

HOUSING AND COUNCIL TAX BENEFIT

Claim form



GUIDANCE NOTES FOR APPLICANTS

You and your partner (Section 1)

“Partner” means someone of the same or opposite sex that you live with as a couple; you may be married or in a civil partnership, or living together as if you were husband and wife or as if you were civil partners.

Children who live with you (Section 1)

Only complete this section for children who are living with you. This would be for children who are still at school, or in further education and under the age of 20.

Other people who live with you (Section 2)

These people are often referred to as non-dependants. A non-dependant is someone that lives with you but does not have a formal agreement to pay rent. This does not include the following:

- A “boarder” is someone who lives with you and has an agreement with you to pay for their accommodation. Part of what they pay will be for meals which are eaten on your premises.
- A “sub-tenant” is someone that pays for your accommodation, but whose rent does not cover any meals.
- A “joint-tenant” is a person or persons (not your partner) who are jointly responsible with you for paying the rent at the property you live in.

Earnings (Section 3A)

You must complete details of your earnings and provide evidence of these. We will need to see either:

- Weekly paid – five consecutive wage slips
- Fortnightly paid – three consecutive wage slips

- Monthly paid – two consecutive wage slips
- Employer Certificate of Gross Earnings - your employer can complete a Certificate of Gross Earnings form detailing your earnings, or potential earnings if you have just started work. Please contact us if you require one of these forms.

Self employed earnings (Section 3B)

Where possible you should send us prepared accounts. If you cannot provide accurate and complete accounts we will send you a self employment form to fill in.

Income and Benefits (Section 3C and 3D)

If you have applied for, or are in receipt of any state benefit (i.e Employment and Support Allowance, Jobseekers Allowance, Disability Benefits and Working and Child Tax Credits) you are no longer required to provide proof of these. The authority can obtain these.

Students (Section 1A)

Most students do not qualify for Housing and Council Tax Benefit, however the rules are complex and there are many exceptions to this. Therefore if you are a student and you would like more information on this, please contact our office.

Cash, savings and investments (Section 4)

We need to see evidence of all capital held in order to assess your benefit accurately. “Capital” means bank accounts, building society accounts, deposit accounts with other organisations (e.g. Post Office or insurance companies), cash, National Savings Certificates, Premium Bonds, shares, stocks, unit trusts, trust funds, PEPs, ISAs and TESSAs.

These notes will help you understand some of the questions and terms throughout the application.

Please note: **DO NOT DELAY** in returning this form to us, even if you do not have all of the required proof at the time that you are completing the form. The date we receive your form will determine the date that we can pay benefit from so return it to us as soon as possible.

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.

Local Housing Allowance (Section 6A)

If you are renting your property from a private landlord, your claim may be assessed under the Local Housing Allowance scheme. The benefit you receive will be assessed on what Local Housing Allowance rate applies to you and your household. More information regarding this can be found on our website, or contact us to request a leaflet.

Second Adult Rebate

Even if your income or capital is too high for you to claim benefit yourself, you could still receive Second Adult Rebate. This is awarded for a second adult in the household who would normally be expected to contribute towards the liable person's Council Tax bill but is on a low income and can not afford to do so.

When will my claim start?

For new claims, Housing Benefit is usually paid from the Monday after we receive your form. If you are a new tenant, we can pay from the start date of your tenancy, but only if you move in and we receive your claim form during the week that your tenancy starts. Housing Benefit for private tenants is normally paid two weeks in arrears directly into your bank account. If you do not have a bank account, alternative payment methods can be arranged.

Backdating (Section 8)

It may be possible to backdate your claim if you have a good reason for not claiming on time. In most cases we would need to see documentary evidence to support your request. Please use the space on page 20 or write to us separately if you wish to apply for backdated benefit.

Appeals

If you disagree with any decision that we make about your benefit you have the right to appeal against it. You should put your appeal in writing and send it to us within one month of our decision being made.

Changes of Circumstance

We use the information you have given us on this form to assess your claim for benefit. You MUST tell us in writing about anything that changes and provide original proof of this change. If you delay in telling us about a change in your circumstance, we may pay you too much benefit, or you could be missing out on additional benefit.

Visit

We may visit your home. This is to make sure your circumstances have not changed, and that you are still getting the right amount of benefit. All of our visiting officers carry photo identity cards. Please make sure you ask to see this before you let anyone into your home.

Remember DO NOT DELAY!

Although we must see original proofs, not photocopies, of all evidence required to support your claim we understand that it is not always easy to get them to us straight away. So please return the completed form to us at the earliest opportunity even if you do not have the original proofs. If you don't you could lose benefit that you would be entitled to.

CONTACT DETAILS



Revenues and Benefits
Civic Centre
Plymouth PL1 2AA



01752 668000
Monday to Friday 8.30am to 5pm



Civic Centre Reception.
Opening Hours:
Monday to Friday
8.30am to 5pm



revenues@plymouth.gov.uk



Visit our website at
www.plymouth.gov.uk

Please tear off these notes and keep them safe for your future reference

HOUSING AND COUNCIL TAX BENEFIT CLAIM FORM

Mr/Mrs/Ms/Miss/Other

Surname

First name

Address (for which you are claiming)

Post Code

Date you moved into the property

Office use only:

Initial

Claim ref

Date requested

Date issued

Date received

Home Tel No.

Work Tel No.

Mobile Tel No.

Email

If you are happy to be contacted by telephone please tell us which days and times are most convenient for you.

Monday am pm Tuesday am pm Wednesday am pm
Thursday am pm Friday am pm Saturday am pm

Please give any more details about times you are available

What was your last address?

What date did you move out?

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

I About you and your family

Do you have a partner who normally lives with you? Yes No

You must answer all the questions in this section about you and your partner if you have one.

	Surname	First name(s)	Title	Date of birth	National Insurance Number
You					
Partner					

PLEASE NOTE If you do not understand any of the questions in this form, please refer to the notes on the front two pages of the form, or contact us on 01752 668000

I About you and your family continued

	You	Your Partner
Please tell us about any other names you have used or are known by		
What is your nationality?		
Have you/your partner ever lived outside the United Kingdom? (UK)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , on what date did you last arrive in the UK?		

Are you?

Renting from a private landlord

An owner-occupier

Joint owner (give names of other owners)

Renting from a housing association

Living in a hostel

Claiming 2nd adult rebate

(Please complete sections I-2 and II only.
If you wish to apply for backdating you should also complete section 10)

NOTES

National Insurance Numbers and Identity – we cannot process your claim without proof of your National Insurance Number and Identity for yourself and your partner:

You must send **two** of the following items for you and **two** for your partner; **one** piece of proof must show the National Insurance Number. You must provide **original** documentation and not photocopies. If you have difficulty in supplying this information or have a query, please contact us for advice.

If you do not currently have a National Insurance Number we may be able to apply for one on your behalf.

United Kingdom (UK) is England, Scotland, Wales and Northern Ireland.

Types of accepted identity

- Current valid passport
- Driving licence (full or provisional)
- Birth certificate
- Marriage certificate
- Utility bill in your name
- Bank statements (up to 4 weeks old)
- Benefit award letters
- National identity card issued by an European Union (EU) member state
- Plymouth Community Homes rent card
- Council Tax demand
- Life assurance policy
- UK resident permit
- Home Office standard acknowledgement letter (SALI or SAL2)
- Divorce or annulment papers
- Letter from a solicitor, social worker, doctor or probation officer
- P45 or P60
- Pay slips from your current or most recent employer

Are you or your partner:	You	Your Partner
<ul style="list-style-type: none"> ■ Registered blind? ■ If Yes, please give your registration number? 	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<ul style="list-style-type: none"> ■ Getting the mobility component of Disability Living Allowance or have a vehicle from a mobility scheme? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ■ Long-term sick, disabled or not able to work due to illness? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No In _____ Out _____	<input type="checkbox"/> Yes <input type="checkbox"/> No In _____ Out _____
<ul style="list-style-type: none"> ■ In legal custody? ■ If Yes, what date did you or your partner go in and what is the expected release date? 	<input type="checkbox"/> Yes <input type="checkbox"/> No In _____ Out _____	<input type="checkbox"/> Yes <input type="checkbox"/> No In _____ Out _____
Does anyone get Carer's Allowance for looking after you or your partner? If Yes , please give the name and address of the person receiving the Carer's Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ■ Have you or your partner ever claimed Carer's Allowance? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have recently applied for Carers Allowance and were entitled to it but it was not paid to you as you were better off getting another benefit, please tick the 'Yes' box above. This is called underlying entitlement. You must provide your **original** notification letter or registration documents as evidence.

Under22 and single

Are you under 22 years of age? Yes No
 If **No**, go to page 4 Student status section

Have you ever been looked after by Social Services? Yes No
 If **No**, go to page 4 Student status section

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

If **Yes**, for what period?

Which office did you deal with?

	You	Your Partner
Are you or your partner a student? If No , go to Children section below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : ■ is the course full or part time? ■ how many hours a week is it?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ hours	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ hours
Name and address of University or College		
Course title		
Length of course		
Start date of course		
Term Dates Autumn Spring Summer	to to to	to to to
Do you receive a student loan? If Yes how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every _____	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every _____
Do you receive a grant? If Yes how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every _____	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every _____
Are you on work-experience as part of a sandwich course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any children who live with you? Yes No If **No**, go to Section 2

Who gets the Child Benefit for them?

Do you receive maintenance payments for them? Yes No

If **Yes**, how much? £ Every

	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?	<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"/> Yes <input type="checkbox"/> No
Do any of your children get Disability Living Allowance?	<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"/> Yes <input type="checkbox"/> No
Do you pay childcare costs for any of your children? (See notes below)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , please complete details below					
Name of childminder, nursery, or after-school club					
Weekly child care costs	£	£	£	£	£
Are you related to your childminder?	<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"/> Yes <input type="checkbox"/> No
Is the care provided in your name?	<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"/> Yes <input type="checkbox"/> No

NOTES

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

- receiving Income Support, Jobseeker's Allowance (income based), Employment Support Allowance (income related), Guaranteed Pension Credit; or if you are working less than 16 hours a week.

If this does not apply to you, 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.

2 About other people who live with you

Do you have anyone else living with you, apart from your partner or dependant children?

Yes No

Do not include joint or co-tenants or owners. **Do** include lodgers and boarders.

If **No**, go to section 3.

If **Yes**, please list everyone in your home, this could include your parents, other relatives and children you do not receive Child Benefit for. Do not include anyone mentioned in Section 1.

Please use **Section 8** for any additional people.

	First person	Second person	Third person
Surname			
First names			
Gender			
National Insurance Number			
Date of Birth			
Relationship to you			
What date did they move in?			
Do they pay you or your partner rent or money for board and lodgings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please state how much and frequency of payment?	£ Every	£ Every	£ Every
Does this include money for food? If Yes , how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £
Does this include money for heating? If Yes , how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £	<input type="checkbox"/> Yes <input type="checkbox"/> No £
Do they receive Income Support (IS), income based Job Seekers Allowance (JSA), income related and Employment Support Allowance (ESA) or Pension Credit (PC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are not receiving IS, JSA, ESA or PC how much savings and capital do they have?	£	£	£
Do they work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , how many hours a week?			
What is their gross pay?	£	£	£
How often are they paid?	Every	Every	Every
Are they receiving any other Benefits or Allowances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , what Benefit or Allowance are they receiving? (Please give full details)	£ Every	£ Every	£ Every

2 About other people who live with you continued

	First person	Second person	Third person
Are they receiving any other income, such as private pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please give details and provide proof	£	£	£
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the care provided for?			
Are they in hospital, prison or other legal custody?			
If Yes , give the date they went in, the date they are expected to come out and where they are	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they living together as a couple?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , with whom?			

NOTES FOR NON-DEPENDANTS

We need proof of the income for 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. If they pay rent to you we will need to see details of the rent charged, when it is due and what is included in the rent.

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.

Other income - Provide original proof of all income.

3 Your household income

Proof of **all** household income **must** be provided.

	You	Your Partner
Do you or your partner work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your partner worked in the last 52 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , what was the last date you worked?		

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

If you and your partner do not work, please go to Part 3C.

3A Working for an employer

	You	Your Partner
Employer's name		
Employer's address		
Employer's telephone number		
What is your job title?		
Number of hours worked each week		
Date started work		
How much is your gross pay? (before deductions)	£	£
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)
Expected date of next pay-rise		
Do you receive profit related pay, bonuses or tips? If Yes , how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Every	Every
If the job is for a fixed period, when is it due to end?		
Are you getting Statutory Sick, Maternity or Paternity Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , which do you get?		
How much do you get?	£	£
When did it start?		
When do you intend to return to work?		
Do you pay into a private or company pension scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please say how much and how often	£ Every	£ Every
Do you or your partner have more than one job each?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes**, please give details below.

3B Self employed

	You	Your Partner
Are you or your partner self employed? If No , go to part 3C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes**, please contact the Housing Benefits Office as you will need to complete an additional form. Now please go to part 3C.

3C Other allowances Income Support (IS), Income Related Employment Support Allowance (ESAIR) and Income Based Job Seekers Allowance (JSAIB)

	You	Your Partner
Are you or your partner getting Income-Related Employment and Support Allowance, Income Support or Income-Based Job Seekers Allowance? If Yes , go to Section 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner still waiting to hear about a claim for Income Support, Employment and Support Allowance or Income Based Jobseekers Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , when did you claim?		

3D State benefits or allowances

You **must** answer **all** the questions in this section.

	You	Your Partner
Do you or your partner receive: Contribution-Based Jobseekers Allowance (JSAC) or Contributions Based Employment and Support Allowance (ESAC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Credits		
Working Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner still waiting to hear about a claim for Working Tax Credit or Child Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , when did you claim?		

Disability Allowances and Benefits

Do you or your partner receive Incapacity Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Living Allowance – Care or mobility component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Disablement Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carer's Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial Injuries Benefit? (Please supply proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3E Other allowances and benefits

	You	Your Partner
Do you or your partner receive: Maternity Benefit? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
What date did it start?		
Widowed Parent's Allowance? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
What date did it start?		
Bereavement Allowance? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
What date did it start?		
Do you or your partner receive any other benefits or allowances or pensions not yet declared? If Yes , please tell us what the income is, who it is from, the date it started, the amount you receive and frequency of payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3F About Pension Credit

	You	Your Partner
Are you or your partner receiving Pension Credit? If Yes , go to Section 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3G Works and Personal Pensions

	You	Your Partner
Have you chosen to defer receiving your state or occupational pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a lump sum deferred payment in respect of your State Retirement Pension? If Yes , provide evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive a works pension or a personal pension? (include any pensions paid for a previous partner)		
If Yes , how much do you receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is it paid?	Every	Every
Who pays your pension? (Who is it received from)		
Do you pay tax on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When is your next pension increase due?		

3H Other Pensions

	You	Your Partner
Do you or your partner receive: State Retirement Pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Widow's Pension? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
War Widow's Pension? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
War Disablement Pension? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
Do you or your partner receive any other pensions, including pensions paid for a previous partner? If Yes , give details	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every

3 I Other income

	You	Your Partner
Do you or your partner receive any voluntary or charitable payments? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
Do you or your partner receive income from an annuity? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
Do you or your partner receive any other income not yet declared? If Yes , how much and how often?	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Every
If you have answered Yes to any of the above, please confirm who the payment is for and who the payment is from.		
Have you or your partner applied for any income or benefit that you have not yet received or have not yet heard about? If Yes , please say what you have applied for You will then need to provide proof once a decision is made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES

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

4 About Bank, Building Society, Post Office savings and capital continued

	You	Your Partner
Do you or your partner have any Post Office accounts or Premium Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account number		
How much is in the account?	£	£
Premium Bonds	£	£
Have you or your partner received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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 		
<ul style="list-style-type: none"> ■ Compensation payment made through the Courts for personal injury 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please supply details, the amount and the date you received the payment?		
Do you or your partner have any ISAs, PEPs or TESSAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Account		
Name of Account		
Account Number		
Value of Account	£	£
Do you or your partner have any National Savings Certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and name of issue (eg 65th reinvestment)?		
Number of Units	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your partner have any Funeral Bonds?		
Name of Bond/s		
Value of Bond/s	£	£
Do you or your partner have any stocks, shares or Unit Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company		
Number held		
Name of stocks, shares or Unit Trusts		

4A 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 they unable to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you get any rent from this property? If Yes , how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	£
Are water rates included in the rent? If Yes , how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	£
Current market value of property or land	£	
Amount of any mortgage outstanding	£	

4B Other savings

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

5 Private and Housing Association Tenants, lodgers and people living in a hostel

If you are a claiming Council Tax Benefit only you do not need to complete this section. Go to Section 8.

About your Landlord

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

Landlord's name

Landlord's address

Tel No.

5 Private and Housing Association Tenants, lodgers and people living in a hostel cont.

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

Agent's name

Agent's address

Tel No.

Are you, your partner, or any of your children in a relationship or related to your landlord or their partner? If **Yes**, please state what the relationship is. Yes No

Do you live with your landlord? Yes No

Do you pay rent to your ex-partner to live in the home you used to share with them? Yes No

Are you responsible for your landlord's child/children? Yes No

Have you previously owned the home you now rent? Yes No

Do you live in your home as a condition of your employment? Yes No

If you 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.

5A 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? From _____ to _____

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

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

5B About your rent

How much is your rent? £ _____

How often do you pay your rent?

Every day Every week 2 weeks 4 weeks Calendar month Quarterly

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

Do you have rent arrears? Yes No If **Yes** how much? £ _____

NOTES

You must provide **proof of your rent**, such as a rent book, a tenancy agreement or rent receipts. We cannot process your claim without proof. If you have difficulty in providing proof, please call us and we will send you a Rent Proof Form for your landlord to complete.

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.

Please ensure you keep a record of the rent you pay at all times.

5C About your property

What type of property do you live in?

- | | | |
|---|--|--|
| <input type="checkbox"/> 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 _____ |

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?

5C About your property continued

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

Is the property centrally heated? Yes No

Does the property have A garden? A garage? A parking space?

5D About your property

	Living room	Bedroom	Bedsit	Kitchen	Bathroom	Toilet
How many of these rooms are there 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 you have any other rooms what are they?						

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

	Yes	No/ Don't know	If Yes, how much?		Yes	No/ Don't know	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			
Garage							

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

6 Payment of benefit

6A Local Housing Allowance

If you are submitting a new claim for Housing Benefit in respect of privately rented accommodation your benefit will be calculated under the Local Housing Allowance scheme. To learn more about Local Housing Allowance (LHA), read our leaflet Local Housing Allowance - Information for Tenants or visit our website at www.plymouth.gov.uk

Do you pay rent for any of the following?

Hostel Yes No

Caravan/mobile home Yes No

Houseboat Yes No

Tenancy starting before 1989 Yes No

Board and lodging, Yes No

i.e. meals included in your rent

Housing Association Yes No

Charities or voluntary organisations Yes No

If you answered **No** to **all** of the above, please continue to **section 6B**.

If you have answered **'Yes'** to any of the above, your claim will not fall under the Local Housing Allowance scheme and previous Housing Benefit rules will apply. Therefore please tick below to indicate who you would like your benefit paid to:

You Your landlord Your landlord's agent

If you have ticked that you would like your benefit paid to you please complete section **6C**. If, however you have ticked that you would like us to send payments of your benefit direct to your landlord please complete **Section 7**.

6B Payments of Local housing Allowance

Under the Local Housing Allowance scheme you no longer have the option to request that payments are made direct to your landlord or agent. Payments will be issued to you, direct into your bank account. Therefore please complete the box below with details of the bank or building society account which you would like us to pay your benefit into.

6C Bank/building Society account details for direct payments

Bank/building society account details for direct payments

If you want us to pay your Housing Benefit directly into your bank account, please fill in the details below in capital letters.

Name of Bank	
Name of account holder	
Bank sort code	
Bank account number	
Branch address and postcode	
Your contact telephone number	

If you do not have access to a bank or building society account into which housing benefit payments can be made, or if you want payments to be made to a third party (not your landlord) please contact the Housing Benefit Office.

6D Vulnerability application

However, payment of LHA may be made to a landlord or letting agent where the local authority considers that a tenant may have difficulty managing their own financial affairs. If you feel this would apply to you or would like some more information on this, please read our booklet:

LHA Vulnerability Information for Claimants or complete the form LHA Application for landlord direct payments and authorisation to discuss.

If you would like us to send you an application form for LHA to be paid direct to your landlord please tick this box.

7 Direct Payments to landlord and authorisation to discuss your claim

Direct payments

If you would like us to consider sending payments of Housing Benefit to your landlord (or landlord's agent), please complete the table below.

(Please note by completing this section, this does not guarantee payments will be sent direct to your landlord)

Landlord or Agent's name	
Landlord or Agent's address and postcode	
Landlord or Agent's telephone number	

If the council decide to pay your Housing Benefit direct to your landlord or agent, we will contact them direct for details of their preferred payment method.

Declaration

I wish to have payments of my Housing Benefit made direct to the landlord/agent specified above:

Signed

Date

Authorisation to discuss

This section can be signed even if you do not want payments sent to your landlord. By signing the authority to discuss declaration, you are giving Plymouth City Council permission to discuss your Housing Benefit claim with the landlord or agent named on this form. The council will discuss matters such as your award amounts and any overpayments which may be recoverable from them. Matters regarding your personal income and other benefits, and overpayments which are recoverable from you will not be divulged.

Declaration

I agree for Plymouth City Council to discuss aspects of my Housing Benefit claim with my Landlord or Agent.

Signed

Date

If there is anyone else you are happy for us to discuss your housing benefit claim with, please provide details in Section 10.

8 Backdating your benefit

Housing and Council Tax Benefit is usually awarded from the Monday after the date we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for the delay in your claim. If you want us to consider paying your benefit from an earlier date, you must tell us the date you would like to receive benefit from and tell us why you did not submit a claim earlier.

Date you want to claim benefit from _____ / _____ / _____

Reason for not claiming earlier _____

During this period were your circumstances different to those you have told us about on this form?

Yes No If **Yes**, please tell us about it below.

We need proof of any differences in your circumstances for this period.

9 Checklist

You **must** answer every question in the sections which apply to your claim.

We need proof of all the information you have provided on your 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 benefit to you.

If you cannot provide any proof now, return the form to us straight away, and send us the information we need within one month.

Please tick what proof you are enclosing with the form.

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

10 Any other information

Please add below any additional information you feel may support your claim, including any future changes to the details you have provided.

11 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 Benefit 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 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.
- 5 Once my claim is assessed, I will be contacted occasionally to review my claim either by telephone, post or visit, therefore I must notify the council of any changes in my circumstances.

I will tell the Housing Benefit section of the 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 Income Support, Job Seekers Allowance, Employment and Support Allowance 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 any 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 Plymouth City Council 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

If the form is 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

Your address and telephone number

Name

Address

Postcode

Revenues and Benefits
Ground Floor
Civic Centre
Plymouth
PLI 2AA