

# A claim form for Housing Benefit and Council Tax Support

Please provide all requested information within one month

HBCTS1 01/18

For office use only

Date of initial contact

Local authority office date stamp

Initials

Date of issue

Local authority office date stamp

Initials

Date received

Local authority office date stamp

Initials

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3, 14, 15, 16 and 17 of this form and please tick this box

Are you (please tick one box):

a council tenant?

a private tenant?

an owner-occupier?

a housing association or social landlord tenant?

Are you (tick as appropriate)

self employed?

a full time student?

receiving Universal Credit?

## 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.

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>	<input type="text"/>
Address, including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode
What date did you start living at this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
You can find this on payslips or letters from the DWP 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.	If you do not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>	If your partner does not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>

We need to see proof of your and your partner's identity and NI number. See the checklist at Part 15.

Date of birth

**You**

/  /   
dd mm yyyy

Your daytime phone number

Code  Number

What is this number? Please tick

Home  Work  Mobile  Textphone

Your mobile number (if not already given above)

Code  Number

If you have an email address that we could use to contact you please enter it in this box. This will be used for the purpose of contacting you in regards to all aspects of your award. Have you or your partner claimed Housing Benefit or Council Tax Support 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?

Postcode

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

No  If no, please inform them  
 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.

Postcode

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

**Your partner**

/  /   
dd mm yyyy

Code  Number

Home  Work  Mobile  Textphone

Code  Number

No   
 Yes  Please tell us about it below.

/  /

Postcode

No  If no, please inform them  
 Yes

Postcode

**You**

**Your partner**

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

No  Yes

No  Yes

What is your nationality?



If your nationality is not British, on what date did you last enter and apply to stay in the Common Travel Area? (CTA)

The CTA is England, Northern Ireland, Scotland, Wales, The Republic of Ireland, The Channel Islands and The Isle of Man

 /  / 
 /  / 

Do you or your partner have a Worker Authorisation Scheme document?

No  Yes

No  Yes

We will need to see this if you have ticked Yes

We will need to see this if you have ticked Yes

Are you or your partner in hospital at the moment?

No  Yes  Please tell us about it below.

No  Yes  Please tell us about it below.

When did you go in?

 /  / 
 /  / 

When will you come out, if you know this?

 /  / 
 /  / 

Do you or your partner get Disability Living Allowance or Personal Independence Payments?

No  Yes  How much?

No  Yes  How much?

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 require overnight care from someone that does not normally live in your house?

No  Yes

No  Yes

If you are not on Pension Credit, we need to see proof of Disability Living Allowance, Personal Independence Payments, Attendance Allowance and Carer's Allowance.

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

**You**

No

Yes  How much do you pay and how often?  
 £  every

**Your partner**

No

Yes  How much do they 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

Length of course?

What year are you in?

No  Yes  Tell us if this is full or part time.  
 Full time  Part time

Length of course?

What year are you in?

How much of your income is taken into account when working out your grant?

£  a year

£  a year

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
- bailed to an address other than your home
- a care leaver

(by care leaver we mean someone who is under 22 and has previously been the subject of a care order, or been provided with accommodation under section 20 of the Children Act 1989, or been subject to a supervision requirement by a children's hearing).

If yes, which Local Authority administered the care order?

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

No  Yes

No  Yes

Have you spent 3 months in a homelessness hostel or hostel specialising in rehabilitation/resettlement or are managed under a Multi Agency Public Protection Arrangement?

No  Yes

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).

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.

	<b>First child</b>	<b>Second child</b>	<b>Third child</b>	<b>Fourth child</b>
Last 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" value="/ /"/>	<input type="text" value="/ /"/>
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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of this.				
Are you or your partner expecting a baby?				
Please give your expected due date	<input type="text" value="/ /"/>			

	First child	Second child	Third child	Fourth child
Is the child registered blind? We need to see proof of this	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"/>
Has the child ceased to be registered blind in the last 28 weeks?	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.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance or Personal Independence Payments? We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>
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.
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? Please let us know if there is any difference between term time and school holiday child care costs	<input type="text" value="£"/> a week We need to see proof of this.	<input type="text" value="£"/> a week We need to see proof of this.	<input type="text" value="£"/> a week We need to see proof of this.	<input type="text" value="£"/> a week We need to see proof of this.
Is the registered child minder related to the child that they are caring for?	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"/>
If you have ticked Yes to the child minder being related to your child, is this child cared for in your own home?	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"/>

**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 and over who nobody gets Child Benefit for.

No  Go to Part 4.  
Yes  Fill in this section.

First person	Second person	Third person
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<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.

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

No   
Yes

No   
Yes

No   
Yes

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

No   
Yes  How much?

No   
Yes  How much?

No   
Yes  How much?

£  a week

£  a week

£  a week

**Are they registered blind?**

No   
Yes

No   
Yes

No   
Yes

**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.




**We will need to see proof of their income**

	<b>First person</b>	<b>Second person</b>	<b>Third person</b>
<b>Do they pay rent for board and lodgings to you or your partner?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
How much?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/>
<b>Are they severely mentally impaired?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they in legal custody at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Are they in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they due to come out (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Do they normally work for 16 hours or more a week?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. <input type="text"/> £
	<b>We need to see proof of their earnings.</b>	<b>We need to see proof of their earnings.</b>	<b>We need to see proof of their earnings.</b>



**Do they have any other income at all?**  
 Make sure you tell us about all other income they have. This includes any benefits, pensions, Tax Credits, Pension Credits or allowances you have not told us about on this form and annual interest from savings and investments.

**First person**  
 No   
 Yes  Tell us about it below.

**Second person**  
 No   
 Yes  Tell us about it below.

**Third person**  
 No   
 Yes  Tell us about it below.

1 Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2 Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3 Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	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 you have told us about married to each other, civil partners, or living together as if they are married or civil partners. We call these people *partners*.**

No   
 Yes  Tell us their names below.

is the partner of   
 is the partner of

**Does any other person not listed on this form use your address as a 'care-of' address, or as an address to receive their mail or correspondence only?**

**If so, please give their name(s) and actual address(es) in the box to the right**

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

No  Go to Part 5.  
 Yes

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

**You**

No   
 Yes  When did you start getting it?  
 /  /

**Your partner**

No   
 Yes  When did they start getting it?  
 /  /

If you have answered yes to both of the questions above, please go straight to part 10 - About where you live. Otherwise answer the question below and then continue to the next page.

If you or your partner are still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit, when did you claim?

No   
 Yes  When did you claim?  
 /  /

No   
 Yes  When did they claim?  
 /  /

- Which benefit are you getting or waiting to hear about?
- Income Support
  - income-based Jobseeker's Allowance
  - income-related Employment and Support Allowance
  - Pension Credit

- Which benefit are they getting or waiting to hear about?
- Income Support
  - income-based Jobseeker's Allowance
  - Income-related Employment and Support Allowance
  - Pension Credit

**If you are in receipt of, or awaiting a decision on, Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit, the relevant agency will provide us with the information that we need to process your claim.**

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. We are able to provide a self-employed earnings declaration for people who are unable to provide accounts. If you have only recently set up business and do not have a full year's accounts, we will need to see some other evidence 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

Do you have any business partners?

No

No

Yes  Tell us their name and address.

Yes  Tell us their name and address.

If you have more than one business partner, please give details on a separate sheet of paper.

  
  
  
 Postcode

  
  
  
 Postcode

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

How many hours a week do you usually work?



Do you get a Business Start-up Allowance?

No

No

Yes  How much and how often?

Yes  How much and how often?

 £  every 
 £  every 

Do you pay into a private pension scheme? We need to see proof of this.

No

No

Yes  How much and how often?

Yes  How much and how often?

 £  every 
 £  every 

**We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**

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.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this job?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When will you finish?	Yes <input type="checkbox"/> When will they finish?
	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
When will your next pay rise be?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

	You	Your partner
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme? We need to see proof of this if deductions are <b>not</b> made directly from your wages.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>
Do you receive any tips or bonuses?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>

**We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**

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

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

No  Go to Part 8.

Yes  Answer the questions on this page.

**What other work do you do?**

**You**

**Your partner**

**What is the name and address of the person you do this work for?**

  
  
  
 Postcode

  
  
  
 Postcode

**When did you start this work?**

 /  / 
 /  / 

**How many hours a week do you usually work?**



**Do you get paid?**

If you only get expenses or tips, still tick **Yes** and give details.

No

Yes  Tell us about it below.

No

Yes  Tell us about it below.

**How much do you get before any deductions?**

£

£

**How often are you paid?**

Every

Every

**We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**

**Are you or your partner getting any benefits or waiting to hear about benefits (other than Income Support, income-based Jobseekers Allowance, income-related Employment and Support Allowance or Pension Credit) that you have claimed?**

- No**  Go to **Part 9**.  
**Yes**  Tell us about the benefits on this page. Tell us the full rate of the benefits before any deductions.

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

- Adoption Allowance
- Adoption Pay
- Armed Forces and Reserve Forces Compensation Scheme
- Bereavement Benefits
- Carer’s Allowance
- Child Benefit
- Child Tax Credit
- Compensation Scheme
- Contribution-based Employment and Support Allowance
- Contribution-based Jobseeker’s Allowance
- Fostering Allowance
- Guardian’s Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Reduced Earnings Allowance
- Return to Work Credit
- Severe Disablement Allowance
- State Retirement Pension
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Universal Credit
- War Disablement Benefit
- War Pension or War Widow’s Pension
- Widow’s or Widower’s Benefit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

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

	You	Your partner
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>	<input type="checkbox"/> How much, how often and by what method? <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span>£</span> <span>every</span> <span>by</span> </div>

**Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?**

This includes occupational pensions, work pensions and private pensions, maintenance or child support for you or your partner, money from a trust fund, training allowances, a student grant or loan, any cash payments, and 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, MacFarlane Trust or the Skipton Fund.

	<b>Other money 1</b>	<b>Other money 2</b>	<b>Other money 3</b>
<b>What is the money for?</b>			
<b>Who gets it?</b>			
<b>How much do they get?</b>	£	£	£
<b>How often?</b>	Every	Every	Every
<b>How is this paid?</b>			
<b>When did they start getting this income?</b>	/ /	/ /	/ /
<b>When is the income likely to go up?</b>	/ /	/ /	/ /



Does anyone owe money to you or your partner?

**Other money 1**  
 No   
 Yes  Tell us about it below.

**Other money 2**  
 No   
 Yes  Tell us about it below.

**Other money 3**  
 No   
 Yes  Tell us about it below.

What for?




How much?




Who is it owed to?




**Are you or your partner expecting to get any money in the next 12 months?**

For example, a redundancy payment or a payment instead of notice or holiday.

No   
 Yes  Tell us about it below.

No   
 Yes  Tell us about it below.

No   
 Yes  Tell us about it below.

What for?




How much?




**We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**

**Do you own your home or have a mortgage?**

No  Go to the next question.

Yes  Go to **Part 12**.

**Are you a council tenant?**

No  Answer the questions below.

Yes  Go to **page 19**.

**What sort of building do you live in?**  
(tick one box only)

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

**Does your home have central heating?**

No

Yes

**Does your home have a garden?**

No

Yes

**Does your home have a garage?**

No

Yes

**Does your home have a parking space?**

No

Yes

**How many floors are there?**

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

No

Yes  As you look at the building from the street, where in the building do you live?  
Tick more than one box if necessary

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

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 (separate to bathrooms)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there a separate room used for an overnight carer? No  Yes

Where does this person normally live?  
  
  
 Postcode

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.

What is the address?  
  
  
 Postcode

Do you or your partner pay rent on this home? No  Yes  How much?  £



**What sort of tenancy do you have?**

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

**How long is the tenancy for?**

 /  / 

 to  /  / 

**Do you have a current tenancy agreement?**

No  Please ask us for a Landlord Rent Declaration

Yes  You must send it with this form

**What is the property let as?**

Tick the box that applies.

Furnished

Partly furnished

Hardly any furniture

Unfurnished

Who is responsible for internal decoration?  You  Landlord

Are you able to take the furniture with you at the end of the tenancy? No  Yes

**How much rent are you or your partner charged and how often?**

For example, every week, every fortnight, every four weeks or 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 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 RO5.

**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?

**We must see evidence of your rent and tenancy before we can decide how much benefit you can get.**

**You should supply a current tenancy agreement or declaration/letter from your landlord.**

**Please read the checklist in part 15 for other examples of what we will accept as proof of your rent.**

**We can not pay benefit until you have provided proof of your 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 this is below

**What is the Council Tax reference number?**

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

Meals

No  Yes  How much?

£  every

For which meals?  
Please tick.

Breakfast

Lunch

Evening meal

Water authority charges

No  Yes  How much?

£  every

Heating

No  Yes  How much?

£  every

Lighting

No  Yes  How much?

£  every

Hot water

No  Yes  How much?

£  every

Fuel for cooking

No  Yes  How much?

£  every

Laundry facilities

No  Yes  How much?

£  every

Laundry service

No  Yes  How much?

£  every

Cleaning rooms or windows

No  Yes  How much?

£  every

Gardening

No

Yes  How much? £  every

Garage or parking space

No

Yes  How much? £  every

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

Personal care and support

No

Yes  How much? £  every

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

Is any part of your home sublet?

No

Yes  Who lives there now?

**We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**

If you are ACTUALLY GETTING Income Support, Income-Based Jobseekers Allowance, Income-Related Employment and Support Allowance or Guaranteed Pension Credits PLEASE GO STRAIGHT TO PART 13.

We need to know if you or your partner have any bank accounts, savings, investments or property in the UK or abroad.

This includes cash, current accounts and savings accounts with a bank or building society, Post Office® accounts, Premium bonds, National Savings Certificates, and stocks and shares. We need to have details of ALL your accounts, even if you have no money in them. If you do not have room below please use a separate sheet.

Do you or your partner have any of the following? PLEASE USE A SEPARATE SHEET IF YOU NEED TO

<b>Bank Accounts</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Details</b>	Bank Name: <input type="text"/>	Account No. <input type="text"/>	<b>Amount</b>	<input type="text"/>
		<b>Details</b>	Bank Name: <input type="text"/>	Account No. <input type="text"/>	<b>Amount</b>	<input type="text"/>
<b>Building Society</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Details</b>	B/S Name: <input type="text"/>	Account No. <input type="text"/>	<b>Amount</b>	<input type="text"/>
		<b>Details</b>	B/S Name: <input type="text"/>	Account No. <input type="text"/>	<b>Amount</b>	<input type="text"/>
<b>Post Office Accounts</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Details</b>	Type of account: <input type="text"/>		<b>Amount</b>	<input type="text"/>
		<b>Details</b>	Type of Account: <input type="text"/>		<b>Amount</b>	<input type="text"/>
<b>Premium bonds</b>	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	<b>How many?</b>	<input type="text"/>		<b>Total</b>	<input type="text"/>
<b>Unit trusts, ISAs, PEPs, TESSAs or other investments</b>	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	<b>Details</b>	<input type="text"/>		<b>Total</b>	<input type="text"/>
<b>Income bonds or capital bonds</b>	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	<b>Details</b>	<input type="text"/>		<b>Total</b>	<input type="text"/>
<b>Money or property held in trust</b>	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	<b>Details</b>	<input type="text"/>		<b>Total</b>	<input type="text"/>
<b>Any other savings or investments</b>	No <input type="checkbox"/>					
	Yes <input type="checkbox"/>	<b>Details</b>	<input type="text"/>		<b>Total</b>	<input type="text"/>
<b>Shares – approximate value</b>	<input type="text"/>		Name of the company the shares are held in	<input type="text"/>	Number of shares held	<input type="text"/>
<b>Shares – approximate value</b>	<input type="text"/>			<input type="text"/>		<input type="text"/>
<b>Shares – approximate value</b>	<input type="text"/>			<input type="text"/>		<input type="text"/>

**We must see evidence of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**



Do you or your partner have any National Savings Certificates?

No

Yes  We need to see original certificates as proof.

Do any of your or your partner's savings or investments include:

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

No

Yes  Please give details

Apart from the address you are claiming for, do you or your partner own any property or land in this country or abroad?

If it is on a mortgage or a loan, still tick Yes.

No

Yes  Please give details

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? Who received the payment?

A Far Eastern Prisoner of War Compensation payment  You  Your partner

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

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

No

Yes  Please give details

Have you or your partner received a lump sum payment of a deferred State Pension?

No

Yes  Please give details

- If you are a Council tenant, we will pay any Housing Benefit you are awarded into your rent account.
- If you are a Housing Association tenant and are awarded Housing Benefit, you can choose whether we pay this directly to you or your landlord. If we pay you direct, we will pay your Housing Benefit straight into a bank, building society, GIRO account or National Savings Bank account.
- If you are awarded Council Tax Support, we will pay this into your Council Tax account.
- If you are renting from a Private Landlord and are awarded Local Housing Allowance, in most circumstances we will pay you directly into your bank, building society, GIRO account or National Savings Bank account.
- If you do not currently have a bank, building society, GIRO account or National Savings Bank account do not delay in completing and returning this form and contact us for further information on opening a bank or 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, or
  - a civil partner or a person you live with as if you are civil partners))
- in both the names of yourself and your partner
- in the name of the person acting on your behalf, or
- in both the names of yourself and the person acting on your behalf.

---

Would you like your Housing Benefit paid straight into an account?

No  Go to the next question.

Yes  Go to page 28.

---

If you are a Housing Association tenant would you like your Housing Benefit to be paid direct to your landlord?

No  Go to page 28.

Yes  Go to page 28.

---

If you are renting from a Private Landlord and your claim is being assessed under the Local Housing Allowance scheme, we can only pay your landlord in certain circumstances. For more information go to page 27.

Under the Local Housing Allowance (LHA) scheme, we will usually pay benefit to you, the tenant. You must then pay the rent to your landlord yourself.

If you think that getting Local Housing Allowance payments will cause you serious problems. we may be able to pay your LHA to your landlord. We will need to decide if you are having or are likely to have problems managing your money and paying rent.

If you would like us to consider making payment to your landlord, please complete the section below and provide proof in support of your request.

**Payment to Landlord Request**

If you, or your partner are having or likely to have problems managing your money and paying rent, please tick all the boxes below that apply to you.

Reason for paying LHA to the landlord	Proof we need to see
<input type="checkbox"/> I have, or my partner has, problems managing money because of learning difficulties.	Written proof from care workers, your Doctor, Social Services.
<input type="checkbox"/> I have, or my partner has, a medical condition or mental health problem which makes it difficult to manage money.	Written proof from care workers, your Doctor, Social Services.
<input type="checkbox"/> I have, or my partner has, serious difficulties reading and writing.	Written proof from support groups.
<input type="checkbox"/> I have, or my partner has, difficulty speaking and understanding English.	Written proof from support groups.
<input type="checkbox"/> I am, or my partner is, dealing with an addiction (e.g. drugs, alcohol, gambling).	Written proof from support groups, your Doctor, Social Services, hospital.
<input type="checkbox"/> I am, or my partner is, escaping from domestic violence.	Written proof from support groups, Social Services.
<input type="checkbox"/> I have, or my partner has, severe debt problems.	Court Orders, CCJs, proof from debt advisors, solicitors, creditors.
<input type="checkbox"/> I am, or my partner is, an undischarged bankrupt.	Copy of the Court Order.
<input type="checkbox"/> I am, or my partner is, unable to open a bank account.	Letter from Bank or money advisors.
<input type="checkbox"/> I have, or my partner has, a history of rent arrears or homelessness due to rent arrears.	Proof from support groups, homeless charities, Local Authorities.
<input type="checkbox"/> Other reason (please tell us about this below)	



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.

Please tick to say what evidence 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 evidence we need, we might not be able to pay you any benefit. 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 will not be able to pay you any benefit until we have all the evidence.**

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#### • Evidence of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

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#### • Evidence of your address

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

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#### • Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from the DWP or tax office.

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#### • 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, or any other adults in your household get on investments and savings. The evidence you send must show details for at least the **last two months**.

#### • 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. We can provide a proof of earnings slip if you do not have these payslips. 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.

---

#### • Evidence 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 evidence of any money people pay you for board and lodgings.

---

#### • Evidence of benefits, allowances, Tax Credits or pensions

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

Such as current award notices or letters from the DWP or HM Revenue and Customs confirming how much you get. If you do not have evidence, let us know straight away.

---

#### • Evidence of private rent and tenancy

Such as a rent book, rent receipts, a recent tenancy agreement or a letter from your landlord. This must show your full name and address, your landlord's full name and address, the tenancy start date, the full rent charged and a breakdown of any services included in the rent.

---

#### • Evidence of other money paid out

Such as letters about student grants or maintenance agreements, receipts from registered child carers, or evidence of any payment into a private or employer's pension.

**Make sure you read and sign the declaration on page 32.**

We can usually award benefit from the Monday after the day you notify us of your intention to make a claim – as long as we receive your completed claim form within one month of the date of issue. 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 your request is successful, we will usually pay your claim from the Monday after this date.

**You should provide any supporting proof that you think will help with your request. e.g. letter from doctor or hospital.**

Date you want to claim benefit from

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

No  If no, please give us details of how your circumstances were different. Please use a separate piece of paper to do this

Yes

Tell us why you did not notify us of your intention to make a claim, or submit an application form earlier.

Even if someone else has filled this form in you must sign this declaration if you can.  
 If you have a partner, they should also sign this declaration. This will allow us to process your claim more quickly.

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

- **I declare** that the information I have given on this form is correct and complete. Where I have provided information about other people on this form, I have explained to them that I have done this, explained to them what you will use their information for and obtained their consent to those uses. By signing this form, I am confirming that I have done this.
- **I understand** that if I give information that is incorrect or incomplete, or do not tell your council’s Benefit Service about a change in circumstances, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Support. You may share information with the Council Tax Office, the Housing Department and other relevant Welfare Agencies, including Registered Social Landlords, for the purpose of dealing with my claim more effectively, unless I specifically notify you in writing that I do not agree to you sharing information in this way.
- **I understand** that you may use any information I have provided in connection with this and any other claim for DWP benefits, Local Authority benefits or Tax Credits that I have made or may make. You may use the information that I have provided to contact me about other benefits and you may give some information to other organisations, such as government departments, local authorities, Supporting People and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I understand** that the information I have stated on this claim form will be used to assess my entitlement to Council Benefits. I accept that, if there are any changes in my circumstances or the circumstances of anyone who lives in my household, then I must report this **immediately in writing** to your council’s Benefit Service. If I delay or fail to tell you about a change in circumstances then I may lose money, have to pay back benefit, and may be prosecuted.
- **I confirm** I have read the guidance notes that accompany this claim form which outline the postal address of the designated office for correspondence and how I can obtain the relevant forms to report all future changes.
- **I understand** the information on this claim form may be supplied to external credit reference agencies, and where appropriate the Investigation Team to prevent and detect benefit fraud.

Signature of the 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



**You should now send this form to us without delay, together with any documents needed for your claim.**

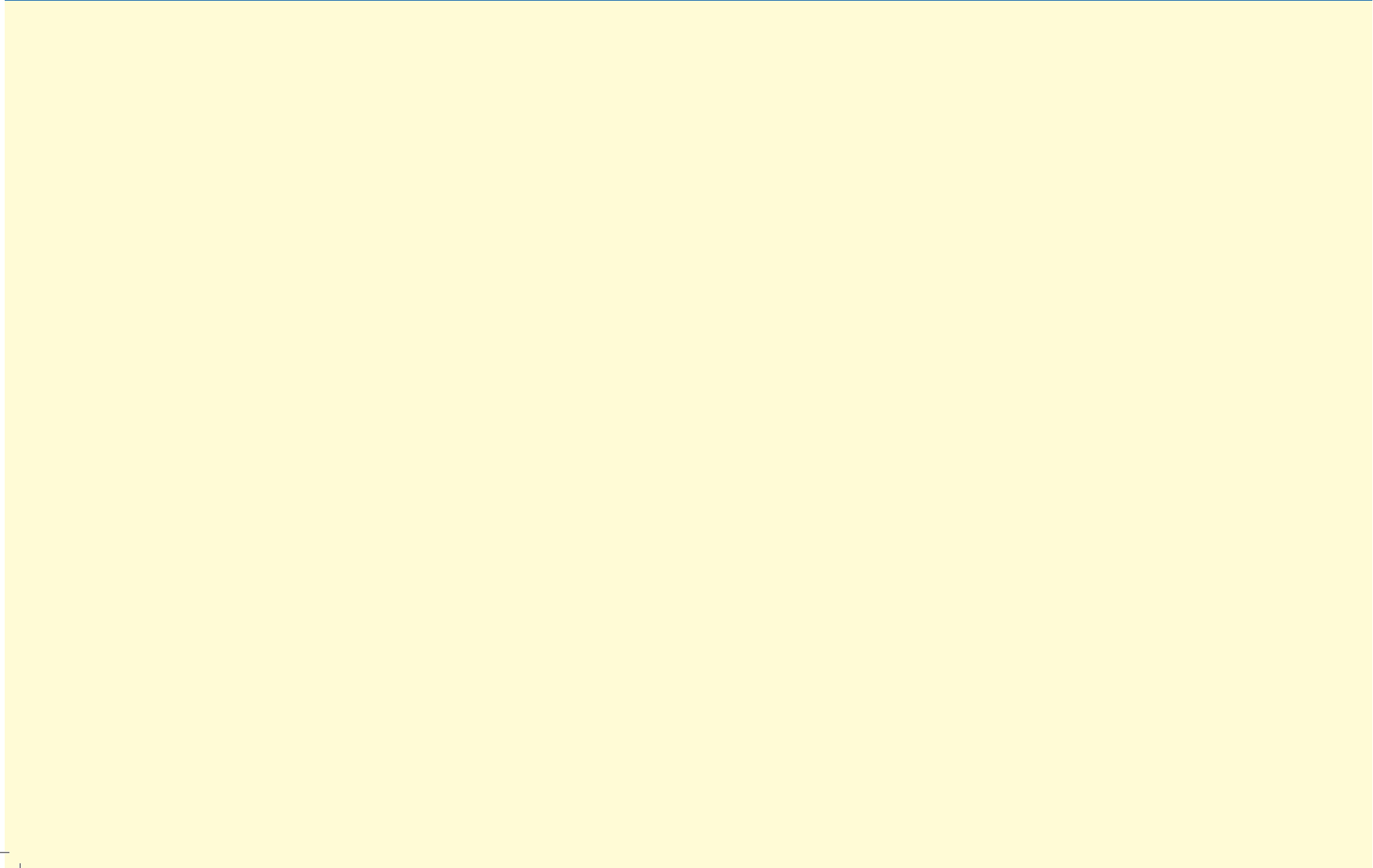
Please send this form and the documents to the designated office as stated in the accompanying 'Notes for filling in the claim form'.

**DO NOT SEND VALUABLE ITEMS THROUGH THE POST.**

You should bring these to our reception point and we will photocopy them and give them straight back.

If you are going to send evidence or a filled in 'Paying benefit to your landlord' form at a later date, send these to us at the address written in the enclosed 'Notes for filling in the claim form'.

The NOTES contain all our contact details.



## 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.

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

We will only share information with your landlord if you give us permission to do so by signing this form.

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

- you have claimed Housing Benefit, or
- 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 specific 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 my local council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**

Signature

Full name  
(in CAPITAL  
LETTERS)

Date

Address

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

If you want us to pay your benefit straight to your landlord, you must sign this declaration. PLEASE SEE PART 13 FOR GUIDANCE ON THIS.

**Your declaration**

Please pay my Housing Benefit direct to my landlord.

- I understand that I must always tell you about any change in my circumstances straight away, in writing.
- 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

Date

Full name  
(in CAPITAL LETTERS)

---

**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

Email address

Under The Equalities Act 2010 we have a responsibility to gather details of our clients' backgrounds. This information is used to help us with our equal opportunities policies.

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

The completion of this survey is voluntary.

**A Please indicate which background you feel you belong to:**

**Asian**

- Bangladeshi
- Indian
- Pakistani
- Kashmiri
- Other Asian background  Please specify

**Black**

- African
- Caribbean
- Other black background  Please specify

**Chinese**

- Any Chinese background

**Mixed ethnic background**

- Asian and white
- Black African and white
- Black Caribbean and white
- Other mixed ethnic background

**White**

- Any white background

**Any other ethnic background**

- Any other ethnic background  Please specify

**B Please indicate your nationality:**

- British or mixed British
- Scottish
- English
- Welsh
- Irish

- Any other nationality  Please specify



