



Housing Benefit and Council Tax Benefit claim form

For Office use only
Claim Ref:
Issued date:
Received date:

Your Name
Your Address
(including postcode)

You may lose benefit if you do not return this form to us immediately, even if you do not have all the proof we ask for.

You must send us any missing proof within one month otherwise your claim will be cancelled.

- You will need to provide various documents and proofs to support your claim
- We will only process your claim when we have received all the original documents or proofs
- We cannot accept photocopies
- You must answer every question

How to fill in the form

- Please fill in this form using **BLACK** ink
- There are notes on the form to help you
- It will take longer to deal with your claim if you do not fill in the form properly
- If you need help with this form, more information, or in an alternative format please contact us (see details below)

Plymouth City Council
Revenues and Benefits
Civic Centre
Plymouth
PL1 2AA

By phone:
01752 668000
Monday to Friday 8.30am to 5.30pm

Benefit Fraud Hotline:
01752 304450

Opening Hours
Monday, Tuesday, Thursday, and
Friday
8.30am to 5pm
Wednesday
9.45am to 5pm

Part 1 Information about your claim

Telephone Number

Your e-mail address

You do not have to tell us this, but it may help us to deal with your claim more quickly

Your current address

What date did you move into the property?

(If you have not yet moved into the property, do not fill in the box. You will need to confirm in writing when you have moved in)

Have you requested a Pre-Tenancy Determination from the Rent Service? Yes No

Are you?

Renting from Plymouth City Council Renting from a Housing Association

Renting from a Private Landlord Living in a Hostel

An owner-occupier

Claiming 2nd adult rebate only (complete parts 1, 2, 3 and 9)

Joint –owner (give name of other owners)

Other (give details)

Your last address

If you have moved in the last 3 years, please tell us:

Your last address

The date you moved out

Did you get Housing Benefit or Council Tax Benefit at your last address? Yes No

If 'Yes', which council (if it was not us) dealt with your claim?

Did you own your last home? Yes No

Did you rent your last home? Yes No

Notes

Move-in date – this is usually the first night you spend at the property

If you are a private tenant, your rent may be referred to the Rent Service. If you request a **Pre-Tenancy Determination** you can find out the Rent Service's figure before you sign a tenancy agreement, the amount of Housing Benefit may be lower than the rent you are charged.

Part 2 You and your family

Do you have a partner who normally lives with you?

Yes

No

	Surname	First name names	Title	Date of birth	National Insurance Number
You				/ /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your partner				/ /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Other names you may have used or been known by.
(for example: maiden name, changed by deed poll)

	You	Your partner
Are you or your partner a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, <ul style="list-style-type: none"> is the course full or part time how many hours a week 	Full time <input type="checkbox"/> Part time <input type="checkbox"/> <input type="text"/> hours	Full time <input type="checkbox"/> Part time <input type="checkbox"/> <input type="text"/> hours
Name of University or College		
Address of University or College		
Course Title		
Length of Course		
Term Dates Autumn Spring Summer	to to to	to to to
Do you receive a student loan?		
Do you receive a grant, if so how much and how often?		
On a work-experience as part of a sandwich course?		
Get any income from a deed of covenant?		
You must provide your original grant notification, financial assessment letter and details of all student loans		

Notes

Partner- some one you are married to, have formed a civil partnership with, or are living together as husband and wife or as civil partners.

National Insurance Numbers and Identity – we cannot deal with your claim without proof of your National Insurance Number and Identity – for examples of proof see notes at front of form

Students – In certain circumstances full-time students can claim Housing Benefit

Are you or your partner <ul style="list-style-type: none"> Registered Blind? If yes, please give your registration number? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Getting Attendance Allowance or the care component of Disability Living Allowance? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Getting the mobility component of Disability Living Allowance or have a vehicle from a mobility scheme? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Long-term sick, disabled or not able to work due to illness? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> In hospital? If yes, what date did you or your partner go in and when do you expect to come out? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> In prison or legal custody? If yes, what date did you or your partner go in and what is the expected release date? 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner ever claimed Carer's Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tick the 'yes' box if you were entitled to Carer's Allowance and applied for it but it was not awarded as you were better off getting another benefit. You must provide your original notification letter or registration documents		

Status in the Country

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?

Yes

No

If 'yes' you need to answer the following questions.

Your Nationality

Your Partner's 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

You

Your partner

Part 2 You and your family continued

Status in country continued

Is there anyone responsible for your financial maintenance whilst in this country?

We will contact you if we need further information.

Under 25 and single

Have you ever been looked after by Social Services? Yes No

Have you had support from Social Services after your 16th birthday? Yes No

If 'Yes' for what period?

Which office did you deal with?

Do you receive a disability premium or allowance? Yes No

We will contact you if we need further information.

Children

You must provide proof that Child Benefit is being paid for all the children who live with you. This can be your award letter or a bank statement if it is paid into a bank account.

What is your Child Benefit Number?

Who gets the Child Benefit for them? You Your partner

Do you get the Lone Parent part of Child Benefit? Yes No

How much Child Benefit do you get? £ every

Notes

You can get Child Benefit if a child lives with you and is:

- Under 16

You can get Child Benefit if a Qualifying Young Person (aged over 16) lives with you and is:

- From the date they reach 16 until the 31st August following or
- Is undertaking a full time non-advance education course or approved training

In some cases Child Benefit can be paid until the Qualifying Young Person's 20th birthday

Part 2 You and your family continued

Children continued

Do you receive maintenance payments for them? Yes No

If yes, how much and when did they start

£	every	. Payments started	/	/	
---	-------	--------------------	---	---	--

Details of Dependant Children or Qualifying Young Person

	First Child	Second Child	Third Child	Fourth Child	Fifth Child
Surname					
Other Names					
Relationship to you					
Date of birth					
If over 15, give the approximate date they will leave school	/ /	/ /	/ /	/ /	/ /
Are they Registered Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of your children get Disability Living Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes for Proof

Disability Living Allowance - You will need to provide proof of Disability Living Allowance. Proof must be the original award letter from the Department of Works and Pensions

If your child is registered blind you will need to provide the original registration document

Part 2 You and your family continued

Children continued

Do you or your partner pay childcare costs to a registered childminder, nursery or after-school club for any of your children? Yes No

If yes, please complete the details below

	First Child	Second Child	Third Child	Fourth Child	Fifth Child
Name of Childminder, Nursery, or after-school club					
Child carer's registration number					
Name of Registering Local Authority					
Weekly child care costs					

Notes

We will need to see proof of your childcare costs unless you are:

- receiving Income Support, Jobseeker's Allowance (income based) or the guaranteed part of Pension Credit; or
- working less than 16 hours a week

If none of these applies, please let us see receipts or a letter from your childcare provider showing:

- the name of the provider and their registration number
- how much you pay
- name of the child receiving the care
- cost and times of the care

Part 3 – About other people who live with you

Do you have anyone else living with you, apart from you, your partner or dependant children. Do not include joint or co-tenants or owners.

Yes No If No go to part 4

If yes, please list everyone in your home, this could include your parents, other relatives, children you do not receive Child Benefit for. Do not include children you receive Child Benefit for, these should be included in section 2

	1 st person	2 nd person	3 rd person
Surname			
First names			
National Insurance Numbers			
Date of Birth	/ /	/ /	/ /
Relationship			
Date they moved in	/ /	/ /	/ /
Do they receive Income Support (IS), income based Job Seekers Allowance (JSA) or Pension Credits (PC)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not receiving IS, JSA or PC how much Savings and Capital do they have?	£	£	£
Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours a week?			
What is their gross pay?			
How often are they paid?			
Are they receiving any other Benefits or Allowances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are they receiving, how much do they receive before any deductions are made and how often?			

Notes

We need details of the income of anyone else who lives with you, unless they are children you receive Child Benefit for.

If you do not send us this information, you may receive a reduced level of benefit.

Earnings

Please send us their original last five payslips if they are paid weekly, their last three payslips if they are paid every fortnight, or their last two payslips if they are paid every month.

Benefits and Allowances

Please let us see their award letter or bank statement showing the payment

Part 3 – About other people who live with you continued

	1 st person	2 nd Person	3 rd Person
Are they receiving any other income, such as private pensions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are they receiving, how much do they receive before any deductions are made and how often?			
Are they an apprentice, on a work based training allowance, a student, severely mentally impaired, registered blind or receiving Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details			
Do they provide care for someone in your home for more than 35 hours a week? (The person they care for must not be their partner or child)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is the care provided for?			
Are they in hospital, prison or other legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the date they went in, the date they are expected to come out and where they are			
Are they living together as a couple, if so with who?			

Notes

Other income – provide original proof of all income

Proof is needed for apprentices, work based training, student, severely mentally impaired, or registered blind.

Disability Living Allowance – proof would be latest award letter or bank statement showing the payment

Part 4 – Your Household Income

	You		Your Partner	
Do you or your partner work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Complete this section if you or your partner are working for an employer, self-employed, in receipt of Statutory Sick Pay, Statutory Maternity or Paternity or Adoption Pay or Councillor's Allowance

If you and your partner do not work, please go to Part 4c

Part 4a – working for an employer

	You	Your Partner
Employer's name		
Employer's address		
Employer's telephone number		
What is your job?		
Number of hours worked each week		
Date started work		
Employee or Payroll Number		
How much is your gross pay?	£	£
How often are you paid	Every	Every
How are you paid?	Cash	Cash
	Cheque	Cheque
	Direct into Bank Account	Direct into bank account
	Other, give details	Other, give details
When was your last pay-rise?		
Expected date of next pay-rise		
Do you receive profit related pay, bonuses or tips? If so how often?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the job for a fixed period when is it due to end?		

Notes

Earnings - please supply the last 5 weeks payslips if you are paid every week, the last 3 payslips if you are paid every fortnight, or the last 2 months if you are paid every month. You must also supply your partner's payslips.

If you cannot find the original payslips or they are hand written or you have a new job, please ask your employer to complete the Certificate of earnings at the back of the form. Do not delay in returning this form to us

Part 4 – Your Household Income continued

	You	Your Partner
Are you getting Statutory Sick, Maternity or Paternity Pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which do you get?		
How much do you get?		
When did it start?		
Do you pay into a private or company pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please say how much and how often?		
Do you or your partner have more than one job each?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details in part 7 or use a separate sheet to provide the same information as requested above		

Part 4b – Self Employed

	You	Your Partner
Are you or your partner self employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of your business		
Registered address of your business		
Business telephone number		
Nature of your business?		
When did you start trading?		
Business financial year start date?		
Current estimated weekly profits?		
Number of hours worked every week		
Are you a partner in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you must supply the original partnership agreement and details of the income split.		

Notes

We will need to see your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see evidence of your income.

Part 4 – Your Household Income continued

Part 4c – about Income Support and income based Job Seekers Allowance

	You	Your Partner
Are you or your partner getting Income Support or income-based Job Seekers Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when did you start getting it? If yes, go to part 4f If no, complete the remaining parts	/ /	/ /
Are you or your partner still waiting to hear about a claim for Income Support or income based Jobseekers Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when did you claim?	/ /	/ /

Part 4d – about Pension Credit

	You	Your Partner
Are you or your partner getting Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when did you start getting it?	/ /	/ /
If yes, which of the following do you get?		
Guaranteed Credit only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guaranteed Credit and Savings Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Credit only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you chosen to defer to receiving your state or occupational pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a lump sum deferred payment in respect of your State Retirement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details		

Notes

For each type of income you and your partner receive, please let us see:

- the latest original award letter
- latest bank statements, showing details of the payment

If you have deferred your pension, please let us see the original letter

Part 4 – Your Household Income continued

Works and Personal Pensions	You	Your Partner
Do you receive a works pension or a personal pension? (include any pensions paid for a previous partner)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you receive?	£	£
How often is it paid?	Every	Every
Who pays your pension		
Do you pay tax on it	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When is your next pension increase due?	/ /	/ /
Other Pensions		
State Retirement Pension	£	£
Widow's Pension	£	£
War Widow's Pension	£	£
War Disablement Pension	£	£
Do you or your partner receive any other pensions, including pensions paid for a previous partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details		

Part 4 e – other income

	You	Your partner
Do you or your partner receive any of the following named State Benefits or Allowances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribution-based Jobseekers Allowance.	£ every	£ every
What date did it start?	/ /	/ /
What date is it due to end?	/ /	/ /
Tax Credits		
Working Tax Credit	£ every	£ every
What date did it start?		
Child Tax Credit	£ every	£ every
What date did it start?		

Notes

Pensions – please let us see the latest original documentation showing any pensions you receive

Job Seekers Allowance – please let us see the latest original award letter you have received from the Jobcentre

Tax Credits – please let us see the latest award letter you have received from the Inland Revenue, you must notify us of any changes to the amount of Tax Credits you receive.

Part 4 – Your Household Income continued

Disability Benefits and Allowances	You	Your Partner
Incapacity Benefit - long-term rate	£ every	£ every
Incapacity Benefit – short-term higher rate	£ every	£ every
Incapacity Benefit – short-term lower rate	£ every	£ every
What date did it start?	/ /	/ /
Disability Living Allowance – care component	£ every	£ every
What date did it start?	/ /	/ /
Disability Living Allowance – mobility component	£ every	£ every
What date did it start?	/ /	/ /
Attendance Allowance	£ every	£ every
What date did it start?	/ /	/ /
Severe Disablement Allowance	£ every	£ every
What date did it start?	/ /	/ /
Carer's Allowance	£ every	£ every
What date did it start?	/ /	/ /
Industrial Injury Benefits	£ every	£ every
What date did it start?	/ /	/ /

Other Allowances and Benefits	You	Your Partner
Maternity Benefit	£ every	£ every
What date did it start?	/ /	/ /
Widowed Parent's Allowance	£ every	£ every
What date did it start?	/ /	/ /
Bereavement Allowance	£ every	£ every
What date did it start?	/ /	/ /
Do you or your partner receive any other benefits or allowances or pensions not yet declared	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give say what the income is, who it is from, the amount and frequency.		

Notes

Please let us see the latest original award letter or bank statement showing details of the payment.

Part 4 – Your Household Income continued

Part 4e – Other income continued	You	Your Partner
Do you or your partner receive any voluntary or charitable payments? If yes, please say what the payment is for, who it is from, the amount and frequency.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner receive income from an annuity? If yes, please say who the income is from, the amount and frequency.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner receive any other income not yet declared? If yes, please say what the income is for, who it is from, the amount and frequency.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner applied for any income or benefit that you are not yet receiving or have heard about. If yes, please say what you have applied for. You will then need to provide proof once a decision is made.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 4f – Letting your property

	You	Your Partner
Do you or your partner let or sub-let any part of your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes,		
Amount of rent charged	£ <input type="text"/> every <input type="text"/>	
Name of tenant or sub-tenant	<input type="text"/>	
Does the rent include heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the rent include meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Give details of:		
No of rooms in house:	No of rooms let:	No of rooms shared <input type="text"/>

Notes

Other Income – this could include payments you receive from Insurance Policies to cover mortgage repayments or loss of earnings

Part 4 – Your Household Income continued

Part 4g – Payments out of Income

	You	Your Partner
Do you or your partner make any contributions to a Personal Pension Plan (which is not paid through your employer)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner make payments to a son or daughter at University or College?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 5 – About bank, building society and post office accounts, savings and capital

You must tell us about all your accounts, even the ones that are overdrawn or empty or not used regularly.

		You	Your Partner
Do you or your partner have any bank accounts (current and deposit accounts)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have more than 2 bank accounts, tell us about them in other income (part 5b)	Name of Bank		
	Account Number		
	How much is in the account?		
	Name of Account Holder		
	Account Number		
	How much is in the account?		
Do you or your or your partner have any building society accounts?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have more than 2 building society accounts, tell us about them in other income (part 5b)	Name of Building Society		
	Account Number		
	How much is in the account?		
	Name of Account Holder		
	Account Number		
	How much is in the account?		

Notes

Payments out of income - If yes, please send original proof of the payments you make. The benefit rules allow us to disregard a certain amount from your income depending on the contribution you make. This means you could get more benefit.

Savings

You must provide **original** proof of all accounts, savings and investments you hold.

Bank Accounts - You must supply **full** bank statements showing the last **two** months transactions, even if the accounts are overdrawn. A mini statement or balance slip is not acceptable

Building Society Accounts - You must supply an updated book or statement showing the last two months transactions

Part 5 – About bank, building society and post office accounts, savings and capital continued

	You	Your Partner
Do you or your partner have any girobank or post office accounts or premium bonds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Account Number		
How much is in the account?		
Premium bonds	£	£

Have you or your partner received:	You	Your Partner
If you answer yes, please supply details, the amount and the date you received the payment.		
<ul style="list-style-type: none"> Back payments of any Social Security Benefit in the last 12 months and that money is included as part of your savings 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Compensation payment made through the Courts for personal injury 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	You	Your Partner
Do you or your partner have any ISA's or TESSA's?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Account		
Name of Account		
Value of Account		

	You	Your Partner
Do you or your partner have any National Savings Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of issue		
Number of Units		

Notes

If you or your partner (or both of you) have savings and investments of more than £16,000 or more we cannot normally pay you benefit. For further advice please contact us.

Please supply original National Savings Certificates and Premium Bonds

If your savings are from a compensation payment, please provide original proof showing details, amount and dates of payments.

Part 5 – About bank, building society and post office accounts, savings and capital continued

	You	Your Partner
Do you or your partner have any Income or Funeral Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Bond/s		
Value of Bond/s		

	You	Your Partner
Do you or your partner have any Stocks, Shares and Unit Trusts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Company		
Number held		

Part 5a - Property

	You	Your Partner
Do you or your partner own or jointly own any other property or land? (Do not count the home you currently live in.) If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address of property or land		
Who lives at this property		
Relationship to you		
If related to you, how old are they		
Do they have a disability or are unable to work		
Do you get any rent from this property		
If yes how much		
Current market value of property or land		
Amount of any mortgage outstanding		

Notes

Income Bonds, Funeral Bonds, Stocks, Shares and Unit Trust – please let us see the original bonds, share certificates or last dividend statement

Property – we may ask for proof of the current market value and outstanding mortgage

Part 5 – About bank, building society and post office accounts, savings and capital continued

Part 5b Other Savings

	You	Your Partner
Do you or your partner have any other savings or investments not declared above? If yes, give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	You	Your Partner
Have you or your partner lent anyone any money which they still have to pay back? If yes, we may need to contact you for further information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes

Other Savings - this can include cash or valuables you may have at home

Part 6 – Private and Housing Association Tenant, lodgers and people living in hostel

If you are a council tenant or claiming Council Tax Benefit only you do not need to complete this section. Go to part 7

6a – about your Landlord

We need to name the name and address of the landlord whose property you are living in.

Landlord's Name	
Landlord's address	
Telephone number	

If your landlord has an agent acting on their behalf, we also need to know their address.

Agent's name	
Agent's address	
Telephone number	

Are you, your partner or any of your children related to your landlord or their partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live with and pay rent to a close relative? If yes, please say what the relationship is.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay rent to your ex-partner to live in the home you used to share with them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you responsible for your landlord's child/children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you previously rented the home you now rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live in your home as a condition of your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to any of the above questions, please give details :		

Notes

Related to Landlord – this can also be a relationship through marriage, even if the marriage has ended. Examples of relations are ex-wife/husband/civil partner, parents, step-parents, children and step-children

Close Relative – This can be yours or your partner's parent, parent-in law, son, son-in-law, daughter, daughter-in-law, step-parent, stepson or daughter, brother, sister or a partner of any of these

Part 6 – Private and Housing Association Tenant, lodgers and people living in hostel

6b – about your tenancy

What date did your tenancy start?

What date did you move in?

Have you signed a tenancy agreement? Yes No don't know

Is the tenancy an assured shorthold tenancy? Yes No don't know

If yes, for what period? / / to / /

Do you share the rent payment with anyone except your partner? Yes No

If yes, give the names of the people you share the rent with.

Has your rent ever been registered by the Rent Office? Yes No Don't know

If yes, you must send the registration form

Did you ask the Rent Officer for a pre-tenancy determination for this address? Yes No

6c – about your rent

How much is your rent? £

How often do you pay your rent? Every day week 2 weeks 4 weeks
Calendar month

Do you have any rent-free weeks? Yes No

If yes, when are they?

Were you able to afford the rent when you moved in? Yes No

Notes

You must provide **proof of your rent**, such as a rent book, a tenancy agreement or rent receipts.

This is needed to show you have **current liability** to pay your rent. If the amount of rent on your tenancy agreement has changed, we will still need to see the document but you will also need to provide proof of the amount of rent you pay. If the documents you send us do not show this we will write and ask you for further proof.

We cannot process your claim without proof, if you have difficulty in providing proof, please call us and we will send you Rent Proof Form for your landlord to complete.

Part 6 – Private and Housing Association Tenant, lodgers and people living in hostel

6d – About your property

What type of property do you live in?

Detached House	<input type="checkbox"/>	Flat over shop	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Semi-detached House	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Terraced House	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Room or rooms in a shared house	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
House Boat	<input type="checkbox"/>	Other, give details	<input type="text"/>		

How many floors are there in the whole property?

Which floors do you live on? (Please tick all that apply)

All floors Basement Ground First
Second Other – please give details

If you live in a room only, where is it in the property?

Front Centre Rear

Does your flat or room have a number, if so what is it?

Is your property furnished by your Landlord? Yes No

If yes, is it: fully furnished? Partly furnished? Barely furnished?

Is the Landlord responsible for decorating the inside of your home? Yes No

Are any meals provided? Yes No

If yes, which meals? Breakfast Lunch Evening meal

Notes

We may refer your rent to the Rent Service who are independent of us. They will make an independent decision on the maximum rent level.

Meals are not eligible for Housing Benefit.

Part 6 – Private and Housing Association Tenant, lodgers and people living in hostel

6d – About your property

How many of the following rooms are there in your property and who uses them?

	Living room	Bed room	Bedsit	Kitchen	Bath room	Toilet	Other
How many of these rooms in total in the building							
How many of these rooms are only used by you and your family							
How many of these rooms do you share with other tenants							
How many of these rooms do you share with the landlord							

If your rent includes money for any of the following, tick the correct boxes and fill in the amount you pay.

	Yes	No	If yes, how much		Yes	No	If yes, how much
Council Tax				Cleaning your rooms			
Water Rates				Laundry			
Heating of your rooms				Personal care or support			
Heating of communal areas				Medical or nursing care			
Lighting of your rooms				Caretaker, porter or warden			
Lighting of communal areas				TV or satellite rental and TV Licence			
Hot Water				Gardening			
Fuel for Cooking				Parking Space			
Laundry				Garage (see below)			

If a garage is included, do you have a choice of whether to rent the garage? Yes No

If you are sharing accommodation and household bills are not included in the rent, how are these bills paid?

Is any of your property used for business purposes? Yes No
If yes, give details

We may refer your rent to the Rent Service who are independent of us.

There are several sets of rules that mean we may have to work out your Housing Benefit on a lower rent than you actually pay.

If your rent includes support charges we may need to ask you or your landlord for more information

Part 7 – Any Other Information

If there is anything you have not told us about which you want to add to support your claim, or expect there to be a change in your circumstances in the near future, please use the space below.

Part 8 – Checklist

We need proof of all the information you have provided on you form for you and your partner, including National Insurance numbers, your identities, income and savings. We also need to see proof of income for all the other members of your household.

Please tick the boxes below to tell us what proof you are sending with this form. You must provide **original** documents, not photocopies.

If you do not provide all the proof we need we may not be able to pay your benefit.

If you can not provide any proof now, return to the form to us straightaway, and send us the information we need within 1 month.

Please tick what proof you are enclosing with the form.

<input type="checkbox"/>	Proof of identity for you and your partner
<input type="checkbox"/>	Proof of earnings for you and your partner
<input type="checkbox"/>	Proof of benefits, allowances and pensions for you and your partner
<input type="checkbox"/>	Proof of your savings, capital and investments for you and your partner
<input type="checkbox"/>	Proof of money paid out for childminding or towards a student grant
<input type="checkbox"/>	Proof of rent paid (private tenants only)
<input type="checkbox"/>	Proof of income, capital and savings for all non-dependants
<input type="checkbox"/>	Proof of service payments (gas, electricity etc)
<input type="checkbox"/>	Proof of any other details you have declared on your form

Part 9 – Declaration

Only sign this form if you have read and understood all of the Declaration.

I understand the following:

1. If I give information that is incorrect or incomplete, you may take action against me.
2. You will use the information I have provided to process my claim for Housing or Council Tax Benefit, or both. You may check some of the information I have provided with other sources within the Council, rent offices, other Councils, Benefit Agencies, Government Agencies, employers, banks, building societies and other relevant organisations.
3. You may use any information I have provided in connection with this and any other claim for Social Security benefits I have made or may make. You may give some information to other government organisations, if the law allows this.
4. We may use the information to assess any entitlement to Discretionary Housing Payments.

I will tell Council straight away of any changes in my circumstances, which might affect my claim. (Examples of this include getting a pay rise, people moving in and out of my home, changes in amounts of tax credits or any other income and coming off of Income Support, Job Seekers Allowance, Incapacity Benefit or any other state benefits.) If I do not, and get too much benefit, I understand that I may have to pay it back and may also be prosecuted.

I understand that you have a policy to claim back in full overpaid benefits.

- If I am a tenant and receive too much Housing Benefit, you may claim it back from my on-going benefit or by sending me an invoice
- If I receive too much Council Tax Benefit or Second Adult Rebate, you may add it to my Council Tax Account

We advise applicants that the data held by the Authority in respect of your claim will be used for cross-system checking and cross-authority comparison purposes for the prevention and detection of fraud.

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

Claimant’s signature:

Date:

Partner’s signature:

Date:

Form filled in by someone other than the person claiming

Please tell us why you are filling in this form for someone else:

.....

Name of person who filled in the form:

Signature of the person:

Relationship to the person claiming: