www.clacks.gov.uk

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

Return in person or by post to:

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

Tel No: 01259 450000

FOR OFFICIAL USE ONLY

Benefit Ref No

Issued Received
Neceived
Housing Benefit & Council Tax Reduction Claim Form
The Applicant
Title Forename Surname Address
Address
Town Postcode IIII
Please tick
Owner Occupier Housing Association Tenant Council Tenant
Private Tenant
Private Tenant

Have your or your partner come to live in the UK within	n the last 2 years?	Yes	No 🔲 🗎
If yes, what is your nationality?			
Which country did you live in?			
Why have you come to live in the UK?			
How long do you plan to stay?			
Do you still have bank accounts or property overseas?		Yes	No 🗌

GUIDANCE NOTES

- 1. Each section has a proof box, which tells you what we need to see. If it is a new claim, we must see proof of your identity. We need to see original documents, photocopies are not acceptable. Documents must be clear and legible, if we cannot read them we cannot accept them. If you are sending original documents by post we recommend using Recorded Delivery to ensure they do not go astray. Please also make sure you use the correct postage.
- 2. If you and/or your partner have capital/savings of £16,000 or more, you will not qualify for Housing Benefit or Council Tax Reduction, unless you are aged 60 or over and receiving Guarantee Pension Credit.
- 3. **Backdate of Benefit:** In exceptional circumstances, if you have a good reason for failing to claim earlier we may be able to backdate your entitlement to benefit. **The Government's rule for late claims are strict.** If you delay sending your form back to us, you will probably lose benefit. The time limit has changed to one month for working age claimants and 3 months for pensioners from the date we receive your application, but you must be able to provide you had good reasons for not claiming earlier. You need to have a good reason for every day during the time you want to be considered for backdating. If applicable you must write to us on a separate sheet, giving your reasons for not applying earlier. We will look into your claim and notify you of your decision. **PLEASE NOTE: Ignorance of the rules does not count as a valid reason** and it is not good enough just to provide that you had a low income during the time you want to claim for.
- 4. Once you have completed the form, read over it again to make sure you have included all the information required and if you are satisfied please return the form without delay to any of the offices listed on the back of the form.
 - **REMEMBER:** If you delay returning the form, you may lose benefit. If you do not have all the documentary evidence needed to support your claim, the timescale is one month.

Please write clearly and answer all the questions. If a question does not apply to you write N/A (not applicable)

Section A - About you and your partner

By partner we mean your husband or wife, or someone you live with as if you were married to them or a civil partner. (You must provide your National Insurance Number for both yourself and your partner)

PROOF OF IDENTITY - We need to see 2 original items of identification before we can assess all new claims (we cannot accept photocopied documents). They could be: Driving Licence, Birth Certificate, Marriage Certificate, NI Number Card, Valid Passport, Medical Cart or recent printed wage slip.

PROOF OF NATIONAL INSURANCE NUMBER: We need to see the original proof of your National Insurance Number for both you and your partner before we can assess your claim. This could be: P45, P60, Wage/Salary Slips, Income Tax Letter, DWP Letter, RD3 National Insurance Card. If you don't have proof now, you can send or bring it to us whin 4 weeks.

	YOU	YOUR PARTNER
Surname		
Forename		
Title		
Former Name		
Date of Birth	/ / /	
N I Number		
Sex		
Marital Status		
In Hospital	Yes No	Yes No
If Yes when did you go in?		
Name of Hospital		
When do you expect to come out?		
Does anyone get Invalid Care Allowance for looking after your or your partner?	Yes No	Yes No
Do you have an overnight carer?	Yes No No	Yes No No
Are you the only adult aged 18 or over	in the house? Yes No	o 🗌
If someone has left the property, what	is their name and address	
Title Forename	Surname	
Address		
Town	Postcode	

Please tick if you or your partner are:				
	YOU		YOUR PART	NER
a student	Yes N	lo 🗌 Y	/es 🗌	No
a student nurse	Yes N	lo 🗌 Y	es	No 🗌
an apprentice	Yes N	lo 🗌 Y	res 🗌	No 🗌
a skillseeker	Yes N	lo 🗌 Y	/es 🗌	No 🗌
severely mentally impaired	Yes N	lo 🗌 Y	/es	No 🗌
registered or certified blind	Yes N	lo 🗌 Y	/es	No
long term sick or disabled and incapable of work	Yes N	lo 🗌 Y	/es	No 🗌
a carer	Yes N	lo 🗌 Y	res 🗌	No 🗌
in legal custody	Yes N	lo 🗌 Y	res 🗌	No 🗌
If in legal custody, which prison / remand centre?				
expected release date	//			
Give the names of any other joint owners	or tenants			
Title Forename Title Forename Title Forename	Surname Surname			
Section B - Children who live with a Do you have any dependant children living a If Yes, and you receive Child Benefit, comp If Yes, and you do not receive Child Benefit If No, go to Section C Section B1	with you? elete Section B1	n is about dependa Yes 🗍 B2	ant children. No	
Child 1				
Surname	Date child	benefit ends	//	
Forename	Does the	child live with you?	Yes	No 🗌
Relationship	Do they re Allowance	eceive Disability Liv	ing Yes	No
	Are they r	egistered blind?	Yes	No
Sex	Are they i	n full-time educatio	on? Yes	No 🗌
Date of Birth / / / / / / / / / / / / / / / / / / /		y Childminding cos ild? (eg. childmind		No _

Child 2			
Surname	Date child benefit ends /	/ 🗌	
Forename	Does the child live with you?	Yes	No 🗌
Relationship	Do they receive Disability Living Allowance?	Yes	No 🗌
	Are they registered blind?	Yes	No 🗌
Sex	Are they in full-time education?	Yes	No 🗌
Date of Birth	Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No 🗌
Child 3			
Surname	Date child benefit ends /	/	
Forename	Does the child live with you?	Yes	No
Relationship	Do they receive Disability Living Allowance?	Yes	No 🗌
	Are they registered blind?	Yes	No 🗌
Sex	Are they in full-time education?	Yes	No 🗌
Date of Birth	Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No
Child 4			
Surname	Date child benefit ends /	/	
Forename	Does the child live with you?	Yes	No 🗌
	Do they receive Disability Living Allowance?	Yes	No 🗌
Relationship		,	\Box
Sex	Are they registered blind?	Yes	No
	Are they in full-time education?	Yes	No 🗌
Date of Birth	Are they in full-time education? Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No No
Date of Birth Child 5	Do you pay Childminding costs for this child? (eg. childminder,		
	Do you pay Childminding costs for this child? (eg. childminder,		
Child 5 Surname	Do you pay Childminding costs for this child? (eg. childminder, nursery)		
Child 5 Surname Forename	Do you pay Childminding costs for this child? (eg. childminder, nursery) Date child benefit ends / [Yes/	No 🗌
Child 5 Surname Forename Relationship	Do you pay Childminding costs for this child? (eg. childminder, nursery) Date child benefit ends / [Does the child live with you? Do they receive Disability Living	Yes /	No No No
Child 5 Surname Forename	Do you pay Childminding costs for this child? (eg. childminder, nursery) Date child benefit ends / [Does the child live with you? Do they receive Disability Living Allowance?	Yes	No No No No

Child 6	
Surname	Date child benefit ends / / / /
Forename	Does the child live with you? Yes No No
Relationship	Do they receive Disability Living Yes No Allowance?
	Are they registered blind? Yes No No
Sex	Are they in full-time education? Yes No
Date of Birth	Do you pay Childminding costs Yes No nursery)
Name of Childminder/Nursery	
Address	
Town	Postcode
Registration No How mu	ch do you pay? Each Period
We need to see proof	
Section B2	
If you have children living with you whom you do no	t receive Child Benefit please answer the following:
Child's Forename	Surname
Reason you don't get Child Benefit	
Do you have a child about to leave school? Yes	No No
If Yes state name	
Child's Forename	Surname
If Yes what is the expected leaving date?	

Please give details of anyone else who Section C - Other people who usually live with you lives in your home. They could be relatives, friends or boarders. Do not include your partner or a joint tenant. Does anyone else live with you? No If **Yes** give details below. If **No** go to section D Person 1 Surname **Forename** Sex Date of Birth Relationship to you N I Number Please tick the box which applies. Student or Student Nurse Yes No Do they work? Yes No Amount earned before £ Severely Mentally Impaired Yes No deductions Skillseeker No Yes How often paid **Apprentice** Hours worked each week No Yes In Legal Custody Yes No Do they have savings? Yes No If Yes, which prison/ Amount of interest they £ • remand centre get each year Expected release date Do they receive state Yes No benefits? In Hospital No Yes Which benefit(s)? If yes, date they went in £ Weekly amount(s) Name of Hospital Expected date to come out Person 2 Surname **Forename** Date of Birth Sex Relationship to you / N I Number Please tick the box which applies. Student or Student Nurse Yes No Do they work? Yes No Amount earned before £ Severely Mentally Impaired No Yes deductions Skillseeker Yes No How often paid **Apprentice** Hours worked each week Yes No In Legal Custody Do they have savings? Yes No Yes No Amount of interest they If Yes, which prison/ £ remand centre get each year Expected release date Do they receive state No Yes benefits? In Hospital No Which benefit(s)? If yes, date they went in £ Weekly amount(s) Name of Hospital Expected date to

come out

Person 3											
Surname	Forename										
Date of Birth Sex	Relationship to you										
N I Number											
Please tick the box which applies.											
Student or Student Nurse Yes No	Do they work? Yes No										
Severely Mentally Impaired Yes No	Amount earned before deductions										
Skillseeker Yes No	How often paid										
Apprentice Yes No	Hours worked each week										
In Legal Custody Yes No	Do they have savings? Yes No										
If Yes, which prison/remand centre	Amount of interest they get each year										
Expected release date / / / / / / / / / / / / / / / / / / /	Do they receive state Yes No benefits?										
In Hospital Yes No	Which benefit(s)?										
If yes, date they went in / / / /	Weekly amount(s) £ ·										
Name of Hospital											
Expected date to come out / / / / / / / / / / / / / / / / / / /											
Person 4											
Surname	Forename										
Date of Birth Sex	Relationship to you										
N I Number											
Please tick the box which applies.	D (I 12 V N- N-										
Student or Student Nurse Yes No	Do they work? Yes No Amount earned before										
Severely Mentally Impaired Yes No	deductions £										
Skillseeker Yes No	How often paid										
Apprentice Yes No	Hours worked each week										
In Legal Custody Yes No	Do they have savings? Yes No										
If Yes, which prison/remand centre	Amount of interest they get each year										
Expected release date / / / / /	Do they receive state Yes No benefits?										
In Hospital Yes No											
If yes, date they went in / /	Which benefit(s)?										
Name of Hospital	Weekly amount(s) £ •										
Expected date to come out / / / / / / / / / / / / / / / / / / /											

Person 5			
Surname			Forename
Date of Birth Sex			Relationship to you
NIN was be as			
N I Number			
Diagonatick the beyonkish applies			
Please tick the box which applies. Student or Student Nurse Yes	: 🗀	No 🗌	Do they work? Yes No
Severely Mentally Impaired Yes		No \square	Amount earned before
Skillseeker Yes		No \square	deductions
			How often paid
		No	
In Legal Custody Yes	; <u> </u>	No	Do they have savings? Yes No
If Yes, which prison/remand centre			Amount of interest they get each year
Expected release date / /	/		Do they receive state Yes No benefits?
In Hospital Yes	5	No 🗌	
If yes, date they went in /	/		Which benefit(s)?
Name of Hospital			Weekly amount(s) £ •
Expected date to come out /	7/ [
come out			
Are any of the people listed above ma	rried to	each othe	or living together as married? Yes No
If Yes, please tell us below:			
il les, please tell us below.			
	19	THE PART	NER OF
	IS	THE PART	NER OF
Do the people who live with you pay r	ent?	Yes	No .
If Yes, please state how much they pay	you ea	ch week.	
Rent paid each week	£		
Does the rent include the following:			
Meals (state 1, 2 or 3 meals each day)			
Heating or other costs (please list)	£	•	
PROOF: we must have proof of the income	and savir	ngs of all of t	ne people you have told us about in this section. If you

PROOF: we must have proof of the income and savings of **all** of the people you have told us about in this section. If you don't have this proof now, you can send or bring it in to us within 4 weeks. But you must fill in this form and return it straight away.

Section D - Your Earnings

Please fill in this section if you or your partner are working, getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP)

PROOF - We must see **original** proof of **all** your earnings before we can assess your claim. We cannot accept photocopies. If you don't give us sufficient proof of your **earnings**, we may have to contact your employer.

NOTE: To confirm the above we need for your and your partner:-

Your last 5 payslips - if paid weekly; Your last 3 payslips - if paid fortnightly; Your past 2 payslips - if paid 4 weekly or monthly. **SUBMIT YOUR FORM WITHOUT DELAY, EVEN IF YOU CANNOT SUPPLY ALL YOUR WAGE SLIPS.**

IF YOU DON'T YOU COULD LOSE BENEFIT

г	_		l													
Do you or your partner work? Yes If you or your partner are self employed, give details below. If you or your partne Section and Section E.	_	ction	ı E.	If yo	ou c	-	r par	tne	r are	e pa	id 1	for v	vork	yοι	ı do	,
ABOUT YOUR EARNINGS			Υ	OU						Υ	OU	R P	ART	NEI	3	
Occupation/Job Title																
Name, Address and Telephone number of Employer																
Payroll Number																
When did you start?		/			/ [/[/			
Hours worked each week														[
Is your job for a fixed period of time?			Ye	es [No						Yes	;		No	
If Yes , what date will it end?		/			/ [/[/			
How often are you paid?	EACH							EA	CH							
Total Pay before Deductions (Gross)		£				•					£				•	
Total Pay after Deductions (Net)		£				•					£				•	
Method of payment ie. cash, cheque																
Date of last pay rise		/			/ [/[/			
Date of next pay rise		/			/ [] / [/			
Do you get tips, bonuses or commission	?		Ye	es		No						Yes	5]	No	
If Yes , please state amount	_	£				•					£		_		•	
and how often you get this.	EACH							EA	CH		L_					
If you get SSP or SMP , please state		£			+	1.		 		_	£		\perp		•	\perp
amount and how often you are paid.	EACH	+,	Ш	\perp				EA	CH			_	 			\perp
Date SSP / SMP, payments started		/			/ L						/		/			
Do you or your partner do permitted wo receiving ESA (conts), Incapacity Benefit Disablement Allowance. Do you or your partner do any other paid	or Sever	e	Ye Ye			No No										

If **Yes**, give details below. If **No**, go to Section F.

ABOUT YOUR OTHER EARNINGS					Υ	0	U							Υ	Όι	JR I	PAI	RT	NE	R		
Occupation/Job Title																						
Name, Address and Telephone number																						
of Employer		_				_											Ш	<u> </u>				
	H																H				\dashv	_
Payroll Number																						
When did you start?	[/[] /] /			/				
Hours worked each week																			[
Total pay before deductions (Gross)				£					•						£					•		
Total pay after deductions (Net)				£					•						£					•		
How often are you paid?	EAC	CH										EA	CH									
Method of payment ie. cash, cheque																						
Section E - Self-employed earnings If you or your partner are self-employed (or partly self-employed) please give details below. ABOUT YOUR BUSINESS YOU YOUR PARTNER																						
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Name of Business	Н			Щ		L											Щ		\sqsubseteq	_		닉
Business Address	\vdash	\dashv	_	\dashv	_	L	L		L		\vdash	\vdash		L			\vdash	\square	$\vdash \vdash$	\dashv	\dashv	\dashv
																					\exists	
Type of work done																						
Do you have any partners in the business	?				Ye	es]	Ν	0						Ye	es [No	o [
If yes, give their names here.																						
What percentage of the business belongs	s to y	γοι	ı?] %	0								%		
Do you get any government business allo	war	nce	s?		Ye	es			Ν	0						Y	es]	Ν	0	
If Yes , please give details of any awards here.																						
If you have been self-employed for less th	าan a	a ye	ear,	giv	ve (det	ail	s of	yo	ur	est	imat	ed	ear	nin	gs	bel	lov	/ .			
ESTIMATED EARNINGS					Υ	/ 0	U							Υ	Όι	JR I	PAI	RT	NE	R		
Date you started trading.				/] /]/			/				
An estimate of how much you make each week.	£[٠] E	ach	Wk	£					•			Eá	ach	Wk
PROOF - We must see original proof of all your earnings before we can assess your claim. We cannot a Please send or bring in your most recent audited accounts. If you have been self-employed for less that proof of the estimated earnings you have told us about. We need to see your business bank statement Assessment. If we need further proof, we will ask you for this as soon as possible. If you don't have this send or bring it in to us within 4 weeks. But you must fill in this form and return it straight away. IF YOU DON'T YOU COULD LOSE BENEFIT											han ents	a y an	ear, d yo	we ur l	will ates	ne st Ta	ed ix					
Section F - Money you pay out					_	10	11					YOUR PARTNER										
Money paid towards student grants.				<u> </u>							Т	J 🗀 1		1		אל	rAl	<u> </u>				
Please provide proof of payment	ΕΛ.	~L I		£		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>]] _ ^	CLI		£	<u> </u>	Н			•		\dashv

Total amount paid into a private pension or stakeholder pension.

Please provide proof of payment

		YO	U			YOUR PARTNER										
	£			•				£					•			
EACH						EACH[
	£			•				£					•			
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		you																					
Section	G - Students										ıcat	ior	1? `	Yes		No		_ I	f Y €	≥S , (give	;	
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Name of Co	ollege/University					_								T	Ī			T	T			T	_
Course Tit	le																						
Are you in	your final year?					Ye	es [No	о [_	Y	'es]	No	> [
Date acade	emic year starts				/			/								/] /				
Date acade	emic year ends				/			/								/] /			\Box	_
Date cours	e ends				/			/								_/] /			\Box	
Amount of	Grant/Bursary			£						•					£						•		
Amount of	Loan			£						•					£						•		
Amount of	deed covenant			£						•					£						•		
Amount of	parental support	t		£						•					£						•		
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Pensions fr	om former empl	oyer:															,	V	_	7	N.I	1 -	
Do you or y	our partner get a _l	pension or su	peranr	nuat	tior	n fro	om	a p	ast	jok	?							Yes	Ļ	_	IN	0	L
Do you or y	our partner get a _l	pension or su	peranr	nuat	tior	ı in	res	spe	ect o	of a	fo	rm	er p	ar	tner	?	1	Yes	L	╛	N	0	
						•	YO	U								YO	UF	R P/	4R7	ΓΝΙ	ER		
Pension 1	Start Date] /] /									′] /	′ [\perp	\square	
	Amount				£					•]			£			\perp	\perp	•		
	How often paid]						\perp	\perp			
	Name of Pensio	n Company]						\perp	\perp	\perp		
	Date of next inc	rease] /] /									′]/	<u>′</u> [
Pension 2	Start Date		Г	Τ	7 /			7 /]	Γ		7 /	,	\top	7 /	<i>,</i> [\top	Τ	Γ
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If you or your partner get any other works or private pensions in addition to these, please detail on a separate sheet of paper.

Maintenance Do you or your partner receive	e any mainte	enar	ice	pay	ym	ents	for	yoı	u o	r yc	our	chi	ld/c	hilo	dre	n?	Ye	s [N	o [
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Name of Maintenance provide	or .	П	$\overline{}$		<u> </u>	\pm	<u> </u>	H				I Г	十		, ·			, 	\vdash	Ħ		H
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Relationship												L										
you have told us about. We can see proof which shows us how like letter of award along with to can send or bring it into us with	much unearr full bank stat hin 4 weeks. I	ned i tem e But y	nco ents	me s fo	yo r th	u get 1e la :	i, an s t 2	d h mo	ow onth	oft 1s.	en If y	you ou	get don'	it. t ha	This	s co this	ulc pr	l be oof	sc no	me w, <u>y</u>	thir	_
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a foster child	How Often	П		Τ	T															\Box		H
Rent you get from other	How much		•	£	: [İ									£					•		
properties	How Often																					
Address of other property		П		Т	T		Г	Π	Г													
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Trust income or covenant	How much			£	: Г		Τ	Τ							£				Г	•		
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		YOU		YOUR PARTNER
Cash in lieu of coal	How much	£		£
	How Often			
Have you any other money	How much	£		£
coming in? Give details here:	How Often			
What is the source?				
Are you and your partner waiting benefit, pension, allowance or consurance payments)?	-			Yes No No
If Yes , please state the name of th	e award(s) here:			
PLEASE NOTE! We do not need to know about Fund or The MacFarlane Trust.		u get fron	n The Eileen T	rust, Independent Living
Section J - Bank, Building	nts even empty o	r overdraw		S
Do you or your partner have any b	oank accounts?	Yes	No	
Do you or your partner have any l	oank accounts?	YesYOU		YOUR PARTNER
Do you or your partner have any k Name of Bank	bank accounts?			YOUR PARTNER
Name of Bank	bank accounts?			YOUR PARTNER
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Name of Bank Account Number				YOUR PARTNER LICENSE STATES TO THE STATES T
Name of Bank Account Number Account Name		YOU		
Name of Bank Account Number Account Name Current Balance		YOU		£ .
Name of Bank Account Number Account Name Current Balance Do you or your partner have any E		YOU		£ .
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	YOU	YOUR PARTNER
Do you or your partner have any National	Savings Certificates? Y	es No
Issue Number		
Value	£	£
How Many		
Do you or your partner have any Stocks, S	hares, Bonds or Unit Trusts? You	es No
Company Name		
Number of Shares		
Do you or your partner have any other Cap For example Cash, TESSAs, PEPS, ISAS, Cor form.	- · · · · · · · · · · · · · · · · · · ·	es No not told us about on this
Description and Value		
·	£	£ .
Do you and/or your partner own any othe either in the UK or abroad?		er than the home you live in
Address of Property		
Value of property		
Outstanding mortgage/loan left on property	£	£ .
Does an elderly relative live in this proper	ty mentioned above? Yes	No
If Yes , how much rent do they pay?	£	£

PROOF - We must see proof of **all** your capital before we can assess your claim. We must see **original** documents, full bank statements for the last 2 months (a mini-statement is not acceptable), savings book, savings certificates, share dividend statements and property deeds. If you don't have this proof now, you can send or bring to us within 4 weeks. But you must fill in this form and return it straight away.

Section K - Your home and your rent

Do not complete if you are an owner/occupier.

PROOF - Before we can assess your claim we need to see **original** proof of your rent. This should be a tenancy agreement, lease or rent book. If your rent has been registered with the rent officer, we need to see the notice of registration (form R05). If the proof you have given us is not sufficient, we may contact your landlord. If you don't have this proof now, you can send or bring it in to us within 4 weeks. But you must fill in this form and return it straight away.

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 partne	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?	Yes No
If No, what type of tenancy do you have?	
Are you a joint tenant?	Yes No
If Yes, please state other tenant(s) name(s) here:	Forename Surname
Your share of rent:	□

Your Home

Please tick the box whic	h best describ	bes your ho	me				
If it is a House , is it	Detached	Sem	i-detached [Terr	aced	Room(s) i	n house
If it is a Bungalow , is it	Detached	Sem	i-detached	Terr	raced Ro	om(s) in bu	ungalow 🗌
If it is a Caravan , is it	Static		Tourer		Connecte	d to mains	services
If it is a Flat , is it	In a house	Over S	hop 📗 In	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 p	oroperty th	ey are:
	Front	Ce	ntre 🗌	Back	Room N	umber 🔃	
How many floors are the	ere in the who	ole building	j?		Floors	<u>i</u>	
	What floor(s	s) are you or	n?		Floors	5	
About Your Home							
Please state the total nu have to yourselves and t		•					our family
	9	Bedrooms	Bedsits	Kitchens	Bathrooms	Toilets	Other
L	Rooms						Rooms
Total number in your home	Rooms						Rooms
•	Rooms						Rooms
Number used by you	Rooms						Rooms
Number used by you and your family Number you share with other tenants		ord?	Fully		Partly	Not	Rooms at all
Number used by you and your family Number you share with other tenants and/or you landlord	by your landle		Fully		Partly \(\bigcup \)	If you live	at all
Number used by you and your family Number you share with other tenants and/or you landlord Is your home furnished I	by your landle	g?	Yes	5		If you live bedsit do cooking fa	at all in a you have acilities
Number used by you and your family Number you share with other tenants and/or you landlord Is your home furnished I	by your landle	g?	Yes	s	No 🗌	If you live bedsit do cooking fa	at all in a you have
Number used by you and your family Number you share with other tenants and/or you landlord Is your home furnished I Does your home have ce	by your landle	g?	Yes e? You	Lan	No [If you live bedsit do cooking fo and a sho	at all in a you have acilities
Number used by you and your family Number you share with other tenants and/or you landlord Is your home furnished I Does your home have co	by your landle	g? f your home	Yes e? You Yes	Lan	No	If you live bedsit do cooking fand a sho room?	at all in a you have acilities wer in your

Your home			
How much rent do you (and your partner) pay?	£		
How often do you pay this?	EACH		
Who do you pay rent to?			
Has your rent been registered with the rent officer?	Yes No Don't I	know	
Do you have any weeks when you d not pay rent?	o Yes No		
If yes, please say when:	from / /	to /	/
What your rent includes			
Are any of the following services	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 much	Lighting		£
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		£
	Personal Care and Support		£
	Medical		£
	Warden		£
	Cleaning of Shared Areas		£
	Heating of Shared Areas		£
	Lighting of Shared Areas		£
	Other Services		£
Meals Are meals inc	cluded in your rent? Yes	No 🗌	
If Yes , how m	any meals do you get each day? (tick	the box whic	h applies)
breakfast on	y 2 meals each day	3 meals each	n 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.	
Signature		Date / / /

If you are affected by the size criteria and in receipt of Housing Benefit or Universal Credit (Housing

Section L - How We Pay Your Housing Benefit

This does not apply to Council Tenants, Housing Association Tenants, tenants or caravans etc.

If you are a private tenant we recommend that you 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 war	nt your housing benefit paid.												
Please tick one: Please pay straight into my	y account Please pay me by cheque												
If you want your benefit pa	paid directly into your bank account, please provide the following information:												
Name of Your Bank													
Address of Your Bank													
Name of Account Holder													
Account Number	Bank Sort Code												
-	lty in managing your rent payments please contact 01259 450000. This will allow thing payments direct to your landlord on your behalf.												
•	il 2006, ALL Private Landlords letting properties in Scotland must have applied for of Landlords. It is a criminal offence to let a property if it is not registered.												
Sharing Information with	h your Landlord												
you falling behind with yo	mation with your Landlord helps us to deal with your claim quickly and reduces the risk o our rent because of your claim being delayed. Under the Data Protection Act we need yo mation. If you give us permission, we would be able to tell your landlord:												
decision on your claim	d claimed or renewed your claim for Housing Benefit and, if so, whether we have made a or not; and ner information to make a decision on your claim, and if so what information this is.												
tenancy started, before we if you have not given us pe	mation about your claim that we need to check with your Landlord, such as the date your e can make a decision on your claim. If this is the case, we have to ask your landlord even bermission to discuss your claim with them. But unless you have given us permission by not discuss anything else with your landlord.												
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 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 Clackmannanshire Council permission to share my information about the progress of any Housing Benefit claim with my landlord or their representative.													
Signature	Date /												

Section M - 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	\equiv														_	ı	Date	_		_	_		_					
signature of runtiner																	Juic			/	/ L			/				
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Section N - anything else you need to tell us

Please 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 a separate sheet of paper, clearly note on it your name and address and tick this box.		

Return in person or by post to:

Clackmannanshire Council Revenues & Payments Services Kilncraigs, Geeenside Street Alloa FK10 1EB Tel: 01259 450000

Change in Circumstances

If you or your partners wages or benefits change
If you move home
If someone moves in or out of the house
If someone who lives with you has a change in their income
Please report your change 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