

# A claim form for Housing Benefit and Council Tax Benefit



Date of contact

Benefits Ref   
Council Tax Ref

Property Ref

DATE STAMP

## PART 1 About you and your partner

Do you have a partner who normally lives with you?

No  Yes

If you have a partner, you must answer all the questions about them

By partner we mean a person you are married to or a person you live with as if you are married to them, or a civil partner or person you live with as if you are civil partners.

You

Your partner

Last name

Other names

Title (for example: Mr, Mrs, Ms)

Address   
  
Postcode

  
  
Postcode 

Date of Birth  /  /

 /  / 

National Insurance number  
You can find this on payslips or letters from Job Centre Plus, Pension Service or the tax office. We cannot decide your claim if we do not have your National Insurance number.

Letters	Numbers						Letter			

Letters	Numbers						Letter			

**You must provide proof that your National Insurance number belongs to you. See notes for examples.**

Tell us any other names you have used

Your home and mobile phone numbers

If you have moved home in the last 12 months tell us your last address.  
If you have moved more than once please give details in Part 14.  
At your last address were you a:

  
  
Postcode 

You

Your partner

Tenant  Owner  
 Living with other

Tenant  Owner  
 Living with other

Other (please specify below)

Other (please specify below)

When did you move to where you now live?

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

Please give reason for the delay

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

 No Yes No Yes

When did you claim?

What address did you claim for?

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?

We may write to you about this.

We may write to you about this.

 No Yes No Yes

What date did you last arrive in the UK? The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner in hospital at the moment?

 No Yes No Yes

When did you or your partner go in?

When do you or your partner expect to come out?

Are you or your partner:

● a student or student nurse

 No Yes No Yes

**You must provide proof of any student loan you receive**

● an apprentice or on youth training

 No Yes No Yes

● in legal custody

 No Yes No Yes

● severely mentally impaired

 No Yes No Yes

● registered blind

 No Yes No Yes

● long-term sick or disabled and incapable of work

 No Yes No Yes

Do you or your partner pay towards the upkeep of a student?

 No No Yes - Tell us about this below Yes - Tell us about this below

How much do you pay?

How often?

**We need to see proof of identity for both you and any partner you have. Read the checklist to see what you can use as proof.**

Do you have a bedroom that a carer uses so they can stay overnight to give you care? Do not include carers here who live with you permanently, the carer must have their own main address.

No  Yes

## PART 2 About Children

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

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

Do you want to claim for any children?

No Go to Part 3  Yes

Tell us about the children you want to claim for. If there are more than three children, use a separate sheet of paper

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

	Second child	
Last name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/> / <input style="width: 33%; text-align: center;" type="text"/>
What is the child's sex?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
The child's relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Usual address if different from yours	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
	Postcode	Postcode
Child Benefit number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Who gets the Child Benefit for them?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you receive maintenance payments for the child?

No  Yes  No  Yes  No  Yes

If yes, how much?

£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
--	--	--

Is the child registered blind or getting Disability Living Allowance?

No  Yes  No  Yes  No  Yes

Are you or your partner working and having to pay child care costs for any of these children?

No  Yes  No  Yes  No  Yes

For example, to a childminder, nursery or after-school club

Tell us the name and registration number of any child-minder/nursery

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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### We need to see proof of this

How much do you pay a week?

£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
--	--	--

**We need to see proof of childcare costs. Read the checklist to see what you can use as proof.**

## PART 3 About other people who live with you

Do any adults normally live with you and your partner?

No Go to Part 4  Yes

By adults we mean people over 16 who nobody gets Child Benefit for.

For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, sub-tenant, joint tenant. If you want to tell us about more than three people, use a separate piece of paper.

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

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

First person

Second person

Third person

Last name




Other names




Date of Birth




Their relationship to you




National Insurance number




Do they pay rent or money for board and lodgings to you or your partner?

No

No

No

Yes - Tell us about it below

Yes - Tell us about it below

Yes - Tell us about it below

£  a week

£  a week

£  a week

Does this include money for food?

No

Yes

No

Yes

No

Yes

Does this include money for heating?

No

Yes

No

Yes

No

Yes

**If they are a sub-tenant, joint tenant or boarder you do not need to answer the following questions about them**

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

No

Yes

No

Yes

No

Yes

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

No

Yes

No

Yes

No

Yes

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

No

Yes

No

Yes

No

Yes

Are they severely mentally impaired?

No

Yes

No

Yes

No

Yes

Are they in legal custody at the moment?

No

Yes

No

Yes

No

Yes

When are they expected to come out?

 /  / 
 /  / 
 /  /

Are they in hospital at the moment?  No  Yes  No  Yes  No  Yes

When did they go in?

When are they expected to come out?

Do they normally work for 16 hours or more a week?  No  Yes  No  Yes  No  Yes

Tell us about their earnings before deductions for things like tax and National Insurance.

**We need to see proof of income and any earnings received by other people who live with you. Read the checklist to see what you can use as proof.**

Do they have any other income at all?  No  Yes  No  Yes  No  Yes

If they have more than one other income please list it on a separate sheet.

Name of other income	Name of other income	Name of other income
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are sending a separate sheet please tick this box

How much is it before deductions?	How much is it before deductions?	How much is it before deductions?
<input type="text" value="£"/> a week	<input type="text" value="£"/> a week	<input type="text" value="£"/> a week

**Important! We need to see evidence of other incomes**

Do they get any interest or dividends from savings or investments?  No  Yes  No  Yes  No  Yes

How much was the last payment or credit?	How much was the last payment or credit?	How much was the last payment or credit?
<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
How often are payments or credits made?	How often are payments or credits made?	How often are payments or credits made?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of the people you have told us about married to each other, civil partners, or living together as if they are married or civil partners?  No  Yes

Tell us their names?  is the partner of

## PART 4 About State Benefits and Pensions

	You		Your partner	
Are you or your partner entitled to Income Support, income-based Jobseeker's Allowance, Guarantee Pension Credit or income related Employment and Support Allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
When did you start getting it?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Are you or your partner waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Guarantee Pension Credit or Income related Employment and Support Allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
When was the claim made?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Do you or your partner get Disability Living Allowance?	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes - How much?		<input type="checkbox"/> Yes - How much?	
	Care: £ <input type="text"/>		Care: £ <input type="text"/>	
	Mobility: £ <input type="text"/>		Mobility: £ <input type="text"/>	
Do you or your partner get Attendance Allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does anyone get Carer's Allowance for looking after you or your partner?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please give their name and address	<input type="text"/>		<input type="text"/>	
Have you or your partner ever claimed Carer's Allowance? Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you or your partner entitled to any other benefits or waiting to hear about other benefits you have claimed?			<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please tell us about any benefits you or your partner are getting now or have claimed. Some of these benefits may not be included in the calculation of Housing Benefit and Council Tax Benefit. You must still include them on this form and provide proof of them.

- Attendance Allowance
- Bereavement Allowance
- Carer's Allowance
- Contribution-based Jobseeker's Allowance
- Employment and Support Allowance
- Industrial Injuries Disablement Benefit
- Industrial Injuries Benefit
- Incapacity Benefit
- In Work Credit
- Maternity Allowance
- Retirement Pension
- Savings Credit from The Pension Service
- Severe Disablement Allowance
- Statutory Sick Pay or Statutory Maternity Pay
- War Pension or War Widow's Pension
- War Disablement Benefit
- Widow's or Widower's Benefits
- Return to Work Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on the next page. If you are getting or have claimed more than four benefits, use a separate sheet of paper.

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

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (For example into a Bank Account, please give account name and number)	<input type="text"/>	<input type="text"/>

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (For example into a Bank Account, please give account name and number)	<input type="text"/>	<input type="text"/>

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (For example into a Bank Account, please give account name and number)	<input type="text"/>	<input type="text"/>

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now	<input type="checkbox"/> Waiting to hear <input type="checkbox"/> Getting now
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (For example into a Bank Account, please give account name and number)	<input type="text"/>	<input type="text"/>

**We need to see proof of any money coming in. Read the checklist to see what you can use as proof.**

## PART 5 About being self-employed

Are you or your partner self-employed?

No - Go to Part 6

Yes - Answer the questions on this page.

**You must send us 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 some other proof of your income. Please ask for a self employed declaration form.**

	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"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business name and address?	<input type="text"/> Postcode	<input type="text"/> Postcode
Are there any other partners in the business?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tell us their name and address.	<input type="text"/> Postcode	<input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/> hours	<input type="text"/> hours
Do you get a Business Start-Up Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>
Do you pay into a private or company pension scheme?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>

**We need to see proof of your business income. Read the checklist to see what you can use as proof.**

## PART 6 About working for an employer

Do you or your partner work for an employer?

No Go to Part 7

Yes Answer the questions on this page. If you work for more than one employer, tell us about this in part 7.

You

Your partner

What kind of work do you do?

What is your payroll number?

What is your employer's name and address?

When did you start this job?

 /  /  /  / 

Are you employed for a limited period?

No  Yes

No  Yes

When will you finish?

 /  /  /  / 

How often do you get paid?

 Every Every

How much do you get paid?  
Before deductions for things such as tax and national insurance

 £ £

How do you get paid?  
For example, cash, cheque, account transfer

If known, when is the date of your next pay review?

 /  /  /  /

How many hours a week do you usually work?

hours

hours

Give details of any overtime, bonuses, commission or tips

Are you getting any sick pay or maternity, paternity or adoption pay from your employer at the moment?

No  Yes

No  Yes

When did this start (date)

Do you pay into a private or company pension scheme?

No  Yes

No  Yes

How much?

£

£

How often?

Every

Every

I give my permission for you to ask my employer for details of my earnings

**Important! We must see evidence of any earnings before we can decide how much benefit you can get. We normally need your last 5 wage slips if you are paid every week, your last 2 wage slips if you are paid every month, or your last 3 pay slips if you are paid fortnightly.**

If you are unable to provide the evidence we require, please ask us for an "Employer's Certificate of Earnings" that your employer, or your partner's employer, can complete. The "Employer's Certificate of Earnings" must be returned to us before we can work out your benefit.

## PART 7 About any other work

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

No - Go to Part 8

Yes - Answer the questions on this page.

You

Your partner

What other work do you do?

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

  
Postcode   
Postcode 

When did you start this work?

Do you get paid?

No  Yes

No  Yes

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

How much?

£

£

How often?

Every

Every

## PART 8 About other money coming in

Do you or your partner, have any money coming in that you have not already told us about on this form?

- No Go to Part 9  
 Yes Answer the questions on this page

This includes:

- occupational/private pensions;
- Working Tax Credit/Child Tax Credit;
- maintenance paid to you, or your partner, that is NOT for the children;
- cash payments;
- rental income from other properties;
- students loans;
- fostering allowances;
- Tell us if you or your partner are over 60 and could get money from a private pension plan but have chosen not to;
- Also, tell us if you, your partner or your dependents have applied for, or are due but have not yet received, any other income;
- You do not need to tell us about payments from The Independent Living Fund, The Eileen Trust, the MacFarlane Trust or the Skipton Fund.

### Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

How is it paid? (For example cash, cheque, into bank account)

When did this start?

### Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

How is it paid? (For example cash, cheque, into bank account)

When did this start?

### Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

How is it paid? (For example cash, cheque, into bank account)

When did this start?

**We need to see proof of any money coming in.  
Read the checklist to see what you can use as proof.**

## PART 9 Bank/Building Society Accounts - Capital & Savings

You may not be entitled if you have more than £16,000. Please ask for details.

Do you or your partner, have any bank or building society accounts, capital, savings or investments?  No Go to Part 10  Yes

This includes: ● current accounts ● cash savings ● savings accounts with a bank or building society ● post office accounts ● premium bonds ● stocks and shares ● National Savings Certificates ● Internet savings/investment accounts

Do you, your partner, have any bank/building society accounts?  No  Yes Tell us about all your bank/building society accounts, even if they are overdrawn. If there are more than six bank

accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Name of bank/building society	Account number	Whose name is the account in?	How much is in the account?
<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"/>	£ <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"/>	<input type="text"/>	£ <input type="text"/>

Do you or your partner have any post office accounts?  No  Yes Tell us about all your post office accounts, even if they are empty. If there are more than two post office accounts, tell us about the others on a separate piece of

paper and send it with this form.

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

Name of account	Account number	Whose name is the account in?	How much is in the account?
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Do you or your partner, have any premium bonds?  No  Yes Value £

Do you or your partner, have any National Savings Certificates?  No  Yes

Issue number	Value	How many?
<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Issue number	Value	How many?
<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Do you or your partner have any stocks, shares, bonds or unit trusts?  No  Yes

Company name	How many?
<input type="text"/>	<input type="text"/>

Company name	How many?
<input type="text"/>	<input type="text"/>

Do you or your partner, have any other capital, savings, investments or trusts?  No  Yes  
Tell us about any here, such as TESSA's or ISA's.

Do you or your partner, own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?  No  Yes  
Say 'Yes' even if you have a mortgage or loan for the property, land or timeshare.  
What is the address?  
  
Postcode

How much is it worth? £

If you have a mortgage or loan for this, how much is left to repay? £

Have you or your partner received a Far Eastern Prisoner of War payment or Holocaust Survivors payment?  No  Yes If yes, how much? £

Have you or your partner received a payment from the vCJD trust?  No  Yes If yes, how much? £

**We need to see proof of all the capital, savings and investments.  
Read the checklist to see what you can use as proof.**

## PART 10 About rent

Do you pay rent for your home?

No Go to Part 12  Yes Answer the questions below.

When did you start renting your home?

/  /

When did you move into your home?

/  /

What sort of tenancy do you have?  
For example, shorthold, or tied property

How long is the tenancy for?

/  /  to  /  /

Please tick to show if the property is let as:

furnished  partly furnished  
 minimally furnished  unfurnished

How much is your rent?

£  every   
(week/fortnight/four weeks/month)

Is anyone else a joint tenant with you and your partner?

No  Yes

Tell us their names

Has your rent changed in the last 12 months?

No  Yes

**Send us proof of the date it changed, and how much it changed**

When is the next rent increase due?

/  /

Has your rent been registered as a fair rent by the Rent Officer?

No  Yes

Do you have any weeks when you do not have to pay rent?

No  Yes How many?

Are you behind with your rent?

No  Yes by how many weeks?

Did you or your partner own the property you now live in at any time?

No  Yes

Who pays the Council Tax at your home? (please tick.)

You and your partner  Your landlord  Someone else

If 'someone else' tell us who pays the Council Tax.

Has a member of your household died in the last 12 months?

No  Yes

When did this happen?

/  /

**We need to see proof of your rent and tenancy. Read the checklist to see what you can use as proof.**

Does your rent include money for the following?

Meals

No  Yes How much?

Which meals are included?

Water rates

No  Yes How much?

Heating

No  Yes How much?

Lighting

No  Yes How much?

Hot water

No  Yes How much?

Fuel for cooking

No  Yes How much?

Laundry

No  Yes How much?

Cleaning of rooms or windows

No  Yes How much?

Gardening

No  Yes How much?

Garage or parking space

No  Yes How much?

Do you have to rent the garage as part of your tenancy agreement?

No  Yes

Personal care and support

No  Yes How much?

Do you pay any service charges separate from your rent?

No  Yes How much?

For example, site rentals, mooring fees, cleaning or lighting in shared areas, an alarm system, a warden or lift maintenance.

What for?

What is your landlord's name and address?

By landlord we mean the person or company who owns the property you live in.

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

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

No  Yes

Related includes related through marriage, even if the marriage has ended, or Civil Partnership

What is the relationship?

I give my permission for you to ask my landlord or their agent for proof of the  rent

**We need to see proof of your rent and tenancy.  
Read the checklist provided to see what you can use as proof.**

## PART 11 About where you live

What sort of building do you live in?

Detached house		Flat in a house		Hotel	
Semi-detached house		Flat in Block		Board and lodgings	
Terraced house		Flat over a shop		Caravan, mobile home or houseboat	
Maisonette		Bedsit or rooms		Residential nursing home	
Bungalow		Hostel		Residential care home	
Chalet				Other (please describe)	

How many floors are there in the building?

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

No  Yes

If yes, where in the building do you live?

At the front     In the middle     At the back  
 Left     Right     Centre

Who is responsible for internal decorations?

You     Your landlord

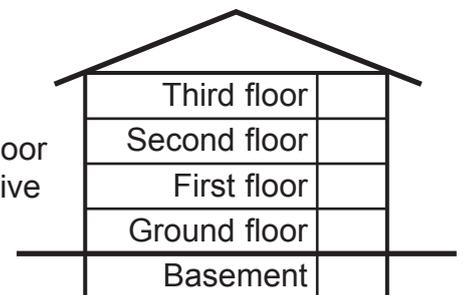
Does where you live have central heating?

No  Yes

Has your home been adapted for people with disabilities?

No  Yes

Which floor do you live on?



How many rooms are there in the building?

	In the whole building?	Just for you and your household?	That you share with other people?
Bedsitting rooms			
Living room			
Bedrooms			
Bathrooms			
Separate toilets			
Kitchens			
Other rooms			
Please tell us what the other room(s) is (are) used for			

Do you use your home for business?

No  Yes

Are you living away from home at the moment?

No  Yes - tell us about this below

Tell us why you are not living at home?

When did you last live at home?

/ /

When do you expect to go back home?

/ /

What is the address of where you are living at the moment?

Postcode

Have you sublet your home?

No  Yes

Who lives there now?

Do you have a main home somewhere else?

No  Yes - tell us about this below

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

What is the address?

Postcode

Do you pay rent on this home?

No  Yes

How much?

£

## PART 12a If you or your partner are aged 60 or over

If you or your partner are aged over 60, we may be able to award you Housing Benefit and/or Council Tax Benefit for up to 3 months before the date you claim. Please contact us for details. To help us decide whether we can do this, please answer the question below.

Have your circumstances changed in the last 3 months?

No

Yes - Please give details in the box below of anything that has changed. We might need to contact you to check these details.

This includes changes in the circumstances of anyone living with you

## PART 12b Backdating - if you and your partner are under 60

We usually award benefit from the Monday after the day you make your claim. Sometimes we can pay benefit from an earlier date, up to 6 months before the date that the request for backdating is received, 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.

Date you want to claim benefit from

**If your circumstances were different at that time you will need to give us details of those differences.**

**Please tell us below why you did not claim before now**

## PART 13 Anything else you need to tell us

Use this box to tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tick this box.

### Customer Feedback

If you have comments about the Benefits Service or suggestions for improvements, please use this space.

### OFFICIAL NOTES

### FOR USE BY SBC OFFICERS

DATE	ACTION	OFFICER

## PART 14 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check the information with other sources as allowed by the law. This includes other sections in the Council, the DWP's Housing Benefit Matching Service and the Audit Commission's National Fraud Initiative.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give information to other Council Sections and organisations if the law allows this.

I know I must let the Council's Benefit Section know immediately about any change in my circumstances which might affect my claim. Failure to report a change of circumstances is an offence and may result in court action.

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

Your signature	<input type="text"/>	Date	<input type="text"/>
Your partner's signature	<input type="text"/>	Date	<input type="text"/>

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 them.

I confirm that the information on the form is that given to me by the claimant. I have read the declaration to the claimant. They understand it and are aware of the need to report changes promptly.

Name of the person who filled in the form	<input type="text"/>
Signature	<input type="text"/>
Relationship to the person claiming	<input type="text"/>
Date	<input type="text"/>

## PART 15 Monitoring

Swale Borough Council is committed to Equal Opportunities. To promote and monitor this policy, to collect certain key information such as ethnic origin, gender and disability. We will use this information only to promote and monitor the Council's Equal Opportunities Policy. We may share this information with other Council Departments for the same purpose only.

This information will be held and processed in accordance with the Data Protection Act 1998. The Data Controller is Swale Borough Council.

You do not have to tell us any of this information, if you would prefer not to. It will not affect your entitlement to Housing Benefit or Council Tax Benefit.

Q1. What is your gender? Male  Female

Q2. What Age bracket do you fall in to?

18-20  20-29  30-39  40-49  50-59  60+

Q3. Do you consider yourself to have a disability?

The disability Discrimination Act defines disability as 'a physical or mental impairment with a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities.

Yes (Go to question 3a)  No (Go to question 4)

Q3a. How would you describe your impairments?

(Please mark an 'X' in all boxes that apply)

Physical impairment  Mental health/mental stress  Visual impairment/blind  
 Learning disability  Hearing/deaf  Other (Please specify)

.....

Q4. Which of the following postcode are you resident in?

ME9  ME10  ME11  
 ME12  ME13  Other

Q5. Which of these activities best describes what you are doing at present?

(Please only mark an 'X' in one box only)

Working full time  Working part time  Self employed  
 Full time education  Permanently sick/disabled  Unemployed (Available for work)  
 Other  Retired

Q6. How would you describe your ethnic origin?  
 (Please only mark an 'X' in one box only)

White	Mixed	Asian
<input type="checkbox"/> White British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> White Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White Other (Please Specify) .....	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other mixed Background (Please specify) .....	<input type="checkbox"/> Chinese
		<input type="checkbox"/> Other Asian Background (Please specify) .....
Black or Black British	Other	
<input type="checkbox"/> African	<input type="checkbox"/> (Please specify) .....	
<input type="checkbox"/> Caribbean		
<input type="checkbox"/> Other Black Background (Please Specify) .....		

Q7. What is your religious belief?  
 (Please only mark an 'X' in one box only)

<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> No Religion	<input type="checkbox"/> Other (Please specify) .....	

Q8. What is your sexual orientation?  
 (Please only mark an 'X' in one box only)

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Homosexual
<input type="checkbox"/> Would prefer not to say		

Thank you for taking the time to complete this survey, please return this information to the Housing Benefits Department of Swale Borough council. Please note that this information shall be used solely by the Borough Council to ensure their services are being accessed equally and fairly and to improve the existing services provided.

## PART 16 How you want to be paid

Only complete Parts 17 and 18 if you are claiming Housing Benefit.  
Council Tax Benefit is paid directly to your Council Tax Account.

Tenants getting Local Housing Allowance (LHA) - new claims and change of address after April 2008

Your benefit will be paid directly to you, unless the council believe this will cause you difficulty.  
(See Section 18b)

Housing Association Tenants and those Exempt from LHA - those living in caravans, mobile homes, houseboats and board & lodgings

You can have payments made to you or your landlord if you prefer (See Section 18a)

### 1. Paid direct into your bank or building society

This is a safe and easy way to get your Housing Benefit as it avoids the risk of cheques being lost, stolen, or delayed in the post.

In most cases, we will pay you in arrears. Please note, we can not pay benefit into a Post Office Card Account. If you do not have an

account that can receive direct payments see section 2 below.

The account can be:

- in your name; and/or
- in the name of your partner (we use partner to mean a person you live with as if you are married to them or as civil partners);

Please provide the following information.

Name of bank or building society

bank or building society sort code

Account name

bank or building society account number

Your signature

### 2. If we cannot pay you directly into an account, we will pay you by cheque

If you do not have a bank account please ask for our leaflet about how to open an account with a local bank.

You can also get information from Citizens Advice Bureau's Money Advice service on 08444 944124 for Sittingbourne/Sheppey or 08444 994125 for Faversham

You can get a free copy of the Financial Services Authority consumer leaflet 'No Bank Account? - why it could pay you to have one' 'No Selling. No Jargon. Just the facts about basic bank accounts' by phoning 0845 606 1234.

You can also get more information on bank accounts at their consumer website [www. moneymadeclear.fsa.gov.uk](http://www.moneymadeclear.fsa.gov.uk)

## PART 17 Sharing information with your landlord

Sometimes sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. Normally we would only share information with your landlord if you have agreed that your Housing Benefit can be paid directly to your landlord or have given permission to speak to your landlord.

In any case, under the Data Protection Act we need your permission to share any information.

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

- If we are still waiting for further information from you.
- The date your benefit starts and ends.
- The weekly amount of benefit.
- The dates of your payments.
- If your claim is suspended.
- If you request that future payments are sent to you.

In no circumstances will we give your landlord any information about:

- Your financial circumstances.
- Your personal or household circumstances.

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you give us permission but then change your mind, we will follow your wishes. Just contact us to let us know. If you want to give us permission to discuss your claim with your landlord, please sign below.

**I give Swale Borough Council permission to share information about my Housing Benefit claim with my Landlord  and/or their Agent**

Signature

Address

Date



## Landlord's / Agent's bank details

Payment will be made by BACS, please tell us the following details.

If you would like an alternative method of payment please contact us.

Name of bank or building society

Address

Postcode

Whose name is the account in?

Account Number

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

Sort Code

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

## PART 18b Paying benefit to your Landlord/Agent (Local Housing Allowance only)

If you rent your property from a private landlord you must fill in this section if you would like us to pay your benefit direct to your landlord. You must answer all questions and give us as much information and evidence as possible. We will use this information to decide whom we pay. If we do decide to pay your landlord, we will write to them for information about their bank details. The decision to pay your landlord will be reviewed regularly.

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

Learning difficulties  Yes  No

Physical disabilities  Yes  No

Mental Health problems  Yes  No

Coping with addiction, for example alcoholism, substance abuse or gambling  Yes  No

Other  Yes  No

If you have answered 'Yes' to any of the above, please tell us how they would affect you paying your rent

Do you currently receive any support/help in managing your finances?

Yes  No

If 'Yes' please tell us who helps you

Do you have anyone who could help/support you to manage your finances?

Yes  No

If 'Yes' please tell us who could help.

Do you currently have any rent arrears?

Yes  No

If you have answered 'Yes', please tell us how much, and what period the arrears cover.

Have you previously had any difficulties in keeping your rent payments up to date?

Yes  No

If 'Yes' please tell us why.

Do you have multiple debts?

Yes  No

If 'Yes', please supply details.

Do you have anyone helping you manage these debts?

Yes  No

If 'Yes', who is helping you?

Are any deductions being made from your income to repay debts?

Yes  No

If 'Yes', please supply details.

Please use the space below to give us any further information in support of your request to pay benefit to your landlord?

- The information given is true and correct
  
- I believe it to be in my/the tenants best interest to pay Local Housing Allowance directly to my/their landlord

Name

Signature

If you are not the claimant  
please state your  
relationship

Date

/ /