

Wokingham Borough Council

Benefits Service, P.O.Box 152, Shute End, Wokingham, Berks, RG40 1WJ
 Main switchboard Tel: 0118 974 6000 or Benefits Service Tel: 0118 974 6625
 or 0118 974 6711 Minicom: 0118 977 6991
 email: benefits@wokingham.gov.uk



**WOKINGHAM
BOROUGH COUNCIL**

Housing Benefit & Council Tax Reduction Claim Form

This form was sent to:

Reception Opening Times:

Shute End,
Wokingham,
Berks, RG40 1WJ

Monday to Friday 9.00am to 5.00pm

OFFICE USE:	DATE ISSUED:	BENEFIT REF:
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Please tick the relevant box:

I own and live in my own home. I part own / part rent my home.

I rent my home from the council.

I rent my home from a private landlord or housing association.

HOW TO FILL IN THE FORM

If you would like this form in large print, please phone the Benefits Service.

- Please fill in this form using black ink. There are notes to help you on the next 3 pages. Please read these carefully.
- Please answer all the questions on the form. Answer 'Yes' or 'No' questions by putting a tick in the relevant box.
- If you do not fill in the form completely, it may take longer to deal with your claim.
- If you provide your day time telephone number, we will be able to ring you, if we need to clarify any information you have provided. This could speed up your claim.
- You must return this form to us immediately, even if you do not have all the proof we have asked for. If you delay in sending it, you could lose benefit / reduction. You must send us the missing proof within one calendar month or your claim will be cancelled.
- We can only accept ORIGINAL documents as proof. We cannot accept photocopies.
- When you have completed this form, you can return it in the original envelope. Please ensure you use the correct postage. It will not be delivered to us if insufficient postage is used.
- You can hand deliver claim forms and documents to our offices. We will copy your originals, while you wait and give them back to you. Reception opening times are at the top of this page.
- Return the completed form to Benefits Service, P.O.Box 152, Shute End, Wokingham, Berks, RG40 1WJ

Pensioners only

**If you are only claiming Second Adult Rebate, please complete a separate form.
 This can be found on our website or please call and we will send you one.**

If you need help filling in the form.

If you need any help, our phone number is 0118 9746000. We are open between 8.30am and 5pm from Monday to Friday.
Email: benefits@wokingham.gov.uk

Or, you can get in touch with an organisation like the Citizens Advice Bureau.

Jeśli potrzebujesz pomocy w wypełnieniu podania o zasiłek mieszkaniowy lub zasiłek na podatek lokalny, skontaktuj się z nami w godzinach od 8.30 do 17.00 od poniedziałku do piątku.

Nasz adres:
Wokingham Borough Council
P.O. Box 152, Finance Department, Wokingham, Berkshire RG40 1WJ
Tel: 0118 9746000

如果你需要別人協助你填寫這份房屋福利和地方政府稅福利申請表格，請在星期一至五上午 8 時 30 分至下午 5 時期間與我們聯絡。聯絡地址和電話號碼如下。

Wokingham Borough Council (獲敬威區政府)
P.O. Box 152, Finance Department, Wokingham, Berkshire RG40 1WJ
0118 9746000

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਹਾਊਸਿੰਗ ਬੈਨਿਫਿਟ ਅਤੇ ਕਾਊਂਸਲ ਟੈਕਸ ਬੈਨਿਫਿਟ ਕਲੇਮ ਫਾਰਮ ਨੂੰ ਭਰਣ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਸਵੇਰੇ 8.30 ਵਜੇ ਅਤੇ ਸ਼ਾਮ ਦੇ 5 ਵਜੇ ਵਿਚਕਾਰ ਸੋਮਵਾਰ ਤੋਂ ਲੈ ਕੇ ਸ਼ੁੱਕਰਵਾਰ ਤੱਕ ਸੰਪਰਕ ਕਰ ਸਕਦੇ ਹੋ।

اگر آپ کو اس ہاؤسنگ بینیفٹ اور کاونسل ٹیکس کے درخواستی فارم کو پُر کرنے میں مدد درکار ہو تو ہم سے سو موار سے جمعہ تک صبح 8.30 بجے سے شام 5 بجے کے درمیان درج ذیل پر رابطہ کیجئے۔

ਵੇਕਿੰਘਮ ਬਾਰੋ ਕਾਊਂਸਲ
ਪੋਸਟ ਬਾਕਸ 152, ਫਾਇਨੈਂਸ ਡਿਪਾਰਟਮੈਂਟ, ਵੇਕਿੰਘਮ, ਬਾਰਕਸ਼ਰ ਆਰ.ਜੀ.40 1 ਡਬਲਯੂ.ਜੇ.
0118 9746000

ووکنگھم باروکاؤنسل
پن اوباکس 152، فائننس ڈیپارٹمنٹ، ووکنگھم، بارکشائر۔ آر جی 40 1 ڈبلیو جے
ٹیلیفون: 0118 9746000

HOW WE COLLECT AND USE INFORMATION

We will use the information you give on this form and any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Reduction.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions, Her Majesty's Revenues and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information to:

- make sure the information is accurate; and
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities, partners helping to deliver our services and audit bodies.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

Wokingham Borough Council are the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use that information, please ask us.

NOTES

Please read these important notes before you fill in the form. They will help you to give us the right information, so that we can pay your benefit / reduction quickly. There are notes for each Section, followed by some general information.

A YOU AND YOUR PARTNER

Don't forget, for new claims you MUST give us proof of identity and National Insurance number for yourself, and also for your partner if you have one. On the 'checklist', there is a full list of the type of documents we can accept as proof.

Partner means someone of the same or opposite sex that you live with as a couple; you may be married or in a civil partnership or living together as if you were husband and wife or as if you were civil partners.

Email Address If you have an email address and you wish to correspond with us by this method or you'd like us to contact you using email, please complete. This will be the only email address we use to contact you.

Your Nationality you MUST answer these questions, otherwise we cannot pay you benefit / reduction.

STUDENTS

Most students cannot qualify for benefit or reduction, but the rules are quite complex and there are exceptions. The following groups of students can claim: those getting Income Support; those on part time courses; those over 60; those responsible for a child; those who have a disability premium or who have been classed as unfit for work for over 28 weeks. This is not a full list of students who can claim. If you are not sure whether you are eligible, please contact us.

B CHILDREN WHO LIVE WITH YOU

This Section is ONLY to be used for children who are living with you, and that you get Child Benefit for. This would usually be your own children who are still at school, OR in further education and under 20. Adult children, or children who are in higher education (e.g. University), who still live with you should be included in Section C. Foster children should be included in Section C of the form.

C OTHER PEOPLE WHO LIVE WITH YOU

These people are often referred to as "non dependants". A non dependant is someone who lives with you, but who does not pay any rent for the property. They may have an informal arrangement to give you an agreed sum for their keep. People in this group may include: grownup children; parents; other relatives or friends. A non dependant is different from a boarder or a subtenant or a joint tenant.

A "**boarder**" is someone who lives with you and who has an agreement with you to pay for their accommodation. Part of what they pay will be for meals which are eaten on your premises.

A "**subtenant**" is someone who pays you for accommodation, but whose rent does not cover any meals.

A "**joint tenant**" is someone (not your partner) who is jointly responsible with you for paying the rent at the property you live in.

E EARNINGS

If you cannot provide proof of your earnings, as detailed at the end of the Section, you can ask your employer to complete a Certificate of Earnings. If you have just started work and do not have any payslips, you can ask your employer to send us a letter telling us when you started work, what you will be paid, and how many hours you will work per week. You can send us your payslips as you get them. If you do send them in separately from your claim form, please ensure that your name, address and National Insurance Number are clearly marked.

F SELF-EMPLOYED EARNINGS

Where possible, you should send us properly prepared accounts. If you have not been self employed for very long, or if for some reason you cannot provide accurate and complete accounts, we may have to send you another form to fill in. You can save time by ringing us and asking for this now, if you know that you will need it.

H OTHER INCOME

You should use this Section to list all other income you may receive. You must complete every box, writing "none" where you do not receive a named benefit or pension or allowance. Don't forget to tell us about any changes in your income e.g. when your Jobseekers Allowance is due to end or you stop getting Child Benefit for one of your children.

I CASH, SAVINGS AND INVESTMENTS

So that we can assess your award accurately, you need to tell us about all your capital which is held either here or abroad. "Capital" means bank accounts, building society accounts, deposit accounts with other organisations (e.g. Post Office or insurance companies), cash, National Savings Certificates, Premium Bonds, shares, stocks, unit trusts, PEPs, ISAs and TESSAs. Also any land or property which you own, apart from where you are living. We will also need to know if you have money in a trust fund. This is not meant to be a complete list. Please telephone us if you have a query. If your total capital exceeds £16,000, you cannot claim Housing Benefit and/or Council Tax Reduction. Special rules apply for pensioners, please contact us.

J YOUR TENANCY

"**Landlord's Agent**" is someone employed by the landlord. It can be an individual or a company and they can be responsible for just collecting the rent from you or they may provide your tenancy agreement as well, and be your contact point for any problems you may have. If you have a formal tenancy agreement, the details of both landlord and agent should be on the agreement. If you have lived in your property for a long time, you may have a Registered Rent. If so, please send us the documents that you will have been given by the Rent Service, and any letters from your landlord if he is planning to increase the rent.

NOTES

K YOUR RENT

For private sector tenants, the rate of Local Housing Allowance we use to calculate your benefit will depend on the number of people in your household and their ages. Please check our website at www.wokingham.gov.uk to see how the size criteria is calculated. You can also contact us by phone or call into our offices for details. Some accommodation types are exempt from this new scheme, i.e. hostels, houseboats, caravans, site pitches, accommodation where a substantial part of the rent covers board and attendance and pre 1989 tenancies. Different rules apply for Council and Housing Association tenants regarding size criteria.

L YOUR HOME

Your landlord should have made clear to you whether or not any services are included within your rent and you should give as much detail here as you can.

M PAYMENT

For new claims, Housing Benefit is usually paid from the Monday after we receive your form. If you are a new tenant, we can pay from the start date of your tenancy, but only if we receive your claim form by the Sunday after your tenancy starts.

Housing Benefit for private tenants is normally paid fortnightly in arrears. If payment is made to your landlord, it will be 4 weekly in arrears. Housing Benefit for Council Tenants is paid by a credit to your rent account. Council Tax Reduction is paid by a credit to your Council Tax Account.

P BACKDATING

It may be possible to backdate your claim, if you have a good reason for not claiming on time. Anyone can ask for a backdate for Housing Benefit but only those of pensionable age can ask for Council Tax Reduction to be backdated.

GENERAL INFORMATION

DECISIONS ON YOUR CLAIM

If you want to know more about our decision or if you think it is wrong you should get in touch with us. For Housing Benefit this must be within **one calendar month** of the date on your decision notice or we may not be able to consider any dispute. For Council Tax Reduction you can contact us at any time after you receive the decision.

You can contact us by phone or in writing. Our address and phone number are on the front page of the form.

We recommend you contact us to:

- ask for an explanation, or
- ask us to look at the decision again.
- If you still disagree, we will advise you about making an appeal.

COUNCIL TAX-SECOND ADULT REBATE - Pensioners only

Even if your income or capital is too high for you to claim Council Tax Reduction yourself, you could still get Second Adult Rebate. To qualify, you must be the only person in your home responsible for paying Council Tax and someone else must live with you who is not your partner AND who is on a low income AND who does not pay rent to you. If you

want to claim Second Adult Rebate please contact us to send you the correct form to do so.

CHANGE OF CIRCUMSTANCES

We use the information you have given us on this form to assess your claim for benefit. You **MUST** tell us in writing about anything that changes and provide original proof of this change. At the back of this form is a list of some of the changes that you need to tell us about. You must tell us promptly about any changes in your circumstances. You may lose benefit / reduction if you fail to tell us of the change. Overpayments resulting from a failure to notify changes of circumstances will be recovered. **You** are responsible for telling us about changes to your circumstances. There are **special rules for pensioners**. If you are receiving Pension Credit then changes to your income / capital should be reported to the Pensions Service. All other changes e.g. changes to your rent or the number of people living with you, should be reported to the Council. If you are getting Savings Credit, then you should notify both us and the Pension Service about changes to your income and capital.

Changes to do with Housing Benefit must be reported within one calendar month or you may lose benefit. For Council Tax Reduction, changes must be reported within 21 days or you may not only lose any reduction you are entitled to but you may also be charged a penalty.

WHY WE NEED ORIGINAL DOCUMENTS

The documents that we require to support your claim are recommended by the Department for Work and Pensions (DWP). Providing these proofs helps us to make sure you receive the correct entitlement and that awards are calculated accurately. You can check the types of documents that we can accept against the list at the back of this form.

WHY WE NEED SO MUCH DETAIL

Do not be put off by the length of the form. We are sorry to ask so many questions but we do need you to answer in full, so that we can be sure to pay you the right amount of benefit / reduction. For example, if you receive an allowance for a disability, it could mean that you can get more entitlement. Childcare costs, paid to a registered childminder while you are working, may also result in more entitlement for you but only if you tell us about them. If you are having difficulty filling in the form or sending us proofs and need some help, please contact us. We can probably help you over the phone or in certain situations can arrange for a visiting officer to see you at home.

DON'T DELAY

You will see reminders around the form that you must send us original proofs, not photocopies, and that we cannot process your claim until we have seen ALL of the documents. We understand that it is not always easy to get them to us straight away, so even if you haven't got everything, send us the form. If you don't you could lose benefit or reduction.

A YOU AND YOUR PARTNER

* Please see notes
If you do not have a partner tick this box

YOU

Surname

Other names

Any other names you have used

Title (Mr, Mrs, Ms and so on)

Date of Birth

National Insurance No.

Email address

Telephone

Address you are claiming for

Postcode

What date did you/will you move into this address?

Do you own or have you previously owned this property? Yes No

Are you a joint owner or joint tenant? Yes No

If YES, who with?

What is your nationality?

Have you lived in the UK for the whole of the last 2 years? Yes No

If no, please give the date that you arrived in the UK

(we may need to write to you for more details)

Are you eligible to claim benefit/reduction in the UK? Yes No

(for Non-UK passport holders see visa entry conditions in your passport)

What was your last address?

Please tell us the date you vacated this address

Did you own this property? Yes No

Did you rent this property? Yes No

Were you living with relatives at this address? Yes No

Have you claimed Housing Benefit or Council Tax Benefit/Reduction before? Yes No

What address did you claim for?

YOUR PARTNER

Surname

Other names

Any other names you have used

Title (Mr, Mrs, Ms and so on)

Date of Birth

National Insurance No.

Email address

Telephone

Address you are claiming for

Postcode

What date did you/will you move into this address?

Do you own or have you previously owned this property? Yes No

Are you a joint owner or joint tenant? Yes No

If YES, who with?

What is your nationality?

Have you lived in the UK for the whole of the last 2 years? Yes No

If no, please give the date that you arrived in the UK

(we may need to write to you for more details)

Are you eligible to claim benefit/reduction in the UK? Yes No

(for Non-UK passport holders see visa entry conditions in your passport)

What was your last address?

Please tell us the date you vacated this address

Did you own this property? Yes No

Did you rent this property? Yes No

Were you living with relatives at this address? Yes No

Have you claimed Housing Benefit or Council Tax Benefit/Reduction before? Yes No

What address did you claim for?

A YOU AND YOUR PARTNER (cont)

YOU

Are you under 35, single, with no children? Yes No

If NO, go to DISABILITY

If YES, have you ever been looked after by Social Services? Yes No

If YES, have you had support from Social Services after your 16th birthday? Yes No

If YES, please advise what date the support stopped

and which office you dealt with

DISABILITY

Do you receive a Disability Living Allowance, Attendance Allowance or Personal Independence Payment? Yes No

Have you been unable to work for more than 52 weeks through ill health? Yes No

Are you registered blind? Yes No

If YES, please give your registration number

Does any one get Carer's Allowance for looking after you?

If YES, please say who gets it

Say YES if they did not get carer's allowance because they were better off getting another social security benefit Yes No

Are you or your partner a student? Yes No

Do you study full time or part time? Full time Part time

Please tick if you are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- long-term sick or disabled

We will contact you if we need any more information.

YOUR PARTNER

Are you under 35, single, with no children? Yes No

If NO, go to DISABILITY

If YES, have you ever been looked after by Social Services? Yes No

If YES, have you had support from Social Services after your 16th birthday? Yes No

If YES, please advise what date the support stopped

and which office you dealt with

DISABILITY

Do you receive a Disability Living Allowance, Attendance Allowance or Personal Independence Payment? Yes No

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If YES, please say who gets it

Say YES if they did not get carer's allowance because they were better off getting another social security benefit Yes No

Are you or your partner a student? Yes No

Do you study full time or part time? Full time Part time

Please tick if you are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- long-term sick or disabled

We will contact you if we need any more information.

Please send ORIGINAL proofs of Identity and National Insurance Number for yourself and your partner, if you have one. See the 'checklist' for examples of the documents you could use. This is for new claims only.

PLEASE REMEMBER – YOU MUST SEND PROOFS FOR YOUR CLAIM TO BE PROCESSED. WE CANNOT ACCEPT PHOTOCOPIES.

B CHILDREN WHO LIVE WITH YOU

If there are no children who live with you, tick this box and go to section **C**

If you have other children who live with you, but you don't get Child Benefit for them, please include them in Section **C**

	1st Child	2nd Child	3rd Child
Surname	<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"/>
Are they male or female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to your partner?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner receive Child Benefit for any children who live with you? Yes No

If you have more than 3 children, please use a separate sheet of paper to tell us about them.

Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? <i>We need to see proof of this.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If any of your children have savings or investments, how much do they have? £	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Disability Living Allowance or Personal Independence Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they go to a registered nursery or childminder or playscheme?	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 yes, please give the name and address of the childminder/nursery/ playscheme caring for each child	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their registration number?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the weekly cost of childcare for each child? £	<input type="text"/>	<input type="text"/>	<input type="text"/>

We may need to send you a further form to complete if you pay childcare costs to a registered provider.

For each child, please send ORIGINAL proofs of Child Benefit, any childcare costs, Disability Living Allowance, blind registration document and savings if appropriate.

**PLEASE REMEMBER – YOU MUST SEND PROOFS FOR YOUR CLAIM TO BE PROCESSED.
WE CANNOT ACCEPT PHOTOCOPIES.**

C OTHER PEOPLE WHO LIVE IN YOUR HOME

Apart from you, your partner and your dependent children, does any one else live in your home? Yes No

If NO, please go to section **D** If YES, please give details below. You should include grown up children who you no longer get Child Benefit for, friends, relatives, boarders, subtenants or joint tenants.

	1st Person	2nd Person	3rd Person
Surname	<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"/>
National Insurance No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a joint tenant or joint owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date they moved in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay any rent or money for board and lodgings?	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 YES, how much and how often? £ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance (income related) or 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 Disability Living Allowance, Personal Independence Payment or Attendance 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"/>
If YES, how much and how often? £ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	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 YES, tell us which (please supply proof of their course)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they provide care for someone in your home for more than 35 hours per 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 YES who do they provide the care for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to this person?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	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 in legal custody at the moment?	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 YES, when are they expected to come out?	<input type="text"/>	<input type="text"/>	<input type="text"/>

C OTHER PEOPLE WHO LIVE IN YOUR HOME (cont)

	1st Person	2nd Person	3rd Person
Do they normally 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"/>
Tell us their earnings before any deductions. £	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>We need to see evidence of their earnings.</i>			
Do they have any other income at all? This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of other income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of the people who normally live with you married to each other or living together as if they were married or civil partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us their names.	<input type="text"/> is the partner of		<input type="text"/>

For each person, please send ORIGINAL proofs of income or benefits.

PLEASE REMEMBER – YOU MUST SEND PROOFS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT PHOTOCOPIES.

D About Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance (income related) or Pension Credit Guarantee

YOU	YOUR PARTNER
Are you actually getting Income Support, Income-based Jobseeker's Allowance, Employment and Support Allowance (income related) or Pension Credit Guarantee?	Are you actually getting Income Support, Income-based Jobseeker's Allowance, Employment and Support Allowance (income related) or Pension Credit Guarantee?
If YES go to section J Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES go to section J Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you start getting it? <input type="text"/>	When did you start getting it? <input type="text"/>
Are you still waiting to hear about a claim for Income Support, Jobseeker's Allowance, Employment and Support Allowance (income related) or Pension Credit Guarantee?	Are you still waiting to hear about a claim for Income Support, Jobseeker's Allowance, Employment and Support Allowance (income related) or Pension Credit Guarantee?
If YES go to section E Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES go to section E Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you make your claim? <input type="text"/>	When did you make your claim? <input type="text"/>

E EARNINGS

YOU

Are you a Director/Secretary of any company? Yes No

Are you in paid employment? Yes No

If NO, go to section **F** If YES, please give details below

What is your job title?

Employer's name and address

Date you started this job

What is your employee/payroll number?

Is your job seasonal or temporary? Yes No

If YES, when will it end?

How often are you paid?
e.g. weekly, 4 weekly, monthly

How much are you paid before deductions? £

How are you paid?
e.g. cash, cheque, direct into bank

Expected date of next pay rise?

Date of last pay rise?

How many hours each week do you work?

Do you regularly work overtime? Yes No

Do you receive bonus, tips or commission? Yes No

If YES, please state when your bonus/commission is paid and how much you receive

Do you have Expenses that you are re-imbursed for? £

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment? Yes No

Date awarded

Do you have more than one job? Yes No

If YES, please give details of your other employers.

YOUR PARTNER

Are you a Director/Secretary of any company? Yes No

Are you in paid employment? Yes No

If NO, go to section **F** If YES, please give details below

What is your job title?

Employer's name and address

Date you started this job

What is your employee/payroll number?

Is your job seasonal or temporary? Yes No

If YES, when will it end?

How often are you paid?
e.g. weekly, 4 weekly, monthly

How much are you paid before deductions? £

How are you paid?
e.g. cash, cheque, direct into bank

Expected date of next pay rise?

Date of last pay rise?

How many hours each week do you work?

Do you regularly work overtime? Yes No

Do you receive bonus, tips or commission? Yes No

If YES, please state when your bonus/commission is paid and how much you receive

Do you have Expenses that you are re-imbursed for? £

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment? Yes No

Date awarded

Do you have more than one job? Yes No

If YES, please give details of your other employers.

E EARNINGS (cont)

YOU

How often are you paid?
e.g. weekly, 4 weekly, monthly

How much are you paid
before deductions? £

How many hours each week do you work?

Do you pay into a private or
company Pension Scheme? Yes No

If YES, how much? £

How often?
Every e.g. weekly, 4 weekly, monthly.

YOUR PARTNER

How often are you paid?
e.g. weekly, 4 weekly, monthly

How much are you paid
before deductions? £

How many hours each week do you work?

Do you pay into a private or
company Pension Scheme? Yes No

If YES, how much? £

How often?
Every e.g. weekly, 4 weekly, monthly.

For each job that you and your partner have, you must send ORIGINAL proofs. Please supply your last 5 pay slips if you are paid weekly, your last 3 pay slips if paid fortnightly, your last 2 pay slips if paid monthly or 4-weekly and proof of any pension payments.

PLEASE REMEMBER – YOU MUST SEND PROOFS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

F SELF-EMPLOYED EARNINGS

Are you or your partner self-employed? Yes No

If NO, please go to section **G** If YES, please give details below. We may need to write to you for more information.

YOU

What type of business do you run?

When did you start trading?

What is the financial year start date?

The name of your business?

Registered address of your business

Business telephone number

How many hours each week do you work?

Your current estimated weekly profit?

Are there any other partners
in the business? Yes No

If YES, tell us their name and address

YOUR PARTNER

What type of business do you run?

When did you start trading?

What is the financial year start date?

The name of your business?

Registered address of your business

Business telephone number

How many hours each week do you work?

Your current estimated weekly profit?

Are there any other partners
in the business? Yes No

If YES, tell us their name and address

F SELF-EMPLOYED EARNINGS (cont)

YOU

Do you get a business start-up allowance? Yes No

If YES, how much and how often? £

Every *e.g. weekly, 4 weekly, monthly.*

Do you pay into a private or company Pension Scheme? Yes No

If YES, how much? £

How often?

Every *e.g. weekly, 4 weekly, monthly.*

YOUR PARTNER

Do you get a business start-up allowance? Yes No

If YES, how much and how often? £

Every *e.g. weekly, 4 weekly, monthly.*

Do you pay into a private or company Pension Scheme? Yes No

If YES, how much? £

How often?

Every *e.g. weekly, 4 weekly, monthly.*

You must send ORIGINAL proofs, not photocopies. Please supply your latest properly prepared accounts. If the business is new, please send any details that you have, and give an estimate of your expected income and expenditure over the first 13 weeks. If you are a partner in the business, provide the partnership agreement. If you pay into a Private Pension Scheme, please send evidence of the payments you make. We will also need you to complete an additional income and expenditure form.

G ABOUT ANY OTHER WORK

YOU

Do you do any other work at all?
This could be voluntary work or any other work, even if it is not paid work.

If NO go to section **H** Yes No

If YES answer the questions below

What other work do you do?

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

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. Yes No

How much do you get before any deductions? £

How often?
Every *e.g. weekly, 4 weekly, monthly.*

YOUR PARTNER

Do you do any other work at all?
This could be voluntary work or any other work, even if it is not paid work.

If NO go to section **H** Yes No

If YES answer the questions below

What other work do you do?

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

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. Yes No

How much do you get before any deductions? £

How often?
Every *e.g. weekly, 4 weekly, monthly.*

H OTHER INCOME

Please answer ALL the questions in this section. If you do not receive a named pension, benefit or allowance, please write "NONE" in the box next to it.

Please ensure you fill in all the boxes, otherwise your form may be returned and this will delay your claim. Where you do receive them, please write the amount you get before any deductions, and say whether it is paid to you weekly, fortnightly, 4 weekly or monthly. (You do not need to declare any payments from The Eileen Trust, Independent Living Fund, The MacFarlane Trust or The Skipton Fund.)

PENSIONS

	YOU		YOUR PARTNER	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private/Former Employer Pensions	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please state when you are due to receive an increase to this pension	<input type="text"/>		<input type="text"/>	
Widow's or Widower's Benefits	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
War Disablement Benefit, War Pension or War Widow's Pension	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Armed Forces Compensation Scheme	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension Credit (Savings Credit)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFITS AND ALLOWANCES

Jobseeker's Allowance (contribution based)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Working Tax Credit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax Credit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment and Support Allowance (contribution based)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment & Support Allowance – Transitional Protection	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short-term Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long-term Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIP - Personal Independence Payment	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendance Allowance (for people over 65)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability Living Allowance: Mobility Component	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care Component	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you or your partner caring for anyone who gets Attendance Allowance or the Care element of Disability Living Allowance?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carer's Allowance	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Industrial Injuries Benefits	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Universal Credit	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H OTHER INCOME (cont)

	YOU		YOUR PARTNER	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Maternity 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"/>
Bereavement Allowance	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER INCOME?				
Statutory Sick Pay	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Statutory Maternity Pay / Paternity Pay	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth Training Scheme payment or Training Credits	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance you receive for you	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance you receive for your children	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from boarders and subtenants	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly amount from letting or subletting part of a property	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Insurance Annuities	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from a trust fund	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments from a charity, or other voluntary payments	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other income (please give details)	£ <input type="text"/>			
	<input type="text"/>			

Have you or your partner recently applied for any benefit(s) or income but have not yet received payment?

Yes No

Please tell us which benefit(s) or income

What date did you claim it?

How are you meeting day to day living expenses?

We may need to see evidence of this. This may be letters from family/friends who are helping you, Short Term Benefit Advance, budgeting loan or Local Welfare Provision payment.

If you are getting or have claimed any benefit not listed, tell us on a separate sheet of paper. Please write your name and address and sign each sheet you have included.

Please supply ORIGINAL proofs of all income received by you and your partner, if you have one. Please refer to the notes to see what we need.

PLEASE REMEMBER – YOU MUST SEND PROOFS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

I CASH, SAVINGS AND INVESTMENTS

Do you or your partner have any bank accounts or building society accounts?

Yes No

Tell us about all your bank or building society accounts, even empty or overdrawn ones. If there are more than 4 bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

Name of bank or building society

Account number

Whose name is the account in?

How much is in the account?

Do you or your partner have any post office accounts? This includes savings accounts and Post Office card account.

Yes No

Tell us about post office accounts. If you have more than 2 post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

Type of account

Account number

Whose name is the account in?

How much is in the account?

Type of account

Account number

Whose name is the account in?

How much is in the account?

I CASH, SAVINGS AND INVESTMENTS (cont)

Do you or your partner have any premium bonds?

Yes

No

Who?

Value

£

Do you or your partner have any National Savings Certificates?

Yes

No

Who?

Issue number

Value

£

How many?

Issue number

Value

£

How many?

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

Yes

No

Company name

How many?

Company name

How many?

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

Yes

No

Who?

Tell us about this.

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

Do you or your partner own or partly own any property, land or timeshare, other than the property you live in, either in the UK or abroad? Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

Yes

No

What is the address?

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

We may ask you to complete an additional form

Have you or your partner received a Far Eastern Prisoner of War payment?

Yes

No

I CASH, SAVINGS AND INVESTMENTS (cont)

Are you or your partner a beneficiary of a will which has not been settled?

Yes No

If YES, please give details and let us see the Will

Do you or your partner have any money or property held in a trust fund?

Yes No

If YES, please give details, and let us see the documents

**Please supply ORIGINAL proofs of all accounts, savings and investments held by you and your partner.
Please refer to the notes to see what we need.**

**PLEASE REMEMBER – YOU MUST SEND PROOFS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT
ACCEPT YOUR OWN PHOTOCOPIES.**

J YOUR TENANCY

Are you charged rent for your home? Tick YES if you would pay rent but you already get Housing Benefit.

Yes

No

If YES answer the questions below. If NO go to section **0**

When did you start renting your home?

Could you afford to pay your own rent when you signed your tenancy agreement?

Have you previously owned this property?

Yes

No

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in.

Please then notify us when you do actually move in.

Do you pay rent to the council?

Yes

No

If NO answer the questions below. If YES go to section **0**

Landlord's name

Landlord's business address

Landlord's telephone number

If the landlord has an agent, you also need to tell us

Agent's name

Agent's address

Agent's telephone number

Are you, or your partner, or your children related to the landlord or the landlord's partner?

Yes

No

Are you, or your partner, or your children related to the agent?

Yes

No

If YES, who is related, and what is the relationship?

Related includes, related through marriage, even if the marriage has ended. Examples include – ex wife, ex husband, aunt, brother, daughter, father, grandson, grandmother, son in law or stepdaughter.

J YOUR TENANCY (cont)

Have you signed a tenancy agreement? Yes No How long is it for? Months

What kind of tenancy is it?

Assured Shorthold Other (please state) Don't know

Has your rent been registered by the Rent Officer as a fair rent? Yes No Don't know
(If YES, please send the registration form)

Please send ORIGINAL proofs of your tenancy. Please refer to the notes to see what we need.

PLEASE REMEMBER – YOU MUST SEND PROOFS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

K YOUR RENT

How much is the rent for your home? £

Is this every Day? Week? Fortnight? 4 Weeks? Calendar Month? Quarter?

Who do you pay the rent to?

Do you have any rent free weeks? Yes No When are they?

Are meals included in your rent? Yes No

Which ones? Breakfast? Yes No Lunch? Yes No Evening Meal? Yes No

Are you in arrears with your rent? Yes No If you have ticked yes, state how much?

If you have ticked yes, how many weeks

Are you living away from home at the moment? Yes No If YES tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

Tell us the address of where you are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

K YOUR RENT (cont)

Does anyone else share the rent with you?

Yes No

If YES tell us their names and their relationship to you.

How much of the rent do you pay? £ every

(For example, every week, fortnight, 4 weeks or month)

Does the rent you pay include any of these charges? If YES, please tell us how much per week (if you know). We may have to write to you or your landlord for further details.

Water Rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Fuel for Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Heating (of YOUR rooms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Lighting (of YOUR rooms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Garage/Parking Space			
Hot Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Personal care and support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>				

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.

Yes No £ What for?

L YOUR HOME

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	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
				Other	<input type="checkbox"/>

If you rent a room, please tell us the room number

Please give details

Does your home have central heating? Yes No

Does your home have a garden? Yes No

Do you have use of a garage? Yes No

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

L YOUR HOME (cont)

Please tell us the number of each type of room in your home and who uses them

	How many in the whole house or flat	How many are only used by you & your family	How many do you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsit rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please give details	<input type="text"/>		

How many floors are there in the whole building?

Do you and your household occupy only part of the building? Yes No

Which floor is your home on?

Where is your room? (tick one only)

At the front of the property

In the centre of the property

At the back of the property

Do you share your room with any one? Yes No

2nd Floor

1st Floor

Ground Floor

Basement

Other (please specify)

Please tick to show if the property is let as:

furnished partly furnished minimally furnished unfurnished

Who is responsible for decorating the inside of your home? You Landlord Other

Do you use your home for business? Yes No

Do you have a main home somewhere else? Yes No

If your main home is somewhere else in the UK or abroad, tick 'YES' even if you do not pay rent for it.

What is the address?

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

How much do you pay for this home?

£

Private Sector Tenants

Your benefit will be paid directly to you. In certain circumstances, it can be paid direct to your landlord. Please contact us for advice.

Housing Association and Local Authority Tenants

Your benefit can be paid to you or your landlord. **Both you and your landlord will need to complete and sign a payment to landlord form if you choose this method.**

Method of payment

The safest and easiest way to receive your benefit is directly into your bank account. We cannot pay Housing Benefit into a Post Office Card Account. If you need help to open a bank account contact us for advice.

Do you want your Housing Benefit to be paid to you? Yes No or to your landlord? Yes No

Name of the Bank or Building Society

Branch

Sort Code

Account Name

Account Number

Roll Number

(Building Society accounts only)

We will need to see a statement for the Bank or Building Society account you want us to pay your Housing Benefit into.

Council Tax Reduction

Any Council Tax Reduction awarded will be credited to your council tax account

N SHARING INFORMATION WITH LANDLORDS

Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly. This may reduce the risk of you falling behind with your rent.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

The law requires that we inform your landlord of certain decisions we make on your claim, for example, when a decision is made to pay your Housing Benefit to your landlord.

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

If you give us permission, we would be able to tell your landlord whether:

- you have claimed Housing Benefit, or
- we have made a decision on your claim, or
- we have made a payment to you, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

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

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

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

Signature

Date

Address

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

Postcode

Please ensure you also sign section Q to enable us to process your claim.

O ANYTHING ELSE YOU NEED TO TELL US

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to. Please write your name and address and sign each sheet you have included.

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

P BACKDATING

We usually make awards from the Monday after the day we receive your claim. Sometimes we can pay Housing Benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying you from an earlier date, tell us when you want to be paid from and why you did not claim earlier. Please provide any evidence you may have to support this. Use a separate sheet of paper if you need to, please sign and date it.

Please Note. Those of pensionable age can request a backdate of up to 3 months for Housing Benefit and Council Tax Reduction. Those of working age can request a backdate of Housing Benefit up to 1 month. Good cause needs to be demonstrated for the delay in applying. There is no backdate provision for Council Tax Reduction for those of working age.

Date you want to claim from

Tell us why you have not claimed before.

NOW please complete the checklist. Read and sign the declaration in section Q and then return the form to us in the envelope provided, along with your ORIGINAL documents. IF YOU DO NOT HAVE ALL THE PROOFS WE NEED, RETURN THE FORM ANYWAY AND LET US SEE THE PROOFS LATER. IF YOU DELAY, YOU MAY LOSE BENEFIT.

Q DECLARATION

Please read the Declaration very carefully before you sign and date it. If you have a partner, they should sign it as well. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says "I" or "me" or "my" this refers to both the claimant and his/her partner.

The Council can prosecute you if you give false information or if you provide false or altered documents with your claim or if you withhold information (including a change in your circumstances).

- This is my claim for Housing Benefit or Council Tax Reduction, or both.
- I will tell you if any of the details on any letter you send me are incorrect.
- The information I have given is true and complete.
- You can check any information on this form.
- I am not claiming Housing Benefit or Council Tax Reduction for any other address.
- I understand you may exchange information with other departments in Wokingham Borough Council.
- I understand that you may contact government departments (for example the Department for Work and Pensions or the Home Office) or other local authority offices to check the information I have given on the form and to get other information, where the law allows.
- I understand that if I do not provide a National Insurance Number, my claim will not normally be dealt with.
- **I will write to you straight away, if there are changes to any of the details I have given in this form, so that you can work out my benefit or reduction again. If I do not, and I get too much benefit or reduction the Council can ask me to pay it back and may prosecute me.**

Signature of person claiming

Date

Partner's signature

Date

Form filled in by someone other than the person claiming

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

Please tell us why you are filling in this form for someone else.

Signature of person

Please print your name

Relationship to the person claiming

Date

PLEASE RETURN THIS FORM TO THE ADDRESS GIVEN ON THE FRONT PAGE.

If you post it, please ensure you pay the correct amount of postage.

Postage depends on the size of envelope.

It will not be delivered to us if insufficient postage is used.

CHECKLIST

Please tick to tell us what evidence you are sending with this form. We must see original documents, not copies. Please do not send valuable items through the post. If you can, bring them into the Benefits reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for more advice.

If you do not provide all the evidence we need, we might not be able to pay you any benefit or reduction. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

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 any benefit or reduction until we have all the evidence.**

Have you answered all questions relevant to you?

Evidence of identity. We need to see two pieces of evidence for each person

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill.

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from Jobcentre Plus office, Her Majesty's Revenues and Customs, Department for Works and Pensions or Pension Centre.

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 2 full months.

Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you do not have any payslips, you can ask your employer to fill in the pay form enclosed with this form. 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 6 months, a summary of your trading records so far. We may send you a separate form.

Evidence of other income

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

Such as current award notices or letters from your Jobcentre Plus office, Her Majesty's Revenues and Customs, Department for Works and Pensions office or Pension Centre confirming how much you get. If you do not have proof, let us know straight away.

Evidence of private rent and tenancy

Such as a current rent book, current tenancy agreement, 'Statement of Rent' form that we can provide or a letter from your landlord.

Evidence of other money paid out

Such as letters about student grants, maintenance agreements or receipts from registered child carers.

Evidence of residency

Please provide proof of residency for all occupants. This could include child benefit, wageslips, utility bills or bank statements.

Declaration

Please remember to sign the declaration in Section Q.

YOU MUST INFORM US PROMPTLY OF ANY CHANGES

CHANGES YOU MUST TELL US ABOUT

We will assess your claim using the information you have given to us. You MUST tell us straight away if there are any changes to your circumstances. Here are some examples of changes you must report.

- You stop receiving Income Support, Job Seekers Allowance, Employment and Support Allowance or Pension Credits.
- If you are awarded Working Tax Credit or Child Tax Credit or your Working Tax Credit or Child Tax Credit changes
- You move (even if you only move to a different room or flat within the same property)
- A child leaves school or leaves home
- You have a baby
- Your child starts to be cared for, or stops being cared for, by a registered childminder, nursery or playgroup
- Someone moves into or out of your home (including boarders and subtenants)
- Your income, or the income of anyone living with you, goes up or down
- You or anyone living with you becomes a student
- You or anyone living with you goes into hospital or a nursing home, or goes into prison (even if this is on remand)
- You or anyone living with you gets a job or changes their job or becomes unemployed
- You or anyone living with you takes a second job
- You return to work after a period of illness when you have been receiving benefit
- Your rent changes
- You and/or your partner will be away from home for 1 month or more.
Where possible, tell us about this BEFORE you go
- You receive a decision from the Home Office
- Someone starts or stops receiving Carer's Allowance for looking after you
- If you change the bank account that we are paying your Housing Benefit.
- ANYTHING AT ALL that is different from what you have told us on this claim form.

Changes to do with Housing Benefit must be reported within one calendar month or you may lose benefit. For Council Tax Reduction, changes must be reported within 21 days or you may not only lose any reduction you are entitled to but you may also be charged a penalty.

You should tell the Benefits Service about these changes in writing. Do not rely on anyone else to give us the information or pass a message on, not even the Job Centre, Pensions Service or Her Majesty's Revenues and Customs.

If you don't tell us about the changes, you may lose money you are entitled to, or we may pay you too much benefit or reduction, which we can ask you to repay.

If you're not sure about whether or not you need to tell us about a change, please contact us for advice.

QUESTIONNAIRE

Under the Equality Act 2010 we have a responsibility to collect details of our customer groups. The information gathered is used to help us ensure that all protected groups are fairly treated in all our policies and procedures, ensuring fair and equal access to all.

The information you give is confidential and will only be used to provide our services to everyone.

We would appreciate your help, by completing the form below. However, you do not have to fill it in and whether you do or don't will in no way affect the claim you have made.

PLEASE ONLY TICK ONE BOX

WHITE

- British
- Irish
- Any other White background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

ASIAN

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

CHINESE

- Chinese
- Other Ethnic Group

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

ARE YOU

- Male
- Female
- Transgender

DO YOU CONSIDER YOURSELF TO BE

- Heterosexual or straight
- Gay or lesbian
- Bi-sexual

DO YOU HAVE A DISABILITY

Yes No

If Yes - what is the nature of your disability

What is your religion

Thank you for completing this questionnaire

USEFUL CONTACTS

Jobcentre Plus

Adelphi House
Friar Street
Reading
Berks
RG1 1HD
Telephone:
New claims 0845 6060234
Change of Circumstances 0845 608 8501

Citizens Advice Bureau

Suite 2 (1st floor)
26-28 Market Place
Wokingham
Berkshire
RG40 1AP
Telephone:
0844 499 4126

National Debt Line

Tricorn House
51 – 53
Edgbaston
Birmingham
B16 8TP
Telephone: 0800 808 4000

The Pension Service

Cwmbran Pension Centre
PO Box 1
Cardiff
CF91 5AJ
Telephone: 0845 606 0265

Citizens Advice Bureau

Headley Road
Woodley
Berkshire
RG5 4JA
Telephone: 0844 499 4126 / 0118 969 9006

Reading Community Welfare Rights Unit

101 Oxford Road,
Reading,
Berkshire
RG1 7UD
Telephone:
Direct Line 0118 9551071
Advice Line 0118 9551070

USEFUL WEB SITES

www.gov.uk

Provides information on services and benefits for people of working age, pensions, disabled people, carers and people with children.

<https://lhadirect.voa.gov.uk/search.aspx>

Provides information to enable tenants renting accommodation from a private landlord to calculate the possible amount of Housing Benefit available to them from their Local Authority.

www.fsa.gov.uk

Provides information on basic bank accounts and other financial advice.