

For office use only

Date form was requested  
/ /

Date form was received at  
office (date stamp)

## A claim form for Housing Benefit and Council Tax Benefit

If you are just claiming Second Adult Rebate, tick this box and only fill in Parts 1, 3, 12, 13, 14, and 16 of this form

**Are you** (Please tick one box)

- a council tenant?  an owner-occupier?   
 a private tenant?  a housing association or social landlord tenant?

### Part 1 About you and your partner

**Do you have a partner who normally lives with you?**

No

**We use partner to mean:**

- a person you are married to or a person you live with as if you are married to them; or
- a civil partner or a person you live with as if you are civil partners.

Yes

If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your Partner
<b>Surname or family name</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Other names</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Any other names you have used</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Title (Mr, Mrs, Ms, other)</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Address, including room number if you have one</b>	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
	<small>Postcode</small>	<small>Postcode</small>
<b>What date did you move to this address?</b>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
<b>Your phone number</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Date of birth</b>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
<b>National Insurance (NI)</b>	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
We need to see proof of this. We cannot normally decide your claim if we do not have your NI number.	If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>

**You**

**Your partner**

**Have you or your partner claimed Housing Benefit or Council Tax Benefit before?**

No   
 Yes  Please tell us about it below

No   
 Yes  Please tell us about it below

When did you last claim?

 /  / 
 /  / 

Which council did you claim from?



What address did you claim for?

  
  
  
 Postcode

  
  
  
 Postcode

**If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.**

  
  
  
 Postcode

  
  
  
 Postcode

Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.



Why did you move from your previous address?



**We need to see proof of your and your partner's identity and NI number. See the checklist at Part 16.**

**Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?**

No   
 Yes  We may write to you about this

No   
 Yes  We may write to you about this

**What is your nationality?**



**If your nationality is not British, on what date did you last enter and apply to stay in the UK?**

 /  / 
 /  / 

The *UK* is England, Northern Ireland, Scotland and Wales.

**Are you or your partner in hospital at the moment?**

No   
 Yes  Please tell us about it below

No   
 Yes  Please tell us about it below

When did you go in?



When will you come out, if you know?

 /  / 
 /  / 

**Are you pregnant?**

No   
 Yes

No   
 Yes

If yes, when is the baby due?

Do you or your partner get Disability Living Allowance?

**You**

No

Yes  How much?

Total

Care

Mobility

**Your partner**

No

Yes  How much?

Total

Care

Mobility

Do you or your partner get Attendance Allowance?

No  We need to see proof of this.

Yes  We need to see proof of this.

No  We need to see proof of this.

Yes  We need to see proof of this.

Does anyone get Carer's Allowance for looking after you or your partner?

No

Yes  We need to see proof of this.

No

Yes  We need to see proof of this.

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?

No

Yes  We need to see proof of this.

No

Yes  We need to see proof of this.

Do you or your partner pay towards the upkeep of a student?

No

Yes  How much do you pay and how often?

every

No

Yes  How much do you pay and how often?

every

Are you or your partner a student?

By *student* we mean anyone who is on a course of study at an educational establishment, including student nurses.

No

Yes  Tell us if this is full or part-time (If 'yes' we will send you another form)

Full-time  Part-time

Please tick if you or your partner are:

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

Do you or your partner have a vehicle from a Mobility scheme?

No

Yes

No

Yes

We need to know about any children in your household who are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17 or 18 and in higher education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced)

**Are there any children in your household as described**

**No**  Go to **Part 3**.

**Yes**  If there are more than 6 children tick this box, and use a separate sheet to tell us the information we ask for on this page.

	First child	Second child	Third child
Surname or family name	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Is the child registered blind?	No	<input type="checkbox"/>	We need to see proof of this.	No	<input type="checkbox"/>	We need to see proof of this.	No	<input type="checkbox"/>	We need to see proof of this.
	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>	

Does the child get Disability Living Allowance?	No	<input type="checkbox"/>	How much?	No	<input type="checkbox"/>	How much?	No	<input type="checkbox"/>	How much?
	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>	

Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

	Fourth child	Fifth child	Sixth child
Surname or family name	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Is the child registered blind?	No	<input type="checkbox"/>	We need to see proof of this.	No	<input type="checkbox"/>	We need to see proof of this.	No	<input type="checkbox"/>	We need to see proof of this.
	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>	

Does the child get Disability Living Allowance?	No	<input type="checkbox"/>	How much?	No	<input type="checkbox"/>	How much?	No	<input type="checkbox"/>	How much?
	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>	

Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

Do you or your partner pay any childminding costs for any of these children to a registered childminder, or nursery?	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>		Yes		<input type="checkbox"/>	

Tell us the name and registration number of the minder, which children they mind

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Do any adults usually live with you and your partner?

No  Go to Part 4.

By *adults* we mean people aged 16 or over who nobody gets Child Benefit for.

Yes  Fill in this section.

	First person	Second person	Third person
Surname or family name	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give us their National Insurance number.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Disability Living Allowance 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"/>
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"/> Tell us which. <input type="text"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us which. <input type="text"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us which. <input type="text"/> No <input type="checkbox"/>
Do they pay rent or money for board and lodgings to you or your partner?	Yes <input type="checkbox"/> How much? £ <input type="text"/> a week No <input type="checkbox"/>	Yes <input type="checkbox"/> How much? £ <input type="text"/> a week No <input type="checkbox"/>	Yes <input type="checkbox"/> How much? £ <input type="text"/> a week No <input type="checkbox"/>
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they due to come out (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	First person	Second person	Third person
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their earnings before any deductions.	Yes <input type="checkbox"/> Tell us their earnings before any deductions.	Yes <input type="checkbox"/> Tell us their earnings before any deductions.
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.
Do they have any other income at all? Make sure you tell us about all other income they have.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

Where does this income come from?  
How much is it before deductions?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are any of the people who normally live with you married to each other, civil partners, or living together as if they are married or civil partners? We call these people partners.

No <input type="checkbox"/>			
Yes <input type="checkbox"/> Tell us their names below	<input type="text"/>	is the partner of	<input type="text"/>
	<input type="text"/>	is the partner of	<input type="text"/>

### Part 4 About Income Support, income-based Jobseeker's Allowance and Pension Credit

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension Credit?

No  Go to **Part 5**

Yes  Answer the questions in this part and then go to Part 10.

	You	Your partner
Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance or Pension Credit at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you start getting it?	Yes <input type="checkbox"/> When did you start getting it?
	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Are you or your partner still waiting to hear about Income Support, income-based Jobseeker's Allowance or Pension Credit?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you claim?	Yes <input type="checkbox"/> When did you claim?
	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
From which office?	<input type="text"/>	
Which benefit are you or your partner getting or waiting to hear about?	Income Support <input type="checkbox"/>	Income Support <input type="checkbox"/>
	Income-based Jobseeker's Allowance <input type="checkbox"/>	Income-based Jobseeker's Allowance <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

We must see **proof** of your benefit, allowances or pension before we can decide how much benefit you can get. Read the checklist at **Part 16** to see what you can use as **proof**.



Are you or your partner working for an employer?

No  Go to **Part 7**.

Yes  Answer the questions on this page. If you or your partner work for more than one employer, tell us about the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

**You**

**Your partner**

What kind of work do you do?



What is your employer's name and address?

  
  
  
 Postcode

  
  
  
 Postcode

When did you start this job?

 /  / 
 /  / 

What is your payroll, employee or staff number?



Are you employed for a limited period?

No

No

Yes  When will you finish?  
 /  /

Yes  When will you finish?  
 /  /

How much do you get paid and how often?

 £  every 
 £  every 

How are you paid, for example, in cash, by cheque or straight into a bank account?



When was your last pay rise?

 /  / 
 /  / 

When will your next pay rise be?

 /  / 
 /  / 

How many hours a week do you usually work?



Do you receive any bonuses or commission that is not included in your gross pay?

No

No

Yes

Yes

Are you getting any other sick pay or maternity pay from your employer at the moment?

No

No

Yes

Yes

Do you pay into a private or company pension scheme?

No

No

Yes  How much and how often?

Yes  How much and how often?

 £  every 
 £  every 

Do you do any other work paid or unpaid? If so please give us details.

Are you or your partner getting any state benefits or waiting to hear about benefits you have claimed?

No

Yes

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Adoption Pay
- Armed Forces Compensation Scheme (AFCS)
- Bereavement Allowance
- Carers Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Severe Disablement Allowance
- State Retirement Pension
- Statutory Maternity Pay
- Statutory Paternity Pay
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widowed Parent's Allowance
- Working Tax Credit
- Any other social security benefit

If you are getting or have claimed any benefit that is not listed or you receive more than 4 benefits, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick this box.

	You	Your partner
<b>The name of the benefit or pension</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>
<b>The name of the benefit or pension</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>
<b>The name of the benefit or pension</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>
<b>The name of the benefit or pension</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>	<input type="checkbox"/> How much, how often and by what method? £ <input style="width: 100px;" type="text"/> every <input style="width: 50px;" type="text"/> by <input style="width: 50px;" type="text"/>

We must see **proof** of your benefit, allowances or pension before we can decide how much benefit you can get. Read the checklist at **Part 16** to see what you can use as **proof**.

Do you or your partner:

- have any money coming in that you have not already told us about?
- expect to have any other money coming in?

No

Yes

Answer the questions on this page.

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust or the Skipton Fund.

Have you or your partner delayed receiving any other money?

This includes occupational pensions, work pensions, and private pensions, pension protection fund payments, maintenance of child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

	Other money 1	Other money 2	Other money 3
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who is the money from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>	Every <input type="text"/>
How is it paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Are you or your partner expecting to get any money in the next 12 months.

No

Yes

Tell us about it below.

No

Yes

Tell us about it below.

No

Yes

Tell us about it below.

For example, a redundancy payment, payment instead of notice, holiday or any other money that is owed to you.

What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

We must see **proof** of your benefit, allowances or pension before we can decide how much benefit you can get. Read the checklist at **Part 16** to see what you can use as **proof**.

We need to know if you or your partner have any bank accounts, savings, investments or property in the UK or abroad. If you (and your partner) have savings or investments of £16,000 or over, you will not be entitled to Housing or Council Tax Benefit unless you are receiving guaranteed pension credit.

Do you or your partner have any of the following?

Bank accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Building society accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Post Office® accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Unit trusts, ISAs, PEPs, TESSAs, TOISAs or other investments	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Income bonds or capital bonds	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Money or property held in trust	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>
Any other savings or investments including cash	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts <input type="text"/>	Total amount	£ <input type="text"/>

Type of other savings or investment

Shares - approximate value

Name of the company the shares are held in  Number of shares held

Shares - approximate value

Name of the company the shares are held in  Number of shares held

**Do you or your partner have any National Savings Certificates?** No  Yes

Please send us the **original** certificates as proof. We will return the certificates to you.

**We must see proof of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof.**

Do any of your or your partner's savings or investments include:  
 • money from the sale of a house;  
 • or money from a charity?

No  Yes  We will write to you about it.

Apart from your home, do you or your partner own any other property or land in this country or abroad?  
 (If it is on a mortgage or a loan, still tick Yes).

No  Yes  We will write to you about it.

Have you or your partner received:  
 • a Far Eastern Prisoner of War Compensation payment;  
 • or a compensation payment made to victims of atrocities that happened during the Second World War?

No  Yes  We will write to you about it

Have you or your partner received payment from the CJD (Creutzfeldt-Jakob Disease) Trust

No  Yes  We will write to you about it



**How many rooms are there in the building?**

**In the whole building**

**Just for you and your household**

**That you share with other people**

Living rooms




Bedsitting rooms




Bedrooms




Bathrooms or shower rooms




Toilets




Kitchens




Other rooms




**Part 11 About rent**

**Who has to pay the Council Tax bill for your home?**

Tick the box that applies.

You or your partner

Your landlord

Someone else

Tell us who it is.

**Do you or your partner pay rent for your home?**

Tick **Yes** if you would pay rent but already get Housing Benefit.

**No**  Go to **Part 12**.

**Yes**  Answer the next question.

**Do you pay rent to the council?**

**No**  Answer the questions below

**Yes**  Go to **Part 12**.

**What is your landlord's full name and address?**

By *landlord* we mean the person or organisation who owns the property you live in.

  
  
  
 Postcode

**If your landlord has an agent, tell us their full name and address.**

By *agent* we mean the person or organisation you actually pay your rent to.

  
  
  
 Postcode

**Is your landlord or agent, or landlord's or agent's partner:**

- your former partner;
- your partner's former partner;
- related to you or your partner;
- related to your children; or
- related to your partner's children?

*Related includes related through marriage or civil partnership, even if it has ended.*

**No**

**Yes**  **Who is related and what is the relationship?**

**When did you or your partner start renting your home?**

 /  /

**When did you move to this address?**

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

**What sort of tenancy do you have?**

For example, shorthold, assured, regulated, agricultural, or housing association.

**How long is the tenancy for?**

 to 

**How much furniture is included in the tenancy?**

Furnished

Partly furnished

Hardly any furniture

Unfurnished

**How much rent do you or your partner pay and how often?**

For example, every week, every fortnight, every four weeks or monthly.

 every

**Does anyone else share the rent with you and your partner?**

No

Yes

Tell us the details below.

**How much of the rent do they pay and how often?**

For example, every week, every fortnight, every four weeks or monthly.

 every

**Has your rent changed in the last 12 months?**

No

Yes

Send us proof of the date it changed and how much it changed.

**When is the next rent increase due?**

 every

We must see **proof** of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at **Part 16** to see what you can use as **proof**.

**Has your rent been registered as a fair rent by the rent officer?**

No

Yes

Please send us the notice of registration form RO5.

**Do you have any weeks when you do not have to pay rent?**

No

Yes

How many in a year?

**Are you behind with your rent?**

No

Yes

By how many weeks?

**Does your rent include money for the following?**

Tick the boxes that apply

Meals	<input type="checkbox"/>	How much?	£		every			
		For which meals	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Evening Meal
Water charges	<input type="checkbox"/>	How much?	£		every			
Heating	<input type="checkbox"/>	How much?	£		every			
Lighting	<input type="checkbox"/>	How much?	£		every			
Hot water	<input type="checkbox"/>	How much?	£		every			
Electricity	<input type="checkbox"/>	How much?	£		every			
Fuel for cooking	<input type="checkbox"/>	How much?	£		every			
Laundry	<input type="checkbox"/>	How much?	£		every			
Cleaning rooms or windows	<input type="checkbox"/>	How much?	£		every			
Gardening	<input type="checkbox"/>	How much?	£		every			
Garage	<input type="checkbox"/>	How much?	£		every			

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

Personal care and support  How much? £  every

**Do you pay any service charges separate from your rent?** **No**

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance? **Yes**  How much? £  every

What for?

**Are you living away from this address at the moment?** **No**

**Yes**

Why are you not living at home?

When did you last live at home?  /  /

When do you expect to go back home?  /  /

What is the address of where you are living at the moment?  
  
  
  
 Postcode

Have you sublet your home

No

Yes

Who lives there now?

\* If you are a council tenant, we will pay any Housing Benefit you are awarded into your rent account.

\* If you are **not** a council tenant and are awarded Housing Benefit, in most cases you can choose where to have your money paid. We can arrange to pay your money:

- straight into a bank account; or
- direct to your landlord.

\* If you are awarded Council Tax Benefit, we will pay this into your Council Tax account.

If we are unable to pay you directly into your council tax account we will pay you by cheque.

Who do you want your benefit paid to?  
(please tick one)

Landlord

Agent

Myself

If you have requested payments to yourself, please give your bank details to enable us to pay Housing Benefit directly into your account.

What name or names is the account in?

Name of bank or building society

Sort Code

		-			-		
--	--	---	--	--	---	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Some building society accounts use a roll number. Unfortunately we are unable to pay into these accounts and will have to pay you by crossed cheque, you must therefore have an account in order to pay the cheque in.

Do you give us permission to discuss any aspect of your claim with the landlord or agent?

No

Yes

Please note that if you have asked for payments to be sent directly to your landlord or agent, some information regarding your claim will have to be disclosed.

**Please use this space 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.

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

## Part 13 Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Even if someone else has filled in this form for you, you and your partner must sign the declaration if you can.

Please read this declaration carefully before you sign and date it.

- I understand that this claim is made to Epping Forest District Council
- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I agree that Epping Forest District Council will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check information with other sources as allowed by law.
- I understand that Epping Forest District Council may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.
- I know that I must let the Benefits Division of Epping Forest District Council know in writing straight away about any changes in my circumstances, which might affect my claim. (The address is on the front of this form).

Signature of person claiming

Date

 /  / 

Partner's signature

Date

 /  / 

**If this form has been filled in by someone other than the person claiming**

Please tell us why you are filling in this form for the person claiming.

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

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

 /  / 

Telephone number

## Part 15 What to do next

**You should now have:**

- filled in **and signed** the claim form for Housing Benefit and Council Tax Benefit;
- collected any **proof** to support your claim.

Send the above documents to us **straight away**. If you are going to send **proof** at a later date, send this form to us and tell us what proof you are going to send later. You can find our address on the front of this form.

**Do not delay sending this form in.**

Please tick to say what **proof** 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 our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

**If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one.**

If you cannot send the **proof** we need at the moment, send the form back to us now and send the **proof** later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof.**

● **Proof of identity**

Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

● **Proof of your address**

Such as a recent gas or electricity bill or a TV licence.

● **Proof of National Insurance number**

Such as a National Insurance number card, payslips or letters from social security or the tax office.

● **Proof of 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, ISA, stocks, shares and unit trusts. We need to see **proof** of any interest or dividends you get on investments and savings. The **proof** you send must show details for at least the last two months. If you or your partner are directors of a company, we will need to see proof of the Directors remuneration, either from the company accountant or a copy of the company accounts.

● **Proof of earnings**

*We also need this for any other adults living in your home.*

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partners are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

● **Proof of other income**

*We also need this for any other adults living in your home*

Such as pension slips from a former employer or a letter from a court showing how much maintenance you are getting. We need to see **proof** of any money people pay you for board and lodgings.

● **Proof of benefits**

*We also need this for any other adults living in your home*

Such as current award notices or letters from your **JobcentrePlus office, Jobcentre, Social Security Office, Inland Revenue or Pension Centre** confirming how much you get. If you do not have **proof**, let us know straight away.

● **Proof of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

● **Proof of other money paid out**

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

Under the Race Relations Act, we have a responsibility to collect details of our clients' backgrounds. We use this information to help us with our equal opportunities policies.

This information is confidential and will be used only to improve access to our services and help provide equal opportunities for everyone.

You do not have to fill in this survey.

Please tick the box for your ethnic group

White: British

White: Irish

White: Any other White background

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Any other mixed background

Chinese

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Any other Black background

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Any other Asian background

Any other ethnic group

please give details