



Thank-you for downloading the

Housing Benefit and Council Tax Benefit claim form

Please read the notes at the front of this document **BEFORE** completing the claim form. You will need to print out the complete form and answer every question.

Copeland Borough Council

Housing & Council Tax Benefit Claim Form

Benefits Section, The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ

Tel: 0845 054 8600 Fax: 01946 598308

E-mail: benefits@copelandbc.gov.uk



Please tell us your full name and address.

Don't delay - claim today!

Please return this form as quickly as possible, even if you do not have everything we ask for. You can send the rest to us later.

Filling in the form

- Use blue or 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. Do not use correction fluid or tape. Please initial any alterations.
- 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. **Do not put a cross in any boxes.** If you answer a question with a cross or do not answer a question we will have to send the form back, and this will delay the claim.
- If someone fills in the form for you, there is a special space for them to sign in Part 18. You must sign Part 18 as well.
- If you need help filling in this form, require large print, braille or another language, we can help. Please phone 0845 054 8600.
- **Please send the form back to us straight away to make sure you do not lose any benefit.** Your benefit will normally start from the Monday after we receive the form. In the form, we ask for proof of your income, rent and so on. If you don't yet have all the proof we need, send in the form now and send the proof later. You have 1 month from the date we receive the form to send in the proof.

Please return the form either by post to:

- Benefit Section, The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ.

Or in person by visiting

Customer Contact Centre at the Copeland Centre:

Monday, Tuesday and Thursday 8.45am - 5.15pm; Wednesday 10.00am - 5.15pm;

Friday 8.45am - 4.30pm

Millom Council Office:

St George's Road, Millom, LA18 4DD

Monday, Tuesday, Thursday, Friday 9.00am - 4.00pm

Wednesday 9.00am - 12.00 pm

Cleator Moor Council Office:

Local Links, Market Square, Cleator Moor, Cumbria CA25 5AP

Monday, Tuesday, Thursday and Friday 9.00am - 5.00pm

Wednesday and Saturday 9.00am - 12.00pm

For office use

1st Contact on

Issued on

Reference No.

Notes for filling in the claim form

About this form

The Housing Benefit and Council Tax Benefit claim form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Second Adult Rebate

Second Adult Rebate is Council Tax Benefit you can get if you share your home with someone who:

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

If you are claiming Second Adult Rebate, only fill in Parts 1, 3, 15, 16, 17 and 18.

Child Benefit

From November 2nd 2009 Child Benefit will no longer be counted as an income when assessing your claim, however Child Benefit will still be taken into account as a non dependant's income.

Capital

From November 2nd 2009 the lower capital limit for the over 60's has been increased from £6,000 to £10,000, this means that when assessing your claim the first £10,000 of savings for the over 60's will be disregarded.

Evidence

We need to see evidence of some of the things you tell us about. The checklist at the end of the form will help you. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for.

How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your claim for Housing Benefit, Council Tax Benefit and other Welfare Benefits.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information, to:

- make sure the information is accurate; and
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities and private-sector companies such as banks and organisations that may lend you money.

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

The Council is the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use it, please ask us.

When Benefit has been awarded Once your claim for benefit has processed, your claim will be reviewed at regular intervals. This may involve a visit to your home from our Visiting Officer which may be un-notified. Alternatively we may send you a form by post for you to complete and return to the Council with all relevant supporting evidence.

Changes you must tell us about

You must tell us straightaway if your circumstances change. You can do this by phoning us on 0845 054 8600, sending an e-mail to benefits@copelandbc.gov.uk, or by visiting our website at www.copeland.gov.uk. You will need to write to us to confirm that your circumstances have changed and provide proof of what the change is. You can also call into one of our offices to tell us about a change. You must do this within one month of the date of the change or you may lose benefit. If you are late telling us about a change in your circumstances you should tell us the reason for being late. A change of circumstances could be things like the following:

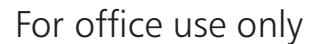
- If you or your partner start or stop getting Income Support or any other state benefit
- If you or your partner start or stop getting Working Tax Credit or Child Tax Credit, or the amounts increase or decrease
- If you or your partner's wages change
- If the number of people living with you changes
- If any of your children leave school
- If you move, including moving flats or rooms in the same building
- If you have another child

These are examples. There are also other things that you need to tell us about.

If you receive Pension Credit, you must report certain changes in circumstances to The Pension Service. This includes:

- a change in your income;
- you have a new partner;
- you become single;
- you move into permanent residential care.

Benefits Section, The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ
Tel: 0845 054 8600 Fax: 01946 598308
E-mail: benefits@copelandbc.gov.uk

Date received at
office (date stamp)

--

a housing association or social landlord tenant? ☐

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

[illegible]

You

What date did you move to this address?

 / /

Your daytime phone number

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

What is this number? Please tick.

 Home ☐ Work ☐ Mobile ☐ Textphone ☐

Date of birth

 / /
National Insurance (NI) number

You can find this on payslips or letters from the Department for Work and Pensions or the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.

 Letters Numbers Letter

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

If you do not have a National Insurance number, or cannot find it, tick this box.

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

 No ☐

 Yes ☐ Please tell us about it below.

When did you last claim?

 / /

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

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

If you have moved from this address, have you told the council you claimed from?

 No ☐

 Yes ☐

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"/>
Postcode

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

Your partner
 / /

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

 Home ☐ Work ☐ Mobile ☐ Textphone ☐
 / /

 Letters Numbers Letter

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

If your partner does not have a National Insurance number, or cannot find it, tick this box.

☐

 No ☐

 Yes ☐ Please tell us about it below.

 / /

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

 No ☐

 Yes ☐

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

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

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

You

No ☐

Yes ☐ We may write to you about this.

What is your nationality?

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

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

 / /

Are you or your partner in hospital at the moment?

No ☐

Yes ☐ Please tell us about it below.

When did you go in?

 / /

When will you come out, if you know?

 / /

Do you or your partner get Disability Living Allowance?

No ☐

Yes ☐ How much?

Care

£

Mobility

£

Do you or your partner get Attendance Allowance?

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.

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

No ☐

Yes ☐ How much do you pay and how often?

£ every

Are you or your partner a student?

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

No ☐

Yes ☐ Tell us if this is full- or part-time.

Full-time ☐

Part-time ☐

Your partner

No ☐

Yes ☐ We may write to you about this.

 / /

No ☐

Yes ☐ Please tell us about it below.

 / /
 / /

No ☐

Yes ☐ How much?

Care

£

Mobility

£

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ We need to see proof of this.

No ☐

Yes ☐ How much do they pay and how often?

£ every

No ☐

Yes ☐ Tell us if this is full- or part-time.

Full-time ☐

Part-time ☐

You
Your partner

Please tick if you or your partner are:

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

☐
☐
☐
☐
☐
☐

Do you or your partner have a vehicle from a Mobility scheme? **No** ☐
Yes ☐

No ☐
Yes ☐

We will contact you if we need any more information.

Part 2 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 and over but still under 20 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 3.

Yes ☐ If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on this page 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

Other names

Date of birth

 / /
 / /
 / /

What is the child's sex?

The child's relationship to you

	First child	Second child	Third child
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child have any savings?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much are their savings? £ <input type="text"/>
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care £ <input type="text"/> Mobility £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care £ <input type="text"/> Mobility £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care £ <input type="text"/> Mobility £ <input type="text"/>

Part or all of these costs would be disregarded from your income if you show evidence.

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.

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 nobody gets Child Benefit for.

No ☐ Go to Part 4.

Yes ☐ Fill in this section.

	First person	Second person	Third person
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

Do they get Disability Living Allowance or Attendance Allowance?

No ☐

Yes ☐ How much?

£ a week

No ☐

Yes ☐ How much?

£ a week

No ☐

Yes ☐ How much?

£ a week

Are they registered blind?

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No ☐

Yes ☐ Tell us which.

No ☐

Yes ☐ Tell us which.

No ☐

Yes ☐ Tell us which.

Do they pay rent or money for board and lodgings to you or your partner?

No ☐

Yes ☐ Tell us about it below.

How much? £ a week

No ☐

Yes ☐ Tell us about it below.

How much? £ a week

No ☐

Yes ☐ Tell us about it below.

How much? £ a week

Does this include money for food?

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

Does this include money for heating?

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

	First person	Second person	Third person
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? / /
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. / / / /
When did they go in? When are they due to come out (if you know)?			
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ We need to see proof of their earnings.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ We need to see proof of their earnings.
Do they have any other income at all? Make sure you tell us about all other income they have.	No <input type="checkbox"/> 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.
This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.			
1 Where does this income come from?			
How much is it before deductions?	£	£	£
2 Where does this income come from?			
How much is it before deductions?	£	£	£
3 Where does this income come from?			
How much is it before deductions?	£	£	£
We need to see proof of their income.			
Are any of the people who normally live with you married to each other, civil partners, or living together as if they are married or civil partners? We call these people partners.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names below.		
		is the partner of	
		is the partner of	

Part 4 About Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) and income-related Employment and Support Allowance

page 8

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

No ☐ Go to Part 5.

Yes ☐ Answer both the questions in this part and then go to Part 5.

You

Which benefit are you or your partner getting or waiting to hear about?

Income Support ☐
Income-based Jobseeker's Allowance ☐
Pension Credit (Guarantee Credit) ☐
Income-related Employment and Support Allowance ☐

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income-related Employment and Support Allowance at the moment?

No ☐

Yes ☐ When did you start getting it? / /

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

No ☐

Yes ☐ When did you claim? / /

Your partner

Income Support ☐
Income-based Jobseeker's Allowance ☐
Pension Credit (Guarantee Credit) ☐
Income-related Employment and Support Allowance ☐

No ☐

Yes ☐ When did they start getting it? / /

No ☐

Yes ☐ When did they claim? / /

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

Are you or your partner self-employed?

No ☐ Go to Part 6.

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?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Is the company a limited company?

No ☐

Yes ☐ If so, how many Directors does the company have?

No ☐

Yes ☐ If so, how many Directors does the company have?

Do you have any business partners?

No ☐

Yes ☐ Tell us their name and address.

No ☐

Yes ☐ Tell us their name and address.

 Postcode

 Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No ☐

Yes ☐ How much and how often?

 £ every

No ☐

Yes ☐ How much and how often?

 £ every

Do you pay into a private pension scheme?

No ☐

Yes ☐ How much and how often?

 £ every

No ☐

Yes ☐ How much and how often?

 £ every

We must see proof of your earnings before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof. Please request self-employment proforma from us if you do not have a full set of accounts.

Do you or your partner work for an employer?

No ☐ Go to Part 7.

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

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

What kind of work do you do?

What is your employer's name and address?

When did you start this job?

What is your payroll, employee or staff number?

Are you employed for a limited period?

How much do you get paid and how often?

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

When was your last pay rise?

When will your next pay rise be?

How many hours a week do you usually work?

Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?

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

Do you pay into a private or company pension scheme?

You
What kind of work do you do?
What is your employer's name and address?
Postcode
When did you start this job?
What is your payroll, employee or staff number?
Are you employed for a limited period?
No <input type="checkbox"/>
Yes <input type="checkbox"/> When will you finish?
How much do you get paid and how often?
£ every
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?
When was your last pay rise?
When will your next pay rise be?
How many hours a week do you usually work?
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?
No <input type="checkbox"/>
Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?
No <input type="checkbox"/>
Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?
No <input type="checkbox"/>
Yes <input type="checkbox"/> How much and how often?
£ every

Your partner
What kind of work do you do?
What is your employer's name and address?
Postcode
When did you start this job?
What is your payroll, employee or staff number?
Are you employed for a limited period?
No <input type="checkbox"/>
Yes <input type="checkbox"/> When will you finish?
How much do you get paid and how often?
£ every
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?
When was your last pay rise?
When will your next pay rise be?
How many hours a week do you usually work?
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?
No <input type="checkbox"/>
Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?
No <input type="checkbox"/>
Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?
No <input type="checkbox"/>
Yes <input type="checkbox"/> How much and how often?
£ every

We must see proof of any earnings before we can decide how much benefit you can get. We need to see 5 weekly or 3 fortnightly or 2 monthly payslips. Read the checklist at Part 16 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 15.

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No ☐ Go to **Part 8**.

Yes ☐ Answer the questions in this section.

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid?	No <input type="checkbox"/>	No <input type="checkbox"/>
If you only get expenses or tips, still tick Yes and give details.	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.
How much do you get paid and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you can get. We need to see 5 weekly or 3 fortnightly or 2 monthly payslips. Read the checklist at **Part 16** to see what you can use as proof.

Part 8 About benefits, tax credits and state pensions

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? Read the list of benefit and credits below and tell us about any that you or your partner are getting now or have claimed. **Please put a line through any boxes that do not apply to you or your partner.** We will need to see evidence of the benefit or credit, such as an award letter.

No ☐ Go to **Part 9**.

Yes ☐ Tell us about the benefits below.

	You			Your partner		
Pensions	Yes	How much do you get?	How often is it paid?	Yes	How much do you get?	How often is it paid?
State retirement pension	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Pension Credit (Savings Credit)	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Widow's Allowance or Bereavement Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>

	You			Your partner		
	Yes	How much do you get?	How often is it paid?	Yes	How much do you get?	How often is it paid?
Pensions						
Widowed Parent's Allowance or Widow's Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
War Widow's or War Dependant's Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
War Disablement Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Industrial Injury/Disablement Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Exceptionally Severe Disablement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Benefits and allowances						
Contribution-based Job Seeker's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Child Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Working Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Employment Training Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Child Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Short-term Incapacity Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Long-term Incapacity Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Attendance Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Disability Living Allowance:						
Mobility Component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Care Component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Carer's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Severe Disablement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Maternity Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Fostering Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Are you repaying a Social Fund loan or overpayment for any of these benefits?	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	If yes, which one?				
Have you or your partner deferred (put off) receiving a pension?	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	If yes, please give details				

Do you or your partner:

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

Have you or your partner delayed receiving any other money?

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

No ☐ Go to Part 10.

Yes ☐ Answer the questions on this page.

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

	Other money 1	Other money 2	Other money 3
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>	Every <input type="text"/>
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Does anyone owe money to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you or your partner expecting to get any money in the next 12 months?	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.
For example, a redundancy payment or a payment instead of notice or holiday.			
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

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

Do you or your partner have any bank, building society or Post Office accounts?

No ☐ Go to Part 11.

Yes ☐ Tell us about all your accounts, even empty or overdrawn ones or accounts you don't use very often. If there are more than 5 accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1	Name of bank or building society or Post Office	<input type="text"/>	Account number	<input type="text"/>
	Whose name is the account in?	<input type="text"/>	How much is in the account?	<input type="text" value="£"/>
Account 2	Name of bank or building society or Post Office	<input type="text"/>	Account number	<input type="text"/>
	Whose name is the account in?	<input type="text"/>	How much is in the account?	<input type="text" value="£"/>
Account 3	Name of bank or building society or Post Office	<input type="text"/>	Account number	<input type="text"/>
	Whose name is the account in?	<input type="text"/>	How much is in the account?	<input type="text" value="£"/>
Account 4	Name of bank or building society or Post Office	<input type="text"/>	Account number	<input type="text"/>
	Whose name is the account in?	<input type="text"/>	How much is in the account?	<input type="text" value="£"/>
Account 5	Name of bank or building society or Post Office	<input type="text"/>	Account number	<input type="text"/>
	Whose name is the account in?	<input type="text"/>	How much is in the account?	<input type="text" value="£"/>

Part 11 About capital, savings, shares and investments

Do you or your partner have any capital, savings or investments in the UK or abroad?
This includes Cash, Premium Bonds, National Savings Certificates, and stocks and shares.

No ☐ Go to Part 12.

Yes ☐ Answer all the questions in this part. We must see evidence of all the capital, savings and investments.

Do you or your partner have any premium bonds?

No ☐

Yes ☐ Value

Do you or your partner have any National Savings Certificates?

No ☐

Yes ☐ Please enter details below.

Issue number	<input type="text"/>	Value	<input type="text" value="£"/>	How many?	<input type="text"/>
Issue number	<input type="text"/>	Value	<input type="text" value="£"/>	How many?	<input type="text"/>
Issue number	<input type="text"/>	Value	<input type="text" value="£"/>	How many?	<input type="text"/>

Do you or your partner have any stocks, shares, bonds or unit trusts?

No ☐

Yes ☐ Please enter details below.

Company name

How many?

Value?

Company name

How many?

Value?

Company name

How many?

Value?

Do you or your partner have any other capital savings or investments?

For example, cash, TESSAs, ISA, TOISAs, compensation, or any other money you have not told us about on this form.

No ☐

Yes ☐ Please enter details here.

Do you or your partner or any children you are claiming for own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?

Tick Yes even if you have a mortgage or loan due for the property, land or timeshare.

No ☐

Yes ☐ What is the address?

 Postcode

How much is it worth?

If you have a mortgage or loan for this, how much is left to repay?

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?

We need to know this to make sure we do not count it as part of your savings.

No ☐

Yes ☐ What payment did you receive?

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 or your partner received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No ☐

Yes ☐ We will write to you about it.

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

Do you use your home for business? No ☐
Yes ☐

Do you or your partner have a main home somewhere else? No ☐
Yes ☐

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

Tell us about it below.

What is the address?

Postcode

Do you or your partner pay rent on this home? No ☐
Yes ☐

How much? £

Do you own your home or have a mortgage? No ☐
Yes ☐

Go to the next question.

Go to Part 13.

What sort of building do you live in?

Tick one box only.

Detached house

Semi-detached house

Terraced house

Maisonette

Detached bungalow

Semi-detached bungalow

Flat in a house

Flat in a block

Flat over a shop

Bedsit or rooms or a studio flat

Hostel

Caravan, mobile home or houseboat

Board and lodgings

Hotel

Care home

Other – give details

Does your home have any of these?

Tick the boxes that apply.

central heating ☐ a garden ☐ a garage ☐ a parking space ☐

Who is responsible for decorating your home?

How many floors are there?

Do you and your household occupy only part of the building you have ticked?

No ☐
Yes ☐

As you look at the building from the street, where in the building do you live?

At the left ☐ At the right ☐
At the front ☐ In the middle ☐ At the back ☐

Which floors do you live on?

For example, ground floor, first floor.

How many rooms are there in the building?	In the whole building	Just for you and your household	That you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 13 About rent

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

Tick the box that applies.

You or your partner

☐

Your landlord

☐

Someone else

☐

Tell us who it is.

What is the Council Tax reference number?

Do you or your partner pay rent for your home?

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

No

☐

Go to Part 15.

Yes

☐

Answer the next question.

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

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

Postcode

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

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

Postcode

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

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

Related includes related through marriage or civil partnership, even if it has ended. For example, ex-wife, ex-husband, ex-civil partner, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

When did you or your partner start renting your home?

When did you move to this address?

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

What sort of tenancy do you have?

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

How long is the tenancy for?

What is the property let as?

Tick the box that applies.

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

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

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

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

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

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

Has your rent changed in the last 12 months?

When is the next rent increase due?

No ☐

Yes ☐ What is the relationship?

is my landlord's
or agent's

to

Furnished ☐

Partly furnished ☐

Hardly any furniture ☐

Unfurnished ☐

No ☐

Yes ☐ Tell us the details below.

No ☐

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

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.

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

No ☐
 Yes ☐ How many in a year?

Are you behind with your rent?

No ☐
 Yes ☐ By how many weeks?

Does your rent include money for the following?
 Tick the boxes that apply.

Meals

☐ How much? £ every
 For which meals? Breakfast ☐ Lunch ☐ Evening meal ☐
 Please tick.

Water authority charges

☐ How much? £ every

Heating

☐ How much? £ every

Lighting

☐ How much? £ every

Hot water

☐ How much? £ every

Electricity

☐ How much? £ every

Fuel for cooking

☐ How much? £ every

Laundry

☐ How much? £ every

Cleaning rooms or windows

☐ How much? £ every

Gardening

☐ How much? £ every

Garage or parking space

☐ How much? £ every

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

Personal care and support

☐ How much? £ every

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

No ☐
 Yes ☐ How much? £ every
 What for?

Are you living away from home at the moment?

No ☐

Yes ☐ Tell us about it below.

Why are you not living at home?

When did you last live at home?

 / /

When do you expect to go back home?

 / /

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

Postcode

Have you sublet your home?

No ☐

Yes ☐ Who lives there now?

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Please use the tear out rent form on page 27. Read the checklist at Part 16 to see what you can use as proof.

Part 14 About paying your benefit

Help with your rent if:

- you are a housing association tenant;
- you live in a caravan, houseboat or mobile home;
- your tenancy started before 15 January 1989;
- you were receiving Housing Benefit at this address before 7 April 2008 and there has not been a break in that claim; and
- your rent includes an amount for support services or board and lodging.

If you are entitled to help with your rent you will get Housing Benefit paid directly into your bank account.

If you come under the above list you can choose to have payment made to you or your landlord. Please tick this box if you would prefer payment to be paid to your landlord ☐

Help with your rent if you are a private tenant who is not in any of the categories above

If you are entitled to help with your rent you will get Local housing Allowance. By law we must pay this to you unless you would not be able to manage your rent payments (for example, because you have a learning disability, have language problems, are ill, are in a lot of debt or are addicted to drugs, alcohol or gambling).

If you think you would not be able to manage your rent payments, tick this box. ☐

If you can manage your rent payments will pay your Local Housing Allowance direct to you.

If you do not have a bank or building society account, tick this box. ☐

Please note that we normally make payments by BACS.

Please provide details of your Bank or Building Society account.

Please note that there are some accounts that we are unable to make payments into, such as Individual Savings Accounts (ISAs) and Post Office® Card Accounts. If you are unsure whether you have a suitable bank account or would like help to open an account, please contact us or your local Citizens Advice Bureau.

Name and full address of Bank or
Building Society.

Postcode

Names on the account

Branch sort code

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

Account number

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

Roll number (Building Society accounts)

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

Part 15 Anything else you need to tell us

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 *Paying benefit to your landlord* form. ☐

I will send you a filled-in *Paying benefit to your landlord* form later. ☐

--

Do not delay sending this form in.

Please tick to say what proof you are sending with this form. We must see **original documents**, not copies.

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

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

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

- **Proof of identity** ☐
Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.
- **Proof of your address** ☐
Such as a recent gas or electricity bill or a TV licence.
- **Proof of National Insurance number** ☐
Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or the tax office.
- **Proof of savings and investments** ☐
Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, 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 two months.
- **Proof of earnings** ☐
We also need this for any other adults living in your home.
This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.
- **Proof of other income** ☐
We also need this for any other adults living in your home.
Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.
- **Proof of benefits, allowances or pensions** ☐
We also need this for any other adults living in your home.
Such as current award notices or letters from your JobcentrePlus office, Jobcentre, Department for Work and Pensions office or Pension Centre confirming how much you get. If you do not have proof, let us know straight away.
- **Proof of private rent and tenancy** ☐
Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.
- **Proof of other money paid out** ☐
Such as letters about student grants, maintenance agreements or receipts from registered childcarers.

Make sure you read and sign the declaration on page 24.

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

If you are a pensioner and on Pension Credit, we can only backdate your benefit 3 months. If you are working age, we can backdate your benefit 6 months.

Date you want to claim benefit from

/

/

During this earlier period, were your circumstances different to those you have told us about on this form?

No☐

Yes☐

Please tell us about it below.

What has changed?

We need proof of change of your circumstances for this period.

Why have you not claimed before?

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 should allow us to process your claim more quickly, but they do not have to sign.

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

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

Signature of person claiming

Date

Partner's signature

Date

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

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

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

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

Part 19 What to do next

You should now have:

- filled in and signed the claim form for Housing Benefit and Council Tax Benefit;
- collected any proof to support your claim – but remember not to send valuable items; and
- filled in the *Paying benefit to your landlord* form – if you want any benefit you may be entitled to paid to your landlord.

Send the above documents to us straight away. You can find our address on the front of this form.

If you are going to send proof or a filled-in *Paying benefit to your landlord* form at a later date, send these to us. You can find our address on the front of this form.

Sharing information with your landlord

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, and what that information may be.

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

Signature

Full name
(in CAPITAL
LETTERS)

Date

Address

Postcode

If you are not a private tenant and you want us to pay your benefit straight to your landlord, you must sign this declaration.

Your declaration

Please pay my Housing Benefit straight to my landlord.

- I **understand** that I must always tell you about any change in my circumstances.
- I **understand** that if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- I **understand** that I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Full name
(in CAPITAL
LETTERS)

Date

Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form.

I **understand that by law:**

- I must tell you straight away if I find out about any change in the tenant's circumstances;
- you can stop paying benefit to me if I do not tell you about any change of circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- if you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature

Date

Full name
(in CAPITAL
LETTERS)

If your landlord has not provided you with a Tenancy Agreement, please ensure that your landlord completes this form. Do not delay the return of this claim form, this page is perforated so that it can be returned separately. Please note that this Certificate should be completed and returned as soon as possible but within one month of your claim form.

Landlord's Details
full name and business address.

Postcode

Agent's Details
Please tell us if you have one.
Full name and business address.

Postcode

Dear Sir or Madam

Your tenant is submitting a claim for Housing Benefit, but they are unable to supply us with a copy of their tenancy agreement. Please help us by filling in this tenancy certificate. You must return the form as soon as possible but within one month to the address below:-

Benefits Section, The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ

Your tenant's name, address and postcode

Postcode

When did the tenancy start?

/	/
---	---

When did they move to this address?

/	/
---	---

How much rent is due and how often?

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

--

Are you, or your partner related to the tenant or the tenant's partner?

No ☐ Yes ☐

What is the relationship?

--

What sort of tenancy do they have?

--

Please describe the rented property (e.g. flat, house)

--

Are you allowed to have a tenant in the property?

No ☐ Yes ☐

Does the rent include money for the following?

Water charges No ☐ Yes ☐ How much? £

Heating No ☐ Yes ☐ How much? £

Lighting No ☐ Yes ☐ How much? £

Hot water No ☐ Yes ☐ How much? £

Fuel for cooking No ☐ Yes ☐ How much? £

Laundry No ☐ Yes ☐ How much? £

Cleaning rooms or windows No ☐ Yes ☐ How much? £

Emergency alarm system No ☐ Yes ☐ How much? £

Personal care and support No ☐ Yes ☐ How much? £

Meals No ☐ Yes ☐ How much? £

For which meals? Please tick Breakfast ☐ Lunch ☐ Evening meal ☐

Other - give details ☐

Your declaration

I understand that by law:

- I must tell you straight away in writing about any change of circumstances of the tenants shown on this form.
- If you pay Housing Benefit or Local Housing Allowance directly to me for this property I will repay any overpayments made to me.

Signature of landlord

--

Date

/	/
---	---

To the employee

When your employer has filled in this form, please return it immediately to the Council at the address shown on the front of the form.

Full name

Address

 Postcode

Occupation

National Insurance Number

Employer's official stamp

To the Employer

Please help your employee by completing this form to show details of his/her last 5 weeks wages or two months salary. (Please state if calendar monthly or 4 weekly). Gross pay should include any overtime, bonus, commission, statutory sick pay, statutory maternity pay or any other payments.

When completed please return it to the employee.

The employer is requested to sign this form, authenticate it by the firm's official stamp and return it to the employee.

Period		Gross pay		Income Tax		National Ins. contribution		Occupational Pens contribution		Other deduct.		Working Families Tax Credit		Net pay	
From	To	£	p	£	p	£	p	£	p	£	p	£	p	£	p
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
Totals of above		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax year to date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Normal hours worked per week

Payroll number

Method of payment

If the information given above is not typical of your employee's normal earnings please give reasons:

Date employment started / /

Signature of employer/ employees representative

Position held

Business name and address

Questionnaire

We are committed to making sure that our services are accessible to all members of the community.

You do not have to answer the following questions about yourself, but if you do, it will help us improve access to our services.

All information is confidential and will only be used to help us improve our services.

What ethnic origin are you? Please choose one of the following. Fill in the 'other' box if appropriate.

Asian or Asian British	
<input type="checkbox"/> Asian British	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background
<input type="checkbox"/> Indian	<input type="text"/>
Black or black British	
<input type="checkbox"/> African	<input type="checkbox"/> Any other African
<input type="checkbox"/> Black British	<input type="text"/>
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other black background
<input type="checkbox"/> Nigerian	<input type="text"/>
<input type="checkbox"/> Somali	
Chinese or other ethnic group	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Travellers (see note)
<input type="checkbox"/> Gypsies	<input type="checkbox"/> Yemeni
	<input type="checkbox"/> Other <input type="text"/>
Travellers are defined as a specific ethnic group who may also belong to a variety of racial backgrounds. For this reason, if you consider yourself to be a traveller, you may also tick another category which shows your racial background.	
Mixed	
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed background
<input type="checkbox"/> White and black African	<input type="text"/>
<input type="checkbox"/> White and black Caribbean	
White	
<input type="checkbox"/> British	<input type="checkbox"/> Any other white background
<input type="checkbox"/> Irish	<input type="text"/>

What is your sexual orientation?

Sexual orientation	<input type="checkbox"/> Gay woman/lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual/straight
<input type="checkbox"/> Gay man	<input type="checkbox"/> Prefer not to say

What is your belief/faith/religion?

Belief/faith/religion	<input type="checkbox"/> Christian
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu
<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other
	<input type="text"/>

Do you consider yourself to be disabled? No ☐ Yes ☐ Prefer not to say ☐

If 'Yes', do you need anything particular to overcome any barriers to receiving our service? No ☐ Yes ☐
If 'Yes', please give details below.

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