www.clacks.gov.uk

Email: benefits@clacks.gov.uk Telephone: 01259 450000

| Return b | y post | or in | person | to: |
|----------|--------|-------|--------|-----|
|----------|--------|-------|--------|-----|

Clackmannanshire Council Revenues & Payments Services Kilncraigs, Greenside Street Alloa FK10 1EB

Tel No: 01259 450000

| FOR OFFICE USE ONLY Council Tenant / Housing Association Trust / Private Tenant / Owner Occupier |
|--------------------------------------------------------------------------------------------------|
| Benefit Ref No |

Housing Benefit & Council Tax Reduction Form

Please complete this form and return it immediately to the address above or to your nearest local office.

Data Protection Statement

In line with Data Protection legislation and as the data controller Clackmannanshire Council will process your personal information for the purposes of collecting any Council Tax you owe us as per Local Government Finance legislation.

The Council has a duty to manage public funds properly. As a result, we will use the information you provide to make sure all amounts we are owed are paid on time (for example by identifying people who have not yet paid their Council Tax and claim benefit they are not entitled to).

Revenue Service will also use personal data held for Housing Benefit and Council Tax Reduction purposes to assist in the processing of all claims made for Welfare Benefits and the Scottish Welfare Fund.

In addition to the stated purposes, we are also legally obliged to share certain data with other public bodies such as DWP and will do so where the law requires this; we will also generally comply with requests for specific information from other regulatory and law enforcement bodies where this is necessary and proportionate. We may also check your details with other organisations for the purposes of confirming who is living at a particular address.

We may also use your information to create management information, including statistical analysis to help combat fraudulent claims and improve customer service and satisfaction.

The council maintains a records retention and disposal schedule which sets out how long we hold different types of information for.

You have the following rights:

To be informed- this right requires us to provide you with certain information when we receive personal data from you.

To have access to your personal data

To ask us to rectify any inaccurate personal data about you

To exercise a limited right to ask that we erase personal data that we use about you

To ask us to restrict our use of your personal data until such time as a dispute about accuracy or the Council's use of your personal data can be established

To make an objection to us about our use of your personal information based upon your particular circumstances

If you wish to exercise any of your rights, you should contact the Council's Data Protection Officer on 01259 450000 or email: dpo@clacks.gov.uk

Complaints

If you are disatisfied about the way we have used or are using or intend to use, you personal data, including where you believe we have not complied with your rights under data protection laws. The commissioner will investigate any complaints and will inform you of progress and the outcome of your complaint

Please read the following before completing this form

- Complete all sections of the form
- You **MUST** provide original documents for evidence of income and savings
- Remember to **read the declaration** at the end before signing and returning the form.
- You MUST report all changes in circumstances in writing immediately

| Section | 1 | - Ple | ease | tick | the | box | that | ар | plies | to | you |
|---------|---|-------|------|------|------|-----|------|-----|-------|----|-----|
| | | | - | | •••• | | | ~ [| 7 | | , |

| Please tick the box that applies to y | /ou |
|--------------------------------------------------------|------------------------------------------------------------------|
| a Council tenant | renting from a private landlord |
| a Housing Association tenant | own your home or paying a mortgage |
| a joint tenant | a joint owner |
| Date you moved into the property | |
| | |
| Section 2 - Personal Details | |
| *Partner we mean your Husband / Wife Civil Partner. | or a civil partner or someone you live with as Husband / Wife or |
| | CLAIMANT PARTNER |
| Surname | |
| Forename | |
| Date of Birth | |
| N I Number | |
| Your Telephone Number | |
| Your Email | |
| Are you the only adult aged 18 or ove | r in the house? Yes No No |
| If Yes, from what date? | |
| If someone has left the property, what | t is their name and new address? |
| Forename | Surname |
| | |
| Address | |
| Town | Postcode |
| | |

Section 3 - Children who live in your home aged 16 or under

Please list the names of dependant children living with you.

| Child 1 | Child 2 |
|-------------------------------|-------------------------------|
| Forename | Forename |
| | |
| Surname | Surname |
| | |
| Date of Birth | Date of Birth |
| | |
| Male/Female | Male/Female |
| | |
| Relationship to you | Relationship to you |
| | |
| Child benefit received Yes No | Child benefit received Yes No |
| | |
| Child 3 | Child 4 |
| Forename | Forename |
| | |
| Surname | Surname |
| | |
| Date of Birth | Date of Birth |
| | |
| Male/Female | Male/Female |
| | |
| Relationship to you | Relationship to you |
| | |
| Child benefit received Yes No | Child benefit received Yes No |
| | |
| | |
| Child 5 | Child 6 |
| Forename | Forename |
| | |
| Surname | Surname |
| | |
| Date of Birth | Date of Birth |
| | |
| Male/Female | Male/Female |
| | |
| Relationship to you | Relationship to you |
| | |
| Child benefit received Yes No | Child benefit received Yes No |

Section 4 - Other people who live with you aged over 16

Please list the names of other people who live with you.

| 1 | 2 |
|-------------------------------------|-------------------------------------|
| Forename | Forename |
| | |
| Surname | Surname |
| | |
| Date of Birth | Date of Birth |
| | |
| Relationship to you | Relationship to you |
| - :: | |
| Type of Income | Type of Income |
| Amazunt | Associate |
| Amount £ | Amount £ |
| How Often Paid | How Often Paid |
| | Tiow Often Faid |
| | |
| 3 | 4 |
| Forename | Forename |
| | |
| Surname | Surname |
| | |
| Date of Birth | Date of Birth |
| | |
| | |
| Relationship to you | Relationship to you |
| Relationship to you | Relationship to you |
| Relationship to you Type of Income | Relationship to you Type of Income |
| | |
| Type of Income Amount | Type of Income Amount |
| Type of Income Amount £ • | Type of Income Amount £ |
| Type of Income Amount | Type of Income Amount |
| Type of Income Amount £ • | Type of Income Amount £ |
| Type of Income Amount £ • | Type of Income Amount £ |
| Type of Income Amount £ • | Type of Income Amount £ |

Section 5 - Earnings No Is your partner working? Are you working? Yes Yes No Please give details of all earnings received and how often it is paid. (eg weekly, four weekly, monthly etc) YOU Name and Address of Name of Employer **Employer Address** Town **Postcode Gross Amount** £ **Hours Worked** When paid **YOUR PARTNER** Name and Address of Name of Employer **Employer**

Address

Town

£

Gross Amount

Hours Worked

When paid

| Do You Pay Childminding Costs Yes No |
|------------------------------------------|
| Name of Childminder/Nursery |
| Address of Childminder Nursery |
| Town Postcode |
| Registration No How much do you pay? £ |

Postcode

Section 6 - What income do you and your partner have?

Please give details of all unearned income including benefits, pensions and allowances received. Details of any benefits, pensions, claimed but not received yet.

| | C | LAI | M | AN' | Т | | PARTNER | | | | | | | | | |
|-----------------|---|-----------|---|-----|---|---|---------|--|--|---|--|--|--|--|---|--|
| Type of Income | | | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Type of Income | | | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Type of Income | | | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Type of Income | | \square | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Type of Income | | | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Type of Income | | | | | | | | | | | | | | | | |
| Amount | £ | | | | | • | | | | £ | | | | | • | |
| How Often | | | | | | | | | | | | | | | | |
| How is it paid? | | | | | | | | | | | | | | | | |

Section 7 - Any Changes

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| Do Ple | yc eas | u o | or y | oui de | r pa | rtr s of | ner f all | hav I sav | ve a | any gs, | ba inv | nk, est | /bu | uild ent | ing s, s | so har | cie es, | ty a | acc | oui | or / | lar | nd. | Th | is i | inc | lud | | | rre | nt | No acc | | nts | |
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Section 9 - Your home and your rent

Do not complete if you are an owner/occupier.

| Your Tenancy | Title |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| What is your landlord's name? | |
| What is their address? | |
| Are you, your partner, or any of you or y landlord's partners or the agent's partner | our partner's children related to your landlord or agent, or to your er? Yes No |
| If Yes , what is the relationship? | |
| Does the landlord live in the property you rent? | Yes No |
| Do you pay money to a letting agency for the home you rent? | Yes No |
| If Yes, please state their name and address here: | Name |
| Date tenancy started Date tenancy ends | |
| When did you move in? Or when are you going to move in? | |
| Is it a shorthold tenancy? If No, what type of tenancy do you have? | Yes |
| Are you a joint tenant? | Yes No Surname |
| If Yes, please state other tenant(s) name(s) here: | |
| Your share of rent: | <u> </u> |

Your Home

| Please tick the box which | :h best desc | ribes your ho | me | | | | |
|---------------------------------------------------------|-----------------|----------------|----------------|--------------|----------------|----------------------|--------------------|
| If it is a House , is it | Detached | d Sem | i-detached | Terr | aced | Room(s) i | n house 🗌 |
| If it is a Bungalow , is it | Detached | d Sem | i-detached | Teri | raced Ro | om(s) in bu | ingalow 🗌 |
| If it is a Caravan , is it | Stati | c 🗌 | Tourer | | Connecte | d to mains | services |
| If it is a Flat , is it | In a house | e Over S | hop Ir | a block | Bedsit | Room(s) | in hotel or hostel |
| If you have a bedsit, flat | , room(s) in | a hotel or ho | stel, please t | ick to state | where in the I | oroperty th | ey are: |
| | Fron | t Ce | ntre | Back | Room N | umber | |
| How many floors are the | ere in the w | hole building | ? | | Floors | 5 | |
| | What floor | (s) are you or | n? | | Floors | 5 | |
| | | | | | | | |
| About Your Home | | | | | | | |
| Please state the total nu have to yourselves and | | • | | | | | our family |
| | Living Rooms | Bedrooms | Bedsits | Kitchens | Bathrooms | Toilets | Other Rooms |
| Total number in your home | | | | | | | |
| Number used by you and your family | | | | | | | |
| Number you share with other tenants and/or you landlord | | | | | | | |
| Is your home furnished | by your land | llord? | Fully | / | Partly | Not | at all |
| Does your home have co | entral heatir | ng? | Ye | 5 | No 🗌 | If you live | in a |
| Who pays for decorating | g the inside | of your home | ?? You | ı 🗌 Lan | dlord | bedsit do cooking fa | |
| Do you have a garage? | | | Yes | 5 | No 🗌 | room? | wei iii youi |
| Do you have a garden? | | | Yes | 5 | No 🗌 | Yes | No 🗌 |
| Do you or your family us | se any room | for business? | ? Ye | 5 | No 🗌 | | |
| Do you (and your partn | er) sub-let a | ny rooms? | Yes | 5 | No 🗌 | | |

| Your home | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|-----------------|-------------|
| How much rent do you (and yo partner) pay? | ur £ | | |
| How often do you pay this? | EACH | | |
| Who do you pay rent to? | | | |
| Has your rent been registered with the rent officer? | vith Yes No Don'i | t know | |
| Do you have any weeks when y not pay rent? | vou do Yes No | | |
| If yes, please say when: | from / / | to | / |
| What your rent includes | | | |
| Are any of the following service | es Included | Yes No | How Much? |
| included in your rent? If you get a separate bill or the | Heating | | £ . |
| service is not provided tick No . If Yes , please also say how muc | HIGHIIIIG | | £ . |
| it costs (if you know) | Electricity or Gas for Cooking | | £ . |
| | Hot Water | | £ . |
| | Council Tax | | £ . |
| | Cleaning of Rooms and Windows | | £ |
| | Laundry | | £ |
| | Emergency Alarm | | £ |
| | General Counselling and Support | t 🗌 | £ |
| | Personal Care and Support | | £ . |
| | Medical | | £ |
| | Warden | | £ |
| | Cleaning of Shared Areas | | £ |
| | Heating of Shared Areas | | £ |
| | Lighting of Shared Areas | | £ |
| | Other Services | | £ |
| Meals Are mea | ıls included in your rent? Yes | No 🗌 | |
| If Yes , ho | ow many meals do you get each day? (tio | ck the box whic | ch applies) |
| breakfas | st only 2 meals each day | 3 meals eac | h day |

Social Sector Size Criteria

You may be affected if you are deemed to have one or more spare bedrooms. This is known as the "bedroom tax" or under-occupation charge. The reduction will be a fixed percentage of 14% for 1 room and 25% for 2 or more extra bedrooms.

The following will be expected to share:

- every adult couple (married or unmarried)
- any two children of the same sex aged under 16
- · any two children aged under 10
- any other child (other than a foster child or child whose main home is elsewhere)

The following can have their own bedroom:

- a single adult (16 or over)
- a child that would normally share but shared bedrooms are already taken, for example you have 3 children and 2 already share
- a child who is disabled and unable to share.
- a carer, who does not live with you, but provides you or your partner with regular overnight care.
- a member of a couple who is prevented from sharing due to a disability.

Discretionary Housing Payments

| , | please sign the declaration below in order to apply. | g benefit of offiversal credit (nousing |
|-----------|------------------------------------------------------|-----------------------------------------|
| | | |
| Signature | | Date / / / |

Section 10 - How We Pay Your Housing Benefit - Tenants Only

This does not apply to Council Tenants, Housing Association Tenants, tenants of Caravans etc.

If you are a private tenant we recommend that you choose to get your money paid directly into your bank account. If we cannot pay into your account, we will send you a crossed cheque. **Please note that we cannot make payments into Post Office Card Accounts.**

| Please tell us how you want your housing benefit paid. | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|---|--|--|--|---|--|--|----------|--|--|--|--|-----------|-----|------|------|
| Please tick one: Please pay straight into my account Please pay me by cheque | | | | | | | | | | | | | | | | | | |
| If you want your benefit paid directly into your bank account, please provide the following information: | | | | | | | | | | | | | | | | | | |
| Name of Your Bank | | | | | | | | | | | | | | | | | | |
| Address of Your Bank | | | | | | | | | | | | | | | | | | |
| | <u> </u> | | + | | | | | | | <u> </u> | | | | | | | | |
| Name of Account Holder | | | | | | | | | | | | | | | | | | |
| Account Number | count Number Bank Sort Code | | | | | | | | | | | | | | | | | |
| If you experience difficulty in managing your rent payments please contact 01259 450000. This will allow the council to consider making payments direct to your landlord on your behalf. With effect from 30th April 2006, ALL Private Landlords letting properties in Scotland must have applied for registration in the Register of Landlords. It is a criminal offence to let a property if it is not registered. | | | | | | | | | | | | | | | | | | |
| Section 11 - 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. Under the Data Protection Act we need your permission to share information. If you give us permission, we would be able to tell your landlord: | | | | | | | | | | | | | | | | | | |
| whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and whether we need further information to make a decision on your claim, and if so what information this is. | | | | | | | | | | | | | | | | | | |
| There may be other information about your claim that we need to check with your Landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord. | | | | | | | | | | | | | | | | | | |
| We will NOT give your landlord any information about: • your personal or household circumstances or your financial circumstances | | | | | | | | | | | | | | | | | | |
| If you do not give us perm permission but then chan | | | | | | | - | | | | | | | | า. If | you | give | e us |
| If you want to give us permission to discuss your claim with your landlord, please sign below. I give Clackmannanshire Council permission to share my information about the progress of any Housing | | | | | | | | | | | | | | | | | | |
| Benefit claim with my landlord or their representative. | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Section 12 - Declaration

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

- I have read and understood the information Clackmannanshire Council have provided in this form.
- The information I have given in this form is true and complete.
- I understand that Clackmannanshire Council may use the information I have given to prevent fraud and detect crime.
- I understand that I must tell Clackmannanshire Council about any changes in my circumstances or the circumstances of my partner, my children and anyone living with me.
- I will tell you if any details in the letter you send me are incorrect.
- I understand, that under the Data Protection Act, Clackmannanshire Council can give information about my claim to organisations that are listed in the Council's data protection registration. These include government agencies, council departments, HM Revenues and Customs, The Rent Service, other councils and fraud officers.
- I understand that if I do not tell you about any changes, I may have to repay any overpayment and I may also be prosecuted, have to pay a fine or other action be taken against me.

| Signature of Claimant | Date / / / | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|------------|--|--|--|--|--|--|--|--|--|--|
| Signature of Partner | Date / / / | | | | | | | | | | |
| If you are completing this form on behalf of the claimant you must complete the following section - | | | | | | | | | | | |
| Name of person completing the form | | | | | | | | | | | |
| Title Forename Surname | | | | | | | | | | | |
| | | | | | | | | | | | |
| Signature of the person | | | | | | | | | | | |
| Relationship to Claimant | | | | | | | | | | | |
| Why are you completing this form? | | | | | | | | | | | |
| | | | | | | | | | | | |

If there are any **other** circumstances which you believe may assist your claim please complete on a separate sheet.

Benefit fraud is a criminal offence that costs the average family unnecessary taxes.

YOU can make a difference. **PLEASE RING THE HOTLINE ON 0800 854 440** to make an anonymous allegation or to report your suspicions about suspected fraud.

You can also report fraud on line at www.gov.uk/benefit-fraud

Clackmannanshire Council is a Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at Revenue & Payments Services, contact details on front page.