



**FOR OFFICIAL USE ONLY**

**Benefit Ref No**

**Issued**

 /  / 

**Received**

# Housing Benefit & Council Tax Reduction Claim Form

## The Applicant

Title

Forename

Surname

Address

Town

Postcode

### Please tick

Owner Occupier

Housing Association Tenant

Council Tenant

Private Tenant

Homeless Accommodation

Other (give details)...

Is this your first claim at this address?

Yes  No

If you are a tenant, what date did your tenancy start?

Date  /  /

What date did you move in?

Date  /  /

What was your previous address?

Town

Postcode

Did you claim benefit there?

Yes  No

Status at previous address? eg. owner, tenant, other

Have you or your partner come to live in the UK within 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 Card 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 within 4 weeks.

### IF YOU DON'T YOU COULD LOSE BENEFIT

	YOU	YOUR PARTNER
Surname	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Former Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
NI Number	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>

In Hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes when did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Hospital	<input type="text"/>	<input type="text"/>
When do you expect to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Does anyone get Invalid Care Allowance for looking after you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you have an overnight carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you the only adult aged 18 or over in the house?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, from what date?	<input type="text"/> / <input type="text"/> / <input type="text"/>	
If someone has left the property, what is their name and address		
Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Town	Postcode	
<input type="text"/>	<input type="text"/>	

**Please tick if you or your partner are:**

	YOU		YOUR PARTNER	
a student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a student nurse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
an apprentice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a skillseeker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
severely mentally impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
registered or certified blind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
long term sick or disabled and incapable of work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in legal custody	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If in legal custody, which prison / remand centre?	<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"/>	
expected release date	<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"/>	

**Give the names of any other joint owners or tenants**

Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section B - Children who live with you

This section is about dependant children.

Do you have any dependant children living with you? Yes  No

If **Yes**, and **you receive Child Benefit**, complete **Section B1**

If **Yes**, and **you do not receive Child Benefit**, complete **Section B2**

If **No**, go to **Section C**

### Section B1

#### Child 1

Surname	Date child benefit ends
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Forename	Does the child live with you?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship	Do they receive Disability Living Allowance?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sex	Are they registered blind?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth	Are they in full-time education?
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you pay Childminding costs for this child? (eg. childminder, nursery)
	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Child 2

Surname

Forename

Relationship

Sex

Date of Birth

Date child benefit ends  /  /

Does the child live with you? Yes  No

Do they receive Disability Living Allowance? Yes  No

Are they registered blind? Yes  No

Are they in full-time education? Yes  No

Do you pay Childminding costs for this child? (eg. childminder, nursery) Yes  No

## Child 3

Surname

Forename

Relationship

Sex

Date of Birth

Date child benefit ends  /  /

Does the child live with you? Yes  No

Do they receive Disability Living Allowance? Yes  No

Are they registered blind? Yes  No

Are they in full-time education? Yes  No

Do you pay Childminding costs for this child? (eg. childminder, nursery) Yes  No

## Child 4

Surname

Forename

Relationship

Sex

Date of Birth

Date child benefit ends  /  /

Does the child live with you? Yes  No

Do they receive Disability Living Allowance? Yes  No

Are they registered blind? Yes  No

Are they in full-time education? Yes  No

Do you pay Childminding costs for this child? (eg. childminder, nursery) Yes  No

## Child 5

Surname

Forename

Relationship

Sex

Date of Birth

Date child benefit ends  /  /

Does the child live with you? Yes  No

Do they receive Disability Living Allowance? Yes  No

Are they registered blind? Yes  No

Are they in full-time education? Yes  No

Do you pay Childminding costs for this child? (eg. childminder, nursery) Yes  No

## Child 6

Surname

Date child benefit ends

 /  / 

Forename

Does the child live with you?

Yes  No

Relationship

Do they receive Disability Living Allowance?

Yes  No

Sex

Are they registered blind?

Yes  No

Date of Birth

 /  / 

Are they in full-time education?

Yes  No

Do you pay Childminding costs for this child? (eg. childminder, nursery)

Yes  No

Name of Childminder/Nursery

Address

Town

Postcode

Registration No

How much do you pay?

£  .

Each Period

**We need to see proof**

## Section B2

If you have children living with you whom you do not 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

If Yes state name

Child's Forename

Surname

If Yes what is the expected leaving date?

 /  /

## Section C - Other people who usually live with you

Please give details of anyone else who 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? Yes  No  If **Yes** give details below. If **No** go to section D

### Person 1

Surname

Date of Birth

 /  / 

Sex

Forename

Relationship to you

N I Number

**Please tick the box which applies.**

Student or Student Nurse

Yes

No

Severely Mentally Impaired

Yes

No

Skillseeker

Yes

No

Apprentice

Yes

No

In Legal Custody

Yes

No

If Yes, which prison/  
remand centre

Expected release date

 /  / 

In Hospital

Yes

No

If yes, date they went in

 /  / 

Name of Hospital

Expected date to  
come out

 /  / 

Do they work?

Yes

No

Amount earned before  
deductions

£     .

How often paid

Hours worked each week

Do they have savings?

Yes

No

Amount of interest they  
get each year

£     .

Do they receive state  
benefits?

Yes

No

Which benefit(s)?

Weekly amount(s)

£     .

### Person 2

Surname

Date of Birth

 /  / 

Sex

Forename

Relationship to you

N I Number

**Please tick the box which applies.**

Student or Student Nurse

Yes

No

Severely Mentally Impaired

Yes

No

Skillseeker

Yes

No

Apprentice

Yes

No

In Legal Custody

Yes

No

If Yes, which prison/  
remand centre

Expected release date

 /  / 

In Hospital

Yes

No

If yes, date they went in

 /  / 

Name of Hospital

Expected date to  
come out

 /  / 

Do they work?

Yes

No

Amount earned before  
deductions

£     .

How often paid

Hours worked each week

Do they have savings?

Yes

No

Amount of interest they  
get each year

£     .

Do they receive state  
benefits?

Yes

No

Which benefit(s)?

Weekly amount(s)

£     .

### Person 3

Surname

Date of Birth

 /  / 

Sex

NI Number

Forename

Relationship to you

**Please tick the box which applies.**

Student or Student Nurse

Yes  No

Severely Mentally Impaired

Yes  No

Skillseeker

Yes  No

Apprentice

Yes  No

In Legal Custody

Yes  No

If Yes, which prison/  
remand centre

Expected release date

 /  / 

In Hospital

Yes  No

If yes, date they went in

 /  / 

Name of Hospital

Expected date to  
come out

 /  / 

Do they work?

Yes  No

Amount earned before  
deductions

£     .

How often paid

Hours worked each week

Do they have savings?

Yes  No

Amount of interest they  
get each year

£     .

Do they receive state  
benefits?

Yes  No

Which benefit(s)?

Weekly amount(s)

£     .

### Person 4

Surname

Date of Birth

 /  / 

Sex

NI Number

Forename

Relationship to you

**Please tick the box which applies.**

Student or Student Nurse

Yes  No

Severely Mentally Impaired

Yes  No

Skillseeker

Yes  No

Apprentice

Yes  No

In Legal Custody

Yes  No

If Yes, which prison/  
remand centre

Expected release date

 /  / 

In Hospital

Yes  No

If yes, date they went in

 /  / 

Name of Hospital

Expected date to  
come out

 /  / 

Do they work?

Yes  No

Amount earned before  
deductions

£     .

How often paid

Hours worked each week

Do they have savings?

Yes  No

Amount of interest they  
get each year

£     .

Do they receive state  
benefits?

Yes  No

Which benefit(s)?

Weekly amount(s)

£     .



## 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 you 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**

**Do you or your partner work?** Yes  No  If **Yes**, please fill in this section. If **No**, go to section F. If you or your partner are self employed, go to section E. If you or your partner are paid for work you do, give details below. If you or your partner are partly paid for work and partly self employed, complete **this** Section **and** Section E.

### ABOUT YOUR EARNINGS

	YOU	YOUR PARTNER
Occupation/Job Title	<input type="text"/>	<input type="text"/>
Name, Address and Telephone number of Employer	<input type="text"/>	<input type="text"/>
Payroll Number	<input type="text"/>	<input type="text"/>
When did you start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Hours worked each week	<input type="text"/>	<input type="text"/>
Is your job for a fixed period of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , what date will it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often are you paid?	EACH <input type="text"/>	EACH <input type="text"/>
Total Pay before Deductions (Gross)	£ <input type="text"/>	£ <input type="text"/>
Total Pay after Deductions (Net)	£ <input type="text"/>	£ <input type="text"/>
Method of payment ie. cash, cheque	<input type="text"/>	<input type="text"/>
Date of last pay rise	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of next pay rise	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you get tips, bonuses or commission?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please state <b>amount</b> and how often you get this.	£ <input type="text"/> EACH <input type="text"/>	£ <input type="text"/> EACH <input type="text"/>
If you get <b>SSP</b> or <b>SMP</b> , please state amount and how often you are paid.	£ <input type="text"/> EACH <input type="text"/>	£ <input type="text"/> EACH <input type="text"/>
Date SSP / SMP, payments started	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Do you or your partner do permitted work while receiving ESA (conts), Incapacity Benefit or Severe Disablement Allowance.

Yes  No

Do you or your partner do any other paid work?

Yes  No

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



## Section G - Students

Are you or your partner in full time education? Yes  No  If **Yes**, give details below. If **No**, Go to Section H

	YOU	YOUR PARTNER
Name of College/University	<input type="text"/>	<input type="text"/>
Course Title	<input type="text"/>	<input type="text"/>
Are you in your final year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date academic year starts	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date academic year ends	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date course ends	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Amount of Grant/Bursary	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Amount of Loan	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Amount of deed covenant	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Amount of parental support	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>

**PROOF** -Before we can assess your claim we need to see **original** proof of any grant, student income and parental contributions that you get (such as student grant/loan award letter). We cannot accept photocopies. 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.

**IF YOU DON'T YOU COULD LOSE BENEFIT**

## Section H - Money Coming In

**PROOF** - Before we can assess your claim we need to see **original** documents. We need to see proof which shows us how much you get and how often you get it. This could be something like a letter of award along with **full bank statements for the last 2 months**. If you don't have proof now, you can send or bring it into us within 4 weeks. But you must fill in this form and return it straight away. Maintenance payments: Please provide proof eg. legal agreement or CSA award letter and bank statements showing entries.

**IF YOU DON'T YOU COULD LOSE BENEFIT**

### Pensions from former employer:

Do you or your partner get a pension or superannuation from a past job? Yes  No

Do you or your partner get a pension or superannuation in respect of a former partner? Yes  No

	YOU	YOUR PARTNER
<b>Pension 1</b> Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Amount	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
How often paid	<input type="text"/>	<input type="text"/>
Name of Pension Company	<input type="text"/>	<input type="text"/>
Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Pension 2</b> Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Amount	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
How often paid	<input type="text"/>	<input type="text"/>
Name of Pension Company	<input type="text"/>	<input type="text"/>
Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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 any maintenance payments for you or your child/children? Yes  No

	YOU	YOUR PARTNER
For Whom	<input type="text"/>	<input type="text"/>
How Often	<input type="text"/>	<input type="text"/>
Amount	£ <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"/>
Start Date	<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"/>
Name of Maintenance provider	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>

**Section I - Other Income**

By this we mean state pensions, any other allowances or benefits.  
Do you or your partner receive any other income? Yes  No

**PROOF** -Before we can assess your claim we need to see **original** proof of **all** the unearned income you have told us about. We cannot accept photocopies. A letter of award is not enough on it's own. We need to see proof which shows us how much unearned income you get, and how often you get it. This could be something like letter of award along with **full bank statements for the last 2 months**. If you don't have this proof now, you can send or bring it into us within 4 weeks. But you must fill in this form and return it straight away. **Pension Credits: (please provide your most recent full Pension Credit Award letter which you have received from the Pension Service.)**

**IF YOU DON'T YOU COULD LOSE BENEFIT**

	YOU	YOUR PARTNER
<b>Income Support</b>		
Start Date	<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"/>
Gross Amount	£ <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"/>
How Often	<input type="text"/>	<input type="text"/>
Method of Payment	<input type="text"/>	<input type="text"/>
<b>Job Seekers Allowance Income Based</b>		
Start Date	<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"/>
Gross Amount	£ <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"/>
How Often	<input type="text"/>	<input type="text"/>
Method of Payment	<input type="text"/>	<input type="text"/>
<b>Job Seekers Allowance Contribution Based</b>		
Start Date	<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"/>
Gross Amount	£ <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"/>
How Often	<input type="text"/>	<input type="text"/>
Method of Payment	<input type="text"/>	<input type="text"/>
<b>Employment &amp; Support Allowance Income Related</b>		
Start Date	<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"/>
Gross Amount	£ <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"/>
How Often	<input type="text"/>	<input type="text"/>
Method of Payment	<input type="text"/>	<input type="text"/>

Continued

	<b>YOU</b>	<b>YOUR PARTNER</b>
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**Employment & Support Allowance Contribution Based**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**Pension Credit - Guarantee and/or Savings Credit**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**Pensions Credit - Savings Credit only**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**State Retirement Pension**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**Widows Benefit/Pension**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**War Disability Pension**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**War Widows Pre- 1973**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**Industrial Injuries Benefit**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

**Incapacity Benefit Long Term**

Start Date	□□ / □□ / □□□□	□□ / □□ / □□□□
Gross Amount	£ □□□□.□□	£ □□□□.□□
How Often	□□□□□□□□□□	□□□□□□□□□□
Method of Payment	□□□□□□□□□□	□□□□□□□□□□

Continued

**YOU**

**YOUR PARTNER**

**Personal Independence Payment**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Carer's Allowance**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment   
Who is this paid in respect of?

/  /   
£  .

**Severe Disablement Allowance**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Attendance Allowance**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Disability Living Allowance (mobility)**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Disability Living Allowance (care-lower)**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Disability Living Allowance (care - middle)**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Disability Living Allowance (care - higher)**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

**Bereavement Allowance**

Start Date  /  /   
Gross Amount £  .   
How Often   
Method of Payment

/  /   
£  .

Continued

**YOU**

**YOUR PARTNER**

Child Benefit

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Working Tax Credit/Disabled Persons Tax Credit

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Child Tax Credit

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Maternity Allowance Benefit

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Universal Credit

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Start Date  /  /

Gross Amount £

How Often

Method of Payment

Other Benefits

Start Date  /  /

How Often

Method of Payment

Start Date  /  /

How Often

Method of Payment

**YOU**

**YOUR PARTNER**

Money for looking after a foster child

How much £

How Often

How much £

How Often

Rent you get from other properties

How much £

How Often

How much £

How Often

Address of other property

Trust income or covenant

How much £

How Often

How much £

How Often

Income from people living with you

How much £

How Often

How much £

How Often







## Your Home

Please tick the box which best describes your home

If it is a **House**, is it      Detached       Semi-detached       Terraced       Room(s) in house

If it is a **Bungalow**, is it      Detached       Semi-detached       Terraced       Room(s) in bungalow

If it is a **Caravan**, is it      Static       Tourer       Connected to mains services

If it is a **Flat**, is it      In a house       Over Shop       In a block       Bedsit       Room(s) in hotel or hostel

If you have a bedsit, flat, room(s) in a hotel or hostel, please tick to state where in the property they are:

Front       Centre       Back       Room Number

How many floors are there in the whole building?  Floors

What floor(s) are you on?  Floors

## About Your Home

Please state the total number of rooms in your home. Also state the number of rooms you and your family have to yourselves and the number you share with other tenants and/or your landlord.

	Living Rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Toilets	Other Rooms
Total number in your home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number used by you and your family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number you share with other tenants and/or your landlord	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your home furnished by your landlord?      Fully       Partly       Not at all

Does your home have central heating?      Yes       No

Who pays for decorating the inside of your home?      You       Landlord

Do you have a garage?      Yes       No

Do you have a garden?      Yes       No

Do you or your family use any room for business?      Yes       No

Do you (and your partner) sub-let any rooms?      Yes       No

If you live in a bedsit do you have cooking facilities and a shower in your room?

Yes       No



## 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 know

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

Yes  No

If yes, please say when:

from   /   /    to   /   /

## What your rent includes

Are any of the following services included in your rent?

If you get a separate bill or the service is not provided tick **No**.

If **Yes**, please also say **how much** it costs (if you know)

	Included	Yes	No	How Much?
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Electricity or Gas for Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cleaning of Rooms and Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emergency Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
General Counselling and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal Care and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Warden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cleaning of Shared Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Heating of Shared Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lighting of Shared Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Meals

Are meals included in your rent? Yes  No

If **Yes**, how many meals do you get each day? (tick the box which applies)

breakfast only  2 meals each day  3 meals each 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

If you are affected by the size criteria and in receipt of Housing Benefit or Universal Credit (Housing Element), please sign the declaration below in order to apply.

Signature

Date   /   /

## 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 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

Name of Account Holder

Account 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.

### 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 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 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, Geeside 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](mailto:dpo@clacks.gov.uk)

### Complaints

If you are dissatisfied about the way we have used or are using or intend to use, your 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