

Housing Benefit and Council Tax Benefit form



Name:		For office use only:	
Address you want to claim benefit for:		Reason for issue:	
Postcode:		Date of issue:	
Reference number:		Date received:	

Date you moved into the above property:

 / /

Do you (please tick one box):

pay rent to us? ☐

pay rent to a housing association? ☐

pay rent to a private landlord?
(This includes ground rent.) ☐

own the property? ☐

want to claim Second Adult
Rebate only? ☐

have an equity share or shared ownership?
(This means you own part of the property.) ☐

If you are claiming Second Adult Rebate, only fill in parts I, 6 and 9 of this form and form B.

Filling in the form

If you need help filling in this form, please ring 03450 450 061.

If you do not hear from us within two weeks please contact the office.

- 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 the questions by putting a tick in the relevant boxes. Do not put a cross in any boxes. If you answer a question with a cross, we will have to send the form back to you.
- If you do not fill in the form properly or if you do not provide the documents, it will take longer to deal with your claim. We have included a checklist in this form to help you.
- If you need more information or help, please contact us.
- You can also get help and advice from Citizens Advice on 0844 848 7979.

Returning this form

When you have filled in the form, sign it and send it to us with the proof we need to see. Use the envelope we have sent you, or you can bring the form and the proof to us at the office shown below. If you do not have all of the information or documents we need, **do not delay in returning this form**. Please provide all missing information within a month. If we do not receive the information within a month, we will assume you no longer want to claim.

How to contact us

By phone: 03450 450 061, 8am to 8pm Monday to Saturday.

In person at: South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA

Open: 8.30am to 5pm Monday to Friday

Email: benefits@scambs.gov.uk

Website: www.scambs.gov.uk

If you need this form in
another format, such as
large print; please contact
the office.



Phone the fraud hotline: 0800 731 1892

October 2009

Notes: Please read these carefully before you fill in the form.

When your claim will start

Your benefit will normally start the Monday after we receive your form. It may be possible to backdate your claim if you can show exceptional circumstances for not claiming earlier. If you would like us to consider backdating your claim, you should fill in part 6 of this form.

Saving and investments

If you, your partner or both of you have savings and investments of over £16,000, we cannot normally pay you benefit.

This does not apply if you are getting the guaranteed part of Pension Credit.

Proof

We need to see proof of some of the things you tell us about. There is a checklist at the end of this form to help you. If you are not sure if we need to see proof of something, please contact us. We will tell you what we need to see. We cannot pay benefit until we have seen the proof we have asked for. All documents must be original – we cannot accept photocopies.

Changes you must tell us about

You must tell us straight away if:

- anyone moves into or out of your home (including subtenants and boarders);
- you (or anyone living with you) change jobs or the number of hours worked;
- you move;
- your income or the income of anyone living with you changes, including benefit changes and tax credits;
- your capital, savings and investments change, or the capital, savings and investments of anyone living with you change;
- your rent changes;
- you or your partner are going to be away from the property for more than four weeks;
- you (or anyone living with you) become a student, start a youth training scheme, go into hospital or a nursing home, or go into prison;
- any of your children leave school or leave home; or
- anything you have told us about changes.

You must tell our benefits office in writing about these changes straight away. Do not rely on someone else to pass on the message. You must send original documents to support any changes.

If you do not tell us about the changes within **one month** of the date they happen, you may lose any extra benefit or we may ask you to repay any benefit you are not entitled to. It is an offence not to tell us about a change in your circumstances that affects benefit. We may take further action against you if we consider that you have committed an offence.

How can we collect and use information

We will use the information you give us on this form, and any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Benefit.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue & Customs, as allowed by law.

By law, we may check the information you have provided, or the information you provide about someone else, against other information we already have. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

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

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

We are the data controller for the purposes of the Data Protection Act 1998. If you want to know more about the information we have about you, or the way we use that information, you can ask.

Part I About you and your partner

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

By partner we mean your husband, wife or civil partner or someone who lives with you as if they were your husband, wife or civil partner.

No ☐ Yes ☐

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

	You	Your partner												
Last name	<input type="text"/>	<input type="text"/>												
Other names	<input type="text"/>	<input type="text"/>												
Title Mr, Mrs, Ms and other	<input type="text"/>	<input type="text"/>												
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>												
National Insurance number	<table><tr><td>Letters</td><td>Numbers</td><td>Letter</td></tr><tr><td><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/></td></tr></table>	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"/>	<table><tr><td>Letters</td><td>Numbers</td><td>Letter</td></tr><tr><td><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="text"/></td></tr></table>	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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Tell us any other names you have used.	<input type="text"/>	<input type="text"/>												
Your daytime phone number and email address	<input type="text"/>	<input type="text"/>												
If you have moved home in the last 12 months, tell us your last address.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
Did you own your previous home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>												
What is your nationality?	<input type="text"/>	<input type="text"/>												
1.2 Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands, Isle of Man in the last five years?	No <input type="checkbox"/> Please go to question 1.4. Yes <input type="checkbox"/> We may write to you about this.	No <input type="checkbox"/> Please go to question 1.4. Yes <input type="checkbox"/> We may write to you about this.												
If 'Yes', what date did you come to live in the UK? The UK is England, Northern Ireland, Scotland and Wales.	You <input type="text"/>	Your partner <input type="text"/>												
1.3 Are you an asylum seeker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>												

Part I About you and your partner – continued

	You	Your partner
1.4 Have you or your partner claimed Housing Benefit or Council Tax Benefit before?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div> What address did you claim for? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;">Postcode</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div> What address did they claim for? <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;">Postcode</div>
1.5 Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div> When do you expect to come out? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div> When do they expect to come out? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin-top: 5px;">/ /</div>
1.6 Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.7 Are you or your partner:	You	Your partner
• a full time student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• in legal custody?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• long-term sick or disabled and not able to work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.8 Do you or your partner have a severe learning disability, mental illness or form of dementia?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We will contact you if we need any more information.

Part 2 About benefits, pensions and other money coming in – continued

2.11 Disability Living Allowance
(for mobility)

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.12 Attendance Allowance

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.13 Carer's Allowance

No ☐
Yes ☐ Tell us who this is for.

£ every

Paid for:

No ☐
Yes ☐ Tell us who this is for.

£ every

Paid for:

2.14 Child Tax Credits

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.15 Working Tax Credits

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.16 Maintenance
(not paid for children)

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.17 Charitable and voluntary
payments

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

2.18 Student bursary, grant or
loan

No ☐
Yes ☐

£ every

No ☐
Yes ☐

£ every

Part 2 About benefits, pensions and other money coming in – continued

2.19 Income from a property you rent to tenants

No ☐
Yes ☐

No ☐
Yes ☐

£ every

£ every

Address of the property

2.20 Do you get any other income?

No ☐
Yes ☐ Give details below.

No ☐
Yes ☐ Give details below.

Type of income:

£ every

Type of income:

£ every

Type of income:

£ every

Type of income:

£ every

Type of income:

£ every

Type of income:

£ every

We must see proof of all the income you have told us about before we can decide how much benefit you can get. Read the checklist in part 8 to see what you can use as proof.

Part 3 About benefits, pensions and other income you have applied for

3.1 Have you or your partner applied for any income, benefits or pensions that you are waiting to hear about?

No ☐ Go to part 4.

Yes ☐ Tell us about what income you are waiting to hear about, then go to part 4.

	You	Your partner
Type of income (For example, Attendance Allowance.)	<div></div>	<div></div>
Date you applied	<div>/ /</div>	<div>/ /</div>
Type of income (For example, Attendance Allowance.)	<div></div>	<div></div>
Date you applied	<div>/ /</div>	<div>/ /</div>
Type of income (For example, Attendance Allowance.)	<div></div>	<div></div>
Date you applied	<div>/ /</div>	<div>/ /</div>

You must tell us when you receive this and send documents as proof.

Part 4 About working for an employer

	You	Your partner
4.1 Have you or your partner recently finished work?	No <input type="checkbox"/> Go to part 5. Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to part 5. Yes <input type="checkbox"/>
4.2 If 'Yes', what date did the employment end?	<div>/ /</div>	<div>/ /</div>
4.3 Are you owed any money from this employment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give details.	<div></div>	<div></div>

Part 5 Other things we need to know

- 5.1 Do you or your partner have any children living with you? No ☐ Yes ☐
If 'Yes', please fill in form A.
- 5.2 Does anyone else live with you and your partner or stay with you on a regular basis? No ☐ Yes ☐
If 'Yes', please fill in form B.
- 5.3 Do you or your partner work for an employer? (This includes if you are not able to work because you are ill.) No ☐ Yes ☐
If 'Yes', please fill in form C.
- 5.4 Are you or your partner self-employed? No ☐ Yes ☐
If 'Yes', please fill in form D.
- 5.5 Are you or your partner the director of a limited company? No ☐ Yes ☐
If 'Yes', please fill in form C.
- 5.6 Do you or your partner own or part own land or property (in the UK or abroad), other than the property you live in? No ☐ Yes ☐
If 'Yes', please fill in form E.
- 5.7 What is the total of all your and your partner's savings and investments? By this we mean all of your accounts, including current accounts, Premium Bonds, National Saving Certificates, shares and investments. £
This must not include overdrawn balances. If the total is over £10,000, please fill in form E.
- 5.8 Are you charged rent for your home? No ☐ Yes ☐
If 'Yes', go to question 5.9.
- 5.9 Are you charged rent by us? No ☐ Yes ☐
If 'No', please fill in form F.

Please read the checklist in part 8 to see what proof we will need.

Part 6 Backdating

We normally 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.

From what date would you like your benefit to start?

/ /

Tell us why you have not claimed before.

You should give us as much detail as possible to help us deal with your request.

If you are able to provide proof to support your request, this may help us when making a decision.

Part 7 Anything else you need to tell us

Part 7 Anything else you need to tell us – continued

Part 8 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 of 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 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, but will not be able to pay benefit until we have all the proof. If you do not provide the proof within a month, we will assume you no longer need to claim benefit.

	You	Your partner
Proof of identity Such as a birth certificate, a driving licence, a European Union identity card, a marriage certificate or a civil partnership certificate, a medical card, a passport, a UK residence permit, or a gas, electricity or water bill for the last three months. We need to see at least two of these documents for each person.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of National Insurance number Such as a National Insurance number card, benefit letters, a P60, a P45 or a printed payslip or pension slip with your employer's name and address on it.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of earnings (form C and D) This means your last five weekly, three fortnightly or two monthly payslips. If you do not have payslips or if your payslips are handwritten, get your employer to fill in the certificate of earnings included. If you are self-employed, provide your last set of accounts or other records showing your last financial year's income and spending (we may ask for proof to support this). If you have only recently started, provide your estimated income and spending for three months. Or, you can fill in the form included in form D.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of benefits and allowances Letters from the organisation who pay you this money.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of other income Such as pension slips from employers, a letter from the person or company you receive the money from, or a court letter showing maintenance payments. We need to see proof of all your income.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of capital, savings and investments (form E) If the total amount in all of your and your partner's accounts and investments in question 5.7 and form E is more than £10,000 (not including any overdraft facility), you must send us proof of this. Such as your last two months' full statements, a passbook which has been updated in the last two months, a certificate of Premium Bonds, National Savings Certificates, stocks and shares, ISAs and TESSAs.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of money paid out Such as letters, agreements or receipts from your registered childminder or nursery.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of private rent and tenancy (form F) Such as a rent card, receipts, a letter from your landlord or a current tenancy agreement. If you do not have any of these, get your landlord to fill in the confirmation of tenancy form. If you want payments to go to your landlord, make sure you and your landlord have filled in form F.	<input type="checkbox"/>	<input type="checkbox"/>
Declaration Make sure you now sign the declaration in part 9.		<input type="checkbox"/>

If you cannot provide some or all of the documents we need, please contact us for advice on 03450 450 061.

Part 9 Declaration

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

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, rent offices and other councils.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or make. You may give information to other government organisations, if the law allows this.
- I must always tell South Cambridgeshire District Council's Benefits Office in writing about any changes in my circumstances, as soon as possible.
- If I do not tell you about any changes in my circumstances and you pay me too much benefit because of this, I will have to pay the extra benefit back and you may take me to court.
- You may use any information I have provided to prevent and detect fraud. You may also share this information with other organisations responsible for dealing with public funds.

For further information, visit www.scambs.gov.uk/nfi, phone us on 03450 450061 or email fraud@scambs.gov.uk.

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

Signature of the
person claiming

Print
name

Date

Partner's signature

Print
name

Date

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

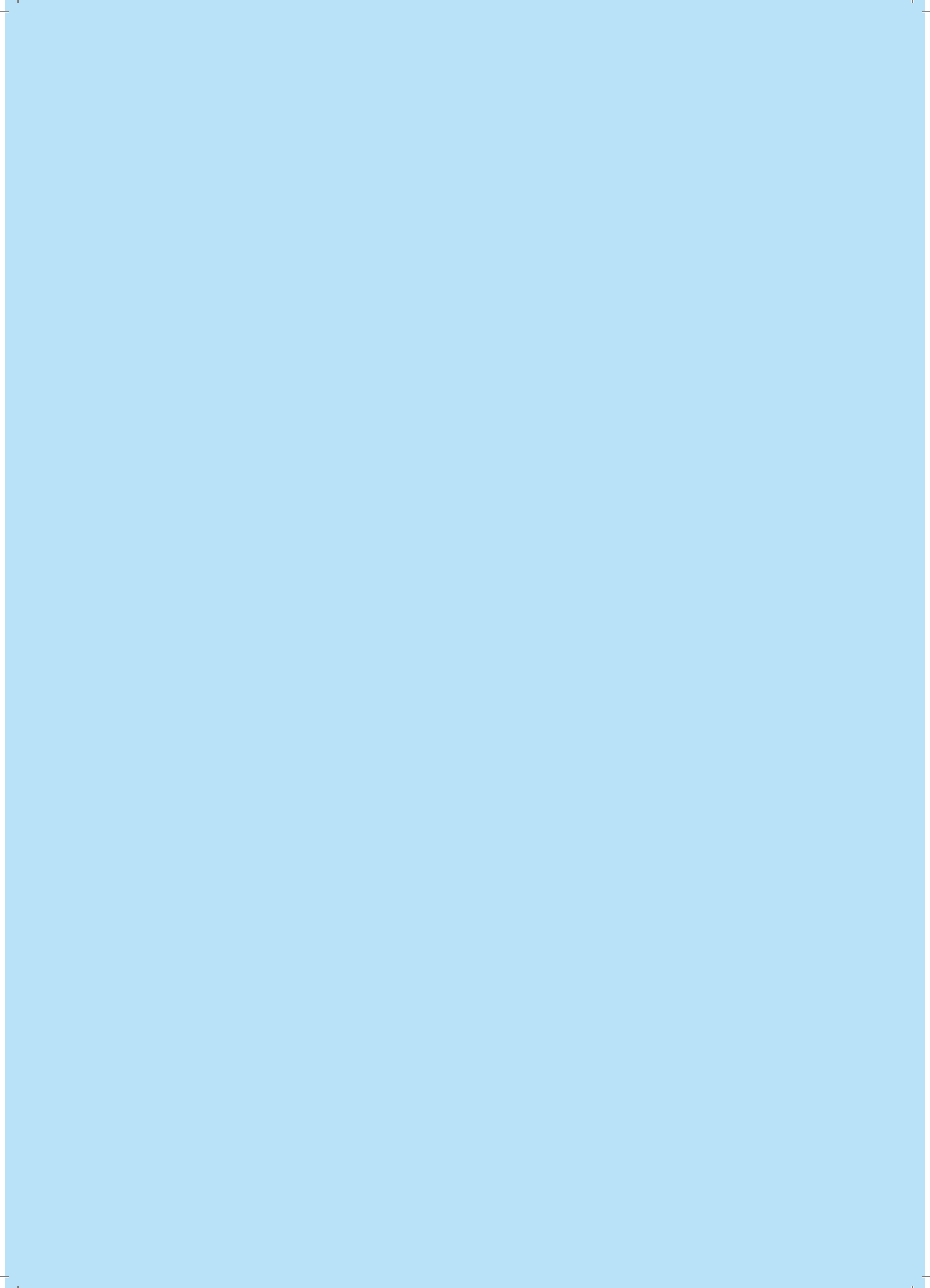
Please tell us why you are filling in this form for the person claiming.

Name of the person who filled
in the form

Signature of the person

Relationship to the person
claiming

Date



Equal opportunities



South
Cambridgeshire
District Council

We will use the information you provide on this form to help us make sure we are treating everyone equally. We will do this in line with the Data Protection Act 1998.

Your details

Name:

Address:

(Please tick the box below which best describes your ethnic background.)

White

British

☐

Irish

☐

Irish traveller

☐

Gypsy or Romany

☐

Any other white background (please say)

☐

Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Any other Asian background (please say)

☐

Black or black British

Caribbean

☐

African

☐

Any other black background (please say)

☐

Mixed

White and black Caribbean

☐

White and black African

☐

White and Asian

☐

Any other mixed background (please say)

☐

Chinese

☐

Any other ethnic background (please say)

☐

If you have a long-term illness, health problem or disability that limits your daily activities, please tick the relevant boxes.

Problems with sight

☐

Physical disability

☐

Problems with hearing

☐

Learning difficulties

☐

Frail and elderly

☐

Mental illness

☐

Other (please say)

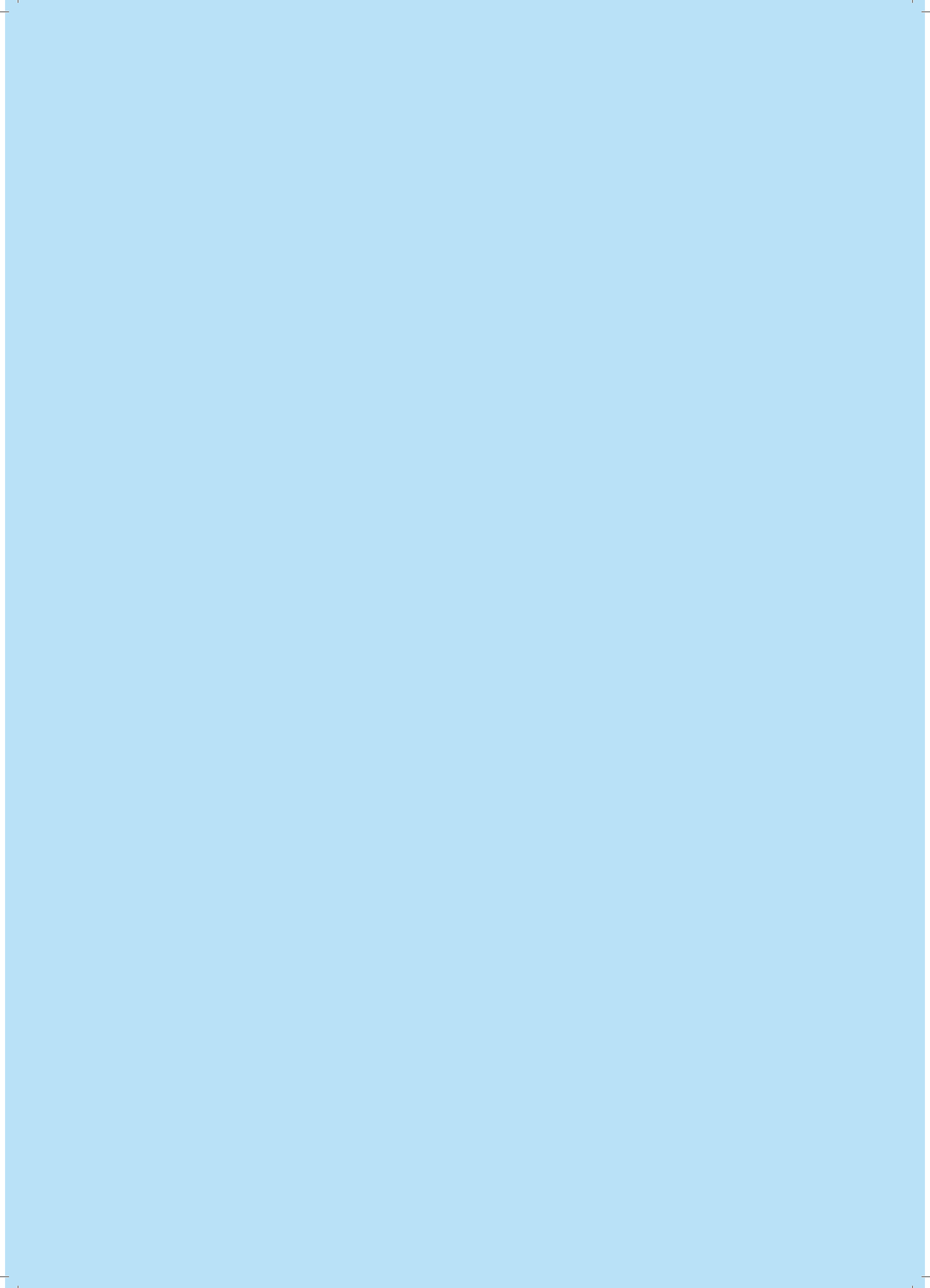
☐

Please send your filled-in form to the address below in the prepaid envelope provided.

South Cambridgeshire District Council, Cambourne Business Park,
Cambourne, Cambridge CB23 6EA

Phone: 03450 450 500

Thank you



National, Cambridgeshire and Peterborough bus pass form



South
Cambridgeshire
District Council

Use this form if you are aged 60 or over.

Please fill in this form using BLOCK CAPITALS.

Please send a passport-sized photograph with your application.

Please write your name on the back of the photograph.

Section A

Your details

Title: (Mr, Mrs, Miss, Ms, Dr and so on)

Last name

Other names (including middle names)

Date of birth
(see note one below)

Are you:

male?

☐

female?

☐

Address:

Postcode:

Phone number (including the dialling code)

Email address

Section B

Proof of where you live

If you can supply the following information, you do not need to send any other proof.

Council Tax account number:

Proof of entitlement

If you can supply the following information, you do not need to send any other proof of your identity or age.

Housing Benefit and Council Tax Benefit
reference number:

or

National Insurance number:

You do not have to give us this information, and you may provide other proof.

Your age: A photocopy of your driving licence, passport, birth certificate or current bus pass.

Where you live: A photocopy of a utility bill (gas, water or electricity) or an official letter in your name.

Note one

Your date of birth will not be shown on your bus pass, but we will store this information.

Please sign the declaration on the next page.

Section C

Declaration

I confirm that all information I have given is correct.You can check the information I have given against your records.

Your signature:

Date:

/

/

For office use only	Pass number	Photocard number	Expiry date	Replacement pass
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Please return this form to:

South Cambridgeshire District Council
South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA.

Phone: 03450 450 500

We are registered under the Data Protection Act 1998, which we keep to when we deal with your personal information. We may share your details with other public-sector organisations to prevent and detect fraud. We can send you more information about your rights under the Data Protection Act 1998, if you ask us to.

National/Cambridgeshire and Peterborough Bus Pass form



South
Cambridgeshire
District Council

Use this form if you are aged 60 or over.

Please fill in this form using BLOCK CAPITALS.

Please send a passport-sized photograph with your application.

Please write your name on the back of the photograph.

Section A

Your details

Title: (Mr, Mrs, Miss, Ms, Dr and so on)

Last name

Other names (including middle names)

Date of birth
(see note one below)

Are you:

male? ☐

female? ☐

Address:

Phone number (including the dialling code)

Email address

Section B

Proof of where you live

If you can supply the following information, you do not need to send any other proof.

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Proof of entitlement

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Your signature:

Date:

/

For office use only	Pass number	Photocard number	Expiry date	Replacement pass
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Please return this form to:

South Cambridgeshire District Council
South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA.

Phone: 03450 450 500

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