

Housing Benefit claim form

Application form for the Local Council Tax Reduction Scheme



Filling in the form

- If you are just claiming **Second Adult Reduction**, only fill in **Parts 1, 3, 17, 18 and 19** of this form.
- Please send any proof with the claim form.
- 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. 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.
- The application form states what supporting evidence is required to allow us to process a claim. These documents must be original, photocopies will not be accepted.
- Receipts will be given for claims accepted at your local office, if requested.

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.

Contact details:

Please return the form either by:

Post to:

Benefits Section

Market Hall
Market Place
Whitehaven
Cumbria CA28 7JG

Or in person at the one of the following offices:

Customer Contact Centre at the Market Hall

Monday, Tuesday and Thursday 9.00am – 5.00pm;
Wednesday 10.00am – 5.00pm;
Friday 9.00am – 4.30pm

Email: benefits@copeland.gov.uk
Phone: 01946 598300 Fax: 01946 598308

Millom Council Office

St George's Road
Millom LA18 4DD

Monday, Tuesday, Thursday
and Friday 9.00am – 3.00pm,
closed for lunch 12:15pm - 12:45pm.

A claim form for Housing Benefit and / or an application for the Local Council Tax Reduction Scheme

For office use only

Date form was requested

/ /

Date form was issued

/ /

Local authority office
date stamp

Initials

This claim form should be
returned along with all
supporting evidence by

/ /

Reference Number

If you are just claiming **Second Adult Reduction**, only fill in **Parts 1, 3, 17, 18 and 19 of this form.**

Are you (please tick every box that applies to you):

a hostel tenant? ☐

an owner-occupier? ☐

a joint owner occupier? ☐

a private tenant? ☐

a housing association or
social landlord tenant? ☐

living in Board & Lodgings? ☐

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No ☐

We use *partner* to mean

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

Yes ☐

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

Surname or family name

You

Your partner

Other names

Any other names you
have used

Title (Mr, Mrs, Ms, other)

Address, including room
number if you have one

Do not tell us your
partner's address if it is
the same as yours.

What date did you
move to this address?

Your daytime phone
number

What is this number?
Please tick.

Date of birth

Postcode

/ /

Code

Number

Home ☐

Work ☐

Mobile ☐

Textphone ☐

/ /

Postcode

/ /

Code

Number

Home ☐

Work ☐

Mobile ☐

Textphone ☐

/ /

National Insurance (NI) number

You can find this on payslips, letters about your benefit or letters from the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.

Your e-mail address.**Have you or your partner ever received Housing Benefit, Council Tax Benefit, Universal Credit or a Local Council Tax Reduction?**

When did you last get Housing Benefit, Council Tax Benefit, Universal Credit or a Local Council Tax Reduction?

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

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

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

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

You

Letters Numbers Letter

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

If you do not have a NI 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"/>
<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

Your partner

Letters Numbers Letter

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

If your partner does not have a NI 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"/>
<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 20

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.

Your partner

No ☐

Yes ☐ We may write to you about this.

What is your nationality?

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

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

 / /
 / /

Are you or your partner in hospital at the moment?

No ☐

Yes ☐ Please tell us about it below.

No ☐

Yes ☐ Please tell us about it below.

When did you go in?

 / /
 / /

When will you come out, if you know?

 / /
 / /

Do you or your partner get Disability Living Allowance / Personal Independence Payment (PIP)?

No ☐

Yes ☐ How much?

No ☐

Yes ☐ How much?

Living / Care

 £

 £

Mobility

 £

 £

Do you or your partner get Attendance Allowance?

No ☐

Yes ☐

No ☐

Yes ☐

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

No ☐

Yes ☐

No ☐

Yes ☐

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

No ☐

Yes ☐

No ☐

Yes ☐

Do you or your partner have a carer other than a member of your household who stays overnight in your property?

No ☐

Yes ☐ How many nights per week?

Do they stay in a separate bedroom?

No ☐

Yes ☐

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 attending 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 ☐

Further ☐ Higher ☐

Are you in Further or Higher education?

Which college do you attend?

What is the full title of your course?

Do you receive a grant or loan?

No ☐

Yes ☐

How much? £

We need to see proof of this

Are you in legal custody (this includes being released on temporary licence or an end of custody licence)

No ☐

Yes ☐

Where are you currently being held?

When did you enter legal custody?

 / /

What is your earliest release date?

 / /

Your partner

No ☐

Yes ☐ How many nights per week?

No ☐

Yes ☐

No ☐

Yes ☐ How much do you pay and how often?

 £ every

No ☐

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

Full time ☐ Part time ☐

Further ☐ Higher ☐

No ☐

Yes ☐

How much? £

We need to see proof of this

No ☐

Yes ☐

 / /
 / /

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

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No ☐ Go to Part 3.

Yes ☐ If there are more than four 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	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<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"/>	<input type="text"/>

	First child	Second child	Third child	Fourth child
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"/>	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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does 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? £ <input type="text"/> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> £ <input type="text"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Is the child unable to share a bedroom due to their disability?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide further details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide further details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide further details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide further details.
Tell us the name and registration number of the minder.	<input type="text"/>	<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.	£ <input type="text"/> a week We need to see proof of this.
Are these term time only costs?	No <input type="checkbox"/> Yes <input type="checkbox"/>			

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 over 16 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 Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their National Insurance number Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Do they get Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income related Employment and Support Allowance? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment (PIP)? No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	
Are they registered blind? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	

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

First Person

No ☐ Yes ☐ Tell us which?

Second Person

No ☐ Yes ☐ Tell us which?

Third Person

No ☐ Yes ☐ Tell us which?

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

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

How much?

£ a week

£ a week

£ 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 ☐

Are they severely mentally impaired?

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐

Are they in legal custody at the moment?

No ☐

Yes ☐ When are they expected to be released?

 / /

No ☐

Yes ☐ When are they expected to be released?

 / /

No ☐

Yes ☐ When are they expected to be released?

 / /

What is the name of the establishment where they are currently detained?

Are they in hospital at the moment?

No ☐

Yes ☐ Tell us about it below.

No ☐

Yes ☐ Tell us about it below.

No ☐

Yes ☐ Tell us about it below.

When did they go in?

 / /
 / /
 / /

When are they due to come out (if you know)?

 / /
 / /
 / /

First Person

Second Person

Third Person

Do they normally work for 16 hours or more a week?

No ☐

Yes ☐ Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

No ☐

Yes ☐ Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

No ☐

Yes ☐ Tell us their earnings before any deductions.

£ per

We need to see proof of their earnings.

Do they have any other income at all?

Make sure you tell us about all other income they have. This includes any social security benefits or allowances and interest from savings and investments.

No ☐

Yes ☐ Tell us about it below.

No ☐

Yes ☐ Tell us about it below.

No ☐

Yes ☐ Tell us about it below.

1 Name of the first other income.

How much is it before deductions?

£ per

£ per

£ per

2 Name of the second other income.

How much is it before deductions?

£ per

£ per

£ per

3 Name of the third other income.

How much is it before deductions?

£ per

£ per

£ per

We need to see proof of their income?

We need to see proof of their income?

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 were married or civil partners? We call these people *partners*.

No ☐

Yes ☐ 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, Support Allowance and Universal Credit

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, Support Allowance or Universal Credit?

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) ☐
 Universal Credit ☐
 Income-related Employment and Support Allowance ☐

Your Partner

Income Support ☐
 Income-based Jobseeker's Allowance ☐
 Pension Credit (Guarantee Credit) ☐
 Universal 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, Support Allowance and Universal Credit at the moment?

No ☐

Yes ☐ When did you start getting it? / /

No ☐

Yes ☐ When did they 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, Support Allowance and Universal Credit?

No ☐

Yes ☐ When did you claim? / /

No ☐

Yes ☐ When did they claim? / /

We must see proof of your benefits, allowances or pension before we can decide how much Housing Benefit or Council Tax Reduction you can get. Read the checklist at Part 18 to see what you can use as a 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.

What kind of work do you do?

You

Your partner

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 Housing Benefit or Council Tax Reduction you can get. Read the checklist at Part 20 to see what you can use as proof. Please request the 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?

You

Your partner

What is your employer's name and address?

 Postcode

 Postcode

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

Are you employed for a limited period?

No ☐

Yes ☐ When will you finish?

 / /

No ☐

Yes ☐ When will you finish?

 / /

How much do you get paid and how often?

£ every

£ every

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

Yes ☐ Which payment?

No ☐

Yes ☐ Which payment?

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

No ☐

Yes ☐

Do you pay into a private or company pension scheme?

No ☐

Yes ☐ How much and how often?

£ every

No ☐

Yes ☐

No ☐

Yes ☐ How much and how often?

£ every

We must see proof of your earnings before we can decide how much Housing Benefit or Council Tax Reduction you can get. We need to see 5 weekly or 3 fortnightly or 2 monthly payslips. Read the checklist at Part 20 to see what you can use as proof.

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? If you only get expenses or tips, still tick Yes and give details.	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.
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 your earnings before we can decide how much Housing Benefit or Council Tax Reduction you can get. We need to see 5 weekly or 3 fortnightly or 2 monthly payslips. Read the checklist at Part 20 to see what you can use as proof.		
About bonuses. Give details of any regular overtime, bonuses, tips or commission.	<input type="text"/>	<input type="text"/>
How often are these paid?	<input type="text"/>	<input type="text"/>
What period do they cover?	<input type="text"/>	<input type="text"/>

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

	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?
Benefits and allowances <small>continued</small>						
Short-term Incapacity Benefit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Long-term Incapacity Benefit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Employment and Support Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance / Personal Independence Payment (PIP):						
Mobility Component	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Living / Care Component	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Carer's Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Universal Credit	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Have you or your partner deferred (put off) receiving a pension?						
No	<input type="checkbox"/>					
Yes	<input type="checkbox"/> If Yes, which one? <input type="text"/>					

Do you or your partner:

- have any money coming in that you have not already told us about?
- expect to have any 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 Housing Benefit or Council Tax Reduction you can get. Read the checklist at Part 20 to see what you can use as proof.

Unless you qualify for Guaranteed Credit you cannot qualify for Housing Benefit if the value of your capital, savings and investments exceeds £16,000

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

No ☐ Go to **Part 11**.

Yes ☐ Tell us about your accounts, even empty or overdrawn ones or accounts you do not 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"/>
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"/>
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"/>
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"/>
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"/>
Account 6	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"/>
Account 7	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"/>
Account 8	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"/>

You must notify us of changes in your capital amount. Changes are deemed to be when your capital exceeds £6,000, £10,000 and £16,000

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	<input type="text"/>	How many?	<input type="text"/>	Value?	<input type="text" value="£"/>
Company name	<input type="text"/>	How many?	<input type="text"/>	Value?	<input type="text" value="£"/>
Company name	<input type="text"/>	How many?	<input type="text"/>	Value?	<input type="text" value="£"/>

Do you or your partner have any other capital, saving 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 below.

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 this address?

Postcode

How much is it worth?

£

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

£

Is it currently for sale?

No ☐

Yes ☐ If Yes, how long has it been for sale?

What agency is handling the sale?

Do any of your savings or investments include:

- money from the sale of a house, or
- money from a charity?

No ☐

Yes ☐ We will write to you about it.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment, or
- a compensation payment made to victims of atrocities that happened during the Second World War?

No ☐

Yes ☐ What payment did you receive?

A Far Eastern Prisoner of War Compensation payment

You ☐

You partner ☐

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

You ☐

You partner ☐

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

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

No ☐

Yes ☐ Please provide details.

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 20 to see what you can use as proof.

Do you own your home or have a mortgage?

No ☐ Answer all the questions below.Yes ☐ Go to **Part 16**.

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

Detached house

☐

Semi-detached bungalow

☐

Hostel

☐

Other - give details

☐

Semi-detached house

☐

Flat in a house

☐

Caravan, mobile home or houseboat

☐

Terraced house

☐

Flat in a block

☐

Board and lodgings

☐

Maisonette

☐

Flat over a shop

☐

Hotel

☐

Detached bungalow

☐

Bedsit or rooms or a studio flat

☐

Care home

☐

Does your home have any of these?

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

Tick the boxes that apply.

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?

To the left

☐

To 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

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

If you have claimed Universal Credit go to Part 16.

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 16**.

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 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.

No ☐

Yes ☐ What is the relationship?

is my landlord's or agent's

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.

Furnished ☐

Partly furnished ☐

Hardly any furniture ☐

Unfurnished ☐

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

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

£ every **Does anyone else share the rent with you and your partner?**No ☐Yes ☐ Tell us the details below.

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 calendar monthly.

£ every **Has your rent changed in the last 12 months?**No ☐Yes ☐ Send us proof of the date it changed and how much it changed.**When is the next rent increase due?** / / **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?**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?**

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

Meals	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
	For which meals? Please tick.	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>
Water authority charges	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Heating	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Lighting	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Hot water	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Electricity	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Fuel for cooking	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Laundry	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Cleaning rooms or windows	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Gardening	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>
Garage or parking space	<input type="checkbox"/> How much?	<input type="text" value="£"/> every <input type="text" value=""/>

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

Personal care and support

☐ How much? every

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 Housing Benefit you can get. Read the checklist at Part 20 to see what you can use as proof.

If you are in receipt of Local Housing Allowance, payment will be made directly into your bank/building society account.

Payment direct into an account

We recommend that you get your money in this way because:

- it is safe and secure;
- it is convenient - you decide when and how much you want to withdraw;
- using an account may help you to save;
- from some accounts you could have regular bills paid (this could save you money but you will need to make sure that there is enough money in your account to pay the bills - if not, you may be charged a fee); and
- you can get your money from many different places.

The account can be:

- in your name;
- in the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them);
- in both the names of yourself and your partner; or
- in both the names of yourself and the person acting on your behalf.

If we cannot pay you directly into an account, we will pay you by cheque.

If your landlord is a Registered Social Landlord or you are an exempt tenant from Local Housing Allowance, you can choose where to have your Housing Benefit paid. For Copeland Borough Council claimants we can arrange to pay your money (please tick as appropriate):

- direct into your bank or building society account
(Please input your bank details below) ☐
- by cheque (where you do not have a bank account or are unable to open one) ☐
- direct to your landlord. (Please input your landlords bank details below) ☐

Please give your/your landlords account details below.

Name of the bank or building society

Address of the bank or building society
(including the postcode)

Postcode									

Whose name is the account in?

Account Number

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

Sort Code

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

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 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

Housing Benefit can be paid to your landlord if :-

- You rent your property from a Housing Association or,
- You rent your property from a Supported Housing provider or,
- Your tenancy started before 15 January 1989 or
- You have not moved house or room since 7 April 2008 and have had an unbroken claim for benefit since then.

Please make Housing Benefit payments direct to my landlord (Please tick the box) ☐
Your landlord must sign the declaration below if you choose this option.

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)

Permission to discuss your details with a third party

Sharing information with a third party e.g. 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 the third party 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 the third party 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 a third party.

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

I give you permission to share information about the progress of my Housing Benefit claim / application for Local Council Tax Reduction with my landlord / their Agent or my representative as detailed below.

**Name of Landlord / Agent
or my representative**
(in CAPITAL LETTERS)

**Address of Landlord / Agent
or my representative**

Postcode

Your signature

Date

/	/
---	---

Part 17 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.

☐

Part 18 Backdating

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

Date you want to claim Housing Benefit and /or Local Council Tax Reduction 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 any changes in your circumstances for this period.

Why have you waited until now to make your claim?

Use of your personal information

Copeland Borough Council will use the information you provide to process your claim for housing benefit and/or council tax reduction. Your information will not be used for any other purpose unless allowed by law.

The information you provide may be processed by third party organisations on behalf of Copeland Borough Council, but only for the purpose of dealing with your claim.

Copeland Borough Council may check some of the information you provide with other council services, other councils and government departments, for example the Department for Work and Pensions, the Inland Revenue and the Home Office.

We may also get information about you from certain other organisations or give information about you to them to:

- Make sure the information is accurate;
- Prevent or detect crime; and
- Protect public funds.

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

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form 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 understand that the information will be processed by Copeland Borough Council and may be processed by its contractors for the purposes of processing my claim. You may check some of the information with or disclose it to other sources as allowed by law.

- 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 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

We must see original documents, not copies.

Please do not send valuable items through the post. If you can, bring them into 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.

We need the same evidence for your partner, if you have one.

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

- **Evidence of identity/National Insurance Number including claims for Second Adult Rebate.**

Such as passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person. (Birth certificates and marriage certificates are acceptable as long as they do not have a disclaimer.)

- **Evidence 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. There is a Certificate of Earned Income on page 31 which you can ask your employer to complete.

- **Evidence of capital, savings and investments.**

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see 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.

- **Evidence 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 social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

- **Evidence of other income**

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

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

- **Evidence of private rent and tenancy**

A tenancy agreement or a council verification of rent form. There is a verification of rent form on page 32 which you can ask your landlord to complete.

Part 21 What to do next

You should now have:

- filled in and signed the claim form for Housing Benefit or the Local Council Tax Reduction Scheme;
- 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.

To the Employer:

Would you please assist your employee by completing this certificate. Please return the completed certificate to the **Benefits Section** in the enclosed reply paid envelope.

Employee's Name	<input type="text"/>	NINO	<input type="text"/>	Occupation	<input type="text"/>
Employee's Work No.	<input type="text"/>	Employee's Address		<input type="text"/>	
How often is the employee paid?	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	4-Weekly <input type="checkbox"/>	Cal Monthly <input type="checkbox"/>	
Other (please specify)	<input type="text"/>			Postcode <input type="text"/>	
Date employment commenced	<input type="text"/> / <input type="text"/> / <input type="text"/>	How is the employee paid? eg. cash, cheque, direct to bank account	<input type="text"/>	Date of last wage increase	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the normal basic pay	£ <input type="text"/>	What are the normal hours worked?	<input type="text"/>	Date of next wage increase	<input type="text"/> / <input type="text"/> / <input type="text"/>
If employee has just commenced employment please provide forecast of expected earnings and tick here. <input type="checkbox"/>				Date S.S.P./S.M.P. started	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please give the pay details for the last 5 weeks, 3 fortnightly or 2 monthly/4 weekly periods. Include overtime, bonus SSP, SMP etc.

Week/Month Ending	Number of hours worked	Gross Pay for period	N I for period	Tax paid for period	Occupational or personal pension contribution	Net Pay for period		
							Total Gross Pay to date	
							Total Income Tax to date	
							Total N I to date	
							Total Superannuation Pension to date	
							Tax Week/Month	

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

Employer's Name	<input type="text"/>	Business Address	<input type="text"/>	Business Tel. No.	<input type="text"/>
Nature of Business	<input type="text"/>	Postcode		Employers Official Stamp	

I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE

Please endorse with Employers Official Stamp.

Signature

Position in Business

Employers Official Stamp

Verification of Rent Form

To be completed by claimant

Name Address Your Signature

 Postcode
Rent Reference

To be completed by the landlord/agent

Date of Tenancy / / Date moved in / / Date of change / / Amount of Rent Length of Tenancy Frequency of payment Is this a Joint Tenancy? Yes ☐ No ☐

If so, please provide details of joint tenant(s)

Is this a Periodic Tenancy? Yes ☐ No ☐

Does your rent include any of the following services?

Please delete as applicable.

		Amount			Amount			Amount
Water Charges	Yes/No	<input type="text"/>	Fuel for cooking	Yes/No	<input type="text"/>	Does your rent include any meals?	Yes/No	<input type="text"/>
Heating	Yes/No	<input type="text"/>	Lighting	Yes/No	<input type="text"/>	If Yes, which meals?	<input type="text"/>	<input type="text"/>
Heating of Hot Water	Yes/No	<input type="text"/>	Cleaning rooms/windows	Yes/No	<input type="text"/>	Breakfast	Yes/No	<input type="text"/>
Laundry	Yes/No	<input type="text"/>	Parking Space	Yes/No	<input type="text"/>	Lunch	Yes/No	<input type="text"/>
Garage	Yes/No	<input type="text"/>	Gardening	Yes/No	<input type="text"/>	Dinner	Yes/No	<input type="text"/>
Emergency Alarm	Yes/No	<input type="text"/>	Personal Care/Support	Yes/No	<input type="text"/>			

If Emergency Alarm/Personal Care/Support is included please provide details of the amount included in the rent

Please detail any other charges

If your tenant's rent does not include services please say how they pay for them

Landlord Name Agents Name
Address

 Postcode

Address

 Postcode
Signature Date / / Signature Date / /

