

Wokingham Borough Council

Benefits Service, P.O.Box 152, Shute End,

Wokingham, Berks, RG40 1WJ

Tel: 0118 974 6000

Email: benefits@wokingham.gov.uk**WOKINGHAM
BOROUGH COUNCIL**

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:**

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
- 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. 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 of your identification and national insurance
We cannot accept photocopies
- We can however accept photocopies, scanned copies and photographs of all other types of documentary evidence
- 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.

If you need help filling in the form

If you need any help, our phone number is 0118 9746000. We are open between 9am and 5pm from Monday to Friday. Email: benefits@wokingham.gov.uk. Or, you can get in touch with an organisation like the Citizens Advice.

HOW WE COLLECT AND USE INFORMATION

If you would like more information about how the Council uses your data please visit:
<https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/privacy-statement/>

USEFUL CONTACTS

Jobcentre Plus

Adelphi House
Friar Street
Reading
Berks
RG1 1HD
Telephone:
New claims: 0800 169 0190
Change of Circumstances: 0800 169 0190

Citizens Advice

Waterford House
Erfstadt Court
Denmark Street
Wokingham
RG40 2YF
Telephone: 0300 330 1189

Universal Credit Helpline

Telephone: 0800 328 5644

National Debt Line

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

Citizens Advice

Headley Road
Woodley
Berkshire
RG5 4AJ
Telephone: 0300 330 1189

NOTES

Please read these notes before you fill in the form. They will help you to give us the right information, so that we can pay you quickly.

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.

"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.

"Your Nationality" you **MUST** answer this questions, otherwise we cannot pay you.

STUDENTS

Most students cannot qualify for 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.

D 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.

E 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.

F 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, pension or allowance. Don't forget to tell us about any changes in your income e.g. you stop getting Child Benefit for one of your children.

G 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 you are pensionable age and your total capital exceeds £16,000 you will be ineligible for Council Tax Reduction. If you are working age and your capital exceeds £4,000 you will be ineligible for Council Tax Reduction.

H BACKDATING - Pensioners only

It may be possible to backdate your claim for up to 3 months.

DECISIONS ON YOUR CLAIM

If you want to know more about our decision or if you think it is wrong you can get in touch with us at any time.

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 to The Valuation Tribunal Service.

CHANGE OF CIRCUMSTANCES

You **MUST** tell us in writing about changes and provide 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 within 21 days about any changes. There are **special rules for pensioners**. If you are receiving Pension Guaranteed Credit then changes to your income / capital should be reported to the Pensions Service. All other changes e.g. the number of people living with you, should be reported to the Council. If you are getting Pension Credit, then you should notify both us and the Pension Service about changes to your income and capital.

YOU

Surname

Other names

Any other names you have used

Title (Mr, Mrs, Ms and so on)

Date of Birth

National Insurance No.

Telephone

Email address

Address you are claiming for

Postcode

What date did you move into the property?

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 in the UK? Yes No

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

If you do not have a partner tick this box

YOUR PARTNER

Surname

Other names

Any other names you have used

Title (Mr, Mrs, Ms and so on)

Date of Birth

National Insurance No.

Telephone

Email address

Address you are claiming for

Postcode

What date did you move into the property?

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 in the UK? Yes No

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

YOU

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

If Yes, please supply the name of your course

When did it start?

Do you receive student finance? 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

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

If Yes, please supply the name of your course

When did it start?

Do you receive student finance? 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.

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.

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, sub tenants 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"/> per <input type="text"/>	£ <input type="text"/> per <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"/> per <input type="text"/>	£ <input type="text"/> per <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"/>

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?	Are you actually getting 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"/>
When did you start getting it?	When did you start getting it?
<input type="text"/>	<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?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you make your claim?	When did you make your claim?
<input type="text"/>	<input type="text"/>

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

If YES, when was it awarded from?

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

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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

If YES, when was it awarded from?

Do you have more than one job? Yes No

If YES, please give details of your other employers.

E EARNINGS (CONT)

YOU

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 pay into a private or company Pension Scheme?

Yes No

If YES, how much?

£

How often?

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

Please supply your last 5 payslips if you are paid weekly, your last 3 payslips if paid fortnightly, your last 2 payslips if paid monthly or 4 weekly and proof of any pension payments.

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.

Please supply your latest self-employed 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 the the business, provide the partnership agreement. If you pay into 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.

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"/>
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 No

Yes No

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"/>			

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

Yes No

If Yes, 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 Provisions 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.

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

Whose name is the account in?

Name of bank or building society

Whose name is the account in?

Name of bank or building society

Whose name is the account in?

Name of bank or building society

Whose name is the account in?

Account number

How much is in the account?

£

Account number

How much is in the account?

£

Account number

How much is in the account?

£

Account number

How much is in the account?

£

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

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

Whose name is the account in?

Type of account

Whose name is the account in?

Account number

How much is in the account?

£

Account number

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, 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

J 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.

Pensioners only - please tell us here if you are requesting a backdate and why.

Please confirm if there have been any changes in your circumstances within the last 3 months. If yes, we may ask for further information to consider backdating your claim.

How we pay Council Tax Reduction

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

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 Council Tax Reduction
- 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 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 again. If I do not, and I get too much benefit 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. 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 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 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, HMRC, 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 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 K.

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, Universal Credit 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
- 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
- ANYTHING AT ALL that is different from what you have told us on this claim form.

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 award you toomuch reduction. If this happens we will add this amount back to your Council Tax Account which you will then need to pay.

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 White 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