

**HOUSING BENEFIT CLAIM FORM  
FOR A HOSTEL RESIDENT**

**Only a hostel resident making a new claim should use this claim form**

**SECTION 1**

**The person who is making the claim for Housing Benefit should complete this form**

I wish to claim Housing Benefit (tick box if you wish to claim)

☐

Title		National Insurance Number	
Last Name			
First Name		Date you moved in	
Date of Birth		How long have you lived in the UK?	

What is your income?	
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*Please provide proof of your income. If you do not have any proof, or you do not have any income, please complete the **No Proof Income Form** on Pages 3 and 4*

Do you have savings of £3000 or more?  
*(If 'yes' please provide proof)*

**Yes**

☐

**No**

☐

Are you a full time student?

**Yes**

☐

**No**

☐

Do you want Housing Benefit paid  
to your landlord?

**Yes**

☐

**No**

☐

- **I declare that the information given on this form is true and complete.**
- **I will tell the Housing Executive at once about any changes to the information I have given on this form**
- **I allow the Hostel Manager to enquire if a deduction will be made from my award of Housing Benefit at this address (either from a previous overpayment of Housing Benefit or from reduced entitlement to Housing Benefit)**

Applicant's signature		Date	
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Please give the name and address of any person who helped you to complete this form

Name	
Address	

**SECTION 2**

*The landlord should complete this section*

Resident's Name	
Room Number	
Address	

How much is the rent?

£

Is this charged

Daily

☐

Weekly

☐

Please list any service included in the rent:


***Declaration***

- I declare that the information given on this form is true and complete to my knowledge
- I understand that the person making this claim must complete a full Housing Benefit Claim Form if he/she remains resident for more than 9 weeks

Signature	
Date	
Print Name	
Job Title	

**NO PROOF OF INCOME FORM**

***Only residents who are unable to provide proof of income  
or do not receive an income should complete this form***

Name	
Address	
National Insurance Number	

Do you receive an income ?

Yes

☐

No

☐

*Please note that you may still claim Housing Benefit if you have no income*

What is your income?

How is your income paid?

Are you waiting for the outcome of a claim?

Yes

☐

No

☐

Has your claim been turned down?

Yes

☐

No

☐

*If you are waiting for the outcome of a claim, or your claim has been refused, please give details below*

Name of benefit claimed	
Date of claim	
Office dealing with the claim	
Reason benefit refused (If applicable)	

**NO PROOF OF INCOME FORM**

*Only residents who are unable to provide proof of income  
or do not receive an income should complete this form*

**STATE BENEFIT**

Name of Benefit	
Date paid to	
Address paid to	
Office dealing with your benefit	
Reason benefit ended	

**EARNINGS**

Name of your Employer
Date you stopped work

**ANY OTHER INCOME**

*Please give details*


Please use the space below if there is any other information you need to tell us about


**DECLARATION**

- I declare that the information I have given is correct and complete to the best of my knowledge
- I confirm that the details on the form are correct and have been read back to me  
(if someone else has completed this form on my behalf)
- I authorise the Housing Executive to make any necessary enquiries to verify the information I have given.

Applicant' signature		
Print Name		
Hostel Worker's Name	Date	