

Claim form for help with your rent and council tax

Name	For office use only	
Address	Date Stamp:	Claim Ref:
		Property Ref:
		Person Ref:
		Date of issue:
Postcode		Initials:

Points to remember when filling in this form.

- Please answer all the questions. If the question does not apply to you, write 'None' or 'N/A' or sign your name.
- In most cases if you have capital and savings over £16,000 then you would not be entitled to benefit.
- It is an offence to give false information or not to tell the Benefits Service about any change in the circumstances of anyone listed in your claim form.

Examples of the type of changes you should report are: Change of address; increase or decrease of income; increase or decrease of savings (capital); if anyone on your claim stops getting Income Support, Employment and Support Allowance (Income Related) or Income-Based Jobseeker's Allowance; if anyone on your claim starts or stops work or changes jobs; if other people, who live with you have income changes; if you or your partner's Tax Credits or other Social Security Benefits change; if anyone leaves or joins your household; if anyone starts to receive Carer's Allowance for looking after you or your partner. This list is not exhaustive - if in doubt, please tell us anyway.

- We can only accept original documents as proof. We cannot accept photocopies.
- **Return this form immediately, even if you do not have all the proof we have asked for-**
- **If this form is not returned within one calendar month of the date of issue the start date of your benefit will be effected.**

Please tell us why you are filling in this form.

- Applying for Single person discount.
- My address has changed.
- I have been asked to, as a review of my circumstances.
- I am making a new claim for help with rent or council tax
- Other, please give details below.

If you need assistance please phone us on 01594 812531 or visit us at High Street, Coleford, Glos, GL16 8HG. We are open from 9.00am to 4.45pm Monday to Thursday and 9.00am to 4.30pm on Friday.



Part 1 Which of the following are you?

Please tick the appropriate box.

Housing association tenant Homeless

Private tenant Home owner

Boarder Living in a hostel

Other Please give details

Do you want to apply for Housing Benefit? Yes No

Do you want to apply for Council Tax Support or Second Adult Reduction? Yes No

Are you the only person over the age of 18 in the property? Yes No

Part 2 About you and your partner

By partner we mean someone you are married to or have a civil partnership with, or somebody you live with as if you were their husband, wife or civil partner.

Do you have a partner that lives with you? Yes No

If yes, answer all the questions for your partner as well as yourself.

Do you rent your home with a joint tenant, other than your partner? Yes No

	You	Your Partner
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Title (Mr, Mrs, Miss, Ms, and so on)		
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First Name		
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Surname		
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Any other names that you are or have been known by		
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Are you married, single, divorced, separated, widowed? Please say which.		
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Date of birth	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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National insurance number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Tick here if you do not have a National Insurance number	<input type="checkbox"/>	<input type="checkbox"/>
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Nationality		
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Address		

Phone number		
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Mobile number		
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Email Address -		
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Part 2 (continued)

You

Your Partner

Date you moved, or will move, into this address

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What date did your tenancy start?

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If you have moved home in the last 12 months, please tell us your previous address.

Date moved out of previous address

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Did you own your previous address?

Yes No

Yes No

Did you claim Housing Benefit, Local Housing Allowance or Council Tax Support (Council Tax Benefit) at your previous address

Yes No

Yes No

If yes:

Which council did you claim from?

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Have you told the council, who paid you benefit, that you have moved?

Yes No

Yes No

Are you registered blind?

Yes No

Yes No

If yes, please give your registration number.

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Are you unable to work because of ill health?

Yes No

Yes No

If yes:

Date you last worked

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--	--	--

Date you expect to return to work

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--	--	--

Are you or your partner currently in hospital?

Yes No

Yes No

If yes:

Date you went in

--	--	--

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Date you expect to come out

--	--	--

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Do you have an invalid vehicle or a car under the Motability Scheme?

Yes No

Yes No

Is anyone getting Carer's Allowance for looking after you or your partner?

Yes No

Yes No

Does your carer(s) provide care overnight?

Yes No

Yes No

Do you have a spare bedroom that your carer(s) use to sleep in overnight?

Yes No

Yes No

Do you or your partner get Carer's Allowance for looking after someone else?

Yes No

Yes No

If yes, what is their name?

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Are you entitled to Carer's Allowance, but do not receive it?

Yes No

Yes No

Part 2 (continued) **You** **Your Partner**

<p>Are you or your partner in prison or on remand? If yes:</p> <p>What date did you go in?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Are you a care worker?</p> <p>Have you or your partner come to live in England, Northern Ireland, Scotland Wales, the Republic of Ireland, the Channel Islands or the Isle of Man, within the last 5 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>What is your nationality?</p> <p>What date did you come to live in the United Kingdom?</p>			
<p>Has the Home Office given you permission to enter or stay in the United kingdom?</p> <p>If yes, give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Part 3 People in your home

In this part we ask for details of anyone who lives with you and your partner.

Is anyone who lives with you:

A full time student or student nurse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permanently in hospital or a nursing home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
In prison, on remand or in a bail hostel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
An apprentice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A care worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
On youth training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Long-term sick or disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Registered blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does anyone who lives with you have a severe learning disability, mental illness or form of dementia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If yes, give their name/s and the condition

Part 4 Children who live with you

In this part we ask for details of children that you or your partner get Child Benefit for.

	You	Your Partner
Do you or your partner have children living with you that you get Child Benefit for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, please sign here and go to part 5.

If yes, please answer the question below

How many children live with you?

	If you have more than three children, please use the space in part 19
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	First Child	Second Child	Third Child
First name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the child male or female?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Child's date of birth	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
The child's relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
The child's relationship to your partner	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the child registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child entitled to Disability Living Allowance or Personal Independence Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, tell us how much.	Care £	Care £	Care £
	Mobility £	Mobility £	Mobility £
Do you pay someone for childcare?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, give the childcare provider's			
* Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* Registration number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* How much do you pay a week?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
* Do childcare costs stay the same in the school holidays?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If no, how much are they in the school holidays?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
* Do you get childcare vouchers for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If so, how much do you get?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
* Is this child about to leave school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If so, tell us the date they will leave school.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Part 5 Other people who live with you

In this part we ask for details of anyone else (other than your partner or children listed in part 4) who live with you. This includes grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants, foster children and students living term time at university/college.

You

Your Partner

If you do not have any of the above people living with you, sign here and go to part 6.

If there are more than three other adults living with you, please use the space in part 19 to tell us about them.

	First person	Second person	Third person
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date they moved in	<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 much rent to they pay?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get:			
* Income Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Job Seekers Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Employment & Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I agree to you contacting the Department for Work and Pensions about my Income Support, Job Seekers Allowance, Employment & Support Allowance, or Pension Credit.

Signature of adult living with you

Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student or student nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they an apprentice or on a Youth training Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they work 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If so, what is their gross weekly wage?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income from work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If so, what is their gross weekly other income?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 5 (continued)	First person	Second person	Third person
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Do they have any other income at all (including any benefits, allowances, pensions and income from savings)?

Yes No

Yes No

Yes No

* Name of first income

* Amount before deductions

£

£

£

* How often they are paid

* Name of second income

* Amount before deductions

£

£

£

* How often they are paid

If there are more than 2 incomes, please use the space on page 19 to tell us about them, including how often they are paid.

Part 6 Income Support, Job Seeker's Allowance, Employment & Support Allowance, and Pension Credit

If you or your partner are not receiving, or waiting to hear about a claim for Income Support, Job Seeker's Allowance, Employment & Support Allowance, or Pension Credit, please sign below and go to part 7.

You

Your Partner

Sign to confirm and go to part 7.

However, if you or your partner are receiving, or waiting to hear about a claim for Income Support, Job Seeker's Allowance, Employment & Support Allowance, or Pension Credit, answer the following questions.

Are you or your partner **getting** Income Support, Job Seeker's Allowance, Employment & Support Allowance, or Pension Credit at the moment?

Yes No

Yes No

* If yes, which benefit are you receiving?

Are you or your partner **waiting to hear** about a claim for Income Support, Job Seeker's Allowance, Employment & Support Allowance, or Pension Credit?

Yes No

Yes No

* If yes, which benefit have you applied for?

If you have recently moved, have you told Job Centre Plus or the Department for Work and Pensions?

Yes No

Yes No

* If yes, when did you tell them?

Part 7 Student income

By student, we mean anyone who is on a course of study at an educational establishment, including nurses.

	You	Your Partner
Are you or your partner a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, sign to confirm and go to part 8.

If yes, answer the questions below.

Where are you studying?

Is your course full-time? Yes No

Is your course full-time? Yes No

Do you have a loan, grant or bursary? Loan £

Do you have a loan, grant or bursary? Loan £

If you do, please give details of the amount you receive each year Bursary £

If you do, please give details of the amount you receive each year Bursary £

Grant £

Grant £

Does your grant include any of the following?

Tuition Fee Loan

Higher Education Grant

Special Support Grant

Disabled Students Allowance

Parents Learning Allowance

Childcare Grant

Does your grant include any of the following?

Tuition Fee Loan

Higher Education Grant

Special Support Grant

Disabled Students Allowance

Parents Learning Allowance

Childcare Grant

If yes, please tell us the total amount you receive for these items. £

If yes, please tell us the total amount you receive for these items. £

What is the name of your course?

What is the name of your course?

How many weeks is it for?

How many weeks is it for?

What is the start date of your course?

What is the start date of your course?

What is the end date of your course?

What is the end date of your course?

We may send you another form about this.

Part 8 Earnings from employment (including Directorships)

	You				Your Partner			
Do you or your partner work? (this includes full-time, part-time, voluntary and agency work)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a director of a company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no to both questions above, sign to confirm and go to part 9.								
If yes, answer the questions below.								
How many jobs do you have?	<input type="text"/>				<input type="text"/>			
If you have more than two jobs, please use the space in part 19 to tell us about them.								
Is your course full-time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your first / main job

IF THIS SECTION APPLIES TO YOU AND IS NOT COMPLETED PROCESSING OF YOUR CLAIM WILL BE DELAYED

Your employer's name	<input type="text"/>	<input type="text"/>
Your employer's address	<input type="text"/>	<input type="text"/>
Your employer's phone number?	<input type="text"/>	<input type="text"/>
Date you get paid	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/>	<input type="text"/>
How often are you paid? (eg, every week, fortnight, 4 weeks, month)	<input type="text"/>	<input type="text"/>
How do you get paid? (eg, cash, cheque, direct into your bank)	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text"/>	<input type="text"/>
When is your next pay rise due?	<input type="text"/>	<input type="text"/>
Is your employer also your landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you pay into a private or company pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your job permanent and due to last more than 5 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you employed as a part-time firefighter, or as a member of the Territorial Army or reserve forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you on an Apprenticeship, a Youth Training scheme, a New Deal scheme, a bridging course or a Welfare to Work scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, tell us which one	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, tell us which one.	<input type="text"/>	<input type="text"/>

How much are you receiving?	£ <input type="text"/>	£ <input type="text"/>
When did it start	<input type="text"/>	<input type="text"/>
How long do you expect to be off work?	<input type="text"/>	<input type="text"/>

Please fill in the table for each job you or your partner have.

We need to see your last: five pay slips (if you are paid every week),
three pay slips (if you are paid fortnightly), or
two pay slips (if you are paid every 4 weeks or monthly)

You

Employer name	<input type="text"/>	Job Title	<input type="text"/>
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	Pay slip 1	Pay slip 2	Pay slip 3	Pay slip 4	Pay slip 5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Statutory maternity / paternity pay					
Sick pay and so on					
Deductions					
* Tax					
* National Insurance					
* Pension Scheme					
* Other					
Net pay (after deductions)					

Your partner

Employer name	<input type="text"/>	Job Title	<input type="text"/>
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	Pay slip 1	Pay slip 2	Pay slip 3	Pay slip 4	Pay slip 5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Statutory maternity / paternity pay					
Sick pay and so on					
Deductions					
* Tax					
* National Insurance					
* Pension Scheme					
* Other					
Net pay (after deductions)					

Part 8 (continued) Your second job	You	Your Partner
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Your employer's name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Your employer's address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Your employer's phone number?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
When did you start this job?	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>
How often are you paid? (eg, every week, fortnight, 4 weeks, month)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
How do you get paid? (eg, cash, cheque, direct into your bank)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
When was your last pay rise?	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>
When is your next pay rise due?	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>
Is your employer also your landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private or company pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your job permanent and due to last more than 5 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed as a part-time firefighter, or as a member of the Territorial Army or reserve forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on an Apprenticeship, a Youth Training scheme, a New Deal scheme, a bridging course or a Welfare to Work scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, tell us which one	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Are you getting Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, tell us which one.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
How much are you receiving?	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
When did it start	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
How long do you expect to be off work?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part 8 (continued) Your second job

Please fill in the table for each job you or your partner have.

We need to see your last: five pay slips (if you are paid every week),
three pay slips (if you are paid fortnightly), or
two pay slips (if you are paid every 4 weeks or monthly)

You

Employer name Job Title

	Pay slip 1	Pay slip 2	Pay slip 3	Pay slip 4	Pay slip 5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Statutory maternity / paternity pay					
Sick pay and so on					
Deductions					
* Tax					
* National Insurance					
* Pension Scheme					
* Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please tell us the following:

Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>
Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>
Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>

Your partner

Employer name Job Title

	Pay slip 1	Pay slip 2	Pay slip 3	Pay slip 4	Pay slip 5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Statutory maternity / paternity pay					
Sick pay and so on					
Deductions					
* Tax					
* National Insurance					
* Pension Scheme					
* Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please tell us the following:

Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>
Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>
Period from	<input type="text"/>	Period to	<input type="text"/>	Amount	£ <input type="text"/>

Part 9 Earnings from self-employment

Are you or your partner self-employed?
If you are a director, please complete part 8.

You			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your Partner			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, sign to confirm and go to part 10.

If yes, answer the questions below.

If you have more than one business, please use the space in part 19 to tell us about them.

What type of business do you run?

What date did the business start?

--	--	--

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How many hours do you usually work?

Do you use your home for business?

Yes No

Yes No

Do you have business partners?

Yes No

Yes No

If so, tell us their name or names.

Do you pay into a private pension scheme?

Yes No

Yes No

Do you pay a self-employed National Insurance stamp?

Yes No

Yes No

Do you get a business start-up allowance?

Yes No

Yes No

If so, tell us how much you get each week.

£

£

Do you have more than one business?

Yes No

Yes No

We may send you another short form to fill in about your self-employment.

Part 10 Pension income

You

Your Partner

Do you or your partner receive income from a pension?

Yes No

Yes No

If no, sign to confirm and go to part 11.

If yes, tell us which you receive, how much you receive and how often.

	How much?	How often?	How much?	How often?
State Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widow's Pension or Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widow's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Armed Forces & Reserve Forces Compensation	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Armed Forces Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Company Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Company name	<input type="text"/>		<input type="text"/>	
* Date of last increase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Company Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Company name	<input type="text"/>		<input type="text"/>	
* Date of last increase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Company name	<input type="text"/>		<input type="text"/>	
* Date of last increase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Private Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Company name	<input type="text"/>		<input type="text"/>	
* Date of last increase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need more space, please use part 19.

Part 11 Other income

Do you or your partner receive any other income, or have applied for income that you do not receive yet?

You			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your Partner			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, sign to confirm and go to part 12.

If yes, tell us which you receive, how much you receive and how often.

	How much?	How often?	How much?	How often?
Child Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Date you first got it	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Have you applied, or are waiting to hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Date you first got it	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Have you applied, or are waiting to hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Date you first got it	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Have you applied, or are waiting to hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Armed Forces Independence payment	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Date you first got it	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance from ex-partner	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Who is it for?	<input type="text"/>		<input type="text"/>	
* What is their date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support Payments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widowed Parent's or Mother's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Guardian's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Adoption Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Job Seeker's Allowance (Contribution based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
* Date you first got it	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 11 (continued)

You

Your partner

	How much?	How often?	How much?	How often?
Training Allowance	£		£	
* Date you first got it				
Employment & Support Allowance	£		£	
* Date you first got it				
Incapacity Benefit	£		£	
* Date you first got it				
Carer's Allowance	£		£	
* Date you first got it				
Attendance Allowance	£		£	
Disability Living Allowance (care part)	£		£	
Disability Living Allowance (mobility part)	£		£	
Personal Living Payment (Daily Living component)	£		£	
Personal Living Payment (Mobility component)	£		£	
Bereavement Allowance	£		£	
Industrial Injuries Benefit	£		£	
Industrial Death Benefit	£		£	
Severe Disablement Allowance	£		£	
Payments from a voluntary organization	£		£	
Charity payments	£		£	
Money from trusts	£		£	
Rent from letting a room	£		£	
* Does the rent include meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rent from another property and/or land	£		£	
Home income plans	£		£	
Annuities - Fixed term	£		£	
Annuities - Life	£		£	
Any other income?	£		£	

Part 12 Bank accounts, cash, savings and investments

Please tell us about any bank accounts, cash, savings and investments including any pay pal accounts that you or your partner have in this country or abroad. Remember to include any empty or overdrawn accounts, cash, bank and building society accounts, post office accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

Do you or your partner have any bank accounts, cash, savings or investments?

If no, sign to confirm and go to part 13.
If yes, tell us how much below.

You

Yes No

Your Partner

Yes No

IF THIS SECTION APPLIES TO YOU AND IS NOT COMPLETED PROCESSING OF YOUR CLAIM WILL BE DELAYED

How many accounts do you and your partner hold?

If you need more space to tell us about other accounts, please use Part 19.

Amount

Amount

Cash savings at home Yes No £

£

First Bank account Yes No £

£

* Bank name / account number

Second Bank account Yes No £

£

* Bank name / account number

First Building Society Yes No £

£

* Society name / account number

Second Building Society Yes No £

£

* Society name / account number

First Post Office account Yes No £

£

Second Post Office account Yes No £

£

Pay Pal account Yes No £

£

Premium Bonds Yes No £

£

Income Bonds Yes No £

£

ISAs or TESSAs Yes No £

£

Stocks and shares Yes No £

£

* Company name		<input type="text"/>	<input type="text"/>
Unit trusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Do you pay towards a funeral plan? If yes, tell us about this and supply evidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
A pension plan not paid through your employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? <input type="text"/> How often? <input type="text"/>
National Savings Certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
* issue number		<input type="text"/>	<input type="text"/>
Child Trust Funds other than Government Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Investments overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Any other savings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>

Part 13 Land and property

	You	Your Partner
Do you or your partner own or have a share in other property or land in this country or abroad, or have recently sold any other property or land (even if mortgaged)? If no, sign to confirm and go to part 14.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please answer the questions below.		
The market value, less the mortgage value	£ <input type="text"/>	£ <input type="text"/>
The address of the property / land		
Does an elderly or disabled relative live in the other property?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>
If you are separated, does your ex-partner and your children live in the other property?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a lease on any property / land?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>

If you have a second property, we may send you a separate form about this.

Part 14 Rent details

You must complete parts 14 to 16 if you are charged rent for your home, regardless of whether you rent a home from a private landlord, or live in a housing association property.

Do you pay rent to: Private landlord

Housing Association

Your landlord's full name and business address
(By landlord, we mean the person or organisation who owns the property)

Your landlord's phone number and email address

If your landlord has an agent, what is their full name and address?
(By agent, we mean the person or organisation you actually pay rent to)

Agent's phone number and email address

Did you or your partner previously own this property?

Yes No

* If yes, when did you or your partner own it?

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Are you, your partner or any of your children related to your landlord or agent, or to your landlord's partner, or agent's partner?
(Related includes any relationship even if the relationship has ended)

Yes No

* If yes, what is the relationship?

For example * ex-wife / ex-husband * father / mother
* aunt / uncle * brother/sister
* daughter-in-law / son-in-law
* grandmother / grandfather
* granddaughter / grandson

Do you have a written Tenancy Agreement?

Yes No

What sort of tenancy do you have?
(for example, assured shorthold tenancy)

What period is the tenancy for? From

--	--	--

 to

--	--	--

What is the full rent you must pay to your landlord?

£

How often do you have to pay your rent?

Has your rent been registered as a fair rent?
(If yes, please enclose your registration form R05)

Yes No

Has your rent changed in the last 12 months?

Yes No

* If yes, give the date it changed and the new amount.

--	--	--

£

Part 14 (continued)

Do you live in this property as part of your job? Yes No

Does anyone, other than your partner, share the rent with you? Yes No

Do you have any weeks when you don't have to pay rent? Yes No

* If so, how many each year?

Are you behind with your rent? Yes No

* If so, by how many weeks?

Are amounts being taken from your Income Support or Job Seeker's Allowance to pay any overdue rent? Yes No

If you are under the age of 22, have you had a care order, or been in the care of Social Services? Yes No

Have you spent three months in a homeless hostel or a hostel specialising in resettling within the community? Yes No

* If so, please provide details and evidence that you have been offered and accepted support services to enable you to be resettled or rehabilitated.

Are you managed, under active multi-agency management, under the multi-agency public protection arrangements? Yes No

* If so, give the name and address of the authority.

Does the rent include any amounts for the following services. Tick yes or no to each question. If you tick a yes box, give the amount of rent that is for that service (if you know)

	Yes	No	Amount	How often?		Yes	No	Amount	How often?
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£		Buildings Insurance	<input type="checkbox"/>	<input type="checkbox"/>	£	
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£		Contents Insurance	<input type="checkbox"/>	<input type="checkbox"/>	£	
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£		Telephone	<input type="checkbox"/>	<input type="checkbox"/>	£	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£		TV, DVD, satellite or cable	<input type="checkbox"/>	<input type="checkbox"/>	£	
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£		General support and care	<input type="checkbox"/>	<input type="checkbox"/>	£	
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£		Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	£		Warden or caretaker	<input type="checkbox"/>	<input type="checkbox"/>	£	
Room Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£		Personal care	<input type="checkbox"/>	<input type="checkbox"/>	£	
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	£		Cleaning / lighting shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£	
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£		Other	<input type="checkbox"/>	<input type="checkbox"/>	£	
Garage	<input type="checkbox"/>	<input type="checkbox"/>	£		Give details	<input type="text"/>			

Part 14 (continued)

Are any meals included in your rent? Yes No

If so, tell us which are included, and how much.

Breakfast	<input type="checkbox"/>	Amount	£ <input type="text"/>	Lunch	<input type="checkbox"/>	Amount	£ <input type="text"/>
Evening meal	<input type="checkbox"/>	Amount	£ <input type="text"/>	Food items	<input type="checkbox"/>	Amount	£ <input type="text"/>

Please tick the type of accommodation that you live in.

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a shop or shops	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Hotel or guest house	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	Caravan	<input type="checkbox"/>	Ground rent only	<input type="checkbox"/>
Care house	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>		
Other (please give details)	<input type="checkbox"/>	<input type="text"/>			

If you rent a room, where in the building is it?

Front Centre Back Other (Say where)

If you rent a room, what is your room number? How many floors are in the whole building?

If you rent a room, where in the building is it?

All floors	<input type="checkbox"/>	Basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>	First floor	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>	Fourth floor	<input type="checkbox"/>	Fifth floor	<input type="checkbox"/>
Other (say where)	<input type="checkbox"/>	<input type="text"/>					

Does your home have central heating? Yes No

Is your home furnished by your landlord? Yes No

* If so, is it: Fully furnished? Partly furnished? Barely furnished?

Who is responsible for decorating the inside of your home?

You Your landlord Don't know

Tick the relevant boxes to show which of the following bills you receive for your home?

Gas Bill Electricity Bill Water bill

Part 15 Details of accommodation

Fill in the table below to tell us how many rooms there are in the building you live in, and who uses them.

	Total number in whole building	Number used only by you and your family	Number you share with other households
Living rooms			
Bedrooms			
Bedsits			
Kitchens			
Bathrooms			
Separate Toilet			
Other rooms			
Total number of rooms			

Do you need an extra room for a carer that you are not related to, who normally does not live with you? Yes No

Part 16 How you will be paid

Help with your council tax

If you are entitled to help with your council tax, we will take your Council Tax Support off your council tax, and send you a new bill.

Help with your rent

We will pay your benefit direct to your bank or building society account.

Please give your account details below and enclose evidence of this account. If you do not have a bank account or are overdrawn, please contact the benefit helpline for more advice.

Bank Details

Name of bank or building society

Address of bank or building society

Name of account holder

Bank sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<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"/>
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Roll number
(building society accounts only)

Private tenants

If you rent your home from a private landlord, we will normally pay your benefit direct to you. However, we will consider paying your landlord direct if you cannot manage your finances or if you feel you are unlikely to use your housing benefit to pay your rent.

If you want us to pay your landlord direct, you will have to fill in a separate form and provide evidence to support your application (such as a letter from a doctor, social worker or support worker). If you need more advice about this please contact us.

If you would like us to consider paying your landlord, please tick this box.
Please provide your landlords bank account details in the box above.

Housing association tenants

If you rent your property from a housing association, you can opt to have your benefit paid directly to them.

If you want us to pay your housing association, tick this box.

Part 17 Sharing information with your landlord

If you are a tenant of a registered social landlord we may share information with your landlord so that we can identify whether or not you are under-occupying your home.

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 if your claim is being delayed.

By giving permission, we will be able to tell your landlord:

- whether or not you have a claim or renewed your claim for Housing Benefit
- whether we have made a decision on your claim, and
- if we need more information to make a decision on your claim, and, if so, what this information is.

We will not give your landlord any information about:

- your personal or household circumstances; or
- your financial circumstances.

Under the Data Protection Act 1998, we will need your written permission to discuss anything else.

If you want to give permission to discuss your claim with your landlord, please sign below. (At any time you can withdraw your permission to share information with your landlord.)

I give you permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature _____

Date

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Full Name and address _____

Part 18 Backdating

We can normally pay Housing Benefit and Council Tax Support from the Monday after you first asked us for a form, as long as you return it within one month of the date of issue. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from, and why you did not claim earlier.

Date you want to claim benefit from

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Tell us why you have not claimed before.

Part 19 Extra information

Please use this space to tell us about any children, other adults, income, jobs, savings and so on, that you have not been able to give details of on the previous pages. You can also use it to tell us anything else you feel may help us with your claim.

Part 20 How we collect and use information

We will use the information we collect on this form and from supporting evidence, to process your application. We may pass the information to the Department for Work and Pensions and HM Revenue & Customs if the law allows this.

We may check the information you provide, or information which someone else gives us about you, with other information held by us. We may also get information from other organisations, or give them information, to check that the information we have is accurate, to prevent or detect crime, or to protect public funds in other ways, if the law allows this. These other organisations include government departments and local authorities.

We are the Data Controller for the purposes of the Data Protection Act 1998. This means that we are responsible for keeping to the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information please contact us.

Fair Processing Notice

We are required by law to protect the public funds we administer. In order to prevent and detect fraud we may share information provided to us with other bodies responsible for auditing or administering public funds.

We are participating in data matching exercises to assist in the prevention and detection of fraud and are also

providing data to the Audit Commission for matching with data held by other organisations. Housing Benefit and Council Tax Support data may also be supplied to credit reference agencies.

Data matching involves comparing computer records held by one organisation against other computer records held by the same or another organisation to see how far they match. This is usually personal information and may include checks on undeclared cohabiters.

Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there is an inconsistency that requires further investigation. We cannot assume that the inconsistency is as a result of fraud, error or other explanation until an investigation is carried out.

Declaration - Please read this carefully before you sign and date it

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- I know I must immediately tell the relevant local authority's Benefit Service in writing, about any changes in my circumstances or changes in the circumstances of anyone else in my household, which may affect my claim. **If I do not do this I may be prosecuted.**

I declare the information I have given on this form is correct and complete. I understand that if someone else filled in this form, it is my responsibility to check all the information given in this form.

Your signature Date

Partner's Signature Date

WARNING - You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens, or you are aware that a change will be happening.

Examples of the type of changes I should report are: Change of address; increase or decrease of income; increase or decrease of savings (capital); if anyone on my claim stops getting Income Support, Employment and Support Allowance (Income Related) or Income-Based Jobseeker's Allowance; if anyone on my claim starts or stops work or changes jobs; if other people, who live with me have income changes; if either myself, or my partner's Tax Credits or other Social Security Benefits change (including notification of a new award); if anyone leaves or joins my household; if anyone starts to receive Carer's Allowance for looking after myself or my partner.

This list is not exhaustive - if in doubt, please tell us anyway.

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming

Name of the person who filled in this form

Relationship to the person claiming

Do you have power of attorney / are you the customer's appointee?

Yes No

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature of person
who filled in the form

--

Date

--	--	--

Checklist

Evidence

The checklist below will help you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the proof we need. Please tick to say what evidence you are sending with this form. We must see original documents, not copies.

Please do not send valuable items through the post. If you can, bring them into our reception. We will give you the documents back straight away. If you cannot get into the office, phone us for more advice.

You must provide evidence straight away so we can process your claim.

We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you do not provide all the evidence we need, we might not be able to pay you any benefit.

- Evidence of identity**
Such as birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We need to see evidence of at least one of these items for each person.
- Evidence of National Insurance number**
Such as National Insurance number card, payslips or letters from social security or the tax office.
- Evidence of capital, savings and investments**
Such as all your bank, building society or post office books, full bank statements or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last two months. We need to see evidence of any interest or dividends your non-dependant gets on investments and savings.
Tell us about any unidentifiable regular credits/debits or transfers which appear on your bank statements.
- Evidence of earnings. Also for any other adults living in your home.**
This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. You can ask your employer to fill in a wage certificate if you do not have these payslips. Please ask us for a certificate. If you or your partner is self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.
- Evidence of other income Also for any other adults living in your home**
Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings
- Evidence of benefits, allowances, or pensions Also for any other adults living in your home**
Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. We need a breakdown of any War Pensions, so you may have to contact the War Pensions office for this. If you do not have evidence, let us know straight away.
- Evidence of private rent and tenancy**
Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.
- Evidence of other money paid out**
Such as letters about student grants or loans, maintenance or a contract from a registered child carer, with proof of payments you have made and the hours they look after your children.

If you cannot get the proof straight away, send the form to us with the proof you do have and let us know what proof has been delayed and when you will be able to send it to us. Use the extra information box on page 19 of this form.

Our offices and opening times

Coleford Benefit Team
Forest of Dean District Council
High Street
Coleford
Gloucestershire
GL16 8HG

Phone: 01594 812531 Fax: 01594 812554

Opening Times:

Monday to Thursday 9am to 4.45pm

Friday 9am to 4.30pm

	Phone	E-mail
Benefit Helpline	01594 812531	housing.benefits@fdean.gov.uk
Council Tax Team	01594 812532	council.tax@fdean.gov.uk
Council Tax Payment Line	01594 81000 and pick option 1 "Make a payment"	
Council Tax Recovery Team	01594 812530	recovery.section@fdean.gov.uk
Benefit Fraud Hotline	0800 7838435	benefit.fraud@fdean.gov.uk
Housing Advice Service	01594 812308	housing.advice@fdean.gov.uk
Citizens Advice	01594 823937	
Age Concern	01594 845621	

Translation services

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