

Name:  
Address:

OFFICIAL USE ONLY  
Ben Ref:  
Date requested:  
Date issued:  
Claim type:

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

### 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.

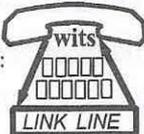
### FOR OFFICIAL USE ONLY

Date received

Date acknowledged                      /                      /

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

ਜੇਕਰ ਤੁਹਾਨੂੰ ਅਪਣੀ ਜ਼ਬਾਨ 'ਚ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:  
ਜੇ તમને પોતાની ભાષામાં ભાષાંતર જોઈએ છે, તો સહેરબાની 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 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 only? (Available if you are of pension age and the only person liable for Council Tax and other people living with you (excluding a partner) 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

**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

**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

**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.

**Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?**

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

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?

You		Your partner	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode		Postcode	
Code	Number	Code	Number
Home <input type="checkbox"/>	Work <input type="checkbox"/>	Home <input type="checkbox"/>	Work <input type="checkbox"/>
Mobile <input type="checkbox"/>	Textphone <input type="checkbox"/>	Mobile <input type="checkbox"/>	Textphone <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
Letters <input type="checkbox"/>	Numbers <input type="checkbox"/>	Letter <input type="checkbox"/>	Letters <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	
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 tell us about it below	No <input type="checkbox"/>	Yes <input type="checkbox"/> Please tell us about it below
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
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"/> Yes <input type="checkbox"/>	No <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 here from outside England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man?

No   
Yes  We may write to you about this.

No   
Yes  We may write to you about this.

What is your nationality?



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 this?

 /  / 
 /  / 

Do you or your partner get Disability Living Allowance or Personal Independence Payment at the moment?

No   
Yes  How much?

No   
Yes  How much?

Care

£

£

Mobility

£

£

Do you or your partner get Attendance Allowance?

No   
Yes  We need to see proof of this.

No   
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

No   
Yes

How much do you pay and how often?

£  every

How much do you pay and how often?

£  every

## Part 2 About you and your partner (continued)

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

You	Your partner
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> Tell us if this is full or part time.	Yes <input type="checkbox"/> Tell us if this is full or part time.
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	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"/>
Child Benefit number	<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.

### Part 3 About children (continued)

	First child	Second child	Third child
<b>Is the child registered blind?</b>	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.
<b>Does the child get Disability Living Allowance or Personal Independence Payment?</b>	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"/>
<b>Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?</b>	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**

**National Insurance (NI) number.**

This will help us where this person receives benefits.

**Their relationship to you or your partner.**

Some examples are aunt, grandson, stepdaughter, joint tenant, lodger or friend.

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

No   
Yes

No   
Yes

No   
Yes

**Do they get Disability Living Allowance Personal Independence Payment or Attendance Allowance?**

No   
Yes  How much?

No   
Yes  How much?

No   
Yes  How much?

£  a week

£  a week

£  a week

**Are they registered blind?**

No   
Yes

No   
Yes

No   
Yes

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

	First person	Second person	Third person
<b>Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?</b>	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"/>
<b>Do they pay rent or money for board and lodgings to you or your partner?</b>	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
<b>Are they a joint owner with you?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they a joint tenant with you?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they severely mentally impaired?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they in legal custody at the moment?</b>	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"/>
<b>Are they in hospital at the moment?</b>	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"/>
<b>Do they normally work for 16 hours or more a week?</b>	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.
<b>Do they have any other income at all?</b> 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"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>

## Part 6 About being self employed (continued)

	You	Your Partner
<b>Do you have any business partners?</b>	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
<b>How many hours a week do you usually work?</b>	<input type="text"/>	<input type="text"/>
<b>Do you get a Business Start-up Allowance?</b>	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"/>
<b>Do you pay into a private pension scheme?</b>	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

<b>Do you or your partner work for an employer?</b>	No <input type="checkbox"/> Go to <b>Part 8</b> .	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. <b>If you are sending a separate sheet of paper, tick this box.</b> <input type="checkbox"/>
<b>What kind of work do you do?</b>	<input type="text"/>	<input type="text"/>
<b>What is your employer's name and address?</b>	<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
<b>When did you start this job?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>What is your payroll, employee or staff number?</b>	<input type="text"/>	<input type="text"/>
<b>Are you employed for a limited period?</b>	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"/>
<b>How often do you get paid?</b>	<input type="text"/> every <input type="text"/>	<input type="text"/> every <input type="text"/>
<b>How much do you get paid before tax and National Insurance are taken off?</b>	£ <input type="text"/>	£ <input type="text"/>



## 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
- Working Tax Credit
- Universal Credit
- Contribution-based Jobseeker's Allowance
- Contributory-based Employment and Support Allowance
- Fostering Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Maternity / Paternity Pay
- Statutory Allowance
- Maternity Allowance
- 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
<b>The name of the benefit or pension</b>	<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
<b>The name of the benefit or pension</b>	<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
<b>The name of the benefit or pension</b>	<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
<b>The name of the benefit or pension</b>	<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
<b>The name of the benefit or pension</b>	<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?

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.

**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.

**What is the money for?**

**Who gets it?**

**How much do they get?**

**How often?**

**When did they start getting this income?**

**When is the income likely to go up?**

**Does anyone owe money to you or your partner?**

**What for?**

**How much?**

**Who is it owed to?**

**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.

**What for?**

**How much?**

	Other money 1	Other money 2	Other money 3
<b>What is the money for?</b>			
<b>Who gets it?</b>			
<b>How much do they get?</b>	£	£	£
<b>How often?</b>	every	every	every
<b>When did they start getting this income?</b>	/ /	/ /	/ /
<b>When is the income likely to go up?</b>	/ /	/ /	/ /
<b>Does anyone owe money to you or your partner?</b>	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.
<b>What for?</b>			
<b>How much?</b>	£	£	£
<b>Who is it owed to?</b>			
<b>Are you expecting to get any money in the next 12 months?</b>	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.
<b>What for?</b>			
<b>How much?</b>	£	£	£

**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

You must complete the following. If you have more than 2 accounts/bonds/etc. of the same type use a separate sheet of paper to tell us all the information we ask for and send it with this form. If you do not have any of the below you must tick the appropriate NO box.

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

	You	Your partner
<b>Cash</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
<b>Bank accounts</b> (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"/>
<b>Building society accounts</b>	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"/>
<b>Post office accounts</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
<b>Premium Bonds</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
<b>Unit trusts, ISAs, PEPs, TOISAs, TESSAs or other investments</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
<b>Income bonds or capital bonds</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
<b>Money or property held in trust</b>	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)**

	<b>You</b>	<b>Your partner</b>
<b>Shares</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Approximate value</b>	£ <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"/>

	<b>You</b>	<b>Your partner</b>
<b>Shares</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Approximate value</b>	£ <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"/>

	<b>You</b>	<b>Your partner</b>
<b>Shares</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Approximate value</b>	£ <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"/>

	<b>You</b>	<b>Your partner</b>
<b>Any other savings/capital investments in the UK</b>	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"/>

	<b>You</b>	<b>Your partner</b>
<b>Any other savings/capital investments abroad</b>	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"/>

**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.

**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

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

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.

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.

## 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**.

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 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 (please state type of room)




Are any of your bedrooms for the sole use of a disabled child, an overnight carer, or a household member temporarily absent on armed forces duty? Or is a bedroom unoccupied at the moment because you are between foster placements? If the answer to either of these questions is yes please contact the Benefits Section immediately.



## 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?**

£  every

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

**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?

Is your landlord responsible for providing you with care, supervision and/or support?

No

Yes

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 Support 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

What name(s) is the account in?

Sort code

Account number

Roll number – if required

**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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### Proof of your address

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### Proof of National Insurance number

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### 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.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### Proof of other money paid out

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**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.

By signing this form you agree to the following declaration.

- **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, I may face formal action which may include prosecution in court.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Support. You may check some of the information with other sources as allowed by the law.
- **I understand** the information I have provided will be used in connection with this claim and any other claim for social security benefits I make. Information may be shared with other organisations as allowed by law. This includes national exercises comparing data to reduce fraud and error in the benefit system.
- **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

You should return, without delay, your completed form and accompanying evidence to the address at the top of page 1.

### FOR OFFICIAL USE ONLY

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

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**



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

Postcode

Claimant's Signature

Date

Claimant's Name

Claimant's Address

Postcode

**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  Yes  £

Heating No  Yes  £

Hot water No  Yes  £

Use of cooking facilities No  Yes  £

Lighting No  Yes  £

Council Tax No  Yes  £

Cleaning of room No  Yes  £

Telephone No  Yes  £

Garage No  Yes  £

Laundry (done for you by the landlord) No  Yes  £

Breakfast No  Yes  £

Lunch No  Yes  £

Dinner No  Yes  £

Other (please specify) No  Yes   
  
£

Name of landlord

Signature of landlord

Address of landlord (if different from address of tenancy)   
  
Postcode

Signature of tenant(s)



**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**

