meals are included? Please cross.

Breakfast ☐

Lunch ☐

Evening meal ☐

Who pays the Council Tax bill for your home? Cross the box that applies.

You and your partner ☐

Your landlord ☐

Someone else ☐

Do you pay any service charges separate from your rent?

No ☐

Yes ☐

How much? £

For example, for cleaning or lighting in shared areas, an alarm system, a warden, meals or lift maintenance.

What service do you pay for?

## Part 18 About your landlord or landlady

What is your landlord's name and address?

By landlord we mean the person or organisation who owns the property you live in.

Title (Mr, Mrs, Ms, Miss)

First name

Last name or family name

Address

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

By agent, we mean the person or organisation you actually pay your rent to.

First name

Last name or family name

Address

Are you or your partner related to your landlord or agent, or to your landlord's partner or the agent's partner?

No ☐

Yes ☐

What is the relationship?

Related includes related through marriage, even if the marriage has ended.

Is your landlord or landlady a parent of any of your children?

No ☐

Yes ☐

Does the landlord live in the property?

No ☐

Yes ☐

Do you owe your landlord any rent?

No ☐

Yes ☐

If 'Yes', how many weeks' rent do you owe?

## Part 18 About your landlord or landlady

### Permission to provide your landlord (or their representative) with details of your claim.

If we are paying your housing benefit directly to your landlord that means that we can automatically discuss with them when these payments are due to be made. However, we are not able to discuss anything else with your landlord without your permission. Sometimes, sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because your claim has been delayed.

Even if we are paying your landlord Housing Benefit directly, we will only share information with your landlord if you give us permission. If you do give us permission we would be able to tell your landlord whether:

- You have claimed Housing Benefit; or
- We have made a decision on your claim; or
- We need more information to make a decision on your claim and what that information may be.

We will not give your landlord any specific information about:

- Your personal or household circumstances; or
- Your financial circumstances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you do want to give us permission to discuss your claim with your landlord (or their representative), please sign below.

Signature of the person claiming

Date

## Part 19 How your benefit will be paid

- If you are a council tenant, we will pay any Housing Benefit we award into your rent account.
- If we award you Council Tax Support, we will pay this into your Council Tax account.
- If you are not a council tenant and we award you Housing Benefit we will pay your money straight into your bank account.

### Paying into an account

We recommend that you get your money in this way because:

- it is safe and secure;
- it is convenient – you decide when and how much you want to withdraw;
- from some accounts, you could have regular bills paid (this could save you money, but you will need to make sure that there is enough money in your account to pay the bills – if not, you may be charged a fee); and
- you can get your money from many different places.

The account can be:

- in your name;
- in the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them); or
- in both the names of you and your partners.

## Part 19 How your benefit will be paid

I want my benefit to go straight into my bank or building society account.

☐

Tell us the following details.

Name of bank or building society

Address

Whose name is the account in?

Account number

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

Sort code

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

## Part 20 Anything else you need to tell us

Please use this space to tell us anything else you think we should know about.

If you don't want us to pay your benefit entitlement directly into your bank account, please give your reasons below.

Use a separate sheet and attach it to this form if you need to.

If you are sending a separate sheet of paper, put a cross in this box.

☐

## Part 21 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 must have a good reason for not claiming at the correct time.

Date you want to claim benefit from

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

No ☐

Yes ☐

Tell us why you have not claimed before. Use a separate sheet of paper if you need to.

If you are sending a separate sheet of paper, put a cross in this box. ☐

## Part 22 Checklist

Please 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 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, **but 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 our reception, 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.**

### Proof 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 need to see at least two of these documents for each person.

☐

### Proof of capital, property, savings and investments

Such as all your bank, building society or post office books, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts.

☐

### Proof of earnings

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. 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 six months, a summary of your trading records so far.

☐

### Proof of other income

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

☐

### Proof of benefits, allowances or pensions

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

☐

### Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

☐

### Proof of other money paid out

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

☐

## Part 23 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, they must sign this declaration as well.

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

If you give false information, you may be prosecuted.

- I confirm that the information I have given on this form is correct and complete, and I agree that you can check the information.
- I understand that you will keep this form on computer and use the information from it to work out my Housing Benefit and Council Tax Support, as well as identifying other benefits and tax credits I may be entitled to.
- This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes. Under section 6 of the Audit Commission Act 1998, we must take part in the National Fraud Initiative (NFI) data matching exercise. This means that the information we hold about your Housing Benefit will be used for cross-system and cross-authority comparisons to prevent and detect fraud.  
For further information, go to web link [www.hounslow.gov.uk/data\\_protection](http://www.hounslow.gov.uk/data_protection)
- If you receive support from the Supporting People Team, by filling in this declaration you will be agreeing to us exchanging information with the Supporting People Team. You will also be agreeing to information about your claim being exchanged between the Supporting People Team and your support service provider.
- We may use any information you provide in line with the Freedom of Information Act.

Please make sure the information you provide on this form is true and complete. If you have any doubts about how to fill in this form, please contact us.

**I know I must let the housing benefit and council tax support department know immediately about any changes in my circumstances which might affect my claim. I understand that I will be asked to repay any benefit I receive to which I am not entitled.**

**I confirm that** the information I have given on this form is correct and complete.

Your signature

Date

Your 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.

**Name of the person who filled in the form**

**Signature of the person**

**Relationship to the person claiming**

Date

**Contact phone number**

# Certificate of your earnings

If you cannot send us your payslips, please fill in part A and then ask your employer to fill in part B.  
We must have proof of your earnings before we can pay you any benefit.

## Part A

Title (Mr, Mrs,  
Ms, Miss)

Your name

Address and  
postcode

Employee  
number

Date you started work

I agree to my employer providing the information asked for in part B.

Your signature

Date

Now give this form to your employer.

## Part B

### To the employer

Please give the following details of your employee's earnings. Gross pay includes their wages, overtime and any extra payments before deductions.

**Employees who are paid weekly (please give the last five weeks' details).**

Week ending	Gross pay	Income tax	National Insurance	Pension deductions	Net pay
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£

**Employees who are paid monthly (please give the last two months' details).**

Month ending	Gross pay	Income tax	National Insurance	Pension deductions	Net pay
	£	£	£	£	£
	£	£	£	£	£

Number of hours this employee normally works each week

If their pay has increased during the last six months, please give the amount and start date.

£	Date	/	/
---	------	---	---

**I confirm that the information above is correct.**

Your signature

Your position

An authorised person must sign and stamp this form, if possible, with the company stamp.

Phone  
number

Date

Please print the company name and address or use the company stamp here showing the company name and address.

**When you and your employer have filled in this form, please return it to  
Hounslow Revenue Services, PO Box 355, Hounslow, TW3 4PJ.**



# Certificate of your partner's earnings

If you cannot send us your payslips, please fill in part A and then ask your employer to fill in part B.

We must have proof of your earnings before we can pay you any benefit.

## Part A

Title (Mr, Mrs,  
Ms, Miss)

Your name

Address and  
postcode

Employee  
number

Date you started work

I agree to my employer providing the information asked for in part B.

Your signature

Date

Now give this form to your employer.

## Part B

### To the employer

Please give the following details of your employee's earnings. Gross pay includes their wages, overtime and any extra payments before deductions.

**Employees who are paid weekly (please give the last five weeks' details).**

Week ending	Gross pay	Income tax	National Insurance	Pension deductions	Net pay
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£

**Employees who are paid monthly (please give the last two months' details).**

Month ending	Gross pay	Income tax	National Insurance	Pension deductions	Net pay
	£	£	£	£	£
	£	£	£	£	£

Number of hours this employee normally works each week

If their pay has increased during the last six months,  
please give the amount and start date.

£

Date

/

/

**I confirm that the information above is correct.**

Your signature

Your position

An authorised person must sign and stamp this  
form, if possible, with the company stamp.

Phone  
number

Date

Please print the company name and address or use the company stamp  
here showing the company name and address.

**When you and your employer have filled in this form, please return it to  
Hounslow Revenue Services, PO Box 355, Hounslow, TW3 4PJ.**



# Landlord's or agent's confirmation of where you live

## Part A

Fill in part A and pass this form to your landlord, landlady or agent.  
They must fill in this form before we can work out your benefit.

Title  
(Mr, Mrs, Ms, Miss)

Your name

Tenant's address  
and postcode

Room number  
(if there is one)

The position in the property  
(for example, first floor  
at the front)

## Part B

Only the landlord or agent should fill in this part.

The tenant named above has applied to us for Housing Benefit and given us permission to contact you.  
Please give the following information.

Date the tenancy started  /  /  How much is the rent?  £

The rent is due every: week ☐ fortnight ☐ four weeks ☐ month ☐ three months ☐  
other (please say)

If the tenant named above owes you any rent, please give the amount.  
**(Please provide a statement of account to support this.)**  £

If the rent includes any of the following, please put a cross ☒ in the box and write in the amount.

Council Tax	<input type="checkbox"/>	£ <input type="text"/>	Water rates	<input type="checkbox"/>	£ <input type="text"/>
Heating	<input type="checkbox"/>	£ <input type="text"/>	Garage	<input type="checkbox"/>	£ <input type="text"/>
Hot water	<input type="checkbox"/>	£ <input type="text"/>	Other services	<input type="checkbox"/>	£ <input type="text"/>
Gas and electricity for cooking	<input type="checkbox"/>	£ <input type="text"/>	Please say what these are.	<input type="text"/>	
Lighting or power	<input type="checkbox"/>	£ <input type="text"/>			

Have you furnished the property? Yes ☐ No ☐

If 'Yes', is the home: fully furnished? ☐ partly furnished? ☐ barely furnished? ☐

Have you provided your tenant with: central heating? ☐ a TV? ☐ satellite TV? ☐ decoder? ☐ access to cable TV? ☐

How many meals are included in the rent? None ☐ Breakfast only ☐ Fewer than three meals a day ☐ All meals ☐

**When you and your landlord have filled in this form, please return to Hounslow Revenue Services, PO Box 355, Hounslow, TW3 4PJ.**

# Landlord's or agent's confirmation of where you live

Please tell us about the rooms in the property.

	Living or dining room	Bedrooms	Bedsitting rooms	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the whole property							
How many rooms are only used by the tenant's household?							
How many rooms can the tenant share?							

Is this property let under a co-ownership agreement?

Yes ☐

No ☐

Is this tenant the only person named on the tenancy agreement?

Yes ☐

No ☐ If 'No', please give the names of the other tenants.

Are you related to the tenant?

No ☐

Yes ☐ If 'Yes', please say what your relationship is.

Do you own the property?

Yes ☐

No ☐

Does the property have central heating? Yes ☐

No ☐

If you are the landlord or owner, please put a cross in the box if you are claiming Housing Benefit or Council Tax Support. ☐

If you are acting as the managing agent for the owner or landlord, you must send us a copy of your authorisation to act, sublet or collect rent on behalf of the owner.

**If 'No' and you are not acting as the agent, you must send us your original tenancy agreement on the property.**

## Part C

### Declaration by the landlord, landlady or managing agent

- I am the landlord or landlady (or their managing agent) for the person named in part A.
- I agree that I will:
  - write and tell you straight away if the tenant dies, gives notice to leave or leaves without giving notice;
  - write and tell you straight away about any change in circumstances which might affect the person's entitlement to Housing Benefit (or the amount paid); and
  - pay back without delay any overpaid Housing Benefit which is paid to me.
- I understand that you do not have to pay Housing Benefit direct to me, but if you do and the arrangement ends, benefit may be paid direct to the tenant.

Your name  
(CAPITAL LETTERS)

Your address and  
postcode

Your signature

Date

If you are signing as an authorised managing agent, please put your company's official stamp here.

**We cannot work out your tenant's benefit until you return this form to us. Thank you for your help.**

Our Revenues and Benefits Service is committed to promoting equal opportunities. Please take a few moments to fill in the survey below. Return it with your filled-in claim form. This information will be used anonymously and will not affect your claim for benefit.

**Ethnic background**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please read the list below and tick **one box only** to show your ethnic background. We will collect and assess this information to improve our work on planning services.

*Please tick.*

<b>Sex</b>	Male	<input type="checkbox"/>			
	Female	<input type="checkbox"/>			
<b>White</b>	• British	<input type="checkbox"/>		<b>Asian</b>	• Indian <input type="checkbox"/> 18
	- English	<input type="checkbox"/> 1		<b>or</b>	• Pakistani <input type="checkbox"/> 19
	- Scottish	<input type="checkbox"/> 2		<b>Asian</b>	• Bangladeshi <input type="checkbox"/> 20
	- Welsh	<input type="checkbox"/> 3		<b>British</b>	• Sinhalese <input type="checkbox"/> 21
	- Other white British	<input type="checkbox"/> 4			• Sri Lankan Tamil <input type="checkbox"/> 22
	• Irish	<input type="checkbox"/> 5			• Any other Asian background <input type="checkbox"/> 23
	• Traveller of Irish heritage	<input type="checkbox"/> 6		<b>Black</b>	• Black Caribbean <input type="checkbox"/> 24
	• Gypsy or Roma	<input type="checkbox"/>		<b>or</b>	• Black Nigerian <input type="checkbox"/> 25
	• Any other white background	<input type="checkbox"/> 7		<b>Black</b>	• Black Ghanaian <input type="checkbox"/> 26
	- Albanian	<input type="checkbox"/> 8		<b>British</b>	• Black Somali <input type="checkbox"/> 27
	- Bosnian or Herzegovinian	<input type="checkbox"/> 9			• Other black African background <input type="checkbox"/> 28
	- Croatian	<input type="checkbox"/> 10			• Any other black background <input type="checkbox"/> 29
	- Kosovan	<input type="checkbox"/> 11			
	- Serbian	<input type="checkbox"/> 12		<b>Chinese</b>	• Chinese <input type="checkbox"/> 30
	- Turkish or Turkish Cypriot	<input type="checkbox"/> 13		<b>or any</b>	• Afghanistani <input type="checkbox"/> 31
	- Any other white background	<input type="checkbox"/> 14		<b>other</b>	• Arab <input type="checkbox"/> 32
				<b>ethnic</b>	• Filipino <input type="checkbox"/> 33
				<b>group</b>	• Iranian <input type="checkbox"/> 34
<b>Mixed background</b>	• White and black Caribbean	<input type="checkbox"/> 15			• Iraqi <input type="checkbox"/> 35
	• White and black African	<input type="checkbox"/> 16			• Kurdish <input type="checkbox"/> 36
	• White and asian	<input type="checkbox"/> 17			• Lebanese <input type="checkbox"/> 37
	• Any other mixed background	<input type="checkbox"/>			• Any other not already listed (please say below) <input type="checkbox"/> 38

**Language:** Language or languages spoken at home other than English

<b>Religion</b>	None <input type="checkbox"/>	Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>
	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
	Jewish <input type="checkbox"/>	Any other <input type="checkbox"/>	(Please say what) <div></div>

**Disability**

No ☐

Yes ☐ If 'Yes', please explain the nature of the disability.

# Applying for Housing Benefit and Council Tax Support

How did you find out you could apply for Housing Benefit / Council Tax Support?

Please put a cross ☒ in the box that applies.

- Hounslow Website

☐
- Job Centre

☐
- Hounslow Matters

☐
- Local Newspaper

☐
- Surgery

☐
- Citizens Advice Bureau

☐
- Other

☐

Please specify

# If you need help filling in this form

If you would like help filling in this form, please give the details below. You can ask someone else to fill in the details for you but you should still sign it. Once we receive this, we can arrange to visit you at home.

Your name	<div></div>
Your address and postcode	<div></div>
Phone number	<div></div>
Your signature	<div></div>

Please use the boxes below to say why you would like some help. This information will remain confidential but will help us to deal with your claim in the best and most appropriate way.

- ☐ I have difficulty reading, writing or communicating in English.
- ☐ I have learning difficulties.
- ☐ I have recently arrived in the UK.
- ☐ I am aged between 16 and 18 years old.
- ☐ I am over 60.
- ☐ I am in hospital.
- ☐ I am terminally ill.
- ☐ I am suffering from mental-health problems.
- ☐ I receive Disability Living Allowance, Personal Independence Payments or Attendance Allowance.
- ☐ I have severe sight difficulties or am registered blind.
- ☐ A close relative has recently died.
- ☐ I have a justified fear of violence or have suffered domestic violence.
- ☐ I have recently been held in custody or prison.
- ☐ I have recently been homeless.
- ☐ Other (give details)