

A claim form for Housing Benefit and Council Tax Reduction Scheme



You can apply for benefits and discounts on-line

Information and services are available on our web site www.gedling.gov.uk

Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU

Phone: 0115 9013970 Fax: 0115 9013978

E-mail: housingbenefits@gedling.gov.uk

About this form

Fill in this form if you need help to pay your rent or your Council Tax (or both). Please read the form carefully and answer all the questions that apply to you. Once you have filled in the form, return it to the address above straight away.

Part 1 About you and your partner

In this part, give details about yourself and your partner, if you have one. By 'partner' we mean a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner.

Do you have a partner who normally lives with you?

No

Yes

Answer all the questions about them as well as yourself.

You

Your partner

Last name

Other names

Title (Mr, Mrs, Miss and so on)

Date of birth

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

Address and postcode
(Do not tell us your partner's address if it is the same as yours.)

Are you:

- an owner occupier?
- a private tenant?
- a Gedling Homes tenant?

- a housing-association tenant?
- a boarder?
- a subtenant?

For office use only

Date issued

Reference

Date stamp

Part 1 About you and your partner - (continued)

	You	Your partner
If you are a tenant, when did your tenancy start?	/ /	/ /
When did you move into this property?	/ /	/ /
Any other names you have used		
Your daytime phone number (You do not have to tell us this, but it may help us to deal with your claim more quickly.)		
Your e-mail address. (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.		
Have you claimed Housing Benefit, Council Tax Benefit or support from the Council Tax Reduction Scheme before?	No <input type="checkbox"/> Yes <input type="checkbox"/> What address did you last claim for?	No <input type="checkbox"/> Yes <input type="checkbox"/> What address did you last claim for?
Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.
What is your nationality?		
If your nationality is not British, on what date did you last enter the UK? (The UK is England, Northern Ireland, Scotland and Wales.)	/ /	/ /

Part 1 About you and your partner - (continued)

	You	Your partner
Have you continuously been in hospital for the last 52 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in? <div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in? <div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>
	When will you come out (if you know this)? <div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>	When will you come out (if you know this)? <div style="border: 1px solid black; padding: 5px; text-align: center;">/ /</div>
Does anyone get Carer's Allowance for looking after you?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details below. Name and address of the person receiving it <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details below. Name and address of the person receiving it <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	Number of hours they provide care for <input style="width: 50px;" type="text"/>	Number of hours they provide care for <input style="width: 50px;" type="text"/>
Do you or your partner have a carer who lives elsewhere but provides overnight care in your home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you looking after someone but not getting Carer's Allowance because you get another benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you in legal custody?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you 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"/>
Are you living away from home at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Where are you living? <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> Where are you living? <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

We need to see proof of your (and your partner's) identity. We must see two original documents such as a birth certificate, passport or driving licence. If you have sent these to us within the last year, we do not need to see them again.

Part 2 About children

In this part, please give details of any children who normally live with you.

Do you have any children who normally live with you and who are:

- **under 16;**
- **aged 16 or 17 and registered for work or youth training; or**
- **aged 16 to 20 and in full-time education doing a course not higher than GCSE A-level or GNVQ (advanced)?**

No

Go to **part 3**.

Yes

Tell us about these children by answering the questions below.

There is space below for you to tell us about six children. If you have more than six children, give their details on a separate sheet of paper and send it to us with this form.

Last name	Other names	Date of birth	Child's sex	Relationship to you
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Are any of these children registered blind or getting Disability Living Allowance?

No Yes

Child's name

Do you pay a registered childminder, a nursery or an after-school club any childminding costs for any child? (If you pay costs for more than three children, give details on a separate sheet of paper and send it to us with this form.)

No Yes Give the details below.

Child's name	Child's name	Child's name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and registration number of minder	Name and registration number of minder	Name and registration number of minder
<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you get Disability Living Allowance for any child?

No Yes Name of child

We need to see proof that your childminder, nursery or after-school club is registered and proof of the amount you pay. We also need to see proof of any Disability Living Allowance you get for any of your children.

Part 3 About other people living with you

In this part, please give details of any other people over 16 (apart from your partner and children listed in part 2) who live in your home (for example, children over 16 who nobody gets Child Benefit for, relatives, friends, lodgers and anyone who pays you rent to live in your home).

Do any people over 16 normally live with you and your partner?

No

Go to **part 4**.

Yes

Give us these other people's details below.

There is space below to tell us about three people. If there are more than three people, give details on a separate sheet of paper and send it to us with this form.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.			
Do they get Income Support, income-based Jobseeker's Allowance, or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.
Do they get Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.
Do they get Disability Living Allowance or Attendance Allowance, or are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need proof.
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they 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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody 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"/>
When are they due to be released?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Part 3 About other people living with you - continued

Are they in hospital at the moment?

First person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Second person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Third person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Do they work?

No Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

No Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

No Yes

How many hours a week?

Tell us their earnings before any deductions.

£

What kind of work do they do?

We need to see original proof of their earnings.

Do they have any other income? (For example, pensions, allowances or benefits.)

No Yes

Give us the total of all their other income before deductions.

£

No Yes

Give us the total of all their other income before deductions.

£

No Yes

Give us the total of all their other income before deductions.

£

We need to see original proof of their other income.

Do they get interest from any accounts, savings or investments?

No Yes

How much interest do they get each year?

£

No Yes

How much interest do they get each year?

£

No Yes

How much interest do they get each year?

£

We need to see original proof of how much interest they get.

Do they pay you or your partner rent?

No Yes

How much each week?

£

No Yes

How much each week?

£

No Yes

How much each week?

£

Does this rent include any meals?

No Yes

No Yes

No Yes

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

No Yes Tell us their names.

is the partner of

is the partner of

We need to see original proof of the earnings, income and interest of any other people in your home unless they are a boarder or subtenant who pays rent to you or your partner.

If you do not send us this original proof, we will have to deduct the highest amount allowed from your benefit/reduction entitlement for these people. If any of these people are not willing to give you this original proof, we may be able to contact them direct to get it. If you would like us to do this, please write and let us know.

Part 4 About accounts, savings and investments

In this part, give details of all accounts, savings or investments that you or your partner have. This includes bank, building society, post office and Paypal accounts (even if they are empty or overdrawn), Premium Bonds, stocks and shares, PEPs, TESSAs, ISAs, property, land and timeshares in the UK or abroad.

Do you have any **bank or building society accounts**?

	You		Your partner
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

In the box below, tell us about all bank and building society accounts. Give the name of each bank, the account numbers, and how much there is in each account.

How much?

How much?

We must see full original account statements (not mini statements) covering the last two months.

Do you have any **post office accounts**?

	You		Your partner
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

In the box below, tell us about all **post office accounts**. Give the name of each account, the account numbers, and how much there is in each account.

How much?

How much?

We must see original account passbooks covering the last two months.

Do you have any **Premium Bonds**?

	You		Your partner
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

In the box below, tell us how many and how much they are worth.

How much?

How much?

We must see these original Premium Bonds to confirm how much they are worth.

Do you have any **National Savings Certificates**?

	You		Your partner
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

In the box below, tell us the issue numbers and number of units held.

Issue number

Number held

Issue number

Number held

We must see these original National Savings Certificates to confirm the number held.

Do you have any **stocks and shares**?

	You		Your partner
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

In the box below, tell us about any **stocks and shares**. Give the company name, type of share and the number held.

Company name and type of share

Number held

Number held

We must see original share certificates or dividend slips.

Part 4 About accounts, savings and investments (continued)

Do you have any savings such as **PEPs, TESSAs, ISAs, unit trusts and income bonds**?

You No Yes **Your partner** No Yes

In the box below, tell us about any savings such as **PEPs, TESSAs, ISAs, unit trusts and income bonds**. Give details and say how much.

How much?

How much?

We must see original proof of these (for example, certificates or letters from the savings company).

Do you have any other accounts, savings, investments, cash or money put aside for something?

You No Yes **Your partner** No Yes

In the box below, tell us about any other accounts, savings, investments or cash. Give details and say how much they are worth.

How much?

How much?

We must see original proof of these accounts, savings or investments.

Have you or your partner received a Far Eastern Prisoner of War payment?

No

Yes

Do you or your partner own or partly own any land, property, static caravan or timeshares (other than the home you live in) in this country or abroad?

No

Yes

Go to **part 5**.

Give us details below.

What is the address of the land or property?

Do you or your partner have a mortgage on the property?

No Yes

How much do you still owe?

£

We need to see original proof of any mortgage on this property, such as a statement or letter from the lender.

Does a disabled relative or relative over 60 live in this property?

No Yes

Does a previous partner still live in the property?

No Yes

Are you or your partner trying to sell the property?

No Yes

How long has it been on the market?

months

We need to see original proof that you are selling the property, such as a letter from the estate agent.

We may need to get a valuation of any land or property. We will write to you about this.

Part 5 About benefits, pensions and allowances

In this part, please give details of any benefits, pensions or allowances that you or your partner are getting now or have claimed but are still waiting to hear about. (Include income in your name paid to someone else.)

Do you or your partner get any benefits, pensions or allowances, or have either of you claimed any but have not yet heard if you will get anything?

No

Go to **part 6**.

Yes

Tell us about these benefits, pensions or allowances below.

Income Support or Jobseeker's Allowance

		You		Your partner	
		How much?	How often?	How much?	How often?
Income Support:	Getting now <input type="checkbox"/>	£		£	
	Waiting to hear <input type="checkbox"/>	How is it paid?		How is it paid?	
		When did it start?	/ /	When did it start?	/ /

		How much?	How often?	How much?	How often?
Income-based Jobseeker's Allowance:	Getting now <input type="checkbox"/>	£		£	
	Waiting to hear <input type="checkbox"/>	How is it paid?		How is it paid?	
		When did it start?	/ /	When did it start?	/ /

		How much?	How often?	How much?	How often?
Contribution-based Jobseeker's Allowance:	Getting now <input type="checkbox"/>	£		£	
	Waiting to hear <input type="checkbox"/>	How is it paid?		How is it paid?	
		When did it start?	/ /	When did it start?	/ /

Which office do you sign on at?

		How much?	How often?	How much?	How often?
Universal Credit		£		£	
		How is it paid?		How is it paid?	

Benefits and allowances for disability

		You		Your partner	
		How much?	How often?	How much?	How often?
Incapacity Benefit:		£		£	
		How is it paid?		How is it paid?	

		How much?	How often?	How much?	How often?
Employment Support Allowance:		£		£	
		How is it paid?		How is it paid?	

		How much?	How often?	How much?	How often?
Attendance Allowance:		£		£	
		How is it paid?		How is it paid?	

		How much?	How often?	How much?	How often?
Constant Attendance Allowance:		£		£	
		How is it paid?		How is it paid?	

Part 5 About benefits, pensions and allowances (continued)

	You		Your partner	
	How much?	How often?	How much?	How often?
Disability Living Allowance or Personal Independence Payments (care component):	£		£	
	How is it paid?		How is it paid?	
Disability Living Allowance or Personal Independence Payments (mobility component):	£		£	
	How is it paid?		How is it paid?	
Carer's Allowance:	£		£	
	How is it paid?		How is it paid?	
Who is this for and what is their address?				
Severe Disablement Allowance:	£		£	
	How is it paid?		How is it paid?	
Industrial Death Benefit:	£		£	
	How is it paid?		How is it paid?	
Industrial Injuries or Disablement Benefit:	£		£	
	How is it paid?		How is it paid?	

Benefits and allowances for families, parents and widows

Child Benefit:	How much?	How often?	How much?	How often?				
	£		£					
	How is it paid?		How is it paid?					
Maternity Allowance:	How much?	How often?	How much?	How often?				
	£		£					
	How is it paid?		How is it paid?					
Maintenance payments for you or your children:	How much?	How often?	How much?	How often?				
	£		£					
	How is it paid?		How is it paid?					
Is this maintenance for you or your children?	You	<input type="checkbox"/>	Your children	<input type="checkbox"/>	You	<input type="checkbox"/>	Your children	<input type="checkbox"/>

Part 5 About benefits, pensions and allowances (continued)

	You		Your partner	
	How much?	How often?	How much?	How often?
Custodianship or Adoption Allowance:	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Guardian's or Fostering Allowance:	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Widowed Mother's or Parent's Allowance:	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Bereavement Allowance:	£		£	
	How is it paid?		How is it paid?	

Tax credits

	You		Your partner	
	How much?	How often?	How much?	How often?
Working Tax Credit:	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Working Tax Credits with Disability Element	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Child Tax Credit:	£		£	
	How is it paid?		How is it paid?	

Pension Credit, pensions and retirement benefits

	You		Your partner	
	How much?	How often?	How much?	How often?
State Pension:	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Pension Credit (Guarantee part):	£		£	
	How is it paid?		How is it paid?	

	You		Your partner	
	How much?	How often?	How much?	How often?
Pension Credit (Savings part):	£		£	
	How is it paid?		How is it paid?	

Part 5 About benefits, pensions and allowances (continued)

In the table below, please tell us about all private or company pensions or payments you receive from employers or unions.

	Organisation	How much?	How often?	How is it paid?	When is it due to increase?
You					
Your partner					

	You		Your partner	
	How much?	How often?	How much?	How often?
War Pension:	£		£	
	How is it paid?		How is it paid?	
War Widow's or Widower's Pension:	£		£	
	How is it paid?		How is it paid?	
War Disablement Pension:	£		£	
	How is it paid?		How is it paid?	
Armed Forces Pension:	£		£	
	How is it paid?		How is it paid?	

We need to see original proof of all the benefits, pensions, allowances and tax credits that you and your partner receive. This should be an official letter or order book if they are paid in that way.

Part 6 About other income

In this part, please give details of any other income you or your partner get. Do not include earnings for working or from self-employment – we will ask you about these in parts 7 and 8.

Have you deferred (put off receiving) a private pension? **You** **Your partner**

No Yes No Yes

Tell us about it here.

Cash in place of coal from British Coal:

How much?	How often?	How much?	How often?
£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Date first received	/ /	Date first received	/ /

Government training schemes:

How much?	How often?	How much?	How often?
£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Date first received	/ /	Date first received	/ /
Name of the training scheme		Name of the training scheme	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

Rent or income from another property:

How much?	How often?	How much?	How often?
£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Date first received	/ /	Date first received	/ /

Home income plan or annuity:

How much?	How often?	How much?	How often?
£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Date first received	/ /	Date first received	/ /

Do you get any other benefit, pension, allowance or income not already listed in **parts 5 and 6?**

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
In the space below, tell us what the income is, how much it is and how often it is paid.	In the space below, tell us what the income is, how much it is and how often it is paid.
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

Are you due to get any other income?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
In the space below, tell us what the income is, how much it is and how often it is paid.	In the space below, tell us what the income is, how much it is and how often it is paid.
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

Do you do any unpaid work and receive payment in kind?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
In the space below, tell us what the income is, how much it is and how often it is paid.	In the space below, tell us what the income is, how much it is and how often it is paid.
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

We need to see original proof of any of the incomes listed above.

Part 7 About working for an employer

In this part, please give details of ANY paid and unpaid work, training, apprenticeships and full-time or part-time jobs. Also give details of any income or wages you or your partner get from these. This also includes sick pay or maternity pay.

Do you or your partner work for an employer? No Go to part 8. Yes Tell us about this employment below.

Do you or your partner have more than one employer? No Yes Use a separate sheet of paper to tell us about the other jobs.

	You	Your partner
What is your employer's name, address and phone number?	<input type="text"/>	<input type="text"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you employed temporarily or for a fixed period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When does the job end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before deductions such as tax and National Insurance?	£ <input type="text"/>	£ <input type="text"/>
How do you get paid?	<input type="text"/>	<input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses or commission.	<input type="text"/>	<input type="text"/>
When is your next pay rise due?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	Every <input type="text"/>	Every <input type="text"/>
Are you off work at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Since when?	No <input type="checkbox"/> Yes <input type="checkbox"/> Since when?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting Statutory Sick Pay, Paternity Pay or Maternity Pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We must see original proof of any earnings before we can decide how much benefit/reduction you can get. If you are paid every week, we must see your last five payslips. If you are paid every two weeks, we must see your last three payslips, and if you are paid every month or every four weeks, we must see your last two payslips. If you cannot send payslips, ask your employer to fill in the certificate of earnings at the back of this form.

Part 8 About being self-employed or director of a limited company

Are you or your partner a director of a limited company? No

Yes

Are you or your partner self-employed? No

Yes

Go to **part 9**.

Tell us about your and your partner's self-employment below.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/>	<input type="text"/>
What is the business name and address?	<input type="text"/>	<input type="text"/>
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/> Their name and address	No <input type="checkbox"/> Yes <input type="checkbox"/> Their name and address
	<input type="text"/>	<input type="text"/>
How many hours a week do you normally work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance or any other grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much? <input type="text"/> How often? <input type="text"/>	How much? <input type="text"/> How often? <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much? <input type="text"/> How often? <input type="text"/>	How much? <input type="text"/> How often? <input type="text"/>

We must see original proof of any self-employed earnings, profit or loss before we can decide how much benefit/reduction you can get. This should be your most recent certified accounts or your day-to-day records of income and spending. If you cannot provide either of these, please contact us straight away.

Part 9 About being a student

In this part, tell us if you or your partner are a student. By 'student' we mean someone who is in higher or further education.

Are you or your partner a student?

No

Go to **part 10**.

Yes

Tell us about your and your partner's course and income below.

Tell us the name of the course and the name and address of the college or university.

You	

Your partner	

Is the course full-time or part-time?

Start	End

Start	End

What date does the academic year start and end?

Start	End
/ /	/ /

Start	End
/ /	/ /

If you get a grant, how much is it and how often is it paid?

You	Your partner
How much?	How often?

You	Your partner
How much?	How often?

If you get a student loan, how much is it and how often is it paid?

You	Your partner
How much?	How often?

You	Your partner
How much?	How often?

If you get money from your parents, how much is it and how often is it paid?

You	Your partner
How much?	How often?

You	Your partner
How much?	How often?

We must see original proof of any grant, loan or other income you or your partner get for being a student.

Part 10 About money you pay out

Do you or your partner help to support a son or daughter under 25 who is at college or university?

No

Go to **part 11**.

Yes

Tell us about what you pay below.

How much do you give them and how often do you give it?

You	Your partner
How much?	How often?

You	Your partner
How much?	How often?

We must see original proof of how much you give them and their grant assessment form if they get a grant.

Part 11 About your home

Do you or your partner own this property?

No

Go to **part 12**.

Yes

Give details below.

Does anyone other than you or your partner own this property with you?

No

Go to **part 15**.

Yes

Give us the other owner's details.

Name	Address	Relationship to you

Part 12 About rent and your tenancy

About your tenancy

Do you pay rent for your home?

No Go to **part 15**.

Yes Answer the next question.

Do you pay rent to the council?

No Answer all the questions in this part.

Yes Go to **part 14**.

What sort of tenancy do you have (assured, assured shorthold and so on)?

Does your landlord live at this address?

No Yes

Has the Valuation Office set a fair rent for the property?

No Yes

If 'Yes', send us the notice of registration form (RO5).

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

No Yes

Names of the people who share the rent

Your landlord's name and address (By 'landlord' we mean the person or organisation who owns the property you live in.)

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

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

No Yes

Are 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?

Have you or your partner ever owned or part-owned this property?

No Yes

Do you live in your property as a condition of your employment?

No Yes

Have you, or anyone in your household, ever been employed by your landlord or agent?

No Yes

If you are under 22, have you had a care order or been in the care of Social Services?

No Yes

If you are single and under 35 years of age, have you ever lived in a hostel?

No Yes If 'Yes' what is the address and when did you live there?

/ / to / /

Part 12 About rent and your tenancy (continued)

About where you live

What sort of building do you live in?

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Flat in a block	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Hotel or hostel	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Bedsit or room	<input type="checkbox"/>	Other <input type="checkbox"/>	Please say what. <input type="text"/>		

Do you use your home for business purposes? No Yes

Do you rent your home:

fully furnished? partly furnished? barely furnished (carpets and curtains only)? unfurnished?

Do you and your household live in only part of the building? No Go to 'About your rent' below. Yes Give details below.

How many floors are there in the whole building?

Which floor or floors do you live on?

Where in the building is your home? At the front In the middle At the back

Looking at the front of the building, is your home: on the right of the building? on the left of the building?

Fill in the boxes below to tell us how many different rooms there are in the building.

	In the whole building	Just for you and your household	That you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

About your rent

How much is the rent for your home? £ every

Do you get any weeks during the year when you don't have to pay rent? No Yes How many?

Has your rent changed in the last 12 months? No Yes Send us proof of the date it changed, and by how much.

Part 12 About rent and your tenancy (continued)

When is the next rent increase due?

 / /

Are you behind with your rent?

No Yes

By how many weeks?

Do you pay water charges direct to a water authority?

No Yes

Who pays the Council Tax for your home?

You and your partner

Your landlord

Does your rent include money for any of the following?

How much and how often?

Heating

No Yes

£ every

Lighting

No Yes

£ every

Hot water

No Yes

£ every

Fuel for cooking

No Yes

£ every

Laundry

No Yes

£ every

Gardening

No Yes

£ every

Having your room or rooms cleaned

No Yes

£ every

Other services

No Yes

£ every

Council Tax

No Yes

£ every

Water rates

No Yes

£ every

Support services

No Yes

£ every

Management Charge

No Yes

£

Garage or parking space

No Yes

£

Does your rent cover any meals?

No Yes Do you have a choice to rent it? No Yes

Which meals?

Breakfast Lunch Evening meal

Do you have central heating?

No Yes

We must see original proof of your rent and tenancy before we can decide how much benefit/reduction you can get. This should be your original tenancy agreement or letters from your landlord or agent. We also need to see original proof that you have been paying your rent, such as a rent book or receipts.

Sharing information with your landlord

Allowing us to discuss your claim with your landlord may help us to deal with your claim quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. However, we will not give your landlord any information about your personal, household or financial circumstances.

Can we discuss the progress of your claim with your landlord?

No Yes

If you want to allow us to discuss your claim with your landlord you must sign below.

Signature:

Date:

 / /

Part 13 About paying your benefit

Council Tax Reduction

We will take your Council Tax reduction off your Council Tax bill. We will send you a new bill once we have worked out your discount.

Help with your rent if you are a council tenant

If you are entitled to help with your rent you will get Housing Benefit. We will take this off your rent. This means that you will pay no rent, or a reduced amount, each week.

Help with your rent if:

- you are a housing association tenant;
- you live in a caravan, houseboat or mobile home;
- your tenancy started before 15 January 1989;
- you were receiving Housing Benefit at this address before 7 April 2008 and there has not been a break in that claim; or
- your rent includes an amount for support services or board and lodging.

If you are entitled to help with your rent you will get Housing Benefit. We can pay this into your or your landlord's bank or building society account.

If this applies to you, how would you like us to pay your Housing Benefit?

Direct to my landlord We will contact your landlord for their account details.

To my bank or building society account Fill in your account details below.

Help with your rent if you are a private tenant who is not in any of the categories above

If you are entitled to help with your rent you will get Local Housing Allowance. By law we must pay this to you unless you would not be able to manage your rent payments (for example, because you have a learning disability, have language problems, are ill, are in a lot of debt or are addicted to drugs, alcohol or gambling).

If you think you would not be able to manage you rent payments, tick this box.

From 1 April 2011 Housing Benefit may be paid to the landlord in an LHA case where the Council is satisfied that this would "assist the claimant in securing or retaining a tenancy" and the rent is at a level which is affordable to the tenant.

If you can manage your rent payments we will pay your Local Housing Allowance direct to your bank or building society account.

If you do not have a bank or building society account, tick this box. We will send you information about opening a basic account.

If you already have a bank or building society account, give your account details below.

Bank or Building Society account details.

Name of bank or building society

Account number:

Sort code

Roll number

(building society account)

Whose name is the account in?

Part 14 Backdating

We can usually start paying benefit from the Monday after the day we get your claim. Under the new Council Tax Reduction Scheme, we can award the discount automatically back for a maximum of 3 months from the date you claim, providing you qualify for benefit/reduction for that period.

Housing Benefit can be awarded back 3 months automatically if you have reached the eligible age to apply for Pension Credit.

If you are under the eligible age to apply for Pension Credit we can consider paying Housing Benefit from an earlier date, up to 6 months from the date you claim, 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.

Tell us the date you want to claim benefit from.

/ /

Tell us why you did not claim before this date. (If you need more room use a separate sheet of paper.)

Part 15 About help dealing with your benefit/reduction

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose someone to act for you. This person is called a representative. If you want someone to act for you when dealing with your claim for benefit/reduction, please answer all the questions below.

Why is the representative filling in this form for you?

Your representative's name, address and phone number.

Phone number:

How is your representative related to you?

Do you want us to send your Council Tax bill to your representative?

No

Yes

Your declaration

Please sign below to confirm that you want the person you have told us about to act for you.

Your signature:

Date:

/ /

Please remember that you must also sign the declaration in part 18.

Your representative's declaration

Please ask the person you want to act for you to read the notes over the page and then to sign to confirm that they are prepared to be your representative.

Part 15 About help dealing with your benefit/reduction (continued)

If you agree to act as a person's representative, you must take full responsibility for their claim. This means you must tell us about any change in the person's circumstances. You would be treated in the same way as the person whose claim it is and have the same rights, responsibilities and liabilities. If you agree to act as the representative of the person making this claim, sign below.

Representative's
signature:

Date:

Part 16 Anything else you need to tell us

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

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

If you are sending any separate sheets of paper with this form, tell us how many.

Part 17 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 the proof we need, we will not be able to award you any benefit/reduction. We need the same proof for your partner, if you have one, and for any other people 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 will not be able to award you any benefit/reduction until we have all the proof.**

Please do not send valuable documents (such as passports, driving licences and account pass books) through the post. If you can, bring them to our offices. We will take the details we need and give you the documents back straight away. If you cannot get to our offices, phone us for more advice. Our phone number is on the front of this form.

Proof of identity (for new claims only)

Such as a birth certificate, marriage certificate, passport or medical card, driving licence or recent gas or electricity bill. (We need to see two documents each for you and your partner.)

Please
tick

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions (DWP) or HM Revenue & Customs.

Proof of accounts, savings and investments

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

Proof of benefit, pensions and allowances

Such as award notices or letters from the DWP confirming how much you get. If you do not have proof, let us know straight away.

Proof of other income

Such as pension slips from a previous employer or a letter confirming cash in place of coal, or a payment from a charity or a voluntary organisation.

Proof of earnings or self-employment

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month or every four weeks. If you do not have any payslips or you receive handwritten payslips, ask your employer to fill in the certificate of earnings at the back of this form. If you or your partner are self-employed, we need to see your accounts for the last financial year, or your trading accounts for the last year.

Proof of private rent and tenancy

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

Evidence of other money paid out

Such as letters about student grants or maintenance, and agreements or receipts from registered childminders.

Part 18 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 should sign this declaration as well.

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 or financial penalty.
- You will use the information I have provided to process my claim for benefit and the council tax reduction. You may check some of the information with other council departments, rent offices, other councils and government organisations
- You may use any information I have provided in connection with this and any other claim I have made or may make for state benefits, Hardship Payments or Discretionary Housing Payments. You may give some information to other government organisations, if the law allows this.
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date, and to award or remove any other discounts.

I know I must let you know about any change in my circumstances (or the circumstances of anyone in my household) which might affect my claim. **I know** I must let you know about any change as soon as I know about it.

I declare the information I have given on this form is correct and complete and that I have read and understood the declaration above.

Signature of person claiming:

Date:

Partner's signature:

Date:

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, we may have to release the information in this form if we are asked to do so.

However, under the Data Protection Act 1998, your personal information will not be released without your permission, except where the law allows.

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes.

Warning – if you give false information or fail to tell us of changes in your circumstances you may receive a financial penalty under Schedule 3, Local Government Finance Act 1992 or be prosecuted under Social Security Administration Act 1992 or the Fraud Act 2006

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 and confirm the person claiming understood and answered all the questions.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

Part 19 About returning the form

If you do not tell us about changes in your circumstances you may lose benefit/reduction you are entitled to, or you may receive too much benefit or discount which you will have to pay back. We may also take action against you, including court action or financial penalty.

Please send or take your form to:

The Benefit Section
Civic Centre
Arnot Hill Park
Arnold
Nottingham
NG5 6LU

Help with the form

If you need any help when filling in the application form, please phone us on 0115 9013970 or visit the Council offices in Arnold.

The Council office is open from 8.45am to 5.15pm Monday to Thursday, and from 8.45am to 4.45pm on Fridays.

Part 20 Changes you must tell us about

You must tell us straight away, in writing, if any information in this form changes. If you are not sure whether the change will affect your benefit/reduction, tell us anyway. Tell us yourself, do not rely on someone else (for example, another council department, HM Revenue & Customs, the DWP or other people).

If you do not tell us about changes in your circumstances you may lose benefit/reduction you are entitled to, or you may receive too much benefit/reduction which you will have to pay back. We may also take action against you, including court action or financial penalty.

Example of changes are if:

- you or your partner start or stop getting Income Support, Jobseeker's Allowance or any other state benefit;
- any of your children leave school or their Child Benefit stops;
- anyone (including children, lodgers and subtenants) moves into or out of your home;
- your or your partner's income changes;
- your rent changes; or
- you move (including moving room at the same property).

This is not a complete list.

Fraud

If you know, or suspect that someone is claiming Benefit/Council Tax Reduction they are not entitled to, phone us on 0115 9013996.

If you know about anyone claiming any other benefit they are not entitled to, ring the National Benefit Fraud Line on 0800 854440

Second Adult Rebate

Second Adult Rebate is a form of Council Tax Reduction, for those that have reached the age to qualify for Pension Credit only, where you have people who share your home with someone who is not your partner; is over 18; is on a low income and does not pay rent. You may qualify for a reduction up to a maximum of 25% of your Council Tax Liability.

Ethnic monitoring (you do not have to fill in this section)

If you choose to answer the following questions, this will assist us in meeting our legal obligations and help us to monitor our services. The categories used below are based on the National Census.

What is your ethnic group?

Choose **ONE** section from A to E, and then tick the appropriate box to indicate your cultural background.

A White

- British
Irish
Gypsy or Irish traveller
Any other White background

Write in

B Mixed

- White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background

Write in

C Asian or Asian British

- Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background

Write in

D Black or Black British

- African
Caribbean
Any other Black background

Write in

E Other ethnic group

- Arab
Any other.

Write in

Do you have any long-term illness, health problem or disability that limits your daily activities or the work that you do?

No Yes

What is your religion or belief? Prefer not to declare

- Christian Jewish Muslim Sikh Hindu Buddhist
 Other None/No religion

Indicate the gender that you feel describes you: Male Female

What statement best describes your current partnership status?

- Single Married Registered Civil Partnership Other Prefer not to declare

What is your sexual orientation?

- Heterosexual Bisexual Gay man Lesbian Prefer not to declare

English

You can get council information in large print, in Braille and in other languages. Please phone Customer Services on 0115 9013970.

Gujarati

કાઉન્સિલની બધી માહિતી મોટી છાપમાં, કસેટ ટેપ પર, બ્રેઇલ લિપીમાં અને અન્ય ભાષાઓમાં મળી શકે છે. કૃપા કરી કસ્ટમર સર્વિસીસનો 0115 9013970 પર સંપર્ક સાધો.

Chinese

當地政府的所有資料現均用大字體版、錄音帶、凸文版和其它語言製作。請致電 (0115) 9013970 與顧客服務部接觸。

Polish

Wszelkie informacje Rady Miejskiej (Council) dostępne są również dużym drukiem, jako audio, pismem Braille'a oraz w innych językach. Prosimy o kontakt z Customer Services tel. (0115) 9013970.

Kurdish

هه ر چى زانبارىكى نه نجومه ن هه به ناماده به به شيوه ي چاپى گه وره، وه كاسيتى تو مار كراو، وه به بر ايل (نووسينى تاييه ته بو كه سانى كوره)، وه هه روه ها به زمانه كانى تر. تكايه په يوه ندى بكه به به شى خزمه ت كردنى مه عميل له سه ر ژماره ته له فون: (0115) 9013970

Urdu

کاؤنسل سے متعلقہ ہر قسم کی معلومات بڑے پرنٹ، آڈیو، بریل اور دیگر زبانوں میں دستیاب ہے۔
براہ مہربانی کسٹمر سروسز (صارفین کے لیے خدمات) سے فون نمبر (0115) 9013970 پر رابطہ کریں۔

Certificate of earnings

Claim reference:

Gedling Borough Council
Arnot Hill Park, Arnold,
Nottingham, NG5 6LU
Phone number: 0115 9013970
Fax: 0115 9013978
Email: housingbenefits@gedling.gov.uk



Fill in this part and then give it to your employer for them to fill in the rest of the certificate.

Your name:

Your occupation:

Your address:

I authorise you to make any enquiry which may be necessary to confirm the information I have put on my application.

Your signature:

Date:

To be filled in by the employer and returned direct to us at the address above.

Please help your employee by confirming the details above and providing the information we ask for below and over the page.

How often do you pay the employee (for example, every four weeks, every month and so on)?

Your name:

How many hours do they normally work each week?

Business address:

Please say how you normally pay them (for example, cash, cheque, into their bank).

Employee's National Insurance number:

Business phone number:

What date did they start working for you?

Employee or work number: