

FOR OFFICE USE ONLY	
Date of issue	
Claim reference number	



**WOKINGHAM
BOROUGH COUNCIL**

Tel: 0118 974600
 Fax: 0118 9746631
 Minicom: Typetalk 0118 9746991
 Website: www.wokingham.gov.uk
 Email: benefits@wokingham.gov.uk

Please return this form to:
 The Benefits Service
 PO Box 152
 Shute End, Wokingham
 Berkshire, RG 40 1JW

Council Tax Reduction - Second Adult Rebate

Section A - About You and Your Partner

You
name
other names you have used:
Title (Mr, Mrs, Ms and so on)
Date of birth
National Insurance number
telephone number
email address
address you are claiming for
what date did you move into the property
Do you own or have you previously owed this property?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a joint tenant?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, who with?
what is your nationality?
Have you lived in the UK for the whole of the last 2 years?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please give the date you arrived

Partner
name
other names you have used
Title (Mr, Mrs, Ms and so on)
Date of birth
National Insurance number
telephone number
email address
address you are claiming for
what date did you move into the property
Do you own or have you previously owed this property?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a joint tenant?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, who with?
what is your nationality?
Have you lived in the UK for the whole of the last 2 years?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please give the date you arrived

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

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

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

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

Section B - Children Who Live With You

If there are no children who live with you, tick here 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
name	name	name
<input type="text"/>	<input type="text"/>	<input type="text"/>
date of birth	date of birth	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 living with you?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If you have more than 3 children, please use a separate sheet of paper to tell us about them.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
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? Delete as appropriate		
Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>
Do they receive Disability Living Allowance or Personal Independence Payment?		
Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>
Do they go to a registered nursery or childminder or playscheme?		
Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>
If yes, please give the name & 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? <i>We may write to you for more details</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C - Other People Who Live In Your Home

Apart from you, your partner or dependant 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

Surname

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is their relationship to you?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are they a joint owner?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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Date they moved in?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do they pay any rent or money for board and lodgings?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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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"/>
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Do they get Income Support, income-based Job Seekers Allowance, Employment and Support Allowance (income related) or Pension Credit?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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Do they get Disability Living Allowance or Personal Independence Payment?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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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"/>
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Are they registered blind?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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If yes, tell us which (please supply proof of their course)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do they provide care for someone in your home for more than 35 hours per week?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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If yes, who do they provide care for?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is their relationship to that person?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are they severely mentally impaired?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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Are they in legal custody at the moment?

<input type="text"/> Yes/No	<input type="text"/> Yes/No	<input type="text"/> Yes/No
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If yes, when are they expected out?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do they normally work?

Yes/No	Yes/No	Yes/No
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What are their earnings before any deductions? *We will need to see evidence of their earnings*

£	£	£
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Do they have any other income? This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

Yes/No	Yes/No	Yes/No
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If yes, please provide details of other income

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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/No	Yes/No	Yes/No
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Tell us their names

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**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**

Section D - 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 to this form if you need to. Please write your name, address and sign each sheet you have included.

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

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Second Adult Rebate

Any Second Adult Rebate awarded will be credited to your council tax account.

Section E- 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 Second Adult Rebate
- * 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 Second Adult Rebate at any other address
- * I understand you may contact government departments (for example the Department for Works and Pensions or 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 if I don't 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 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

Partners 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 below why you are filling in this form for someone else

Signature of person completing the form

Please print name

Relationship to 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 the envelope.