



Private and confidential



# A claim for Housing Benefit and Council Tax Benefit

For our use only

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## About filling in this form

Please use **black ink** 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.

Answer 'Yes' or 'No' questions by ticking (✓) the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. Please read all the information and notes in the form.

**Don't delay – claim today.** Make a claim as soon as you need help. You will lose money if you do not send back the application form straight away. If you do not have all the information or proof, return the form now. Provide any other information as quickly as possible within one month.

### We need proof of:

- your identity;
- your income;
- your capital, savings and investments;
- some money you pay out; and
- your rent.

Please use the checklist on the last page. Provide original documents, not photocopies. Our Customer Services can check and copy your documents.

**Please remember** to sign and date the declaration. Your information and proof must be correct and complete.

**If you need help** reading or understanding this document, please take it to our Customer Services, Princes Road, Maldon, Essex, CM9 5DL. Or, phone 01621 854477.

## Which of the following benefits do you need? (See the notes inside.)

- |                     |                          |                     |                          |
|---------------------|--------------------------|---------------------|--------------------------|
| Housing Benefit     | <input type="checkbox"/> | Second Adult Rebate | <input type="checkbox"/> |
| Council Tax Benefit | <input type="checkbox"/> |                     |                          |

### Please give the reference numbers (if you know them).

Housing Benefit or Council Tax Benefit reference

Council Tax account reference (shown on your bill)

### Are you or your partner:

- |   |                          |                    |                          |
|---|--------------------------|--------------------|--------------------------|
| getting Income Support or income-based Jobseeker's Allowance? | <input type="checkbox"/> |                    |                          |
| getting income-related Employment and Support Allowance?      | <input type="checkbox"/> |                    |                          |
| getting Guarantee Pension Credit?                             | <input type="checkbox"/> |                    |                          |
| working?  | <input type="checkbox"/> | self-employed?     | <input type="checkbox"/> |
| getting other income?   | <input type="checkbox"/> | getting a pension? | <input type="checkbox"/> |
| a student?  | <input type="checkbox"/> | in legal custody?  | <input type="checkbox"/> |
| a housing association tenant?                                 | <input type="checkbox"/> | a private tenant?  | <input type="checkbox"/> |
| a homeowner?  | <input type="checkbox"/> |                    |                          |

### Help with this form

If you need help filling in this form, please phone 01621 854477 or visit our Customer Services. If you would like us to give you a receipt or copy any documents for you, please visit our Customer Services.

You can send an e-mail to [customer.services@maldon.gov.uk](mailto:customer.services@maldon.gov.uk)

If you prefer, you can ask for help at the Citizens Advice Bureau, St Cedds, Princes Road, Maldon, Essex, CM9 5NY.

If you are posting this form, please send it to:

Maldon District Council,  
Princes Road,  
Maldon, Essex, CM9 5DL.

Or, bring this form to our Customer Services, Princes Road,  
Maldon, Essex, CM9 5DL.

### Housing Benefit

If you pay rent to a private landlord or a housing association you may be able to get Housing Benefit. You cannot get Housing Benefit if you own your home. If you want to claim Housing Benefit, please fill in this application form. If you have a private tenancy or a housing association tenancy, please ask your landlord to help you by filling in the landlord's form at the back of the application form.

### Local Housing Allowance

Local Housing Allowance was introduced in April 2008. It is a new way of working out Housing Benefit for private tenants only. It is based on who lives with you, where you live, your income and your savings. It will affect anyone in private rented accommodation who is making a new claim for Housing Benefit or moving home on or after 7 April 2008. The rent officer will set the allowance each month. You will be able to see each month's allowance on our website [www.maldon.gov.uk](http://www.maldon.gov.uk) along with more information about Local Housing Allowance.

### Council Tax Benefit

If you pay the Council Tax bill, you may be able to get Council Tax Benefit.

Second Adult Rebate is Council Tax Benefit for people who may not have a partner, but who share their home with someone who:

- is 18 or over;
- is on a low income; and
- does not pay them rent.

In this case, you may be entitled to Second Adult Rebate, whatever your income is.

If you want to claim Council Tax Benefit or Second Adult Rebate, please fill in the application form.

### Single Person Discount

If you are the only adult in the property, or you live with someone who is not counted for Council Tax purposes, you may be entitled to a 25% discount whatever your income is.

### When to claim

**Never delay claiming.** Make your claim as soon as you can. If you do not have all the proof or information we need, return your form straight away and provide any other information or proof as quickly as possible. If you cannot provide this within one month, please let us know why in Part 14 of the application form. **You will lose money if you do not send back the application form immediately. You will also lose money if you do not provide all the proof we need within one month,** unless you have a good reason and have explained this to us.

### When will my benefit start?

Housing Benefit and Council Tax Benefit will usually start from the Monday after the date you make your claim. But there are circumstances when we may 'backdate' your benefit by up to 12 months. If you would like us to consider backdating your benefit, please fill in Part 16.

### How will you pay my benefit?

We will pay your Council Tax Benefit into your Council Tax account.

We will pay you every four weeks either into your bank account or by cheque.

For all other private tenants and housing association tenants, we can either pay you or your landlord. We will pay landlords every four weeks.

### Moving

If you are moving, you must tell us straight away and send us proof of private rent and tenancy details. If you have to move at short notice and you still have to pay rent on your old home, we may be able to pay benefit for both properties, for up to four weeks. You will need to tell us why you are moving and provide proof of rent that you owe on both properties. You must also move into your new home straight away.

### Changes in circumstances

You must tell us straight away if your circumstances change and give full details. You have to confirm your information in writing. We can prosecute you if you do not do this. You may lose benefit if you do not tell us within one month of the change. For example, you should let us know when your income changes, someone leaves or joins your household, a dependent child leaves school, anyone in your household goes into hospital or if your rent changes.

**Send your filled-in form and any proof you have now.  
Send other information and proof as quickly as possible within one month.**

# Part 1 – About you and your partner

Do you have a partner who normally lives with you?

Yes  No

By partner we mean:

- someone you are married to or live with as if you are married; or
- a civil partner or a person you live with as if you are civil partners (civil partnerships are for people of the same sex).

	You	Your partner
<b>Surname</b>	<input type="text"/>	<input type="text"/>
<b>First names (in full)</b>	<input type="text"/>	<input type="text"/>
<b>Title (Mr, Mrs, Miss, Ms)</b>	<input type="text"/>	<input type="text"/>
<b>Other names you have used</b>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
<b>The address and postcode of the property you are claiming benefit for</b>	<input type="text"/>	<input type="text"/>
<b>What date did you move into this property?</b>	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
<b>Phone number</b> You do not have to tell us this but it may help us to contact you.	<input type="text"/>	<input type="text"/>
<b>E-mail address</b> You do not have to tell us this but it may help us to contact you.	<input type="text"/>	<input type="text"/>
<b>National Insurance number</b> You can find this on payslips or letters from social security or the tax office.	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>Do you own this property?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what date did you buy it?	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
<b>Please tell us your last address and postcode.</b>	<input type="text"/>	<input type="text"/>
<b>Did you claim Housing Benefit at your last address?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please tell us your nationality.</b>	<input type="text"/>	<input type="text"/>
<b>Have you or your partner come to live in the United Kingdom from another country?</b> We will write to you if we need more details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what date did you arrive in the United Kingdom?	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>

**We must see proof of your National Insurance numbers.  
Send original documents. Please read the checklist on the last page.**

## Part 2 – About any children who live with you

If no children live with you, please go to part 3.

	First child	Second child	Third child
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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"/>
Child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their usual address and postcode if this is different from yours	<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"/>
If they are over 15, what date will they leave school?	<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 you or your partner get maintenance payments for any of these children?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are any of these children registered blind or getting Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
How much Disability Living Allowance do you get for the child?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If you have more than three children, please give details in part 14.

## Part 3 – About subtenants, boarders and lodgers

Is there anyone else living with you who pays you rent but is not a close relative and who has not been mentioned on this form? Yes  No   
 If 'Yes', please give their details below. If 'No', please go to part 4.

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First 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"/>
Date they moved 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"/>
How much rent do they pay each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does the rent cover heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the rent cover meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**We must see proof of your Child Benefit.  
 Send original documents. Please read the checklist on the last page.**

## Part 4 – About other people who live in your home

Apart from you, your partner and any children you receive Child Benefit for, does anyone else live in your home?

Yes  No

You do not need to include other tenants in the property who are not members of your household.

If 'No', go to part 5.

If 'Yes', please tell us about everyone in your home who has not been mentioned before on this form, including other children, relatives, friends and anyone else who lives with you (but not lodgers, who you should tell us about in part 3).

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First 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"/>
Relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they work 16 hours a week or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is their gross weekly income (before tax and deductions)?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get Disability Living Allowance or Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much do they get each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What savings do they have?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What interest from savings and dividends from shares do they receive?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do the other people in your home get Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Guarantee Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they full-time students? This includes student nurses, youth training trainees and apprentices.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they provide care in your home for you, your partner or your child for more than 35 hours a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in hospital or legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what date did they go into hospital or legal custody?	<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 severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the people you have told us about married to each other or civil partners, or living together as if they are married or civil partners?	<input type="text"/>	is the partner of	<input type="text"/>
	<input type="text"/>	is the partner of	<input type="text"/>

If you want to tell us about more than three people, please give details in part 14.

**We must see proof of the income and savings of the other people in your home. Send original documents. Please read the checklist on the last page.**

# Part 5 – About any disabilities or long-term illness

Please tick all the boxes that apply to you or your partner.

	You	Your partner
Do you get the long-term rate of Incapacity Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Severe Disablement Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered as blind? If 'Yes', you must provide proof of registration.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance (care component)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance (mobility component)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a car provided through the Motability scheme? If 'Yes', you must provide evidence.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you? If 'Yes', please say who gets it.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
Are you unable to work because of an illness or a disability? We may ask you for proof. If 'Yes', please give the date you became unfit for work.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner in hospital at the moment? If 'Yes', give the name of the hospital.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
Address and postcode of the hospital	<input type="text"/>	<input type="text"/>
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When do you expect to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Do you or your partner get Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance?**

Yes  No

If 'Yes', go to part 11. You do not need to show proof of this.

**Do you or your partner get Guarantee Pension Credit?**

Yes  No

If 'Yes', go to part 11. You do not need to show proof of this.

**If you and your partner get any of the following, please fill in the boxes to show how much you both get and how often** (every week, every month or every four weeks).

Pensions	You		Your partner	
	How much?	How often?	How much?	How often?
State Retirement Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
The savings part of Pension Credit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Private or occupational pension (amount after tax)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Widow's Allowance or Widow's Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Bereavement Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Widowed Parent's Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
War Widow's or Dependant's Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Armed Forces and Reserve Forces Compensation Scheme	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
War Disablement Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Industrial Injuries or Disablement Pension	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
<b>Benefits and allowances</b>				
Contribution-based Jobseeker's Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Contribution-based Employment and Support Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Employment Training Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Youth Training Scheme Payment	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Child Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Working Tax Credit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Child Tax Credit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Statutory Sick Pay (paid by your employer)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Statutory Maternity or Paternity Pay (paid by your employer)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Statutory Adoption Pay	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>

Benefits and allowances (continued)	You		Your partner	
	How much?	How often?	How much?	How often?
Short-term Incapacity Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Long-term Incapacity Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Return to Work Credit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Attendance Allowance (for people over 65 years old)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Disability Living Allowance (mobility component)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Do you get the higher or lower rate?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>
Disability Living Allowance (care component)	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Do you get the higher, middle or lower rate?	Higher <input type="checkbox"/> Lower <input type="checkbox"/>	Middle <input type="checkbox"/>	Higher <input type="checkbox"/> Lower <input type="checkbox"/>	Middle <input type="checkbox"/>
Carer's Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Severe Disablement Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Exceptionally Severe Disablement Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Industrial Injuries or Disablement Benefit	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Maternity Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Fostering Allowance	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>

**Have you or your partner ever claimed Carer's Allowance but were not paid it?** Yes  No   
This could have been because you were better off getting another social security benefit.

**Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?** Yes  No   
If 'Yes', please give details below.

Name of benefit or other income

Who is claiming this?

Date it was applied for

 /  /

## Part 7 – About other money coming in

	You		Your partner	
	How much?	How often?	How much?	How often?
Maintenance payments you or your partner receive	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Student grant	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Student loan	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Hardship Fund payments	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Payments from boarders	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Rent	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Payments from charities	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
Do you have any other income?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please give details.	<input type="text"/>		<input type="text"/>	
	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>
	<input type="text"/>		<input type="text"/>	
	£ <input type="text"/>	Every <input type="text"/>	£ <input type="text"/>	Every <input type="text"/>

## Part 8 – About money you pay out

	You	Your partner
Do you pay a registered childminder, nursery or after-school club any childminding costs for any of your children (under 15 years)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much do you pay a week?	£ <input type="text"/>	£ <input type="text"/>
Please tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>
Do you or your partner pay a parental contribution towards a student grant or loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much do you pay?	£ <input type="text"/>	£ <input type="text"/>

**We must see proof of your income and the money you pay out. Send original documents. Please use the checklist on the last page.**

## Part 9 – Where do you work and what do you earn?

Do you or your partner do any paid work? Yes  No

If 'No', please go to part 11 on page 14.

If 'Yes', fill in this table if you are employed by someone else.

If you are self-employed, please fill in the self-employed earnings form in part 10.

	You	Your partner
How many jobs do you have?	<input type="text"/>	<input type="text"/>
Name of your main employer	<input type="text"/>	<input type="text"/>
Address and postcode	<input type="text"/>	<input type="text"/>
Place of work if it is different from the one above	<input type="text"/>	<input type="text"/>
What date did work start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job title or type of work	<input type="text"/>	<input type="text"/>
Payroll, employee or staff number	<input type="text"/>	<input type="text"/>
How many hours do you work each week?	<input type="text"/> hours	<input type="text"/> hours
If the employment is on a casual or fixed-term basis, what date will it end?	<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"/> Every
What do you get paid before deductions?	£ <input type="text"/>	£ <input type="text"/>
Please give details of any bonus, commission or tips that are not included in your pay.	£ <input type="text"/>	£ <input type="text"/>
How are you paid (by cash or cheque, or straight into your bank or building society account)?	<input type="text"/>	<input type="text"/>
When was your last pay increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What date do you expect your next pay increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much do you pay?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every

	You	Your partner
<b>Are you getting Statutory Sick Pay?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date did it start?	/ /	/ /
<b>Are you getting Statutory Maternity Pay or Paternity Pay or Adoption Pay?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date does it end?	/ /	/ /
<b>Do you or your partner do any other paid work?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name of your employer</b>		
<b>Address and postcode of your employer</b>		
<b>Place of work if it is different from the one above</b>		
<b>What date did the work start?</b>	/ /	/ /
<b>Job title or type of work</b>		
<b>Payroll, employee or staff number</b>		
<b>How many hours do you work each week?</b>	hours	hours
<b>If the employment is on a casual or fixed-term basis, what date will it end?</b>	/ /	/ /
<b>How often do you get paid?</b>	Every	Every
<b>What do you get paid before deductions?</b>	£	£
<b>Please give details of any bonus, commission or tips that are not included in your pay.</b>	£	£
<b>How are you paid (by cash or cheque, or straight into your bank or building society account)?</b>		
<b>What date do you expect your next pay increase?</b>	/ /	/ /

If you have more than two jobs, please give details in part 14.

# Part 10 – About being self-employed

If you are not self-employed, please go to part 11.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/> hours	<input type="text"/> hours
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 and postcode?	<input type="text"/>	<input type="text"/>

Are there any other partners in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us their names.	<input type="text"/>	<input type="text"/>
Address and postcode	<input type="text"/>	<input type="text"/>

What percentage of profit or loss is theirs?	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

Do you or your partner pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us how much and how often.	£ <input type="text"/> Every <input type="text"/>	£ <input type="text"/> Every <input type="text"/>

Do you have prepared accounts (audited or otherwise) for the last financial year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please return them with this form.		

Do you work as a subcontractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide wage slips.		

Do you work as a childminder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', you only need to provide details of your income.		

Do you or your partner get payments from the Single Regeneration Budget?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us how much and how often.	£ <input type="text"/> Every <input type="text"/>	£ <input type="text"/> Every <input type="text"/>

# Profit and loss declaration

If you do not have any prepared accounts, you must fill in this section.

When do you expect to have prepared accounts?

Please tell us the exact period they cover.

 From 

 to 

## Income

Sales (or takings)

VAT refunded

Any other income (please give details)

**Gross income**

## Expenses (include amounts that relate only to the business)

Buying stock and supplies

Wages – paid to you

Wages – paid to husband or wife

Wages – paid to others

Rent

Business rates and Council Tax

Heating and lighting

Advertising

Printing and stationery

Postage

Phone

Insurance (not car)

Bank charges

Interest on business loans

Purpose of business loan

Repairing assets

VAT

Car lease

Road tax

Petrol

Motor insurance

Motor repairs

Debts you can't claim back

Others (please give details)

**Gross expenses**

**Withdrawals (cash or stock) you have made**

We need to see proof of your expenses

Is it reasonable to assume that the trading figures for the next three to six months will be similar to those shown above? Yes  No

If 'No', please explain the likely difference.

You can have up to £16,000 of savings and investments and still get Housing Benefit or Council Tax Benefit. You must declare all your savings, investments and details of all accounts, even if they are overdrawn.

**Do you or your partner have any bank, post office or building society accounts?**    Yes     No   
 If 'Yes', please give details. If 'No', go to the next page.

	You	Your partner
<b>Current accounts</b>		
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
<b>Deposit accounts</b>		
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
<b>ISAs, TESSAs or PEPs</b>		
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Name of bank and amount	<input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
<b>Post Office card accounts</b>		
Amount	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>

Do you or your partner have any National Savings Certificates or National Savings Bonds?

Yes  No

If 'Yes', please give details.

	You		Your partner	
National Savings Certificates	Issue number	How many?	Issue number	How many?
	<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"/>

National Savings Bonds

Issue number	How many?	Issue number	How many?
<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"/>

Do you or your partner have any unit trusts or shares?

Yes  No

If 'Yes', please give details.

Unit trusts

Issue number	How many?	Issue number	How many?
<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"/>

Shares

Company name	How many?	Company name	How many?
<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"/>

Do you or your partner have any Premium Bonds?

Yes  No

If 'Yes', how much are they worth?

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

Do you or your partner have any other investments?

Yes  No

Yes  No

If 'Yes', please give details.

<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"/>

	You	Your partner
<b>Do you have any trust funds?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much are they worth?	£ <input style="width: 200px;" type="text"/>	£ <input style="width: 200px;" type="text"/>
<b>Do you have any savings in cash?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much?	£ <input style="width: 200px;" type="text"/>	£ <input style="width: 200px;" type="text"/>

### Property or land in the United Kingdom or abroad

**Apart from your home, do you or your partner own or jointly own any other property or land?** Yes  No  Yes  No

If 'Yes', please give details including the address and postcode, and the date you bought the property.

  
 /  / 
  
 /  / 

**Is the property or land for sale?** Yes  No  Yes  No

If 'Yes', from what date?

 /  / 
 /  / 

**How much is it worth?**

£ 

£ 

**What is the value of any loan or mortgage on the property or land?**

£ 

£ 

**Have you or your partner sold a property within the last 12 months?**

Yes  No

Yes  No

If 'Yes', please give details including the address and postcode, and the date you sold the property.

  
 /  / 
  
 /  / 

**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?

Yes  No

This is to make sure we do not count it as part of your savings.

**We must see proof of all capital, savings, investments and sale of property or land. Send original documents. Please use the checklist on the last page.**

## Part 12 – About rent

**Have you or your partner ever owned this property?**

If 'Yes', please provide details separately.

Yes

No

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

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

Yes

No

If 'Yes', answer the next question. If 'No', go to part 14.

**What is your landlord's name?**

**What is your landlord's business address and postcode?**

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

**If your landlord has an agent, what is their full name?**

**What is the agent's address and postcode?**

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

**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 has ended.

Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

Yes

No

If 'Yes', what is your relationship?

**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, and then tell us 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?**

Please tick to show if the property is let as:

fully furnished

partly furnished

unfurnished

minimally furnished

How much is the rent for your home?

£

What period does the rent cover (for example, every week, every four weeks or every calendar month)?

Every

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

Yes  No

If 'Yes', tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

£

Has your rent changed in the last 12 months?

Yes  No

If 'Yes', please send us evidence of the date it changed and how much it changed by.

When is the next rent increase due?

/  /

Have you had a pre-tenancy determination?

Yes  No

Has your rent been registered as a fair rent by the Rent Service?

Yes  No

If 'Yes', please send us the notice of registration (RO5).

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

Yes  No

If 'Yes', how many a year?

Are you behind with your rent?

Yes  No

If 'Yes', by how many weeks?

Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else (please tell us who receives the bill)

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

Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Which meals are included?						
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Water authority charges	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Fuel for cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Cleaning rooms or windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Personal care and support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Garage or parking space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much?	£		a week
Do you have to rent the garage as part of your tenancy agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

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

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.

What for?		£		a week
		£		a week
		£		a week

**Are you living away from home at the moment?**Yes  No 

If 'Yes', tell us why you are not living at home.

--

When did you last live at home?

/	/
---	---

When do you expect to go back home?

/	/
---	---

Tell us the address and postcode of where you are living at the moment.

--

--

If your home has been sublet, tell us who lives there now.

--

What sort of building do you live in? Please tick (✓).

- |   |  |   |
|---|--|---|
| House <input type="checkbox"/>          | Bungalow <input type="checkbox"/>                              | Maisonette <input type="checkbox"/>     |
| Detached <input type="checkbox"/>       | Semi-detached <input type="checkbox"/>                         | Terraced <input type="checkbox"/>       |
| Flat in house <input type="checkbox"/>  | Flat in block <input type="checkbox"/>                         | Flat over shop <input type="checkbox"/> |
| Bedsit or room <input type="checkbox"/> | Board and lodgings <input type="checkbox"/>                    | Hotel <input type="checkbox"/>          |
| Hostel <input type="checkbox"/>         | Caravan, mobile home or houseboat <input type="checkbox"/>     |   |
|   | Residential nursing home or care home <input type="checkbox"/> |   |

Does your home have central heating? Yes  No

Does your home have a garden? Yes  No

Has your home been built or adapted for people with disabilities? Yes  No

Which floors do you live on?

How many floors are there in the building?

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

If 'Yes', where in the building do you live? At the front  In the middle  At the back

	Living rooms	Bedrooms	Bedsit rooms	Kitchens	Bathrooms	Toilets	Other
Number of rooms in the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of rooms only you and your family use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of rooms you share with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a main home somewhere else? Yes  No

If your main home is somewhere else in the United Kingdom or abroad, tick 'Yes', even if you do not pay rent for it.

If 'Yes', what is the address and postcode?

How much do you pay for this home? £  a week

## Part 14 – Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

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

 sheets

## Part 15 – Paying your Housing Benefit

If you rent your home from a private landlord and you are making a new claim, or if you move home after 7 April 2008, we will pay your benefit direct to you under Local Housing Allowance. But we might pay it to your landlord if you can't manage your own money. Please contact us for more information.

Paying you direct into your bank account is the easiest and safest way because cheques can get lost, stolen or delayed in the post. You must have a bank account so we can pay you.

Do you want us to pay it straight into your bank or building society account ?

Yes  No

If 'Yes', please fill in the details below.

Name	<input type="text"/>	Name of bank or building society	<input type="text"/>
Address and postcode	<input type="text"/>	Branch address and postcode	<input type="text"/>
Phone number	<input type="text"/>	Sort code	<input type="text"/> <input type="text"/> <input type="text"/>
Fax number	<input type="text"/>	Account number	<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"/>
E-mail address	<input type="text"/>	Account holder's name	<input type="text"/>
		Other reference (for example, roll number)	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

If you are a tenant of a housing association or you are a private tenant who is not assessed under Local Housing Allowance, you can choose to have your benefit paid direct to your landlord.

Who would you like us to pay your Housing Benefit to?

You  Your landlord

**Direct payment is the best way to receive your Housing Benefit.  
It's accurate, safe and fast.**





# Certificate of earnings

If you need help filling in this form, please phone 01621 854477.

You don't need to use this form if you are sending payslips.  
We may ask you to fill in this form if your payslips do not show the information we need.

## To be filled in by the employee

Name	<input type="text"/>	National Insurance number	<input type="text"/>
Address and postcode	<input type="text"/>	Payroll number	<input type="text"/>
Occupation	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Signature	<input type="text"/>

Please ask your employer to fill in the details below.

## To be filled in by the employer

Please help your employee by confirming the details above, providing the information below and returning it to the address at the bottom of this form.

How often do you pay them? Every week  Every fortnight  Every four weeks

Every calendar month  Other (please give details)

How do you pay them? By cash  By cheque

Straight into their bank account  Other (please give details)

Normal basic wage  £ Give the date of their next pay increase.  /  /

Normal hours they work  hours Give the date their employment started.  /  /

Please give details of their pay for the last five weekly, three fortnightly, two monthly or two four-weekly periods (including overtime, bonus, SSP, SMP and so on).

Period ending	Hours worked	Gross pay	Gross pay to date	Tax	Tax to date	National Insurance	National Insurance to date	Pension
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> hours	£ <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"/> hours	£ <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"/> hours	£ <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"/> hours	£ <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"/> hours	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If Statutory Sick Pay or Maternity or Paternity or Adoption Pay is included in the gross pay, please say which, how much and the period covered.

Business name

Business address and postcode

Business phone number

Business fax number

Name in full

Date  /  /

Signature

Position in company

Business stamp

You can cut off this page and send it in later – do not delay your claim.

**To the employer – please return this form to Customer Services,  
Princes Road, Maldon, Essex, CM9 5DL.**

**Please give more information about your work and earnings on pages 10 and 11.**

We need your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month.

If you don't have these payslips, please ask your employer to fill in the **certificate of earnings** over the page.

You can cut off this page and send it in later – do not delay your claim.





# Landlord's form

If you need help filling in this form, please phone 01621 854477.

## To be filled in by your landlord

Your landlord should fill in this form if you are a private or housing association tenant. Please give the following details. Please tick (✓) 'Yes' or 'No' questions.

Your tenant's name	<input type="text"/>	Your tenant's date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your tenant's address and postcode	<input type="text"/>	Housing Benefit case reference	<input type="text"/>
Name (owner)	<input type="text"/>	Name (agent)	<input type="text"/>
Address and postcode	<input type="text"/>	Address and postcode	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address	<input type="text"/>

## About the tenancy

How much is the rent?  £

What period does the rent cover (for example, every week, every calendar month or every four weeks)?  Every

Is this a joint tenancy? Yes  No

When is the rent next due to increase?  / /

What date did the tenancy begin?  / /

What date did the tenant move in?  / /

Length of tenancy agreement

Type of tenancy agreement (for example, shorthold)

Is there a pre-tenancy determination? Yes  No

Are you or your partner related to the tenant? Yes  No

If 'Yes', what is your relationship?

## About the accommodation

What sort of building does the tenant live in? Please tick (✓).

House  Bungalow  Maisonette  Detached  Semi-detached  Terraced   
 Flat  Room or rooms  In a block  Over a shop  In a house

Other (please give details)

How many floors are there in the building?

	Living rooms	Bedrooms	Bedsit rooms	Kitchens	Bathrooms	Toilets	Other
Number of rooms in the property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms used only by tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms they share with others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the tenant lives in a room, flat or maisonette, please tell us on which floor.

Basement  Ground  First  Second  Third  Other

If the tenant lives in only one room, please say where it is in the house.

Front  Centre  Rear

To be filled in by your landlord

You can cut off this page and send it in later – do not delay your claim.

# Are any of the following included in the rent?

## Services

Council Tax	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Water rates	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Garage	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Heating	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Hot water	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Cooking facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Cleaning	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Gardening	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Nursing and personal care	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Medical expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Counselling or support	Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Other (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£

## Facilities

Central heating Yes  No

Furnished Fully  Partly   
None

## Meals

Breakfasts Yes  No

Midday meals Yes  No

Evening meals Yes  No

Are services provided throughout the property or just in the parts that are shared with others? Throughout  In shared parts only

I declare that the information given is true and complete.

Name in full  Date  /  /

Position in company  Signature

## Paying Housing Benefit

Is the tenant behind with the rent? Yes  No

If 'Yes', by how many weeks?

Did the previous tenant receive benefit? Yes  No

If 'Yes', give the date they left.  /  /

You should only fill in the rest of this section for tenants who are not assessed under Local Housing Allowance. Please fill in the details below if you would like us to pay your tenant's Housing Benefit straight into your bank or building society account. If you don't we will pay you by cheque.

Is Housing Benefit (for other tenants) already paid into your bank or building society account? Yes  No

I agree to accept any Housing Benefit payments on behalf of my tenant. I understand that I must tell you about any changes in the tenant's circumstances that I may be reasonably aware of, and that I may have to repay any overpaid Housing Benefit that my tenant was not entitled to.

Bank or building society name, address and postcode

Signature

Date  /  /

Sort code

Account number

Account holder's name

Other reference (for example, roll number)

You can cut off this page and send it in later – do not delay your claim.

Please return this form to Customer Services,  
Princes Road, Maldon, Essex, CM9 5DL.

We will use the information we collect on this form, and from supporting evidence, to process your claim for Housing Benefit or Council Tax Benefit (or both). We may pass the information to the Department for Work and Pensions, Employment Service and HM Revenue and Customs, as allowed by law.

We may check information you provide, or information about you provided by someone else, with other information we hold. We may also get information from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as allowed by law. Those third parties include government departments and local authorities.

We will not give information about you to anyone outside Maldon District Council or use information about you for other purposes, unless the law allows us to.

We are the data controller for the purposes of the Data Protection Act 1998.

If you want to know more about what information we have about you, or the way we use your information, you can ask at Customer Services, Princes Road, Maldon, Essex, CM9 5DL. Or phone 01621 854477.

**Please fill in this part.**

## Sharing information with your landlord or representative

Sometimes, sharing information with your landlord or representative helps us to deal with your claim and reduces the risk of you falling behind with your rent because of your claim being delayed.

We would only share information with your landlord if you:

- have agreed that we can pay your Housing Benefit straight to your landlord.

But in either case, under the Data Protection Act, we need your permission to share information.

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

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need more information to make a decision on your claim and, if so, what information this is.

There may be other information about your claim that we need to check with your landlord (such as the date your tenancy started) before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

**Do you want to give us permission to discuss your claim with your landlord or their agent?** Yes  No

**Do you want to give us permission to discuss your claim with your representative?** Yes  No   
If 'Yes', tell us your representative's name and fill in the details below.

**Is there any information you do not give us permission to discuss (such as your personal, household or financial circumstances)?**

If you do not give us permission to discuss your claim with your landlord or representative, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

I give you permission to share my information about the progress of my Housing Benefit claim with my landlord or my representative.

**Their name**

**Their address and postcode**

**Your signature**

**Date**

 /  /

We must see the latest **original** documents. We cannot accept photocopies. Please do not send valuable items through the post. We need the same evidence for you, your partner (if you have one) and any other adults living in your home. If you can, please bring this form and evidence to us. We will take the details we need and give you the documents back straight away. If you cannot come to see us, phone us for more advice.

Please tick (✓) to tell us what evidence you are sending with this form. If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence within one month.

**We will not be able to pay you any benefit until we have all the evidence.**

**Proof of National Insurance numbers**

We cannot process your claim unless you give us your and your partner's National Insurance numbers. Please provide proof such as a National Insurance card, payslips or letters from social security or HM Revenue and Customs.

**Proof of capital, savings and investments**

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

**Tax credits**

Please provide original award letters for Child Tax Credit and Working Tax Credit from HM Revenue and Customs.

**Proof of earnings**

We need your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you don't have these payslips, please ask your employer to fill in the certificate of earnings at the back of this form.

If you or your partner are self-employed, we need to see your accounts for the last financial year. If you have been trading for less than six months, we need to see a summary of your trading records so far. Please answer the questions about self-employed earnings (part 10 on page 12).

**Evidence of other income**

Please provide an **original** court order notice or Child Support Agency notice, and current evidence of maintenance payments you receive. This could be a bank statement or a letter from the other parent confirming how much they pay.

Please provide **original** award notice letters for student grants and loans. We also need proof of any other income you receive, including rent from boarders.

**Evidence of benefits, allowances or pensions**

Provide **original** bank statements (if amounts are paid straight into your account) or award letters for each pension, benefit, allowance or other income which you or your partner get.

**Evidence of private rent and tenancy details**

We prefer you and your landlord (or their agent) to use our 'Landlord's form'.

You can provide other types of document such as:

- a properly filled-in rent book;
- a legal tenancy agreement or contract; or
- a letter from your landlord (or their agent).

Very often these documents do not show enough.

The proof must show:

- the landlord's full name, and their business address if they do not use an agent;
- the agent's name and business address;
- the dates when the tenancy began and when you moved in (if different); and
- the services, facilities and charges included within the rent.

**Evidence of other money you pay out**

Please provide proof to show student grants or maintenance. Please send contracts, agreements or receipts from registered childminders.

Our Customer Services can check and copy your documents while you wait.

**Have you included all the information we have asked for?  
Send up-to-date proof. Do not send copies.**