



East
Northamptonshire
Council

Housing Benefit and Council Tax Support claim form



www.east-northamptonshire.gov.uk/benefits

Name:

Do you own your own home?

Apply for Council Tax Support only.

Address:

Are you a single person of pensionable age who has to pay Council Tax and you have a person over 18 living with you?

Apply for Second Adult Rebate.

Fill in parts 1, 3 and 17 only.

..... Postcode:

(include your flat or room number if you have one)

Do you rent the home you live in?

Apply for Housing Benefit and Council Tax Support.



Speeding up your claim – please ensure you:

- Contact us as soon as possible if you need help in completing this form
- Don't miss any questions as this **WILL** delay your claim
- Get proof of postage if returning by post



We need to see proof of some of the things you tell us about.

Where you see this symbol you need to provide us with proof.

We must see **original documents**, not copies. **Do not delay in returning this form, refer to the bottom of page 23 for further information!**

If you do not show us 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.



Do not delay sending back this form. You have **one calendar month** to return your completed form, **failure to do so will mean the claim process will have to start again and as a consequence you could possibly lose benefit!**

If you do not receive a reply to this claim form within one month, phone the benefit office on **01832 742097**.

Are you applying for:

	Yes	No		Yes	No		Yes	No
Housing Benefit?	<input type="checkbox"/>	<input type="checkbox"/>	Council Tax Support?	<input type="checkbox"/>	<input type="checkbox"/>	Second Adult Rebate?	<input type="checkbox"/>	<input type="checkbox"/>

For our office use only



Benefit reference number:	
Council Tax account number:	
Property reference number:	
Rent reference number:	
Creditor reference number:	(C) (L)

Date of issue	Completed date	Effective date	Completed by	Proof of identification
Verified by		Checked by		

Part 1 - About you and your partner

Do you have a partner who normally lives with you?

We use partner to mean:

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

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, Miss, Ms)	<input type="text"/>	<input type="text"/>
Address This is your main home.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
What date did you move into this address?	<div> <div>D</div> <div>D</div> <div></div> <div>M</div> <div>M</div> <div></div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div></div> <div>M</div> <div>M</div> <div></div> <div>Y</div> <div>Y</div> </div>
Date of birth (D.O.B.)	<div> <div>D</div> <div>D</div> <div></div> <div>M</div> <div>M</div> <div></div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div></div> <div>M</div> <div>M</div> <div></div> <div>Y</div> <div>Y</div> </div>
	Letters Numbers Letter	Letters Numbers Letter
National Insurance number	<input type="text"/>	<input type="text"/>
Tell us any other names you have used	<input type="text"/>	<input type="text"/>
Your daytime phone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
What is your preferred method of contact?	<input type="text"/>	<input type="text"/>
	<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 this property	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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?

What date did you last arrive in the UK?

The UK is England, Northern Ireland,
Scotland and Wales

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>		
If 'Yes', answer the next question					
D	D	M	M	Y	Y



Proof - we need to see at least two original documents as proof of your identity and your partner's identity (if you have one).

We will accept documents such as:

- a passport • a birth certificate • a driving licence • a marriage certificate
 • a national identity card • a letter from your social worker or doctor • a P45 or P60
 • recent bank or building society statements • a gas/electricity/water bill • a letter from Jobcentre Plus
 • a letter from the Department for Work and Pensions • a letter from HM Revenue and Customs
 • a letter from The Pension Service • a letter from your solicitor

We need to see one original document as proof of you National Insurance number, and that of your partner (if you have one). We will accept documents such as:

- a National Insurance number card (RD3)
- a letter from the Department for Work and Pensions
- a P45 or P60
- payslips or salary slips
- a letter from HM Revenue and Customs
- a letter from The Pensions Service

Part 1 - About you and your partner - continued

Do you have recourse to public funds?

For example, are you allowed to claim benefits including Income Support, Housing Benefit, Child Tax Credit or Council Tax Support

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

Are you or your partner in hospital at the moment?

Does anyone get Carers Allowance for looking after you or your partner?

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

Please tick if you or your partner are:

You

No ☐ Yes ☐

No ☐ Yes ☐

If 'Yes', When did you claim?

What address did you claim for?

Postcode

No ☐ Yes ☐

If 'Yes', when did you go in?

When do you expect to come out?

No ☐ Yes ☐

No ☐ Yes ☐

- ☐ a student nurse
- ☐ an apprentice
- ☐ on youth training
- ☐ in legal custody
- ☐ severely mentally impaired
- ☐ registered blind
- ☐ long-term sick or disabled and cannot work
- ☐ a member of a religious community
- ☐ under 22 years old and have recently left care

Your partner

No ☐ Yes ☐

No ☐ Yes ☐

If 'Yes', When did you claim?

What address did they claim for?

Postcode

No ☐ Yes ☐

If 'Yes', when did they go in?

When do they expect to come out?

No ☐ Yes ☐

No ☐ Yes ☐

- ☐ a student nurse
- ☐ an apprentice
- ☐ on youth training
- ☐ in legal custody
- ☐ severely mentally impaired
- ☐ registered blind
- ☐ long-term sick or disabled and cannot work
- ☐ a member of a religious community
- ☐ under 22 years old and have recently left care

Part 2 - About children

You may be able to get extra benefit for children if they normally live with you and they are:

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

Do you want to claim for any children? No ☐ Go to **Part 3** Yes ☐ see below

If 'Yes', tell us about the children you want to claim for. If you want to claim for more than three children, please use a separate sheet of paper. If you are sending a separate sheet of paper, please tick this box ☐

First child

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

Sex: Male ☐ Female ☐

Child's relationship to you

Who gets the
Child Benefit for them?

Is the child registered blind or
getting Disability Living Allowance?

No ☐ Yes ☐

Do you pay any childcare costs for
this child? (eg, to a childminder,
nursery or after-school club).

No ☐ Yes ☐

Tell us the name, address and
registration number of the childminder.

How much do you pay? How often?

£ . Every

Is the childcare for term-time only?

No ☐ Yes ☐

Second child

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

Sex: Male ☐ Female ☐

Child's relationship to you

Who gets the
Child Benefit for them?

Is the child registered blind or
getting Disability Living Allowance?

No ☐ Yes ☐

Do you pay any childcare costs for
this child? (eg, to a childminder,
nursery or after-school club).

No ☐ Yes ☐

Tell us the name, address and
registration number of the childminder.

How much do you pay? How often?

£ . Every

Is the childcare for term-time only?

No ☐ Yes ☐

Third child

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

Sex: Male ☐ Female ☐

Child's relationship to you

Who gets the
Child Benefit for them?

Is the child registered blind or
getting Disability Living Allowance?

No ☐ Yes ☐

Do you pay any childcare costs for
this child? (eg, to a childminder,
nursery or after-school club).

No ☐ Yes ☐

Tell us the name, address and
registration number of the childminder.

How much do you pay? How often?

£ . Every

Is the childcare for term-time only?

No ☐ Yes ☐



Proof - we need to see proof of the child benefit you receive, for example, a letter from HM Revenue and Customs or payments received into your bank account.

We need to see proof of the child care payments you make, for example, a letter/invoice from your child care provider.

We need to see proof of the Disability Living Allowance your child receives.

Part 3 - About other people who live with you

Do any adults normally live with you and your partner?

By **adults**, we mean people over 16 who you don't get Child Benefit for.

No ☐ Go to **Part 4** **Yes** ☐ Tell us about all the adults, who usually live with you. Do not include your partner, landlord or joint tenants. If you want to tell us about more than three people, use a separate piece of paper. Tick here if you are doing this ☐

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

No ☐ **Yes** ☐

If 'Yes', tell us their names

is the partner of

is the partner of

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

First person

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

National Insurance number

Letters Numbers Letter

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

Their relationship to you

eg, aunt, brother, friend, etc

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

No ☐ Yes ☐

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

No ☐ Yes ☐

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

No ☐ Yes ☐

Do they pay rent to you or your partner?

No ☐ Yes ☐

Second person

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

National Insurance number

Letters Numbers Letter

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

Their relationship to you

eg, aunt, brother, friend, etc

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

No ☐ Yes ☐

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

No ☐ Yes ☐

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

No ☐ Yes ☐

Do they pay rent to you or your partner?

No ☐ Yes ☐

Third person

Last name

Other names

D.O.B.

D	D	M	M	Y	Y
---	---	---	---	---	---

National Insurance number

Letters Numbers Letter

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

Their relationship to you

eg, aunt, brother, friend, etc

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

No ☐ Yes ☐

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

No ☐ Yes ☐

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

No ☐ Yes ☐

Do they pay rent to you or your partner?

No ☐ Yes ☐

Part 3 - About other people who live with you - continued

First person

Are they in legal custody at the moment?

No ☐ Yes ☐

If 'Yes', when are they expected to come out?

D D M M Y Y

Are they in hospital at the moment?

No ☐ Yes ☐

If 'Yes', when did they go in?

D D M M Y Y

When are they expected to come out?

D D M M Y Y

Do they normally work for 16 hours or more a week?

No ☐ Yes ☐

If 'Yes', tell us their earnings before deductions for things like tax and National Insurance.

£ . We need to see proof of their earnings.

Name and address of their employer

Postcode

Do they have any other income at all? (This includes interest from savings in banks, building societies and post offices and stock and shares)

No ☐ Yes ☐

If 'Yes', tell us their other income before deductions for things like tax and National Insurance.

£ .

Second person

Are they in legal custody at the moment?

No ☐ Yes ☐

If 'Yes', when are they expected to come out?

D D M M Y Y

Are they in hospital at the moment?

No ☐ Yes ☐

If 'Yes', when did they go in?

D D M M Y Y

When are they expected to come out?

D D M M Y Y

Do they normally work for 16 hours or more a week?

No ☐ Yes ☐

If 'Yes', tell us their earnings before deductions for things like tax and National Insurance.

£ . We need to see proof of their earnings.

Name and address of their employer

Postcode

Do they have any other income at all? (This includes interest from savings in banks, building societies and post offices and stock and shares)

No ☐ Yes ☐

If 'Yes', tell us their other income before deductions for things like tax and National Insurance.

£ .

Third person

Are they in legal custody at the moment?

No ☐ Yes ☐

If 'Yes', when are they expected to come out?

D D M M Y Y

Are they in hospital at the moment?

No ☐ Yes ☐

If 'Yes', when did they go in?

D D M M Y Y

When are they expected to come out?

D D M M Y Y

Do they normally work for 16 hours or more a week?

No ☐ Yes ☐

If 'Yes', tell us their earnings before deductions for things like tax and National Insurance.

£ . We need to see proof of their earnings.

Name and address of their employer

Postcode

Do they have any other income at all? (This includes interest from savings in banks, building societies and post offices and stock and shares)

No ☐ Yes ☐

If 'Yes', tell us their other income before deductions for things like tax and National Insurance.

£ .



Proof - we need to see original documents as proof of the income of the adults who live with you. If they are working, we must see their five most recent weekly payslips or two monthly salary slips.

If they have other income such as pensions, benefits, allowances or tax credits, we need to see proof, such as a letter from Jobcentre Plus, HM Revenue and Customs or the Department for Work and Pensions. We may contact these other government departments to confirm their income. If they have savings and investments, we need to see the proof, such as their last two bank and building society statements and post office savings books.

Part 4 - About Income Support, income-based Jobseeker's Allowance, Pension Credit and income related Employment Support Allowance

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

No ☐ Go to **Part 5** Yes ☐ Answer both the questions in this part, then go to **Part 7**

Are you or your partner getting Income Support, income-based Jobseeker's Allowance, Pension Credit or Employment Support Allowance at the moment?

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

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', when did you start getting it?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', When did you claim?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y

Your partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', when did they start getting it?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', When did they claim?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y



Proof - we need to see proof of Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance, such as a letter from the Department for Work and Pensions or Jobcentre Plus.

Part 5 - About working for an employer

Do you or your partner work for an employer?

No ☐ Go to **Part 6** Yes ☐ Answer the questions on this page. If you work for more than one employer, tell us about all the employers on another piece of paper and send it with this form.
If you are sending a separate sheet of paper, tick this box ☐

What kind of work do you do?

What is your employer's name and address?

What is your payroll, employee or staff number?

When did you start this job?

Are you employed for a limited time?

How often do you get paid?

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

When was your last payrise?

How many hours a week do you work?

You	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	
<input type="text"/>	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes' when will you finish?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Every <input type="text"/>	
£ <input type="text"/> . <input type="text"/>	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<input type="text"/>	

Your partner	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	
<input type="text"/>	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes' when will you finish?	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Every <input type="text"/>	
£ <input type="text"/> . <input type="text"/>	
<input type="text"/> D <input type="text"/> D	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<input type="text"/>	

Part 5 - About working for an employer - continued

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

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

Do you pay into a private or company pension scheme?



Proof - we need to see proof of any earnings. If you or your partner are paid every week, we must see your five most recent payslips. If you or your partner are paid every two week, we must see your three most recent payslips. If you or your partner get paid every month, we must see your two most recent payslips. If you have just started a new job, please ask your employer to complete the pay form towards the back of this form or provide your contract of employment.

You

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

If 'Yes' how much?

£ .

Every

Your partner

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

If 'Yes' how much?

£ .

Every

Part 6 - About being self-employed

Are you or your partner self-employed?

No ☐ Go to **Part 7** Yes ☐ Answer the questions on this page.

What kind of work do you do?

When did the business start?

What is the business address?

Are there any other partners in the business?

How many hours a week do you work?

Do you get a Business Start-Up Allowance?

Do you pay into a private pension scheme?

You

D D M M Y Y

Postcode

No ☐ Yes ☐

If 'Yes' tell us their name and address

Postcode

No ☐ Yes ☐

If 'Yes' how much and how often?

£ . Every

No ☐ Yes ☐

If 'Yes' how much and how often?

£ . Every

Your partner

D D M M Y Y

Postcode

No ☐ Yes ☐

If 'Yes' tell us their name and address

Postcode

No ☐ Yes ☐

If 'Yes' how much and how often?

£ . Every

No ☐ Yes ☐

If 'Yes' how much and how often?

£ . Every



Proof - we need to see your latest trading accounts for the last financial year. If you have only recently set up in business and do not have a full year's accounts, please ask for our self-employed income form.

Part 7 - About any other work

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

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

No ☐ Go to **Part 8** Yes ☐ Answer the questions on this page.

What kind of work do you do?

What is the name and address of the person you do this work for?

When did you start this work?

Do you get paid?

If you only get expenses or tips, still tick 'Yes' and give details



Proof - we need to see proof of any earnings. If you or your partner are paid every week, we must see your five most recent payslips. If you or your partner are paid every two weeks, we must see your three most recent payslips. If you or your partner get paid every month, we must see your two most recent payslips. If you have just started a new job, please ask your employer to complete the pay form towards the back of this form or provide your contract of employment.

You					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Postcode					
D	D	M	M	Y	Y
No <input type="checkbox"/> Yes <input type="checkbox"/>					
If 'Yes' How much and how often?					
£				Every	

Your partner					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Postcode					
D	D	M	M	Y	Y
No <input type="checkbox"/> Yes <input type="checkbox"/>					
If 'Yes' How much and how often?					
£				Every	

Part 8 - About being a student

Are you or your partner a student?

No ☐ Go to **Part 9** Yes ☐ Answer the questions on this page.

Is the course full-time or part-time?
(Full-time is more than 16 guided learning hours a week)

How much is your student loan, grant or bursary for the academic year?

Please tell us the term start and end dates for this academic year

Which year of the course are you attending now? For example, first, second or final.

When does the whole course start and finish?



Proof - we need to see proof of your loan, grant or bursary income. We will accept a loan, grant or bursary award notice, or financial statement.

You					
Full-time <input type="checkbox"/>					
Part-time <input type="checkbox"/>					
£					
Start					
D	D	M	M	Y	Y
Finish					
D	D	M	M	Y	Y
<input type="text"/>					
Start					
D	D	M	M	Y	Y
Finish					
D	D	M	M	Y	Y

Your partner					
Full-time <input type="checkbox"/>					
Part-time <input type="checkbox"/>					
£					
Start					
D	D	M	M	Y	Y
Finish					
D	D	M	M	Y	Y
<input type="text"/>					
Start					
D	D	M	M	Y	Y
Finish					
D	D	M	M	Y	Y

Part 9 - About state benefits and pensions

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

No ☐ Go to **Part 10** Yes ☐ Tell us about the benefits below.

Tell us the full rate of the benefits before any deductions.

	You		Your partner	
	Amount you receive	How often do you receive this?	Amount they receive	How often do they receive this?
Bereavement Allowance	£ .		£ .	
Child Benefit	£ .		£ .	
Pension Credit (savings part)	£ .		£ .	
Child Tax Credit	£ .		£ .	
Working Tax Credit	£ .		£ .	
Fostering Allowance	£ .		£ .	
Employment Support Allowance (contribution based)	£ .		£ .	
Incapacity Benefit	£ .		£ .	
Industrial Injuries Disablement Benefit	£ .		£ .	
Industrial Death Benefit	£ .		£ .	
Carer's Allowance	£ .		£ .	
Jobseeker's Allowance (contribution based)	£ .		£ .	
Maternity Allowance	£ .		£ .	
State Pension	£ .		£ .	
Severe Disablement Allowance	£ .		£ .	
War Pension	£ .		£ .	
Widow's or widower's benefits	£ .		£ .	
Statutory Sick Pay	£ .		£ .	
Disability Living Allowance (care component)	£ .		£ .	
Disability Living Allowance (mobility component)	£ .		£ .	
Attendance Allowance	£ .		£ .	
Other, please specify	£ .		£ .	



Proof - we need to see proof of pensions, benefits, allowances or tax credits.
We can accept letters from The Pensions Service, Jobcentre Plus, the Department for Work and Pensions or HM Revenue and Customs.

Part 10 - Pensions and 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 money from occupational pensions, training allowances, an equity release scheme, rent from other property you own, and any cash payments. The money can be paid to you or your partner. 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 Eileen Trust, Skipton Fund or the Macfarlane Trust.

No ☐ Go to **Part 11** **Yes** ☐ Answer the questions on this page

Other money 1

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every

Other money 2

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every

Other money 3

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every

Other money 4

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every

Other money 5

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every

Other money 6

What is the money for and who pays it?

Who gets it?

How much do you / they get and how often?

£ . Every



Proof - we need to see proof of any income you have declared above.

Part 11 - Bank accounts, savings and investments

Do you or your partner have any bank accounts, building society accounts, savings or investments?

No ☐ Go to **Part 12** Yes ☐ Answer all the questions in this part. If you have more than six bank / building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 2

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 3

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 4

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 5

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 6

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

£ .



Proof - we will accept two full months original recent full bank and building society statements or passbooks showing all transactions.

Part 11 - Bank accounts, savings and investments - continued

Do you or your partner have any post office accounts?

This includes savings accounts and Girobank accounts.

No ☐ Yes ☐

Tell us about your post office accounts. If you have more than three post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1

Type of account

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 2

Type of account

Account number

Whose name is the account in?

How much is in the account?

£ .

Account 3

Type of account

Account number

Whose name is the account in?

How much is in the account?

£ .

Do you or your partner have any Premium Bonds?

No ☐ Yes ☐ Value £ . Please tell us who

Do you or your partner have any National Savings Certificates?

No ☐ Yes ☐ Please tell us who

Issue number

Value

£ .

How many?

Issue number

Value

£ .

How many?

Do you or your partner have any stocks, shares, bonds or unit trusts?

No ☐ Yes ☐ Please tell us who

Company name

How many?

Company name

How many?

Do you or your partner have any other capital, savings or investments?

Tell us about any TESSA, PEPs or ISAs here.

No ☐ Yes ☐ Please tell us who

Tell us about this



Proof - we need to see post office account books, passbooks, Premium Bonds, National Savings Certificates and dividend statements for bonds, unit trusts and stocks and shares.

Part 11 - Bank accounts, savings and investments - continued

Do you or your partner own or partly own any land, timeshare or property other than the home you live in either in the UK or abroad?

No ☐ Yes ☐ Please tell us who

What is the address?

Postcode

Is the property up for sale? No ☐ Yes ☐ if Yes, please provide proof .

Who lives in the property and what is their relationship to you?

How much is the property worth? £ .

Is there a mortgage secured on the property?

No ☐ Yes ☐ if Yes, how much?

£ .

We will contact you if we need more information

Part 12 - About rent

Is your home rented? No ☐ Go to **Part 15** Yes ☐ Answer the next question

What is your landlord's name and address?

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

Postcode

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.

Postcode

Are you, your partner, or your children related to your landlord or agent, or to your landlord's partner or the agent's partner? **Related** includes related through marriage, even if the marriage has ended.

No ☐ Yes ☐ What is the relationship?

Is your landlord a former partner?

No ☐ Yes ☐

When did you start renting your home?

D D M M Y Y

When did you move to this address?

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

D D M M Y Y

What sort of tenancy do you have?

For example, shorthold, tied rent or something like this.

How long is the tenancy for?

D D M M Y Y to D D M M Y Y

Part 12 - About rent - continued

Please tick to show if the property is let as: furnished ☐ partly furnished ☐ unfurnished ☐

Does the property have central heating? No ☐ Yes ☐

How much rent are you charged? £ . Every

Does anyone else share the rent with you and your partner? No ☐ Yes ☐ tell us their names

When is the next rent increase due?

Does your rent include money for the following?

	No	Yes	How much?	Which meals are included?
Meals	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> .	<input type="text"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> .	Laundry No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> .
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> .	Gardening No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> .
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> .	Personal care and support No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> .
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> .	

Do you pay any service charges separate from your rent?

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

No ☐ Yes ☐ How much? £ . What for?

Has your rent been registered as a fair rent by the rent officer? No ☐ Yes ☐

Do you have any weeks when you do not have to pay rent? No ☐ Yes ☐ How many?

Are you behind with your rent? No ☐ Yes ☐ If so, how many weeks?

Have you previously owned this property within the last five years? No ☐ Yes ☐

Who pays the Council Tax on this property? (please tick)

You and your partner ☐ Your landlord ☐ Someone else ☐ (please give details below)

Tell us who pays the Council Tax

Part 13 - About where you live

What sort of building do you live in?

Detached house ☐ Semi-detached house ☐ Terraced house ☐ Maisonette ☐
 Detached Bungalow ☐ Semi-detached Bungalow ☐ Flat in a house ☐ Flat in a block ☐
 Flat over a shop ☐ Hostel ☐ Hotel ☐ Caravan, mobile home or houseboat ☐
 Residential nursing home ☐ Residential care home ☐
 Bedsit or rooms ☐ Other ☐ please tell us

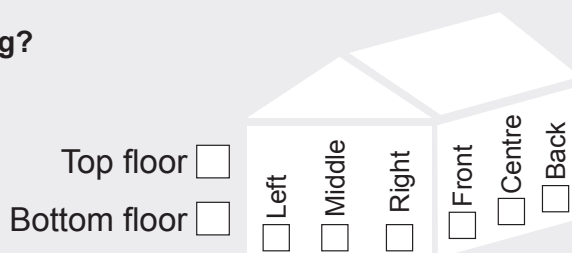
Is there more than one floor?

No ☐ Yes ☐ How many floors are there? Which floors do you live on?

Do you and your household only live in part of the building?

No ☐ Yes ☐ Where in the building do you live?

Facing your property from the road, please mark where your room is in the property by marking the box with a **x**.



If the house has more than two floors and your room is not on the bottom or top, please say which floor your room is on

How many rooms are there in the building?

Rooms in the whole building?

Rooms just for you and your household?

Rooms that you share with other people?

Living rooms

Bedsits

Bedrooms

Bathrooms

Toilets

Kitchens

Other rooms - please tell us



Proof - we need to see proof of your rent and tenancy before we can decide how much benefit you can get. This can be a recently signed tenancy agreement which is still valid, or a letter signed by your landlord, that gives their full name and address, the amount of rent charged, how often you pay the rent and what services are included, if any. If you pay rent to an agent of the landlord, the letter must also give the full name of the agent and their business address.

Part 14 - How you want your Housing Benefit to be paid

Are you only claiming Council Tax Support?

No ☐ Fill in this part Yes ☐ Go to **Part 15**

If you are a private tenant renting from a registered housing association, charity or hostel, you can choose to have your Housing Benefit paid direct to you or your landlord. We recommend you choose option 1 or 2 and tell us the account details. Then **go to Part 15**.

If you are renting from a private landlord we will normally pay you, not your landlord. Please tick option 1 and tell us your bank or building society details on the next page. **If you think you would have difficulties managing your Housing Benefit and paying your rent, you must tell us below.**

Option 1 - I want my benefit paid into my bank account or building society account.

☐ Tell us the account details on next page

Option 2 - I want my benefit to go to my landlord.

☐ Fill in the below section

Direct payments to your landlord

If you rent from a private landlord and you want us to consider paying your Housing Benefit to them, or their agent, you or your representative must fill in this part of the form.

You must answer all the questions and give us as much information and as many supporting documents as possible. We will use all of this to make a decision about whether we pay you, your landlord or your landlord's agent. We will try to make a decision before the first payment. If we cannot do this, we will decide who to pay while we are gathering information and making a decision. We will then review our decision once we have the full facts.

Please tell us if any of the following would cause you difficulties with paying your rent:

Mental-health problems	YES <input type="checkbox"/> NO <input type="checkbox"/>	Physical disabilities	YES <input type="checkbox"/> NO <input type="checkbox"/>	Other medical conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
Learning difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/>	Difficulties speaking or reading English	YES <input type="checkbox"/> NO <input type="checkbox"/>	I am bankrupt	YES <input type="checkbox"/> NO <input type="checkbox"/>
Addictions (for example, alcoholism, gambling or substance abuse)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Someone else helps to manage my finances	YES <input type="checkbox"/> NO <input type="checkbox"/>		
I have severe debt problems (for example, a county court judgement made against you)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Deductions are made from my benefits to cover rent arrears	YES <input type="checkbox"/> NO <input type="checkbox"/>		

If you answered 'Yes' to any of the above, or there is any other reason, give us details below. Tell us if the difficulties are temporary and if so, when they may end, or whether you may overcome these difficulties if you had support with advice and guidance

If you need more space to write, attach a separate sheet of paper and tick this box ☐



Proof - we need to see letters from a social worker, doctor, mental-health support worker, probation officer, court, friend, relative, housing officer, citizens advice bureau, charity or voluntary organisation.

Part 14 - How you want your Housing Benefit to be paid - continued

Bank details for you or your landlord

Name and address of bank or building society

Postcode

Whose name is the account in?

Account number

Sort code

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 your claim is delayed. Under the Data Protection Act, we need your permission to share information.

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

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need more information to make a decision on your claim, and if so, what information this is.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

We will not give your landlord any information about:

- **your personal or household circumstances; or your financial circumstances.**

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim and if you give us permission but then change your mind, we will do as you ask. Just contact us and let us know.

If you want to give us permission to discuss your claim with your landlord, please **sign below**.

I give you (East Northamptonshire Council) permission to share my information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature

Date

D D M M Y Y

Part 15 - Anything else you need to tell us

Use this box to tell us anything else you think we should know about your claim. Send a separate sheet of paper if you need more space. If you are sending a separate sheet of paper, tick this box. ☐

P16 - Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit for a period before the date you claimed, this is called backdating. The law says we can backdate your benefit for up to 6 months, but you must have a good reason why your claim is late. This is known as a 'good cause'.

We will look at each case individually . 'A good cause' is a reason that prevented you from claiming benefit earlier. Good causes may include the following, depending on the circumstances:

- You were ill and nobody else could claim for you.
- You were given wrong advice by an official organisation who said you were not entitled to Housing Benefit or Council Tax Support (or both).
- You were not able to manage your own affairs and had no one to help you.
- A close relative died.

The examples are only a guide to help you. They are not a full list of all possible reasons.

The date you want to claim benefit from

D	D	M	M	Y	Y
---	---	---	---	---	---

Tell us why you have not claimed before.

Claiming Housing Benefit and Council Tax Support

If English is not your first language and you need help filling in the form, we may be able to help you. Please contact us.

إذا لم تكن الانجليزية لغتك الأم واحتجت الى بعض المساعدة في ملء النموذج فقد يكون بمقدورنا مساعدتك. يرجى الاتصال بـ

যদি ইংরেজী আপনার প্রথম ভাষা না হয় এবং ফর্ম ভরতে আপনার সাহায্যের প্রয়োজন হয়, আমরা আপনাকে সাহায্য করতে পারি। অনুগ্রহ করে যোগাযোগ করুন...

如果您的母語不是英語并且在填表時遇到任何困難，或許我們會對您有所幫助。請和我們聯系....

જો અંગ્રેજી તમારો પહેલો (માતૃ) ભાષા નહીં હોય અને આ ફોર્મ ભરવામાં તમને સહાય જોઈતી હોય તો, અમે તમારી મદદ કરી શકીએ છીએ. કૃપા કરી સંપર્ક કરો

ਜੇਕਰ ਇੰਗਲਿਸ਼ ਤੁਹਾਡੀ ਪਹਿਲੀ ਭਾਸ਼ਾ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਫਾਰਮ ਭਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਮੁਮਕਿਨ ਹੈ ਕਿ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕੀਏ। ਕਿ੍ਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Haddii Ingiriisigu aanu ahayn afkaaga koobaad una baahan tahay in lagaa gargaaro buuxinta warqada, waxa dhici karta inanu ku caawino. Fadlan la xidhiidh...

اگر انگلش آپ کی مادری زبان نہیں ہے اور آپ کو اس فارم کو پُر کرنے میں مدد کی ضرورت ہے تو ہم آپ کی مدد کر سکتے ہیں۔
براہ مہربانی رابطہ قائم کریں:

Nêu Anh ngữ không phải là ngôn ngữ chính của quý vị và quý vị cần được trợ giúp để điền mẫu đơn này, chúng tôi có thể giúp đỡ. Vui lòng liên lạc với ...

Equal Opportunities

East Northamptonshire Council is committed to providing high quality, value for money services for all members of the community. We are also committed to a policy of equality both in the work place and when recruiting, selecting and promoting employees.

This applies when we are developing plans, policies and strategies and work with suppliers, contractors and partners. We will listen to all sections of the community and aim to provide services that meet the needs of the whole community.

We want to make sure that everyone is treated fairly, regardless of gender, race, disability, ethnic origin, marital status, age, religion, parental or property status, responsibilities for dependants, offending background or sexuality.

How we collect and use information

We will use the information you give in this form, and any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Support and to confirm your eligibility for other services provided by the council.

We may share your information with, and obtain information about you from, others including agencies, organisations, local authorities, or government departments to make sure the information is accurate and to protect public funds.

We will not share your information with anyone else or use it for any other purpose unless the law allows us to.

For more information on how we use your information please see our Information Charter www.east-northamptonshire.gov.uk/informationcharter or ask for a copy

Your pay form

This form is for your employer to tell us about your wages. Please use it if you do not have payslips to send us. If you and your partner both work, you must each get your employer to fill in a pay form.

Please fill in this side of the form and ask your employer to fill in the other side and send it to:

The Benefits Section, East Northamptonshire Council
Cedar Drive, Thrapston, Northamptonshire, NN14 4LZ.

Your name

Address of bank or building society

Postcode

Your payroll number

Your National
Insurance number

Letters

Numbers

Letter



Proof - we need to see all proof within one month of receiving our claim form. **Do not delay** in sending us proof of your income or you could lose benefit.

Your partner's pay form

This form is for your employer to tell us about your wages. Please use it if you do not have payslips to send us. If you and your partner both work, you must each get your employer to fill in a pay form.

Please fill in this side of the form and ask your employer to fill in the other side and send it to:

The Benefits Section, East Northamptonshire Council
Thrapston, Northamptonshire, NN14 4LZ.

Your name

Address of bank or building society

Postcode

Your payroll number

Your National
Insurance number

Letters

Numbers

Letter



Proof - we need to see all proof within one month of receiving our claim form. **Do not delay** in sending us proof of your income or you could lose benefit.



Please give pay details for the employee named on the other side of this form. Include overtime, bonuses, commission and other payments. If the employee is paid every week, give details for the last five weeks. If the employee is paid every month, give details for the last two months. If the employee has not been working for you for long, please give us an estimate and state the figures provided are an estimate. Please send the filled-in form to the address on the other side.

Thank you for your help.

To the employer

Please give pay details for the employee named on the other side of this form. Include overtime, bonuses, commission and other payments. If the employee is paid every week, give details for the last five weeks. If the employee is paid every month, give details for the last two months. If the employee has not been working for you for long, please give us an estimate and state the figures provided are an estimate. Please send the filled-in form to the address on the other side.

Thank you for your help.

Dates		Pay before tax and National Insurance are taken off	Income tax	Employee's National Insurance contributions	Employee's pension contributions
Week ending	Month ending	£	£	£	£
1	1				
2	2				
3					
4					
5					
Period total					

Gross (total) pay to date £ Income tax to date £ Tax code National Insurance contributions to date £

Employee's pensions contributions to date £ The date they started work The date of their last pay increase

The amount of their last increase £ Is the person getting Working Tax Credit? YES NO If 'Yes', how much and from what date? £

Your name Your signature Company stamp

Your position Business address Postcode

Tel no.: Date:

Claiming benefit that you are not entitled to is stealing.

If you pay taxes, whether it is income tax or VAT, your money is used to help pay towards state benefits. If we can stop people claiming benefit they are not entitled to, the money could be put to better use.

We have a **'Benefit Fraud Hotline'**. If you know anyone who is claiming benefit they are not entitled to, you can phone 01832 742017 and tell us. You do not have to give your name if you don't want to but we need the name and address (if possible) of the person who is claiming benefit when they shouldn't. We need as much information about the situation as possible, for example, where they work if they are working, or if they are living with someone but claiming as a single person. These people are claiming money that the rest of us are helping to pay for.

Where did you hear about Housing Benefit or Council Tax Support?

Please tick all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Friend or family | <input type="checkbox"/> Post Office | <input type="checkbox"/> Claimed before |
| <input type="checkbox"/> Library | <input type="checkbox"/> Parish noticeboard | <input type="checkbox"/> Welfare advice group |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Landlord or agent | <input type="checkbox"/> Local newspaper |
| <input type="checkbox"/> GP Surgery | <input type="checkbox"/> Council advice | <input type="checkbox"/> Other |

If 'Other', please write here

Ethnic monitoring survey

Please tick the ethnic origin which applies to you:

- | | | | | |
|--------------------------------------|--|--|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed race | <input type="checkbox"/> British Asian | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Asian other | <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |

If 'Other', please say what

What is your first or main language?

What is your postcode?

You do not need to fill in this part if you do not want to. It will not affect the processing of your claim, but it may help us to improve our service if you do fill it in. **Thank you for your help.**

What to do next

When you have filled in the form, sign it and send it to us with the proof we need to see (do not send anything valuable by post). Or, you can bring the form and proof to us at one of the following addresses:

Please plan your visit at least 30 minutes prior to closing time to allow time to go through your form.

East Northamptonshire Council

Cedar Drive Thrapston Northamptonshire NN14 4LZ

Opening times:

Mon-Fri 8:45am-4:30pm

Rushden Customer Service Centre

Newton Road Rushden Northamptonshire NN10 0PT

Mon-Fri 9am-4:30pm

Oundle Customer Service Centre

Oundle Library Glapthorn Road Oundle PE8 4JA

Mon-Sat 10am-1pm

Irthlingborough Library

High Street Irthlingborough NN9 5PU

Wed 1:30pm-4:30pm

Remember, if you return this form by post, it will cost more than a first-class stamp.

If you don't answer all the questions on the form, we may send it back to you to finish. If you can't get the proof we need straight away, don't worry. Send the form to us, but let us know that you will be sending some proof later. If you don't send the form to us straight away, you might lose money. If you can't get the proof within two weeks, let us know. We may be able to help. You should send us proof within one month of when we receive your application form or we may file your application as incomplete.

Please note - When you have filled in this form, it does not mean that you should stop paying your Council Tax or your rent. To avoid any action, you still need to pay the amounts shown on your current Council Tax bill or rent, until you receive details about your benefit.

P17 - 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.

I understand the following.

- All the information on this form is correct and complete.
- If I give information that is not correct or complete, 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 Support, or both. You may check some of the information with other departments within the council, Valuation Office, Experian (a credit reference agency), other councils and other organisations as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other government organisations if the law lets you.

I **know** I must tell you if there are any changes in my circumstances that might affect my claim.

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

Signature of the person claiming

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Partner's signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

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 who filled in this form

Relationship to the person claiming

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Do you want this person to act on your behalf?

No ☐ Yes ☐

Please confirm their address

Postcode

Telephone number: