

Wokingham Borough Council  
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**WOKINGHAM  
BOROUGH COUNCIL**

## Housing Payment for Removal Costs

Date of Issue:		Claim reference number:	
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You must be eligible for Housing Benefit, or the Housing Element of Universal Credit and show you are having difficulties with your finances to be able to receive a Housing Payment.

The fund is cash limited and not all applications will be successful.

You must apply to the Local Authority of the area that you are moving from (not the area that you intend to move to).

To help us decide whether you should get help, please answer all of the questions on this form. If you do not, it may delay us making a decision.

Part 1 – About You	
Your full name:	Date of birth:
Current Address:	
Post code	
Phone number:	Email:
National Insurance number:	
Your partner's full name:	Date of birth:



Please list all bank accounts (including Post Office accounts) and other savings and/or invested money that you and your partner (if you have one) have. Please list all single name and joint accounts/savings/investments, even if the accounts are overdrawn or not used very often.

Please provide the latest 2 statements for each account. Your claim will not be processed without them.

Bank Name	Account Holder Name(s)	Last 4 digits of account number	Current Balance. If overdrawn input £0.00
Stocks & Shares Company Name	Number of Shares Held	Current Value	
		£	
		£	
Do you have Premium Bonds?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what is the investment value		£	
Part 4 – About your Household Income			
		Weekly	Monthly
Wages/salary for yourself			
Wages/salary for your partner			
Universal Credit			
Employment & Support Allowance			
Child Benefit			
Disability Living Allowance/Personal Independence Payment Mobility			

Disability Living Allowance/Personal Independence Payment Care		
Contribution from other adults in the household		
Maintenance		
Other income (please specify)		

### Part 5 – Payment

Payment will be made directly to the Removal Company by bacs transfer.

Contact name and e-mail address of the Removal Company (please ensure this is provided)

Name of the bank or building society:

Sort Code:

Account Name:

Account Number:

### Part 6 - Declaration

I/we declare that the information I/we have given on this form is correct and complete. I/we will be liable to repay any overpayments that occur should any of the information given on this form prove to be false or incorrect and you may take action against me/us. This may include court action.

I/we give you permission to use any information you have collected from my/our Housing Benefit/Council Tax Reduction application, to help decide whether a Housing Payment can be granted. You may check some of the information with other sources as allowed by law.

You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give some information to other government organisations, if law allows this.

If you would like more information about how the Council uses your data, please see our Privacy Notices, which are available at <http://www.wokingham.gov.uk/privacy/>

I/we understand that I/we must inform you straight away if there are any changes in my/our circumstances. If I/we do not and I/we get too much Housing Payment, the council can ask me/us to pay it back and may prosecute me/us.

Signed by:	
Date signed:	

If you have not completed this form, the person who filled it in on your behalf must complete this section.	
I have filled in this form on behalf of:	
They cannot fill in this form because:	
My name is:	
Relationship to the person applying	
I have read each question and recorded the answers given. As far as I know they are true and complete.	
Your signature:	
Date signed:	

Please note that we are unable to consider your application without the following documents.

Please tick the boxes below to confirm that you have included the following documents with your application for Removal Costs:

- 1 month's bank statement for all accounts which confirm the current balance**
  
- Two quotations: 1 from each removal company**

## Equalities Monitoring Questionnaire:

We would like to find out more about those who do and do not use our services. We want to ensure that our services are accessible to, used by and useful to people from all sections of society, and will take steps to address gaps and barriers once we know about them. Answering these few questions will help us to do this.

Gender – what is your gender?

- Female
- Male
- Prefer not to say

Ethnic group – what is your ethnic group?

- Asian/Asian Black
- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian background. Please specify .....
- Black
- African
- Caribbean
- Black British
- Any other Black background. Please specify .....
- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed/multiple Ethnic group. Please specify .....
- English/Welsh/Scottish/North/British
- Irish
- Any other White background. Please specify .....
- Arab
- Any other Ethnic group. Please specify .....
- Do not wish to declare Ethnic group