

A claim form for Housing Benefit and Council Tax Benefit



Date form was requested

Date form was issued

Local Authority
Office Date Stamp

Initials

DWP Office Date Stamp

Initials

Local Housing Allowance Applicable?

Yes No

If you are just claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 18 of this form.

- Whatever you are claiming please send this form back immediately or you may lose benefit
- Please send any proof with the claim form
- Please complete this form in black ink

If you need help to fill in the form or any other information about benefits, please visit our Customer Contact Centre on the ground floor of the Civic Centre or telephone us on 01228 817201 or Type Talk 1801 01228 817000.

We are open between 9.00am and 5.00pm Monday to Thursday and 4.00pm on Fridays

If you cannot leave your house we can arrange for a member of staff to visit you.

Part 1 Address for which you are claiming/personal details

What is the address that you are claiming for?

What date did you move to this address?

Are you:

(Please tick all the boxes that apply to you)

an Owner Occupier

a Joint Owner Occupier

living in a Hostel

renting from a Private Landlord

renting from a Housing Association

a Joint Tenant

living in Board and Lodgings

You

Your partner

Surname or family name

Other names

Any other names you have used
E.g. maiden name

Title (Mr, Mrs, Ms, other)

Your daytime phone number?

Code	Number
------	--------

Code	Number
------	--------

What is this number?
Please tick.

Home Work Mobile Textphone

Home Work Mobile Textphone

Date of birth

 / /
 / /

National Insurance (NI) number

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number.

If you do not have an NI number, or cannot find it, tick this box.

If your partner does not have an NI number, or cannot find it, tick this box.

We need to see proof of this.

Partners — If you have a partner, you must answer all the questions about them, as well as yourself.

We use *partner* to mean

A person you are married to, a person you live with as if you are married to them, or a civil partner or person you live with as if you are civil partners

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

You
 No
 Yes Please tell us about it below.

Your partner

 Please tell us about it below.

When did you last claim?

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

If you have moved from this address, have you told the council you claimed from?

No
 Yes

No
 Yes

If you or your partner have moved home in the last 12 months, tell us your last address if it is different from the above.

Tell us whether you were the homeowner, a private tenant or a lodger at this address.

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 in the last two years?

No
 Yes We may write to you about this.

No
 Yes We may write to you about this.

We need to see proof of your identity and NI number. See the checklist at Part 14.

	You	Your partner
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK? <small>The UK is England, Northern Ireland, Scotland and Wales.</small>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you go in?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When will you come out, if you know this?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you or your partner get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	£ <input type="text"/>	£ <input type="text"/>
Mobility	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.

You

Your partner

Do you or your partner pay towards the upkeep of a student?

No
 Yes How much do you pay and how often?

No
 Yes How much do they pay and how often?

£ every

£ every

Are you or your partner a student?

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

No
 Yes Tell us if this is full or part time.
 Full time Part time

No
 Yes Tell us if this is full or part time.
 Full time Part time

Are you in Further or Higher education?

Further Higher

Further Higher

Which college do you attend?

What is the full title of your course?

Do you receive a grant or loan?

No Yes How much? £

No Yes How much? £

How much of your income is taken into account when working out your grant?

£ a year

£ a year

Please tick if you or your partner are:

- an apprentice
- on youth training
- severely mentally impaired
- registered blind
- long-term sick or disabled
- in legal custody (Please state whereabouts)

When did you enter legal custody?

/ /

/ /

What is your earliest release date?

/ /

/ /

We need to know about any children in your household who are:

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16, 17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No Go to **Part 3**.

Yes If there are more than four children, use a separate sheet of paper to tell us all the information we ask for in this section and send it with the form.

If you are sending a separate sheet of paper, tick this box.

Do you receive or have been awarded maintenance or Child Support for any of your children?

No

Yes Please detail the amounts in **Part 9**.

	First child	Second child	Third child	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of your child benefit

	First child	Second child	Third child	Fourth child
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Mobility	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.

You will need to complete a further form for childminding costs which we will send you

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Do any adults usually live with you and your partner?

By *adults* we mean people over 16 who nobody gets Child Benefit for.

No Go to **Part 4**.
 Yes Fill in this section.

First Person	Second Person	Third Person
--------------	---------------	--------------

Surname or family name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Other names

<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"/>
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Their relationship to you or your partner

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Their National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?

No
 Yes

Do they get Disability Living Allowance or Attendance Allowance?

No
 Yes How much?

£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
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Are they registered blind?

No
 Yes

First Person

Second Person

Third Person

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No
Yes Tell us which.

No
Yes Tell us which.

No
Yes Tell us which.

Do they pay rent or money for board and lodgings to you or your partner?

No
Yes

No
Yes

No
Yes

How much?

£ a week

£ a week

£ a week

Does this include money for food?

No
Yes

No
Yes

No
Yes

Does this include money for heating?

No
Yes

No
Yes

No
Yes

Are they severely mentally impaired?

No
Yes

No
Yes

No
Yes

Are they in legal custody at the moment?

No
Yes When are they expected to be released?

No
Yes When are they expected to be released?

No
Yes When are they expected to be released?

 / /
 / /
 / /

Are they in hospital at the moment?

No
Yes Tell us about it below.

No
Yes Tell us about it below.

No
Yes Tell us about it below.

When did they go in?

 / /
 / /
 / /

When are they due to come out (if you know)?

 / /
 / /
 / /

Do they normally work for 16 hours or more a week?

First Person

No
 Yes Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

Second Person

No
 Yes Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

Third Person

No
 Yes Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

Do they have any other income at all?

Make sure you tell us about all other income they have. This includes any social security benefits or allowances and interest from savings and Investments.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

1 Name of the first other income.

How much is it before deductions?

£ per

£ per

£ per

2 Name of the second other income.

How much is it before deductions?

£ per

£ per

£ per

3 Name of the third other income

How much is it before deductions?

£ per

£ per

£ per

We need to see proof of their income.

We need to see proof of their income.

We need to see proof of their income.

Are any of the people who normally live with you married to each other, civil partners, or living together as if they were married or civil partners?

No
 Yes Tell us their names below.

is the partner of

is the partner of

We call these people *partners*.

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension Credit?

- No Go to **Part 5**.
 Yes Answer both the questions in this part and then go to **Part 12**

You	Your partner
-----	--------------

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance or Pension Credit at the moment?

- No
 Yes When did you start getting it?

Go to Part 12.

- No
 Yes When did they start getting it?

Go to Part 12.

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension Credit?

- No
 Yes When did you claim?

- No
 Yes When did they claim?

Which benefit are you getting or waiting to hear about?

- Income Support
 Income-based Jobseeker's Allowance
 Pension Credit

Go to Part 12.

Which benefit are they getting or waiting to hear about?

- Income Support
 Income-based Jobseeker's Allowance
 Pension Credit

Go to Part 12.

We must see evidence of your benefits, allowances or pension before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

	You	Your partner
Do you get Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ every

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Do you or your partner work for an employer?

No Go to **Part 7**.

Yes Answer the questions in this part.

If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

What is your job title / What kind of work do you do?

You

Your partner

What is your employer's name and address?

Postcode
Tel:

Postcode
Tel:

When did you start this job?

/	/	
---	---	--

/	/	
---	---	--

What is your payroll, employee or staff number?

--

--

Are you employed for a limited period?

No

Yes When will you finish?

/	/	
---	---	--

No

Yes When will you finish?

/	/	
---	---	--

How often do you get paid?

every

every

How much do you get paid before tax and National Insurance are taken off?

£

£

	You	Your partner
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When will your next pay rise be?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses, tips or commission	<input type="text"/>	<input type="text"/>
Are you currently off work due to sickness?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did this start? <input type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did this start? <input type="text" value="/ /"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text" value="£ every"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text" value="£ every"/>

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

- No Go to **Part 8**.
 Yes Answer the questions in this part.

You

Your partner

What other work do you do?

What is the name and address of the person you do this work for?

Postcode

Postcode

When did you start this work?

/
/

/
/

How many hours a week do you usually work?

Do you get paid?

If you only get expenses or tips, still tick **Yes** and give details.

- No
 Yes Tell us about it below.

- No
 Yes Tell us about it below.

How much do you get before any deductions?

£

£

How often are you paid?

every

every

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account.

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to **Part 9**.

Yes Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

	You		Your partner	
• Child Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Child Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fostering Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Contribution-based Jobseeker's Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Maternity Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Incapacity Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Industrial Injuries Disablement Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Industrial Death Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Carer's Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Severe Disablement Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Statutory Sick Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Statutory Maternity/Paternity Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• State Retirement Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Pension Credit (including Savings Credit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Bereavement Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Guardians Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Adoption Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Armed Forces and Reserve Forces Compensation Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• War Disablement Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• War Pension or War Widow's Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Widow's or Widower's Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered **No** to all of the above go to **Part 9**.

If you have answered **Yes** to any of the above tell us about the benefits on the next two pages.

The name of the benefit or pension

Waiting to hear

Getting now

You

How much ? £

How often?

By what method?

Your partner

How much ? £

How often?

By what method?

The name of the benefit or pension

Waiting to hear

Getting now

How much ? £

How often?

By what method?

How much ? £

How often?

By what method?

The name of the benefit or pension

Waiting to hear

Getting now

How much ? £

How often?

By what method?

How much ? £

How often?

By what method?

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick this box.

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No Go to **Part 10**.

Yes Answer the questions in this part.
You do not need to tell us about payments from The Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Tick **Yes** if you receive any of the following and enter the details in the boxes below. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

Occupational pensions, work pensions and private pensions

No Yes

Training allowances

No Yes

Maintenance or child support for you, your partner or any of the children you have told us about on this form

No Yes

A student grant or loan

No Yes

Money from a trust fund or charitable source

No Yes

Any cash payments.

No Yes

	Other money 1	Other money 2	Other money 3
What do you get this the money for? For example, maintenance.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="every"/>	<input type="text" value="every"/>	<input type="text" value="every"/>
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When is the income likely to go up?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Tell us the full rate of benefit before any deductions

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
	How much ? <input type="text"/>	How much ? <input type="text" value="£"/>
	How often? <input type="text" value="every"/>	How often? <input type="text" value="every"/>
	By what method? <input type="text" value="by"/>	By what method? <input type="text" value="by"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
	How much ? <input type="text" value="£"/>	How much ? <input type="text" value="£"/>
	How often? <input type="text" value="every"/>	How often? <input type="text" value="every"/>
	By what method? <input type="text" value="by"/>	By what method? <input type="text" value="by"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
	How much ? <input type="text" value="£"/>	How much ? <input type="text" value="£"/>
	How often? <input type="text" value="every"/>	How often? <input type="text" value="every"/>
	By what method? <input type="text" value="by"/>	By what method? <input type="text" value="by"/>

Other money 1

No
 Yes Tell us about it below.

What for?

How much?

£

Who is it owed to?

Other money 2

No
 Yes Tell us about it below.

What for?

How much?

£

Who is it owed to?

Other money 3

No
 Yes Tell us about it below.

What for?

How much?

£

Who is it owed to?

Does anyone owe money to you, your partner, or any children you are claiming for?

What for?

How much?

Who is it owed to?

Are you expecting to get any money in the next 12 months?

For example, a redundancy payment or a payment instead of notice or holiday.

What for?

How much?

No
 Yes Tell us about it below.

What for?

How much?

£

No
 Yes Tell us about it below.

What for?

How much?

£

No
 Yes Tell us about it below.

What for?

How much?

£

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

Do you or your partner have any bank, building society or Post Office Accounts?

No Go to **Part 11**.

Yes Tell us about all your accounts, even empty or overdrawn ones or accounts you don't use very often. If there are more than 5 accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Account 1

Name of bank or building society or Post Office

Whose name is the account in?

Account number

How much is in the account?

Account 2

Name of bank or building society or Post Office

Whose name is the account in?

Account number

How much is in the account?

Account 3

Name of bank or building society or Post Office

Whose name is the account in?

Account number

How much is in the account?

Account 4

Name of bank or building society or Post Office

Whose name is the account in?

Account number

How much is in the account?

Account 5

Name of bank or building society or Post Office

Whose name is the account in?

Account number

How much is in the account

Do you or your partner have any capital, savings or investments in the UK or abroad?

This includes Cash, Premium Bonds, National Savings Certificates, and stocks and shares.

No Go to **Part 12**.

Yes Answer all the questions in this part. We must see evidence of all the capital, savings and investments.

Do you or your partner have any premium bonds?

No Yes Value. £

Do you or your partner have any National Savings Certificates?

No Yes Please enter details below

Issue number. Value £ How many?

Issue number. Value £ How many?

Issue number. Value £ How many?

Do you or your partner have any stocks, shares, bonds or unit trusts?

No Yes Please enter details below

Company name. How many? Value

Company name. How many? Value

Company name. How many? Value

Do you or your partner have any other capital savings or investments?

For example ,cash, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

No Yes Please enter details below

Do you own your home or have a mortgage?

- No Go to the next question.
 Yes Go to **Part 15**.

What sort of building do you live in?
 Tick one box only.

- | | | | | | |
|------------------------|--------------------------|----------------------------------|--------------------------|-----------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Flat in a house | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and lodgings | <input type="checkbox"/> |
| Terraced house | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or rooms or a studio flat | <input type="checkbox"/> | Residential nursing home | <input type="checkbox"/> |
| Detached bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Semi-detached bungalow | <input type="checkbox"/> | Other – give details | <input type="checkbox"/> | | |
| Terraced bungalow | <input type="checkbox"/> | | | | |
-
-

Does your home have any of the following?

- | | | | | | |
|----------|-----------------------------|------------------------------|-----------------|-----------------------------|------------------------------|
| A garden | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Central heating | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| A garage | No <input type="checkbox"/> | Yes <input type="checkbox"/> | A parking space | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Who is responsible for decorating?

- You Your landlord

Has your home been built or adapted for people with disabilities?

- No
 Yes

How many floors are there?

Do you and your household occupy only part of the building you have ticked?

- No
 Yes As you look at the building from the street, where in the building do you live?
 At the front In the middle At the back

What is the property let as?

Tick the box that applies.

Furnished

Hardly any furniture

Partly furnished

Unfurnished

How much rent do you pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

£ every

Does anyone else share the rent with you and your partner?

Tell us their names and their relationship to you and your partner.

No

Yes Tell us the details below.

How much of the rent do they pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

£ every

Has your rent changed in the last 12 months?

No

Yes Send us proof of the date it changed and how much it changed.

When is the next rent increase due?

/ /

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as proof.

Has your rent been registered as a fair rent by the rent officer?

No

Yes Please send us the notice of registration form **RO5**.

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

No

Yes How many weeks in a year?

Are you behind with your rent?

No

Yes By how many weeks?

Who has to pay the Council Tax bill for your home?

Tick the box that applies.

You or your partner

Your landlord

Someone else Tell us who it is.

Does your rent include money for the following?

Meals No Yes How much? £ every
 For which meals? Breakfast Lunch Evening meal
Please tick.

Water/sewerage charges No Yes How much? £ every

Heating No Yes How much? £ every

Lighting No Yes How much? £ every

Heating of hot water No Yes How much? £ every

Fuel for cooking (Power) No Yes How much? £ every

Laundry No Yes How much? £ every

Cleaning rooms or windows No Yes How much? £ every

Emergency alarm (e.g. Careline) No Yes How much? £ every

Cleaning/Lighting of common areas No Yes How much? £ every

Garage or parking space

No Yes How much? £ every

Do you have to rent the garage as part of your tenancy agreement? No Yes

Personal care and support

No Yes How much? £ every

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?

No Yes How much? £ every

What for?

Are you living away from home at the moment?

No
Yes Tell us about it below.

Why are you not living at home?

When did you last live at home?

 / /

When do you expect to go back home?

 / /

What is the address of where you are living at the moment?

 Postcode

Have you sublet your home?

No
Yes Who lives there now?

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 14 to see what you can use as evidence.

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 take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

We need the same evidence for your partner, if you have one.

If you cannot send the evidence we need at the moment, **send the form back to us now** and send the evidence later. We can start to process your claim, **but we will not be able to pay you until we have all the evidence.**

- **Evidence of identity/National Insurance Number**

Such as passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person. (Birth certificates and marriage certificates are acceptable as long as they do not have a disclaimer.)

- **Evidence of earnings**

We also need this 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. If you or your partner are 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 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 evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last two months.

- **Evidence of benefits, allowances or pensions**

We also need this for any other adults living in your home.

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

- **Evidence of other income**

We also need this for any other adults living in your home.

Such as pensions 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 private rent and tenancy**

A tenancy agreement or a council verification of rent form.

Part 15 Anything else you need to tell us

Please use this space to tell us anything else

If you are sending any separate sheets of paper with this form, tell us how many.

If you are in receipt of Local Housing Allowance, payment will be made direct to you into your bank/building society account

Please read the section on the Local Housing Allowance in the separate notes leaflet.

Payment direct into an account

We recommend that you get your money in this way because:

- it is safe and secure;
- it is convenient – you decide when and how much you want to withdraw;
- using an account may help you to save;
- from some accounts you could have regular bills paid (this could save you money but you will need to make sure that there is enough money in your account to pay the bills – if not, you may be charged a fee); and
- you can get your money from many different places.

The account can be:

- in your name;
- in the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them);
- in both the names of yourself and your partner; or
- in both the names of yourself and the person acting on your behalf.

If we cannot pay you directly into an account, we will pay you by cheque.

If your landlord is a Registered Social Landlord or you are an exempt tenant from Local Housing Allowance, you can choose where to have your Housing Benefit paid. We can arrange to pay your money (please tick as appropriate):

- direct into your bank or building society account
- by cheque (where you do not have a bank account or are unable to open one)
- direct to your landlord.

Please give your/your landlords account details below.

Name of the bank or building society

Address of the bank or building society (including the postcode)

Whose name is the account in?

Account Number

Sort Code

We can usually award benefit from the Monday after the day we receive your claim.

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

For this earlier period, were your circumstances the same as on this form?

No

Yes

What has changed?

We need proof of any change in circumstance for this period

Tell us why you have not claimed before.

Part 18 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign.

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

- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let you know in writing about any change in my circumstances which might affect my claim.

Signature of person claiming

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.

I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in this form

Signature

Relationship to the person claiming

This application was filled in for me and I have checked that the details are correct.

Signature of the person claiming

Date

Part 19 What to do next

You should now have:

- filled in the claim form for Housing Benefit and Council Tax Benefit, and
- collected any evidence to support your claim – but remember not to send valuable items.

If you are claiming **Jobseeker’s Allowance, Income Support or Pension Credit** we may still require this form and supporting evidence.

Send the above documents to us at Carlisle City Council, Civic Centre, Carlisle CA3 8QG **or hand them in at our** Customer Contact Centre on the Ground Floor of the Civic Centre.

If you are going to send evidence at a later date, **do not delay in sending in this form**, it may cost you benefit.

If you want us to pay your benefit straight to your landlord, you must sign this declaration

Your declaration

Please pay my Housing Benefit straight to my landlord.

- **I understand** that I must always tell you about any change in my circumstances.
- **I understand** that if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- **I understand** that I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Date

Full name

(in CAPITAL LETTERS)

Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances
- you can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- if you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature

Date