



Application for Housing Benefit and Council Tax Support

Part 1 Claim information

For office use only

Date Stamp:	Claim Ref:
	Property Ref:
	Person Ref:
	Date of issue:
	Initials:

Important Information

It is an offence to give false information or not to tell the Benefits Service about any changes to the circumstances of **anyone in your claim** (This includes if people move in, or move out).

It is therefore your responsibility to inform the Benefits department regarding any changes; failure to declare a change may result in Housing benefit overpayments, or the erroneous awarding of Council Tax Support as well as the possibility of incurring further action.

Return this form immediately with proof of Identity and National Insurance Number for yourself and any partner, even if you do not have all the additional original evidence to support your application.

Which of the following are you?

Home Owner (Mortgaged)	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Housing Association Tenant (Rented)	<input type="checkbox"/>	Private Tenant (Rented)	<input type="checkbox"/>
Boarder	<input type="checkbox"/>	Living in a Hostel	<input type="checkbox"/>

If you are none of the above; please specify your situation in the box provided below.

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Do you want to apply for Housing Benefit?
(This is to help in meeting your housing/rental costs) Yes ☐ No ☐

Do you want to apply for Council Tax Support?
(This is to help reduce the amount of Council Tax you are charged) Yes ☐ No ☐

You should check to see if you are eligible for Housing Benefit, or whether you need to be claiming Universal Credit to assist in meeting your Housing/rental costs:

www.gov.uk/universal-credit

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 cannot pay you benefit until we have seen the proof we need. 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 should provide evidence straight away so we can process your claim.

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

The Evidence below needs to be provided for yourself, your partner (if you have one), and for any other adults living in your home.

- ☐ **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.
- ☐ **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, letters or screen shots 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.

How we collect and use information

We will only use your personal information gathered for the specific purposes of Housing Benefit & Council Tax Support. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to, such as sharing with trusted partners.

For more information, visit: <https://www.fdean.gov.uk/about-the-council/information-data/data-protection/>

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

Title (Mr, Mrs, Miss, Ms, and so on)

Forename

Surname

Any other names that you are or have been known by

Are you married, single, divorced, separated, widowed? Please say which.

Date of birth

National insurance number

Tick here if you do not have a National Insurance number

☐☐

Nationality

Address

Phone/mobile number

Email Address

Date you moved, or will move, into this address

What date did your tenancy start?

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

Date moved out of previous address:

Did you own your previous address?

Yes

☐

No

☐

Yes

☐

No

☐

Did you claim Housing Benefit at your previous address

Yes

☐

No

☐

Yes

☐

No

☐

If **yes**, Which council did you claim from?

Part 2 About you and your partner (Continued)

Are you registered blind?

Yes ☐ No ☐

Yes ☐ No ☐

If yes, please give your registration number.

Are you unable to work because of ill health?

Yes ☐ No ☐

Yes ☐ No ☐

If yes:

Date you last worked

Date you expect to return to work

Are you or your partner currently in hospital?

Yes ☐ No ☐

Yes ☐ No ☐

If yes:

Date you went in

Date you expect to come out

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?

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

Yes ☐ No ☐

Yes ☐ No ☐

Are you or your partner on remand?

Yes ☐ No ☐

Yes ☐ No ☐

If yes:

What date did you go in?

Are you a care worker?

Yes ☐ No ☐

Yes ☐ No ☐

Part 3 British Residency

You

Your Partner

Have you or your partner come to live in the British Isles, within the last 5 years?

Yes ☐ No ☐

Yes ☐ No ☐

What is your nationality?

What date did you come to live in the United Kingdom?

Has the Home Office given you permission to enter or stay in the United Kingdom?

Yes ☐ No ☐

Yes ☐ No ☐

If yes, give details

Part 4 Children who live with you

Details of children that you or your partner get child benefit for and live with you in this property.

- Do you or your partner have children living with you? If no, go to part 5.

You

Yes

☐

No

☐

Your Partner

Yes

☐

No

☐

If yes, please answer the question below

How many children live with you?

First Child

Second Child

Third Child

First name

Surname

Gender- male or female?

Child's date of birth

The child's relationship to you

The child's relationship to your partner

Is the child registered blind?

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

☐

Is the child entitled to Disability Living Allowance or Personal Independence Payment?

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

☐

If so, tell us how much.

Care	£
Mobility	£

Care	£
Mobility	£

Care	£
Mobility	£

Do you pay someone for childcare?

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

☐

If so, give the childcare provider's

* Name

* Registration number

* How much do you pay a week?

If you have more than 3 Children please use this space to write their key details:

Name, Date of Birth, whether they have any benefits and if you pay for Child care for them (and if so, how much).

Part 5 Other people who live with you

In this part we ask for details of anyone else 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. *who do not claim HB or UC in their own right.

- If you do not have any of the above people living with you, tick no and go to part 6.

Yes ☐ No ☐

	First person	Second person	Third person
Forename	<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"/>
National Insurance number	<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"/>
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"/>
* Universal 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"/>
* 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"/>
Do they get DLA*, ATA* or PIP*?	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"/>
Do they have any other income at all (including any benefits, allowances, pensions and income from savings)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Name of first income	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Amount before deductions	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
* How often they are paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Name of second income	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Amount before deductions	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
* How often they are paid	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

You

Your Partner

Income Support, Job Seeker's Allowance, Employment & Support Allowance, Universal Credit or Pension Credit

Are you or your partner **getting** one of the above mentioned benefits?

Yes ☐ No ☐

Yes ☐ No ☐

- **If no for Both, Go to Part 7**

* If yes, which benefit are you receiving?

Are you or your partner **waiting to for a decision** on one of the benefits named above?

Yes ☐ No ☐

Yes ☐ No ☐

* If yes, which benefit have you applied for?

* What date did you make your application?

* If you have recently moved; have you informed Job Centre Plus or the Department for Work and Pensions.

Confirm the date they were informed

Part 7 Student income

By student, we mean anyone who is on a course of study for 15 hours or more a week at a higher Educational establishment, including nurses.

You

Your Partner

Are you or your partner a student?

Yes ☐ No ☐

Yes ☐ No ☐

If no please go to Part 8 - if yes:-

Name of Course								
Is your Course full time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Duration of Course								
Start Date								
End Date								
Loan Amount (As applicable)	£				£			
Grant Amount (As applicable)	£				£			
Bursary Amount (As applicable)	£				£			

Please provide your first, complete, Student Finance letter for use as evidence.

Please use this Box to provide any other additional information regarding your Student Income; such as whether the grant includes: Tuition Fee loan, Higher Education Grant, Special Support Grant, Disabled Students Allowance, Parents Learning Allowance, Child Care grant, etc.

Part 8 Earnings from self-employment

You

Your Partner

Are you or your partner self-employed?

Yes

☐

No

☐

Yes

☐

No

☐

- If you are a director of a limited company, please complete part 9.

Please request a self-employed form to provide the necessary information OR supply complete profit and loss accounts* or certified accounts for your business(es) and include the average number of hours worked each week and your Unique Tax Reference Number. Maximum period necessary - 52 weeks.

What type of Business do you run?			
What Date did the business start?			
Do you use your home for business?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have business partners? If yes, provide their names.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay a self-employed National Insurance Stamp?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get a start-up business allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, How much (weekly)?	£		£
Do you have more than once business?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use this Box to tell us any additional information we may need to know about your Self-Employment earnings. If you have more than the business listed above, please indicate in this box also.

Part 9 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"/>
Are you a director of a company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no to both questions above, go to part 10. If yes, answer the questions below.

How many jobs do you have?	<input type="text"/>	<input type="text"/>
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If either of you have more than one job you will need to supply evidence for each

Your first / main job

Your employer's name	<input type="text"/>	<input type="text"/>
Your employer's address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<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"/>
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"/>

Your Employer

Your employer's name	<input type="text"/>	<input type="text"/>
Your employer's address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Your employer's phone number?	<input type="text"/>	<input type="text"/>
When did you start this job?	<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"/>

Your Earnings

Please fill in the table for the job you have listed above.

We will need to see your latest:

5 Weekly, 3 Fortnightly or 2 Monthly Pay slips to support your application.

You

		Pay Slip 1	Pay Slip 2	Pay Slip 3	Pay Slip 4	Pay Slip 5
Date						
Tax Code						
Tax Week No.						
Gross Pay to Date		£	£	£	£	£
Hours Worked						
Gross Pay (Before deductions)		£	£	£	£	£
Statutory Maternity / Paternity Pay		£	£	£	£	£
Sick Pay (Etc)		£	£	£	£	£
Deductions	Tax	£	£	£	£	£
	National Insurance	£	£	£	£	£
	Pension Scheme	£	£	£	£	£
	Other	£	£	£	£	£
Net Pay (After Deductions)		£	£	£	£	£

Your Partner

		Pay Slip 1	Pay Slip 2	Pay Slip 3	Pay Slip 4	Pay Slip 5
Date						
Tax Code						
Tax Week No.						
Gross Pay to Date		£	£	£	£	£
Hours Worked						
Gross Pay (Before deductions)		£	£	£	£	£
Statutory Maternity / Paternity Pay		£	£	£	£	£
Sick Pay (Etc)		£	£	£	£	£
Deductions	Tax	£	£	£	£	£
	National Insurance	£	£	£	£	£
	Pension Scheme	£	£	£	£	£
	Other	£	£	£	£	£
Net Pay (After Deductions)		£	£	£	£	£

Part 10 Pension income

	You	Your Partner
Do you or your partner receive income from a pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, 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 style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Widow's Pension or Allowance	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Industrial Disablement Pension	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
War Widow's or Disablement Pension	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Armed Forces & Reserve Forces Compensation	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Armed Forces Pension	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Company/Private Pension	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
* Company name	<input style="width: 240px;" type="text"/>		<input style="width: 240px;" type="text"/>	
* Date of last increase	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>
Second Company/private Pension	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
* Company name	<input style="width: 240px;" type="text"/>		<input style="width: 240px;" type="text"/>	
* Date of last increase	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

If you need more space, please use the box provided below.

Part 11 Other income

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

Yes

☐

No

☐

Yes

☐

No

☐

If no, go to part 12.

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

	You		Your Partner	
	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 (Contribution based)	£		£	
* 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 Independence Payment (Daily Living component)	£		£	
Personal Independence Payment (Mobility component)	£		£	
Bereavement Support Payments	£		£	
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	£		£	
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.

	You	Your Partner
Do you or your partner have any bank accounts, cash, savings or investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> If no, go to part 13. If yes, tell us how much below. 	If you need more space to tell us about other accounts, please use the box provided overleaf.	
How many accounts do you and your partner hold?	<input type="text"/>	<input type="text"/>
Cash savings at home Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
First Bank account Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
Name of Bank	<input type="text"/>	<input type="text"/>
First Bank Account, Account Number	<input type="text"/>	<input type="text"/>
Second Bank account Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
Second Bank Account, Account Number	<input type="text"/>	<input type="text"/>
Name of Bank	<input type="text"/>	<input type="text"/>
First Building Society Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
First Building Society Account Number	<input type="text"/>	<input type="text"/>
Name of Building Society	<input type="text"/>	<input type="text"/>
Second Building Society Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
Second Building Society Account Number	<input type="text"/>	<input type="text"/>
Name of Building Society	<input type="text"/>	<input type="text"/>
First Post Office account Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
First Post Office Account Number	<input type="text"/>	<input type="text"/>
Pay Pal account Amount (£) Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
Paypal Account Number	<input type="text"/>	<input type="text"/>
Premium/Income Bonds Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
ISAs or TESSAs Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
ISA/TESSA Account Number	<input type="text"/>	<input type="text"/>

Stocks and shares (£) Yes ☐ No ☐

£

£

Who are these with? *Company Name

Number of Stocks/Shares

Unit trusts Yes ☐ No ☐

Do you pay towards a
funeral plan?
If yes, tell us about this
and supply evidence

Yes ☐ No ☐

A pension plan not paid
through your employer Yes ☐ No ☐

How much?

How often?

£

How much?

How often?

£

National Savings
Certificates Yes ☐ No ☐

£

£

Child Trust Funds other
than Government
Scheme Yes ☐ No ☐

£

£

Investments overseas Yes ☐ No ☐

£

£

Any other savings Yes ☐ No ☐

£

£

Please use this box to tell us about any additional accounts, savings and investments.

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)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, go to part 14.

If yes, please answer the questions below.

The outstanding mortgage amount	£	
---------------------------------	---	--

The address of the property / land		

Does an elderly or disabled relative live in the other property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If you are separated, does your ex-partner reside as a lone parent in this property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Do you intend to sell or occupy this property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

From which date?	___ / ___ /20 ___
------------------	-------------------

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

Please use this box to provide any additional information about your additional land/property.
E.g. Are you going through divorce and attempting to sell?

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?

--	--	--

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

*Parent-in-law/[Son/Daughter]-in-law, *Grandparent/Grandchild

--

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 RO5)

Yes ☐ No ☐

Has your rent changed in the last 12 months?

Yes ☐ No ☐

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

--	--	--

£

--

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 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?

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

Yes ☐ No ☐

Breakfast ☐ Amount £

Lunch ☐ Amount £

Evening meal ☐ Amount £

Food items ☐ Amount £

Please tick the type of accommodation that you live in.

Detached house ☐ Semi-detached house ☐ Terraced house ☐

Detached bungalow ☐ Semi-detached bungalow ☐ Terraced bungalow ☐

Flat in a house ☐ Flat in a block ☐ Flat over a shop or shops ☐

Maisonette ☐ Hostel ☐ Hotel or guest house ☐

Mobile home ☐ Caravan ☐ Ground rent only ☐

Care house ☐ Room or rooms ☐

Other (please give details) ☐

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 ☐ Basement ☐ Ground floor ☐ First floor ☐

Second floor ☐ Third floor ☐ Fourth floor ☐ Fifth floor ☐

Other (say where) ☐

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 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.

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

--	--	--

Full Name and address _____

Part 17 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

--	--	--

Account number

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

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

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.

☐

- Are you in arrears with your rent?
- Are you likely to lose your tenancy or not have it renewed unless we pay your landlord?

☐

tick if **yes** to either of these questions

Housing association tenants

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

To pay your housing association direct, please tick this box:

☐

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

--	--	--

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 and savings etc., 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 - 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

--	--	--

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

--	--	--

Translation services

We can provide this document on audiotape, in Braille, in large print, and in a range of languages and other formats. For more information, phone us on 01594 810000.

Please return your scanned form via email, post, or by visiting your respective council:

Forest of Dean District Council

High Street
Coleford
Gloucestershire
GL16 8HG

9am to 4.45pm
Monday to Thursday

9am to 4.30pm
Friday

Closed on Weekends & Bank Holidays

Main Switchboard: 01594 810000

Benefits: 01594 812531
Housing.Benefits@fdean.gov.uk

Council Tax Collection

Pay Online –

You will need your account number to use this service, it can be found in the top right hand corner of your bill:
<http://www.fdean.gov.uk/pay/>

Pay by Telephone (Automated Line) –

Pay by Telephone (Human Line 9:00am – 16:45pm Mon-Thurs, 9:00am – 16:30pm Fri) – 01594 812532

You can also use this line to set-up direct debit payments during office hours

The above line is automated outside of office hours, you can also call the main switch board on 01594 810000

Pay by BACS payments -

You can set up a standing order or make payments via BACS using our bank details:

Account Name: Forest of Dean District Council Current Account

Account Number: 00833506

Sort Code: 30-91-87

Please make sure that your Council Tax payments are received by the due date to avoid getting a reminder. A maximum of 2 reminders are sent in any one year after which the instalment facility is cancelled and you will have to pay the year's Council Tax charge.

Payment by cheque -

Cheques should be made payable to 'Forest of Dean District Council' and sent to:

Forest of Dean District Council, Council Offices, High Street, Coleford, Glos, GL16 8HG

Please remember to write your Name, Address and Council Tax Account reference (as shown on your Bill) on the reverse of the cheque.