



INVESTORS IN PEOPLE
East of England

Housing Benefit and Council Tax Benefit form



South
Cambridgeshire
District Council

Name:		For office use only:
Address you want to claim benefit for:		
Postcode:	Reference number:	
Reason for issue:		
Date you moved into the above property: <input type="text"/> / <input type="text"/> / <input type="text"/>		Date of issue:
Do you (please tick one box):		Date received:
pay rent to us? <input type="checkbox"/>	pay rent to a housing association? <input type="checkbox"/>	
pay rent to a private landlord? <input type="checkbox"/> (This includes ground rent.)	own the property? <input type="checkbox"/>	
want to claim Second Adult Rebate only? <input type="checkbox"/>	have an equity share or shared ownership? <input type="checkbox"/> (This means you own part of the property.)	

Date you moved into the above property: / /

Do you (please tick one box):

- | | |
|--|--|
| pay rent to us? <input type="checkbox"/> | pay rent to a housing association? <input type="checkbox"/> |
| pay rent to a private landlord? <input type="checkbox"/>
(This includes ground rent.) | own the property? <input type="checkbox"/> |
| want to claim Second Adult Rebate only? <input type="checkbox"/> | have an equity share or shared ownership? <input type="checkbox"/>
(This means you own part of the property.) |

If you are claiming Second Adult Rebate, only fill in parts 1, 3, 13 and 16 of this form.

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 13 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. You must make sure you tell us about these changes. 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, Employment Service 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"/>
	Postcode	Postcode
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	Letters	Numbers	Letter	Letters	Numbers	Letter
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We cannot decide your claim if we do not have your National Insurance number.

Tell us any other names you have used.	<input type="text"/>	<input type="text"/>
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Your daytime phone number and email address	<input type="text"/>	<input type="text"/>
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You do not have to tell us this, but it may help us to deal with your claim more quickly.

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"/>
	Postcode	Postcode

Did you own your previous home? No Yes No Yes

What is your nationality?	<input type="text"/>	<input type="text"/>
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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
Please go to question 1.4.

Yes
We may write to you about this.

No
Please go to question 1.4.

Yes
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	Your partner
<input type="text"/>	<input type="text"/>

1.3 Are you an asylum seeker? No Yes No Yes

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; padding: 2px; text-align: center; width: 100%;">/ /</div> What address did you claim for? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Postcode	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">/ /</div> What address did they claim for? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Postcode
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; padding: 2px; text-align: center; width: 100%;">/ /</div> When do you expect to come out? <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">/ /</div> When do they expect to come out? <div style="border: 1px solid black; padding: 2px; text-align: center; width: 100%;">/ /</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"/>
• a student nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• an apprentice?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• on youth training?	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 children who live with you

2.1 Do you have any children living with you?

No

Go to part 3.

Yes

Please answer all the questions in this part, then go to part 3.

Tell us about all the children who you currently receive **Child Benefit** for and who normally live with you. (If you have more than four children, please add the details we have asked for below in part 14.)

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<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"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2 Who gets Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3 Are they in full-time education?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2.4 If they are over 15, when are they due to leave school?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5 Are they registered blind or getting Disability Living Allowance ?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2.6 Are they in hospital?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please give the date they went into hospital.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.7 Do you pay any childcare costs for this child? (For example, a childminder, a nursery or an after-school club.)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2.8 How much do you pay a week for childcare?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2.9 What is the name and registration number of the childminder?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.10 Do you receive maintenance for a child?	No <input type="checkbox"/>	No <input type="checkbox"/>		
	Yes <input type="checkbox"/> Tell us who this is for below.	Yes <input type="checkbox"/> Tell us who this is for below.		
	£ <input type="text"/> every <input type="text"/> Paid for: <input type="text"/>	£ <input type="text"/> every <input type="text"/> Paid for: <input type="text"/>		

We need proof of any **Child Benefit** and **Disability Living Allowance** you receive, and any childcare costs.

Part 3 About other people who live with you

3.1 Does anyone else live with you?

No

Go to part 4.

Tell us about anyone who has **not** been included in part 1 or part 2 and include people who stay with you.

Yes

Answer all the questions in this part. If you have more than four other people living with you, tell us about them in part 14.

	First person	Second person	Third person	Fourth person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<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="/ /"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For example, aunt, brother, father, grandson, friend or joint owner or joint tenant.				
How often do they stay?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Do they get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit?

No

No

No

No

Yes

Yes

Yes

Yes

3.3 Do they get Disability Living Allowance or Attendance Allowance, or are they registered blind?

No

No

No

No

Yes

Yes

Yes

Yes

3.4 Are they a full-time student, a student nurse, a care worker, an apprentice or on a training scheme?

No

No

No

No

Yes

Yes

Yes

Yes

3.5 Do they have a severe learning disability, mental illness or form of dementia?

No

No

No

No

Yes

Yes

Yes

Yes

3.6 Are they in legal custody at the moment?

No

No

No

No

Yes

Yes

Yes

Yes

3.7 Do they own or part own the property you live in?

No

No

No

No

Yes

Yes

Yes

Yes

3.8 Are any of the people who normally live with you married or living together as if they were married?

No

Yes

Tell us their names.

is the partner of

Part 3 About other people who live with you – continued

	First person	Second person	Third person	Fourth person
3.9 Are they in hospital at the moment?	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"/> Yes <input type="checkbox"/>
3.10 When did they go in?	/ /	/ /	/ /	/ /
3.11 When are they expected to come out?	/ /	/ /	/ /	/ /
3.12 Do they pay you rent?	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"/> Yes <input type="checkbox"/>
3.13 If so, how much do they pay you each week?	£	£	£	£
3.14 Does this include any services? If 'Yes', please say what it includes (for example, meals, heating, lighting and hot water).	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"/> Yes <input type="checkbox"/>
3.15 Do they normally work 16 hours or more a week?	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"/> Yes <input type="checkbox"/>
3.16 What are their total weekly earnings before any deductions such as tax and National Insurance?	£	£	£	£
3.17 Do they have any other income? This includes pensions and benefits.	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"/> Yes <input type="checkbox"/>
3.18 What is their total weekly income (not including earnings) before deductions such as tax and National Insurance?	£	£	£	£
3.19 Do they have any savings?	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"/> Yes <input type="checkbox"/>
If so, how much interest do they get each year?	£	£	£	£

We must see proof of any income or savings you have told us about in this section before we can decide how much benefit you can get. Read the checklist in part 15 to see what you can send as proof.

Part 4 About benefits, pensions and other money coming in

Do you or your partner receive any of the following?

If you answer 'Yes' to any of these questions, please say how much and how often you receive it.

	You	Your partner
4.1 Contribution-based Employment and Support Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.2 Income-related Employment and Support Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.3 Income Support	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.4 Income-based Jobseeker's Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.5 Contribution-based Jobseeker's Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.6 Widow's Pension	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.7 War Widow's Pension	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.8 Private or work pensions	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every
4.9 Incapacity Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> £ every

Part 4 About benefits, pensions and other money coming in – continued

4.10	Severe Disability Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.11	Industrial Injuries Disablement Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.12	Disability Living Allowance (for care)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.13	Disability Living Allowance (for mobility)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.14	Carer's Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us who this is for.	<input type="text"/> £ <input type="text"/> every <input type="text"/> Paid for: <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us who this is for.	<input type="text"/> £ <input type="text"/> every <input type="text"/> Paid for: <input type="text"/>
4.15	Working Tax Credits	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.16	Child Tax Credits	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.17	Maintenance (not paid for children)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>
4.18	Statutory Sick Pay	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	£ <input type="text"/> every <input type="text"/>

Part 4 About benefits, pensions and other money coming in – continued

4.19 Statutory Maternity Pay, Statutory Paternity Pay or Statutory Adoption Allowance

No
Yes

£ every

No
Yes

£ every

4.20 Charitable and voluntary payments

No
Yes

£ every

No
Yes

£ every

4.21 Student bursary, grant or loan

No
Yes

£ every

No
Yes

£ every

4.22 Income from a property you rent to tenants

No
Yes

£ every

No
Yes

£ every

Address of the property

4.23 Do you get any other income?

No
Yes Give details below.

Type of income:

£ every

Type of income:

£ every

Type of income:

£ every

No
Yes Give details below.

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 15 to see what you can use as proof.

Part 5 About benefits, pensions and other income you have applied for

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

No Go to part 6a.

Yes Tell us about what income you are waiting to hear about, then go to part 6a.

	You	Your partner
Type of income (For example, tax credits.)		
Date you applied	/ /	/ /
Type of income (For example, tax credits.)		
Date you applied	/ /	/ /
Type of income (For example, tax credits.)		
Date you applied	/ /	/ /

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

Part 6a About working for an employer

	You	Your partner
6.1 Have you or your partner recently finished work?	No <input type="checkbox"/> Go to 6b. Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to 6b. Yes <input type="checkbox"/>
6.2 If 'Yes', what date did the employment end?	/ /	/ /
6.3 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.		

Part 6b About working for an employer – continued

	You	Your partner
6.4 Do you or your partner work for an employer?	No <input type="checkbox"/> Go to part 7. Yes <input type="checkbox"/> Answer all the questions in this part.	No <input type="checkbox"/> Go to part 7. Yes <input type="checkbox"/> Answer all the questions in this part.
6.5 What is your job title?	<input type="text"/>	<input type="text"/>
6.6 What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6.7 When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
6.8 Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
6.9 If 'Yes', what period are you employed for?	from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
6.10 How many hours do you usually work each week?	<input type="text"/>	<input type="text"/>
6.11 How much do you get paid?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
6.12 When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
6.13 How are you paid? (For example, cash, cheque or BACS.)	<input type="text"/>	<input type="text"/>
6.14 Are you paid commission or bonuses?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide details in part 14.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide details in part 14.
6.15 Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
6.16 If 'Yes', how much do you pay?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
6.17 Are you getting Statutory Sick Pay or Statutory Maternity Pay from your employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
6.18 Are you getting any other sick pay or maternity pay from your employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We must see proof of any earnings and payments into a pension fund before we can decide how much benefit you can get. Read the checklist in part 15 to see what you can use as proof.

Part 7 About being self-employed

If your business is a limited company, please fill in section 6. If not, go to 7.1.

	You	Your partner
7.1 Are you or your partner self-employed?	No <input type="checkbox"/> Go to part 8. Yes <input type="checkbox"/> Answer all the questions in this part.	No <input type="checkbox"/> Go to part 8. Yes <input type="checkbox"/> Answer all the questions in this part.
7.2 What kind of work do you do?	<input type="text"/>	<input type="text"/>
7.3 When did you start trading?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
7.4 What is the trading name and business 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"/>
7.5 Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
7.6 If 'Yes', what is your share?	<input type="text"/> %	<input type="text"/> %
7.7 How many hours do you usually work each week?	<input type="text"/>	<input type="text"/>
7.8 Do you receive a Business Start-Up Allowance or an Enterprise Support Allowance? (For example, from the Prince's Trust.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
7.9 Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
7.10 If 'Yes', how much do you pay?	£ <input type="text"/>	£ <input type="text"/>
7.11 Do you pay National Insurance contributions?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We must see proof of your self-employed income, expenses and any pension contributions before we can decide how much benefit you can get.
Read the checklist in part 15 to see what you can use as proof.

Part 9 About capital, savings and investments

Please include **all** of your accounts (including current accounts), regardless of how much is in them.

	You	Your partner
9.1 Do you or your partner have any bank, building society or post office accounts? If you or your partner have more than five accounts, tell us about them in part 14.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of the bank, building society and so on	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>
Name of the bank, building society and so on	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>
Name of the bank, building society and so on	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>
Name of the bank, building society and so on	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>
Name of the bank, building society and so on	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>

Please read the checklist in part 15 to see what proof we will need.

Part 9 About capital, savings and investments – continued

	You	Your partner
9.2 Do you or your partner have any Premium Bonds?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What are their value?	£ <input type="text"/>	£ <input type="text"/>
9.3 Do you or your partner have any stocks, shares, bonds or unit trusts?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Company name	<input type="text"/>	<input type="text"/>
How many?	<input type="text"/>	<input type="text"/>
Value	£ <input type="text"/>	£ <input type="text"/>
9.4 Do you or your partner have any National Savings Certificates?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please tell us the following information.	Date issued <input type="text"/>	Date issued <input type="text"/>
	Price you paid <input type="text"/>	Price they paid <input type="text"/>
9.5 Do you or your partner own or part own land or property (in the UK or abroad), other than the property you live in? Such as mobile homes, chalets, timeshares and so on. If you do, we will write to you for more information.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is the address?	<input type="text"/>	<input type="text"/>
Current estimated value	£ <input type="text"/>	£ <input type="text"/>
Mortgage left to pay	£ <input type="text"/>	£ <input type="text"/>
9.6 Do you or your partner have any other savings? (This includes money 'in trust'.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Current estimated value	£ <input type="text"/>	£ <input type="text"/>

If you need more space, please use part 14.

Please read the checklist in part 15 to see what proof we will need.

Part 10 About rent

10.1 **Are you charged rent for your home?** No Go to **part 13**. Yes Answer the next question.

10.2 **Are we your landlord?** No Answer the next question. Yes Go to **part 13**.

10.3 **What is your landlord's name and address?**
By landlord we mean the person or organisation that owns the property you live in.

Postcode

10.4 **If your landlord has an agent, tell us their full name and address.**
By agent we mean the person or organisation you actually pay rent to.

Postcode

10.5 **Are you, your partner or your children related to your landlord?** No
A relative can be a parent, son, daughter, sister, brother, parent-in-law, son-in-law, daughter-in-law, step-parent, stepson, stepdaughter, husband, wife, partner, ex-husband, ex-wife or ex-partner. A partner includes a civil partner or a person you live with as if you were civil partners. Ex-partner includes where a civil partnership has ended or a person you used to live with as if you were civil partners. Yes

If 'Yes', please give details.

10.6 **Have you or your partner ever owned or part owned the property you are living in?** No
Yes We will write to you about this.

10.7 **What sort of tenancy do you have?**
(You can find this information in your tenancy agreement.)

Housing association
Regulated
Equity share or shared ownership

Shorthold
Site rent

Percentage owned %

Other (please say)

10.8 **When did the tenancy start?**

/ /

10.9 **When did you move in?**

/ /

10.10 **How long is the tenancy for?**

10.11 **Was your last tenancy with the same landlord?**

No
Yes

10.12 **How much is your rent?** £

Every
(week, fortnight, four weeks or month)

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

/ /

10.14 **Does anyone else share the rent with you or your partner?**

No
Yes

Tell us their names.

We must see proof of your rent and tenancy before we can decide how much benefit you can get.
Read the checklist in part 15 to see what you can use as proof.

Part 10a About rent – continued

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

No

Yes You will need to provide the current registration document.

10.16 Do you have any weeks that you do not have to pay rent?

No

Yes How many and when are they?

10.17 Does your rent include any services?

No Yes Please tick all that apply.

Council tax

Heating

Lighting

Laundry

Breakfast

Cleaning

Counselling

Water rates

Cooking fuel

Hot water

Evening meal

Lunch

Personal care

Other (please give details)

10.18 Does your rent include a charge for a parking space or garage?

No

Yes Can you choose to rent this separately?

No

Yes

10.19 Do you use your home for business?

No

Yes

10.20 Do you have a home elsewhere?

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

No

Yes Please provide the property address below.

10.21 Do you have any rent arrears? (Rent you owe.)

No

Yes How much?

£

10.22 Who do you want your benefit paid to?

We may not be able to pay your landlord. See section 11 for details.

You

Your landlord

You and your landlord must fill in part 17.

BACS payment details

Name of the account holder

Name of the bank or building society

Address of the bank or building society

Sort code

Account number

Part 11 Local Housing Allowance

Important.

You do **not** need to fill in this page if you:

- are a council or housing association tenant;
- live in a caravan, houseboat, mobile home or hostel;
- are a tenant of a charity or voluntary organisation who also provide support services; or
- are a private tenant and your tenancy began before January 1989.

This is **not** a full list of tenancy types that are not included under the Local Housing Allowance (LHA) scheme.

Local Housing Allowance scheme is the way we work out the maximum amount of Housing Benefit you could get.

From 7 April 2008, most people who rent from a private landlord and make a new claim for Housing Benefit will be dealt with under the LHA scheme.

If you are affected by this scheme, your Housing Benefit will be paid straight into your bank or building society account. This means that **you** are responsible for paying your rent to your landlord.

There are very few times when we will pay your benefit straight to your landlord. We will only do this if we think you will have difficulty managing your rent, if you are eight or more weeks behind with your rent, or if we do not think that you will pay your rent. We will make a decision on every case individually and may ask you to provide us with reasons and proof of why we should pay your landlord.

Are there any exceptional circumstances that would stop us from paying your Housing Benefit into your or your partner's bank account?

- No** You or your partner will receive your Housing Benefit.
- Yes** (Please show what your exceptional circumstance is by ticking only **one** box below.)
- We cannot pay our rent because we don't manage money very well.
- We cannot pay our rent because we have personal or medical difficulties.

We will send you a separate form for more information.

For more information about the LHA scheme go to www.scambsgov.uk.

If you have a specific question about the LHA scheme, email lha.benefits@scambsgov.uk.

If you do not have access to a computer please tick this box for more information.

We must see proof of your rent and tenancy before we can decide how much benefit you can get.
Read the checklist in part 15 to see what you can use as proof.

Part 12 About where you live

- 12.1 **What sort of building do you live in?**
- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| A room or rooms | <input type="checkbox"/> | A semi-detached house | <input type="checkbox"/> |
| A flat over a shop | <input type="checkbox"/> | A semi-detached bungalow | <input type="checkbox"/> |
| A terraced house | <input type="checkbox"/> | A room in a hostel | <input type="checkbox"/> |
| A terraced bungalow | <input type="checkbox"/> | A flat in a block | <input type="checkbox"/> |
| A caravan or mobile home | <input type="checkbox"/> | A detached house | <input type="checkbox"/> |
| A flat in a house | <input type="checkbox"/> | A detached bungalow | <input type="checkbox"/> |
| Other (please give details) | <input type="checkbox"/> | | |

12.2 **How many floors are there in the property?**

12.3 **Which floors do you live on?**

12.4 **If you rent a room, where is it in the property?** Front Centre Back

12.5 **Does the property have central heating?** No Yes

12.6 **Is your home:** Fully furnished Partly furnished Unfurnished

12.7 **How many rooms are there?**

	In the whole building	Used only by you and your family	Shared with other people
--	-----------------------	----------------------------------	--------------------------

Living rooms			
Bedrooms			
Bedsits			
Kitchens			
Bathrooms			
Separate toilets			
Other rooms			

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist in part 15 to see what you can use as proof.

Part 13 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 14 Anything else you need to tell us

Part 14 Anything else you need to tell us – continued

Part 15 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 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 with this form. 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.	<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 If the total amount in all of your and your partner's accounts and investments in part 9 is more than £6000 (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 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 part 17 .	<input type="checkbox"/>	<input type="checkbox"/>
Declaration		<input type="checkbox"/>

Make sure you now sign the declaration in part 16.

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

Part 16 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 more information visit www.scambsgov.uk/nfi, phone us on **03450 450061** or email fraud@scambsgov.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

Part 17 About paying Housing Benefit and Council Tax Benefit

If you want us to pay benefit straight to your landlord, you must sign this declaration. However, we may not be able to do this. Please see section 11 for more information.

Please pay my Housing Benefit straight to my landlord.

Your signature:

Date:

Now ask your landlord or their representative to sign this agreement.

Landlord's signature:

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any changes in my tenant's circumstances, and if I do not tell you, you may take me to court;
- you can stop paying benefit to me if I do not tell you about any changes in my tenant's circumstances; and
- if you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the benefit I get for other tenants. This will not affect their rent.

Landlord BACS payment details

Name of account holder

Name of bank or building society

Address of the bank or building society

Sort code

Account number

Landlord's signature:

Date:

Sharing information with your landlord or agent

Sometimes, sharing information with your landlord helps us deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We can only share information with your landlord if you have agreed that we can pay your Housing Benefit straight to your landlord or agent, or you agree to allow us to share information with your landlord or agent, but want payments made to you.

Under the Data Protection Act 1998 we need your permission to share information.

If you give permission, we would be able to tell your landlord or agent:

- whether or not we had a claim and, if so, if we have made a decision on your claim; and
- if we need more information to make a decision on your claim, and what that information is.

There may be information we need to check with your landlord, such as the date your tenancy started.

We will not give your landlord or agent any information about your personal or household circumstances or your financial circumstances.

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you want to give your permission for us to discuss your claim with your landlord, please sign below.

I give you permission to share information about my Housing Benefit claim with my landlord or their representative.

Your signature:

Date:

Confirmation of tenancy

**Benefits Section
South Cambridgeshire District Council
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA**



**South
Cambridgeshire
District Council**

Your landlord or agent must fill in this section if you do not have proof of your tenancy or the amount of rent you pay.

Your name
and address

	Phone number:
--	---------------

Are you the owner of the property?

No

If 'No', in what role do you act?

Yes

Name and address of the owner (if different from above)

	Phone number:
--	---------------

Tenant's name and address

	Phone number:
--	---------------

What date did the tenancy start?

What date did they move in?

How much is the tenant's rent?

How often is it due?

Is the tenant a joint tenant?

No

Yes

If 'Yes', how many tenants are there?

How much is the rent for the whole property?

 every

Does the rent include any services? No Yes If 'Yes', please say which services and give the amount.
(For example, providing meals.)

Does the tenant have any rent-free weeks? No Yes If 'Yes', how many?

Are you or your partner related to
the tenant or their family?

No

Yes

If 'Yes', please give the relationship.

Declaration: I confirm that the information above is correct and complete. I also understand that if I give any false information or if I do not tell you about any changes in their circumstances, I may be prosecuted.

Your signature:

Date:

Certificate of earnings



South
Cambridgeshire
District Council

Employee's name:

Employee's address:

Please ask your employer to fill in the details of your earnings below. When they have done this, please return it to the following address.

Finance and Support Services
South Cambridgeshire District Council
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA

To the employer

Please fill in this form as soon as possible and return it to your employee or to us at the address shown above. If this person has just joined you, please give an estimate of their earnings. Thank you for your help.

Date they started working for you		Number of hours they work each week					
	DD	MM	YY	Gross	Tax	National Insurance	Pension
Week or month ended							
Week or month ended							
Week or month ended							
Week or month ended							
Week or month ended							
Gross pay to date at week or month							
Date of next pay rise				Payroll number			
National Insurance number				How often are they paid?			
How are they paid?	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/> Bank account number:						
Signature of employer:	Date:			Firm's official stamp			
Job title:							
Business address:							

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

