

Benefits Section
Town Hall
The Parade
EPSOM
Surrey
KT18 5BY
Tel: 01372 732269



Name:
Address:

OFFICIAL USE ONLY

Ben Ref:

Date requested:

Date issued:

Claim type:

A claim form for Housing Benefit and Council Tax Benefit

Filling in the form

Use black ink and capital letters to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Please complete all the sections you need to and provide all the necessary documents (proof) detailed in Part 16. Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of questions, put a tick in the relevant box. Do not cross any boxes. If someone else fills in the form for you, there is a special place for them to sign at Part 18. If you need help filling in the form please contact the Benefits Section on 01372 732269 or come in to the Benefits Enquiry Counter at the Town Hall. We are open between 9am and 4.30pm Monday to Friday.

Proof

We may need to see proof of some of the things you tell us about. Part 16 tells you what we need to see. If you are not sure if we need to see proof of something, get in touch with the Benefits Section. If you do not have the proofs available send the form in anyway and provide the proofs later. **All proofs must be original documents.** All documents will be returned immediately.

What to do next

When you have filled in the form, sign it and send it to us **immediately** with any proofs to the address at the top of this form. Do not delay returning this form as you may lose benefit. If you cannot provide all the proofs we have asked for note Part 15 with the items you will send later. You must send the missing proofs within 1 month of returning this form if you wish to continue with your claim. If you prefer you can bring the form and proofs to the Benefits Enquiry Counter at the Town Hall.

FOR OFFICIAL USE ONLY

Date received

Date acknowledged / /

If you require a translation in your language, please contact:

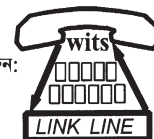
ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

જો તમને પોતાની ભાષામાં ભાષાંતર જોઈએ છે, તો મહેરબાની કરીને સંપર્ક સાધો:

Se necessitar de uma tradução, contacte por favor:

যদি আপনার নিজের ভাষায় অনুবাদ চান তাহলে অনুগ্রহ করে যোগাযোগ করুন:

اگر آپ کو ترجمہ اپنی زبان میں چاہئے تو براہ کرم ہمارے ساتھ رابطہ کریں۔



(01483) 750548

Part 1 About your claim

Please tick one box

Are you claiming benefit as an: OWNER OCCUPIER COUNCIL TENANT
 BOARDER (Meals provided) JOINT TENANT PRIVATE/HOUSING ASSOCIATION TENANT (No meals provided)
 JOINT OWNER LIVING WITH FAMILY IF LIVING WITH FAMILY, WHO? (e.g. parents, daughter, son, etc.)

Are you claiming SECOND ADULT REBATE? (Available if you are the only person liable for paying the Council Tax and you have other people living with you (excluding your partner) who have low incomes and no one in your home pays rent to you.) If **Yes**, complete **Parts 2, 4 and 18** only. No
 Yes

Part 2 About you and your partner

Do you have a partner who normally lives with you?

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.

No If you have a partner, you must answer all the questions about them, as well as about yourself.
 Yes

You	Your partner
Surname or family name	
Other names	
Any other names you have used	
Title (Mr, Mrs, Ms, other)	
Address you are claiming for Do not tell us your partner's address if it is the same as yours	
Postcode	Postcode
Your daytime phone number. You do not have to tell us this, but it may help us to deal with your claim more quickly.	
What is this number? Please tick	
Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>
Date of birth	
National Insurance (NI) number. You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.	
Letters Numbers Letter Letters Numbers Letter <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letters Numbers Letter Letters Numbers Letter <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>
Have you or your partner claimed Housing Benefit or Council Tax Benefit before?	
No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below
When did you last claim?	
Which council did you claim from?	
What name did you use for the claim?	
What address did you claim for?	
Postcode	Postcode

Part 2 About you and your partner (continued)

	You	Your partner
If you have moved from this address, have you told the council you claimed from?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> We may write to you about this.	Yes <input type="checkbox"/> We may write to you about this.
What is your nationality?	<input type="text"/>	<input type="text"/>
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.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner in hospital at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Please tell us about it below.	Yes <input type="checkbox"/> Please tell us about it below.
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will you come out, if you know this?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you or your partner get Disability Living Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	Care <input type="text"/> £	<input type="text"/> £
	Mobility <input type="text"/> £	<input type="text"/> £
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.
Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	How much do you pay and how often? <input type="text"/> £ every <input type="text"/>	How much do you pay and how often? <input type="text"/> £ every <input type="text"/>

Part 2 About you and your partner (continued)

	You	Your partner
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner a student? By <i>student</i> we mean anyone who is attending a course of study at an educational establishment.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us if this is full or part time. Full time <input type="checkbox"/> Part time <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us if this is full or part time. Full time <input type="checkbox"/> Part time <input type="checkbox"/>
How much of your income is taken into account when working out your grant?	£ <input type="text"/> a year	£ <input type="text"/> a year
Please tick if you or your partner are:		
• an apprentice	<input type="checkbox"/>	<input type="checkbox"/>
• on youth training	<input type="checkbox"/>	<input type="checkbox"/>
• in legal custody	<input type="checkbox"/>	<input type="checkbox"/>
• severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
• registered blind	<input type="checkbox"/>	<input type="checkbox"/>
• long-term sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>
• in a nursing home	<input type="checkbox"/>	<input type="checkbox"/>
We will contact you if we need more information		

Part 3 About children

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, 18 or 19 and in 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 above?

No Go to **Part 4**.

Yes If there are more than three children, use a separate sheet of paper to tell us all the information we ask for in this section and send it with the form.

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

	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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
This child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
This child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 About children (continued)

	First child	Second child	Third child
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
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 this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.

Part 4 About other people who live with you

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?

By *adults* we mean people aged 16 or over who you/your partner do not get Child Benefit for.

No Go to **Part 5**.
Yes Fill in this section.

Surname or family name

Other names

Date of birth

Their relationship to you or your partner.

Some examples are aunt, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

Do they get Income Support or Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?

First person	Second person	Third person
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Do they get Disability Living Allowance or Attendance Allowance?

First person	Second person	Third person
No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

Are they registered blind?

First person	Second person	Third person
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 4 About other people who live with you (continued)

	First person	Second person	Third person
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Are they a joint owner with you?	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 a joint tenant with you?	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?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?
	<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 they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
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"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> 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. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
1. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 4 About other people who live with you (continued)

	First person	Second person	Third person
Are any of the people who normally live with you married to each other or living together as if they were married? We call these people <i>partners</i> .	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>
	<input type="text"/> is the partner of <input type="text"/>		
	<input type="text"/> is the partner of <input type="text"/>		

Part 5 About Income Support, Income-based Jobseeker's Allowance, Pension Credit and Income-related Employment and Support Allowance

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

No Go to **Part 6**.
 Yes Answer all the questions in this section, then go to **Part 12**.

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

Part 6 About being self employed

Are you or your partner self employed? No Go to **Part 7**.
 Yes Answer the questions on this page.
 You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

	You	Your Partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode

Part 6 About being self employed (continued)

	You	Your Partner
Do you have any business partners?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their name and address.	Yes <input type="checkbox"/> Tell us their name and address.
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see proof of your earnings and private pension scheme contributions before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof.

Part 7 About working for an employer

Do you or your partner work for an employer?	No <input type="checkbox"/> Go to Part 8 .	Yes <input type="checkbox"/> Answer the questions in this section. If you or your partner work for more than one employer, tell us about all 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. <input type="checkbox"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When will you finish?	Yes <input type="checkbox"/> When will you finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	<input type="text"/> every <input type="text"/>	<input type="text"/> every <input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>

Part 7 Working for an employer (continued)

	You	Your Partner
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>
When was your last payrise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next payrise be?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see proof of any earnings and private pension scheme contributions before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 15.

Part 8 About any other work

Do you or your partner do any other work? No Go to **Part 9**.
 Yes Answer the questions on this page.
 This could be voluntary work or any other work, even if it is not paid work.

What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	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.
How much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
How often do you get paid?	<input type="text"/> every <input type="text"/>	<input type="text"/> every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof.

Part 9 About benefits and pensions

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

No Go to **Part 10**.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

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

- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Contributory-based Employment and Support Allowance
- Maternity Allowance
- Working Tax Credit
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Widowed Parent's Allowance
- Armed Forces Compensation Scheme (AFCS)
- Bereavement Allowance
- Guardian's Allowance
- Pension Credit (including Savings Credit)
- Retirement Pension
- War Disablement Pension
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Any other Social Security Benefit

If you are getting or have claimed any benefit that is not listed, 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
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by

Part 10 About other money coming in

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?

Have you or your partner delayed receiving any other money?

This includes occupational pensions, work pensions and private pensions, pension protection fund payments, maintenance or 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.

No Go to **Part 11**.

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.

	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"/>
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"/>
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"/>
Does anyone owe money to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you expecting to get any money in the next 12 months? For example, a redundancy payment, or a payment instead of notice or holiday.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
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 any money coming in before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof.

Part 11 About bank accounts, savings, investments and property

Do you or your partner have any of the following accounts, savings, investments or property in the UK or abroad?

No Go to **Part 12**.

Yes Answer the following questions. If you have more than 2 accounts of the same type use a separate sheet of paper to tell us all the information we ask for in this Part and send it with the form.

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

	You	Your partner
Cash	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Bank accounts (including current accounts and accounts that are overdrawn.)	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
	Name of bank <input type="text"/>	Name of bank <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
	Name of bank <input type="text"/>	Name of bank <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
Building society accounts	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
	Name of building society <input type="text"/>	Name of building society <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
	Name of building society <input type="text"/>	Name of building society <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
Post office accounts	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Premium Bonds	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Unit trusts, ISAs, PEPs, TOISAs, TESSAs or other investments	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Income bonds or capital bonds	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Money or property held in trust	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>

Part 11 About bank accounts, savings, investments and property (continued)

	You	Your partner
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input type="text"/>	£ <input type="text"/>
Name of company the shares are held in	<input type="text"/>	<input type="text"/>
Number of shares held	<input type="text"/>	<input type="text"/>
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input type="text"/>	£ <input type="text"/>
Name of company the shares are held in	<input type="text"/>	<input type="text"/>
Number of shares held	<input type="text"/>	<input type="text"/>
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input type="text"/>	£ <input type="text"/>
Name of company the shares are held in	<input type="text"/>	<input type="text"/>
Number of shares held	<input type="text"/>	<input type="text"/>
Any other savings/capital investments in the UK	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Type of savings or investment	<input type="text"/>	<input type="text"/>
Any other savings/capital investments abroad	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Type of savings or investment	<input type="text"/>	<input type="text"/>

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 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.

Do any of your 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, your partner or any children you are claiming for 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 Which payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment You Your partner

A compensation payment made to victims of atrocities that happened during the Second World War You Your partner

Part 11 About bank accounts, savings, investments and property (continued)

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? No Yes We will write to you about it.

Do you or your partner have any business interests which you have not told us about on the form? No Yes We will write to you about it.

Part 12 About where you live

Do you own your home or have a mortgage? No Fill in this section. Yes Go to **Part 15**.

Are you a council tenant? No Fill in this section. Yes Go to **Part 13**.

What sort of building do you live in? Tick one box only.

Detached house <input type="checkbox"/>	Flat in a house <input type="checkbox"/>	Caravan, mobile home or houseboat <input type="checkbox"/>
Semi-detached house <input type="checkbox"/>	Flat in a block <input type="checkbox"/>	Board and lodgings <input type="checkbox"/>
Terraced house <input type="checkbox"/>	Flat over a shop <input type="checkbox"/>	Hotel <input type="checkbox"/>
Maisonette <input type="checkbox"/>	Bedsit or rooms or a studio flat <input type="checkbox"/>	Residential nursing home <input type="checkbox"/>
Bungalow <input type="checkbox"/>	Hostel <input type="checkbox"/>	Residential care home <input type="checkbox"/>
Other – give details <input type="checkbox"/>		

Does your home have central heating? No Yes

Does your home have a garden? No Yes

Does your home have a garage? No Yes

Does your home have a parking space? No Yes

How many floors are there?

Do you and your household occupy only part of the building you have ticked? No Yes Where in the building do you live?

At the front In the middle At the back

Which floors do you live on?

For example, ground floor, first floor.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms (please state type of room)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 12 About where you live (continued)

Do you use your home for business?

No

Yes

Do you rent your home from a company who employs you or your partner?

No

Yes

Do you live in your accommodation as a condition of your employment?

No

Yes

Do you have a main home somewhere else? If your main home is somewhere else in the UK or abroad, tick **Yes**, even if you do not pay rent for it.

No

Yes Tell us about it below.

What is the address?

Postcode

Do you pay rent on this home?

No

Yes How much? £

Part 13 About rent

Do you pay rent for your home?

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

No Go to **Part 14**.

Yes Go to the next question.

Do you pay rent to the council?

No Fill in this section.

Yes Go to **Part 14**.

What is your landlord's full name and business 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 who lets you the property and that you actually pay your rent to.

Postcode

Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner? *Related* includes related through marriage, even if the marriage had ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes What is the relationship?

is my landlord's or agent's

Part 13 About rent (continued)

Do you live in a property which was formerly your joint home with your partner?

No
Yes

Did you or your partner, at any time, own the home you rent?

No
Yes

Do you rent your home from your ex-partner?

No
Yes

Does your landlord live in the property with you?

No
Yes

When did you 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 immediately when you have actually moved in.

What sort of tenancy do you have?

For example, shorthold, assured tied rent or something like this.

How long is the tenancy for?

/ / to / /

What is the property let as?

Tick the box that applies.

Furnished Hardly any furniture
Partly furnished Unfurnished

How much is the full rent for your tenancy and how often do you pay?

£ every

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

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

No
Yes

Tell us their names and their relationship to you and your partner.

How much rent do they pay and how often?

For example, every week, every fortnight, every four weeks, 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?

/ /

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 a rent officer?

No
Yes

Please send us the notice of registration form **R05**.

Part 13 About rent (continued)

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?

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.

What is the Council Tax reference number?

Who is responsible for decorating the property?

You or your partner

Your landlord

Does your rent include money for the following?

Meals

No

Yes How much? £ every

For which meals? Breakfast Lunch Evening meal

Please tick.

Water authority charges

No

Yes How much? £ every

Heating

No

Yes How much? £ every

Lighting

No

Yes How much? £ every

Hot Water

No

Yes How much? £ every

Fuel for cooking

No

Yes How much? £ every

Laundry

No

Yes How much? £ every

Cleaning rooms or windows

No

Yes How much? £ every

Gardening

No

Yes How much? £ every

Garage or parking space

No

Yes How much? £ every

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

Yes

Personal care and support

No

Yes How much? £ every

Part 13 About rent (continued)

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?

No

Yes

How much? £ every

What for?

Are you living away from home at the moment?

No

Yes

Tell us about it below.

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?

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.

Part 14 How you will be paid

- Any Council Tax Benefit will be paid into your Council Tax account.
- If you are a council tenant, any Housing Benefit will be paid into your rent account.
- If you are a private tenant how you will be paid depends on whether you are paid Local Housing Allowance or not.

Some tenants are not affected by the Local Housing Allowance. You may not be affected if you are:-

- A tenant of a Registered Social Landlord or Housing Association.
- In a tenancy that began before 1989.
- Renting from a charitable organisation that provides support.
- Living in a caravan, houseboat, mobile home or hostel.
- Living in board and attendance accommodation.

If you are not one of the above please go to **Part A** (over the page).

If you are one of the above please tick who you would like us to pay your Housing Benefit to

You if ticked please complete **Part A** (over the page).

Your landlord You and your landlord must complete **tear-off 2** in this form.

PART A

Unless you are unable to properly manage your money (see **Part B**) we will pay benefit direct into your bank/building society account. You can use any bank, building society or other account provider but we cannot pay Housing Benefit into a Post Office Card Account. If you need help to open a bank account please contact the Benefits Section for advice (contact details are on page 1 of this form).

Please provide details of the account you would like us to pay benefit into.

Name of bank/building society	<input type="text"/>
What name(s) is the account in?	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/>
Roll number – if required	<input type="text"/>

PART B

In order to protect vulnerable customers, the Benefits Section will use its discretion in deciding whether benefit should be paid to the landlord as opposed to the customer.

By vulnerable we mean someone who may have difficulty managing their money.

You or your representative can ask the Benefits Section to consider making payment to your landlord. Any request must be supported with written evidence from a third party.

If you feel this applies to you please contact the Benefit Section and ask for our 'safeguard form'.

Part 15 Anything else you need to tell us or proof to follow

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.

I am enclosing a filled-in *Housing Benefit Direct Payments to Landlord* form. [Tear-off 2]

I will send you a filled-in *Housing Benefit Direct Payments to Landlord* form later. [Tear-off 2]

Part 16 Checklist

Please tick to tell us what proof you are sending with this form or sending to us later. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into our Benefits Enquiry Counter which is open between 9am and 4.30pm Monday to Friday. We will copy the details we need and give you the documents back straight away. If you cannot get into the Town Hall, 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, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later or you may lose benefit. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof. If you do not send the proof to us within 1 calendar month of returning this form you will lose benefit.**

Proof of identity

Such as 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. We may need to see several of these documents for you and your partner.

Enclosed To follow

Proof of your address

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

Proof of National Insurance number

Such as a National Insurance number card, payslips, P45, P60 or letters from social security or the tax office.

Proof 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 proof of any interest or dividends you get on investments and savings. The proof you send must show details for at least the last 2 months.

Proof 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 these payslips, your employer must fill in the attached Employers Certificate of Earned Income at tear-off 4. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have recently set up your business, a summary of your trading records so far. We also need this for any other adults living in your home.

Proof of benefits, allowances or pensions

Such as current award notices or letters from social security confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post. We also need this for any other adults living in your home.

Proof 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 proof of any money people pay you for board and lodgings. We also need this for any other adults living in your home.

Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement. If you do not have these your landlord must complete the attached Statement of Rent form at tear-off 3.

Proof of other money paid out

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

Make sure you read and sign the declaration at Part 18

Part 17 Backdating

We can usually award benefit from the Monday after the day we receive this claim form. Sometimes we can pay benefit from an earlier date if you can prove good cause for not claiming earlier. If you want us to consider paying benefit from an earlier date, you must:

- tell us when you want benefit from
- confirm any changes in your circumstances
- explain in as much detail as possible all the reasons why you did not make your claim at that time, providing any evidence available to support this.

Date you want to claim benefit from

For this earlier period, were your circumstances the same as on this form?

No

Yes Tell us about the changes below.

Tell us why you did not make your claim earlier and provide any proof.

Continue on a separate sheet if you need to and send it with this form.

Part 18 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form would allow us to process your claim more quickly, but they do not have to sign.

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

- **I understand** that this claim is made to you, my local council.
- **I declare** that the information I have given on this form is correct and complete to the best of my knowledge.
- **I understand** that if I knowingly give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you 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 Section know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

Partner's signature

Date

Date

If this form has been filled in by someone other than the person claiming please tell us why.

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

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I have had the information contained on this form read over to me and confirm that it is true and complete.

Interviewing Officer's signature

Claimant's signature

Date

Part 19 Equal Opportunities monitoring

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

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

You do not have to fill in this survey.

A Please tick which background you feel you belong to.

Asian

Bangladeshi

Indian

Pakistani

Other Asian background Please give details.

Mixed ethnic background

Asian and white

Black African and white

Black Caribbean and white

Other mixed ethnic background Please give details.

Black

African

Caribbean

Other black background Please give details.

Chinese

Any Chinese background

White

Any white background

Any other ethnic background

Any other ethnic background Please give details.

B Please tick your nationality.

British or mixed British

Scottish

English

Welsh

Irish

Any other nationality Please give details.

Part 20 What to do next

You should now have:

- filled in and signed this claim form for Housing and Council Tax Benefit
- collected any evidence available to support your claim
- filled in tear-off 1 and tear-off 2, if appropriate.

Now send your form to:

**The Benefits Section,
Epsom and Ewell Borough Council,
Town Hall,
The Parade,
Epsom,
Surrey
KT18 5BY**



Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

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

By law, we must tell your landlord about certain decisions we make on your claim, for example, when we decide to pay your benefit to your landlord.

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

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

- you have claimed Housing Benefit,
- we have made a decision on your claim, or
- we need more information to make a decision on your claim.

We will not give your landlord any information about:

- **your personal or household circumstances, or**
- **your financial circumstances.**

You can withdraw your permission at any time.

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

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

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

Signature

Full name
(in CAPITAL
LETTERS)

Address

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

Postcode

Date



Housing Benefit Direct Payments to Landlord

tear-off 2

Please complete this form and return it to the Benefits Section, Epsom and Ewell Borough Council, Town Hall, The Parade, Epsom, Surrey KT18 5BY

CLAIMANT'S AUTHORISATION

Will you please arrange for the Housing Benefit to which I am entitled to be paid direct to my landlord, details of whom are given below:-

Landlord's Name

Full Postal Address

Claimant's Signature

Date

Claimant's Name

Claimant's Address

LANDLORD'S UNDERTAKING

(This section must be signed by the landlord before any rent direct payment(s) can be made)

Declaration

1. I am the landlord of the above named tenant.
2. I undertake to inform the Benefit Section of the Council of any changes relating to my tenant's circumstances (or a member of the tenant's household) including,
 - rent or terms of the tenancy,
 - if they leave the property, or move to a different room within the property,
 - if they start or stop work,
 - if they are or will be, absent from the property for a period of time
 - if someone joins or leaves the household,
 - any other change that may affect entitlement to benefit, for example a change in their income.
3. I understand that it is a criminal offence to dishonestly or without reasonable excuse fail to notify the Benefit Section of any changes in circumstances that may affect my or my tenants entitlement to receive Housing Benefit.
4. I am prepared to accept Housing Benefit payment on behalf of the tenant.
5. In accepting payment I am aware that if an overpayment of Housing Benefit should occur, I may be liable to reimburse the Council.

I DECLARE I HAVE READ AND UNDERSTOOD THE ABOVE CONDITIONS

Landlord's Signature

Date

PRINT NAME

- Please complete your account details overleaf.

HOUSING BENEFIT LANDLORD DIRECT PAYMENT FORM

I wish all future Housing Benefit payments to be paid directly into my Bank/Building Society account as follows:

Bank/Building Society Name

Account Number

Sort Code

Bank/Building Society
Account Name

Bank/Building Society
Reference (if required)

Landlord's signature

Landlord's address

.....

.....

Landlord's telephone number

Signature and date

Please print your name

Statement of Rent

tear-off 3

Please complete this form and return it to the Benefits Section, Epsom and Ewell Borough Council, Town Hall, The Parade, Epsom, Surrey KT18 5BY

Name of tenant

Address of tenant

 Postcode

Date tenancy started / /

Total rent charged

How often is the rent due?
 Weekly Fortnightly 4 weekly
 Calendar monthly Other (say how often)

Type of accommodation rented
 Room Bedsit Flat
 House Bungalow

Does the rent include any of the services below? If Yes, please give the amount if known. If the rent includes services not listed please note the 'other' box with the details.

Water charges	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Use of cooking facilities	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Cleaning of room	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Telephone	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Garage	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Laundry (done for you by the landlord)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Breakfast	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Lunch	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Dinner	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> £
Other (please specify)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> £

Name of landlord

Signature of landlord

Address of landlord (if different from address of tenancy)

 Postcode

Signature of tenant(s)



Employers Certificate of Earned Income

tear-off 4

PRIVATE AND CONFIDENTIAL

Name of employee

Address

Employee/
works number

Occupation

To be completed by Employer:

Date employment commenced / /

Date employment will finish (if fixed contract) / /

Please indicate how often the employee is paid. If other applies, please give the period.

Weekly

Fortnightly

4 Weekly

Calendar Monthly

Other (Please specify)

Please indicate the method of payment, e.g. cash, cheque, direct into bank account

Normal basic wage

£

Normal hours worked

Date of last pay rise / /

Date of next pay rise / /

Please give gross pay for the last 5 weekly, 3 fortnightly or 2 monthly/4 weekly period (inc. overtime, bonus, SSP, SMP etc.).

Pay Period Ending	No. of Hours Worked	Gross Pay	Gross Pay to Date	National Insurance Contribution		Occupational or Personal Pension Contribution	Tax Paid by Employee	
				This period	YTD		This period	YTD

If Statutory Sick Pay or Maternity Pay is included in the gross pay, please indicate/clarify which and how much.

Name

Business name, address and telephone no.

I confirm that the information I have given is true and complete.

Signature

Date

Position in Firm

PLEASE ENDORSE WITH EMPLOYER'S AUTHORISATION STAMP

When completed please return this form to the Benefits Section, Epsom and Ewell Borough Council, Town Hall, The Parade, Epsom, Surrey KT18 5BY

