

# Claim for Housing Benefit / Council Tax Reduction Scheme

Reference Number

New Claim  Change of Address  Change in Circumstances

Address of the property you are claiming for  
  
  
  
 Postcode

When did you move to this address?  /  /

Date of issue:  /  /  Initials:

Date form and all supporting documents to be received by:  /  /  Date received:  /  /

Please return this form to:  
Freepost CE497  
Revenues and Benefit Services  
Carlisle City Council  
Civic Centre  
Carlisle  
CA3 8BR

## Part 1 The Household

|                           | You   | Your Partner  |
|---------------------------|---|---|
| Title                     | Mr, Mrs, Miss or other <input type="text"/>   | Mr, Mrs, Miss or other <input type="text"/>   |
| Last Name                 | <input type="text"/>  | <input type="text"/>  |
| Other Names               | <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"/>  |
| National Insurance Number | Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> | Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> |
| Nationality               | <input type="text"/>  | <input type="text"/>  |
| Daytime Phone Number      | <input type="text"/>  | Mobile Phone Number <input type="text"/>  |

Are you:  
(Please tick all the boxes that apply to you)

- |                                 |                          |                                    |                          |
|---------------------------------|--------------------------|------------------------------------|--------------------------|
| renting from a Private Landlord | <input type="checkbox"/> | renting from a Housing Association | <input type="checkbox"/> |
| a Joint Tenant                  | <input type="checkbox"/> | living in a Hostel                 | <input type="checkbox"/> |
| an Owner Occupier               | <input type="checkbox"/> | in board and lodgings              | <input type="checkbox"/> |
| a Joint Owner Occupier          | <input type="checkbox"/> |                                    |                          |

Does anyone else live with you?

Yes  (please give details below)

No  (please go to Part 2)

| Name | Relationship to you<br>(e.g. son, mother) | Date of Birth | Income/Amount | Date moved in |
|------|---|---------------|---------------|---------------|
|      |   |               |               |               |
|      |   |               |               |               |
|      |   |               |               |               |
|      |   |               |               |               |
|      |   |               |               |               |

If a member of your household has recently moved in or out, please provide the date they moved and their previous or forwarding address

Who has moved in?

Date moved in/out:

Forwarding/Previous Address:

  
  

## Part 2 Income

Does anyone in your household receive any benefits except Housing Benefit or have any other income?

Yes

No

If Yes, please provide proof of all income received and how often it is received (e.g. weekly, four weekly, monthly, etc.)

| Type of Income | Who receives it? | How much? | How often? | Date started |
|----------------|------------------|-----------|------------|--------------|
|                |                  | £         |            |              |
|                |                  | £         |            |              |
|                |                  | £         |            |              |
|                |                  | £         |            |              |

Does anyone in your household do any work (paid or unpaid)?

Yes

No

If Yes, please provide proof of all earnings received and how often it is received (i.e. 5 weekly payslips, 3 fortnightly payslips or 2 monthly payslips).

| Name and address of employer | Amount | Frequency of Payment | Number of Hours worked per week | Who is working? |
|------------------------------|--------|----------------------|---------------------------------|-----------------|
|                              | £      |                      |                                 |                 |
|                              | £      |                      |                                 |                 |
|                              | £      |                      |                                 |                 |
|                              | £      |                      |                                 |                 |

If anyone in your household has recently started work or any earnings have changed, please tell us the date the change happened.

Whose income has changed?

  

Date of Change

Is the work expected to last more than 5 weeks?

Yes

No

If No, how long is it expected to last?

Is anyone in your household Self-employed? Yes  No

If Yes, please tell us the date they started work  /  /

Please provide the latest set of accounts or ask for a self-employed pro forma

Does anyone in your household have any other income? Yes  No

If Yes, please provide proof of all income received and how often it is received (e.g. weekly, four weekly, monthly, etc.)  
Income includes, for example, maintenance, private pensions, student grants, etc.

| Type of Income | Amount | Frequency of Payment | When did payments commence? | Who receives it? |
|----------------|--------|----------------------|-----------------------------|------------------|
|                | £      |                      |                             |                  |
|                | £      |                      |                             |                  |
|                | £      |                      |                             |                  |
|                | £      |                      |                             |                  |

Do you or your partner have any Bank/Building Society/Post Office accounts or other capital assets. Yes

If Yes, please provide details below, please include any overdrawn accounts. No

| Name of Bank/Building Society/Post Office | Account Number | Balance | Whose name is it in? |
|---|----------------|---------|----------------------|
|   |                | £       |                      |
|   |                | £       |                      |
|   |                | £       |                      |
|   |                | £       |                      |

### Part 3 Childcare Payments (CCP)

Do you or your partner pay any childminding costs to a registered childminder, nursery or after-school club? Yes  Please ask for CCP form No

Please tell us the name and registration number of the minder   
Registration Number

How much do you pay a week?

### Part 4 Any other changes?

Please tell us about any other changes that have happened since the date of your last claim or give us details of anything else you think we should know about, including state benefits which you have applied for, but are waiting to hear if you have been awarded it e.g. Universal Credit, Personal Independence Payment, Job Seekers Allowance etc.

Date of change:  /  /

## Part 5 House Details

Are you liable to pay rent? Yes  Reference Number  No  If No, go to Part 6

### The next questions are for Rented Accommodation

Date Tenancy Started  /  /  Date Moved In  /  /

How much is your rent?  How long is the tenancy for?

How often do you pay your rent? Weekly  Monthly  4 Weekly  Calendar Monthly

If none of these, please specify:

Type of tenancy: Shorthold  Assured  Other (please specify):

What is your landlord's name and address   
  
  
Postcode

Are you/your partner or any of your children or partner's children related to your landlord? Yes  No

If your answer is 'Yes', what is the relationship?

What date will your rent be reviewed?  /  /

Does your rent include any service charge, amenities or meals? Yes  No

If 'Yes', please provide details of the amounts and frequency of payment

### Property Details

|                   |  |                        |  |                   |  |                          |  |
|-------------------|--|------------------------|--|-------------------|--|--------------------------|--|
| Detached House    |  | Semi Detached House    |  | Terraced House    |  | Bedsit                   |  |
| Detached Bungalow |  | Semi Detached Bungalow |  | Terraced Bungalow |  | Please state room number |  |
| Flat in Block     |  | Flat in House          |  | Flat over Shops   |  | Other (Please Specify)   |  |
| Hostel            |  | Maisonette             |  | Room or Rooms     |  |                          |  |

### Accommodation details - this must be completed for all rented accommodation

| Number of Rooms | Bedrooms | Living Rooms | Kitchens | Bathrooms | Toilets | Bedsits | Other | TOTAL |
|-----------------|----------|--------------|----------|-----------|---------|---------|-------|-------|
| Whole House     |          |              |          |           |         |         |       |       |
| Sole use        |          |              |          |           |         |         |       |       |
| Shared use      |          |              |          |           |         |         |       |       |

Is the tenancy a joint one? Yes  No

If Yes, please give their name(s):

## Part 6 Payment of Benefit

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

### 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 (please tick as appropriate):

- Direct into your bank or building society account (please input your bank details below)
- By cheque (where you do not have a bank account or are unable to open one)
- Direct to your landlord (please input your landlord's bank details below)

Please give your/your landlords account details below.

|   |   |
|---|---|
| Name of the bank or building society                            | <input type="text"/>  |
| Address of the bank or building society<br>(Including postcode) | <input type="text"/>  |
|   | <input type="text" value="Postcode"/>   |
| Whose name is the account in?                                   | <input type="text"/>  |
| Sort Code   | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>   |
| Account Number  | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |

## Part 7 Payment of Benefit to Landlords

Housing Benefit can be paid to your landlord if :

- You rent your property from a Housing Association or,
- You rent your property from a Supported Housing provider or,
- Your tenancy started before 15 January 1989 or
- You have not moved house or room since 7 April 2008 and have had an unbroken claim for benefit since then.

Please make Housing Benefit payments direct to my landlord (Please tick the box)

Your landlord must sign the declaration on Page 6 if you choose this option.

## 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 circumstance,
- 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 tenant. This will not affect their rent.

Your Landlord's  
Signature

Date

Full Name

## Part 8 Permission to discuss claim with a Third Party

I give Carlisle City Council permission to share information about the progress of my Housing Benefit / Council Tax Reduction claim with my Landlord / Landlord Agent or my representative.

Name of Landlord / Landlord Agent  
or my representative

Address of Landlord / Landlord Agent  
or my representative

  
  

Your Signature

Date

## Part 9 Backdating

We usually award benefit from the Monday after the day we receive your claim. If you want us to consider paying your benefit from an earlier date please tell us when you want to claim benefit from and why you did not claim earlier.

Date you want to claim benefit from

Tell us why you have not claimed before

You may be required to provide evidence to support your backdate request

## Part 10 Use of Personal Information / Declaration

### Use of Your Personal Information

**Carlisle City Council will use the information you provide to process your claim for housing benefit and/or council tax reduction. Your information will not be used for any other purpose unless allowed by law.**

The information you provide may be processed by third party organisations on behalf of Carlisle City Council, but only for the purpose of dealing with your claim.

Carlisle City Council may check some of the information you provide with other council services, other councils and government departments, for example the Department for Work and Pensions, the Inland Revenue and the Home Office.

**We may also get information, where allowed by law, about you from certain other organisations or give information about you to them to:**

- Make sure the information is accurate;
- Prevent or detect crime; and
- Protect public funds.

These other organisations include government departments, other local authorities and private sector organisations such as banks and organisations that may lend you money.

### 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 understand** that this claim is made to you, Carlisle City Council, by me, the undersigned, and will be processed by the council's employees. I understand it may also be processed by contractors working on behalf of Carlisle City Council for the purposes of processing my claim. You may check some of the information with or disclose it to other sources as allowed by law.
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I know** that I must let you know in writing straight away 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 the form

Signature

Relationship to the person claiming

Date

## Part 11 Verification of Rent

Address

|          |
|----------|
|          |
|          |
| Postcode |

Date of Tenancy

 /  / 

Date moved in

 /  / 

Amount of Rent

Date of change

 /  / 

Length of Tenancy

Frequency of payment

Is this a joint tenancy?

Yes

No

If 'Yes', please provide details of joint tenant(s)

Are you related to your landlord?

Yes

No

Relationship

Does the rent include any of the following services? Please delete as applicable

|                      |          |                          |          |
|----------------------|----------|--------------------------|----------|
| Water charges        | YES / NO | Fuel for cooking         | YES / NO |
| Heating              | YES / NO | Lighting                 | YES / NO |
| Heating of hot water | YES / NO | Cleaning rooms / windows | YES / NO |
| Laundry              | YES / NO | Parking space            | YES / NO |
| Garage               | YES / NO | Gardening                | YES / NO |
| Emergency alarm      | YES / NO | Personal care / support  | YES / NO |

If Emergency Alarm/Personal Care/Support is included, please provide details of the amount included in the rent

Are meals included?

Yes

No

If meals are included, please specify which meals

Please detail any other charges

If your tenant's rent does not include services, please say how they pay for them.

Landlord's Name

Agent's Name

Address

|          |
|----------|
|          |
|          |
|          |
| Postcode |

Address

|          |
|----------|
|          |
|          |
|          |
| Postcode |

Signature

  


Signature