

OFFICE USE ONLY

Name  
Address  
  
Postcode

Contact us on 01274 432772. If you have speech or hearing problems please call our text phone 01274 434488

Date form issued Issued by: (Office & Initials)

Benefit Claim Number

**Before filling in this form you must read the instructions in the enclosed booklet**



You must return this form to us as soon as possible even if you are waiting for proof of your income, rent or any other details. If you do not you may lose some benefit.

The address you are applying for  
  
Postcode

Have you or your partner moved into the property yet? No  Yes

If you have not moved in yet, fill in the rest of this form and return it to us, then fill in form NO1 (enclosed with this form) when you have moved in.

Phone number  
Mobile number  
E-mail address

When did you move into the property? / /

When did **your partner** (if you have one) move into the property? / /

**Tick all of the boxes that apply to you or your partner**


- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| New Claim   | <input type="checkbox"/> | Own or buying your home?                          | <input type="checkbox"/> |
| Change of address                                 | <input type="checkbox"/> | A joint owner?                                    | <input type="checkbox"/> |
| Income Support                                    | <input type="checkbox"/> | Renting from Incommunities?                       | <input type="checkbox"/> |
| Income-based Jobseeker's Allowance                | <input type="checkbox"/> | Renting from a housing association?               | <input type="checkbox"/> |
| Employment and Support Allowance (income related) | <input type="checkbox"/> | Renting from a private landlord?                  | <input type="checkbox"/> |
| Child Tax Credit but not Working Tax Credit       | <input type="checkbox"/> | A joint tenant? (you must fill in separate forms) | <input type="checkbox"/> |
| Self employed                                     | <input type="checkbox"/> | Living in a hostel?                               | <input type="checkbox"/> |
| Working   | <input type="checkbox"/> | Living in a caravan?                              | <input type="checkbox"/> |
| Student   | <input type="checkbox"/> | Living on a boat?                                 | <input type="checkbox"/> |
| Living with parents or relatives?                 | <input type="checkbox"/> | Living in board or lodgings?                      | <input type="checkbox"/> |

**Which of the following benefits do you wish to claim?**

The enclosed booklet gives details about the benefits that you can claim with this form.

- To claim Housing Benefit and/or Council Tax Benefit you must read and fill in all parts of this form
- To claim Second Adult Rebate only, you need to read and fill in parts 1, 3 and 17 onwards.
- To claim Free School Meals and/or School Clothing Allowance only, you need to read and fill in parts 1, 2, 6, 7 and 17 onwards.

You will need to provide a number of documents to support your claim.

Where you see this symbol  you will need to provide proof. See accompanying booklet.



## Part 1: About you and your partner – continued

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 2 years?

### You

No   
 Yes  We will write to you about this.

### Your partner

No   
 Yes  We will write to you about this.

What is your nationality?



If your nationality is not British, on what date did you last enter the UK?

 /  / 
 /  / 

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

See information booklet for the proof you must provide.



What country did you come from?



### If you only want to claim Second Adult Rebate – Go to Part 3

If you are 18 or under, have you been in Local Authority care in the last 3 years?

No   
 Yes  State when

No   
 Yes  State when



Are you subject to the Children (Leaving Care) Act 2000?

No   
 Yes

No   
 Yes

Are you or your partner a student?

Provide proof of your student status and of any grant, loan and bursary received.

No   
 Yes

No   
 Yes



Full or Part time?

Full  Part time

Full  Part time

Are you or your partner in hospital or a residential home at the moment?

No   
 Yes

No   
 Yes

When did you go in?

 /  / 
 /  / 

When will you come out (if you know this)?

 /  / 
 /  / 

Do you or your partner pay a parental contribution towards a child's student maintenance grant? Provide proof.

No   
 Yes  Amount / How often?

No   
 Yes  Amount / How often?

£  /

£  /

Tick all that apply to you and/or your partner

- An apprentice
- On youth training
- In legal custody (on remand, in prison)
- Severely mentally impaired
- Registered blind – Provide documentation
- Long-term sick or disabled
- None of the above

- 
- 
- 
- 
- 
- 
- 

We will contact you if we need further information.

## Part 2: About children

### Do you or your partner get Child Benefit for any child who lives with you?

No  Go to Part 3

Yes  Answer all the questions in this part

If you or your partner receive Income Support, Income-based Jobseeker's Allowance, Employment and Support Allowance (income-related), Pension Credit (Guarantee Credit only) or you get Child Tax Credit but **NOT** Working Tax Credit and your annual income is less than the threshold set by the Government each April, you may be entitled to Free School Meals and School Clothing Allowance for your children.




Do you want to claim Free School Meals?

No   
Yes

Do you want to claim School Clothing Allowance?

No   
Yes

If there are more than 3 children use a separate sheet of paper to tell us all the information we ask for in this section and send it with the form. If you are sending separate sheets tick this box

	First child	Second child	Third child
Last 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"/>
Male or female?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? Provide proof. 	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and address of school attended including postcode.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full or part time?	Full <input type="checkbox"/> Part time <input type="checkbox"/>	Full <input type="checkbox"/> Part time <input type="checkbox"/>	Full <input type="checkbox"/> Part time <input type="checkbox"/>
Is the child registered blind? Provide evidence of registration. 	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child get Disability Living Allowance? Provide proof. 	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 you waiting to hear about getting Disability Living Allowance for your child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**You**

**Your partner**

Do you make payments to a registered childcare provider to look after a child aged 15 or under (16 or under if the child is disabled)?

No  Go to Part 3

No  Go to Part 3

Yes  Amount / How often?

Yes  Amount / How often?

Provide proof.



£ /

£ /

Please state the name and registration number of the childcare provider

Name

Provide proof.



Number

Number

Do you receive childcare vouchers?

No

No

Yes  Amount / How often?

Yes  Amount / How often?

Provide proof.



£ /

£ /

The enclosed booklet gives you details of what can be used as evidence

**Part 3: About other people who live with you**

**Part 3A**

**Do any adults usually live with you and your partner?**

By adults we mean anyone over 16, who you or your partner do not get Child Benefit for. This could be grown-up children. Do not include anyone who is a joint owner, include them in Part 4.

No  Go to Part 4.

Yes  Answer all the questions in this part

If you need to tell us about more than 3 people tick this box and tell us about them in part 17

**First person**

**Second person**

**Third person**

Last name

Other names

Date of birth

/ /

/ /

/ /

Male or female?

Male  Female

Male  Female

Male  Female

What is their relationship to you or your partner?








Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, or a friend, boarder or lodger, subtenant. A boarder or lodger is someone who pays to live with you and you give them meals. A subtenant is someone who pays to live with you and you do not give them meals.

Give the names of any of these people who are married to each other, civil partners or living together as if they are married or civil partners.

is the partner of

is the partner of

## Part 3: About other people who live with you - continued

<b>Part 3B</b> Are any of the people who live with you subtenants or boarders who pay you or your partner rent or money for board and lodgings? Provide proof. 	<b>First person</b>	<b>Second person</b>	<b>Third person</b>
	No <input type="checkbox"/> Go to Part 3C Yes <input type="checkbox"/> Answer questions in this section	No <input type="checkbox"/> Go to Part 3C Yes <input type="checkbox"/> Answer questions in this section	No <input type="checkbox"/> Go to Part 3C Yes <input type="checkbox"/> Answer questions in this section
Amount charged/ How often?	£ /	£ /	£ /
Do you give them meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Amount charged/ How often?	£ /	£ /	£ /
Do you give them heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Amount charged/ How often?	£ /	£ /	£ /
<b>Part 3C</b> National Insurance 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do they get Income Support, Income-based Jobseeker's Allowance or Pension Credit? If yes go to <b>Part 4</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide proof. 	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide proof. 	No <input type="checkbox"/> Yes <input type="checkbox"/> Provide proof. 
Are they a full-time student/ in prison/ in hospital/ student nurse/ carer/ apprentice or on youth training? In full-time education we need a current letter from the Education Authority confirming it. In prison or hospital state when they are due to come out. 	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>
Are they severely mentally impaired? Suffering from mental illness, brain damage or a learning disability.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How many hours a week do they work?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are their weekly earnings before any deductions? Provide proof. 	£	£	£
Details of their income will appear on your notification.	We will write to you for more information.		

## Part 3: About other people who live with you - continued

Do they have any unearned income at all?

This includes any benefits (for example Disability Living Allowance, Attendance Allowance, Child Benefit, Child Tax Credit, Working Tax Credit, Employment Support Allowance, Pension Credit), rental income, interest from savings and investments, pension or any other types of income that you have not told us about on this form. Details of their income will appear on your notification.

### First person

No  Go to Part 4  
 Yes  Give details below and provide proof



### Second person

No  Go to Part 4  
 Yes  Give details below and provide proof



### Third person

No  Go to Part 4  
 Yes  Give details below and provide proof



Type of income




Amount before deductions & how often




Type of income




Amount before deductions & how often




Type of income




Amount before deductions & how often




Use Part 17 if you need more space or if they have recently applied for any income, but have not been awarded it yet.

The enclosed booklet gives you details of what can be used as evidence

## Part 4: About anyone else who lives with you

### Does anyone else live with you?

This includes grandchildren, children of people you have already mentioned or joint owners.

No  Go to Part 5

Yes  Answer all the questions in this part

If you need to tell us about more than 3 people tick this box  and tell us in Part 17

### First person

### Second person

### Third person

Title (Mr, Mrs, Miss, Ms, or other)




Last name




Other names




Date of birth




Male or female?

Male  Female

Male  Female

Male  Female

Their relationship to you

## Part 5: About Disability Benefits


Are you or your partner getting or waiting to hear about any disability pensions or benefits?


No  Go to Part 6  
 Yes  Answer all the questions in this part

### You


### Your partner


Do you get Attendance Allowance?

No   
 Yes  Provide proof. 

No   
 Yes  Provide proof. 

Do you get Disability Living Allowance?

No   
 Yes  Provide proof. 

No   
 Yes  Provide proof. 

Care and/or Mobility?

Care  Mobility


Care  Mobility


Do you have a vehicle from a Mobility Scheme?

No   
 Yes

No   
 Yes

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

No   
 Yes  Provide proof. 

No   
 Yes  Provide proof. 


Have you or your partner ever claimed Carer's Allowance?

No   
 Yes

No   
 Yes

Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another benefit.

Read the list below and tell us which ones (if any) you and/or your partner are getting or waiting to hear about (even if there is or has been a temporary stop to the benefit). It may help you if you tick the ones that apply to you before you fill in the details

- |   |   |   |
|---|---|---|
|  | <input type="checkbox"/> Incapacity Benefit                         | <input type="checkbox"/> Carer's Allowance            |
|   | <input type="checkbox"/> Industrial Disablement or Injuries Benefit | <input type="checkbox"/> Severe Disablement Allowance |
|   | <input type="checkbox"/> Employment and Support Allowance           | <input type="checkbox"/> War Disablement Pension      |

If you are getting or waiting to hear about any disability benefits or allowance that is not listed, you must still tell us about it below.

### You

### Your partner

The name of the benefit or pension



Waiting to hear  Getting now

Waiting to hear  Getting now

How much/how often?

£ /

£ /

Method of payment – cheque, cash, giro, into bank account



The name of the benefit or pension



Waiting to hear  Getting now

Waiting to hear  Getting now

How much/how often?

£ /

£ /

Method of payment – cheque, cash, giro, into bank account



If you need more space use Part 17

**We need to see evidence of all your income. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.**

## Part 6: About Income Support, Income-based Jobseeker's Allowance and Pension Credit

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

- No  Go to Part 7  
 Yes  Answer all the questions in this part, then go to Part 13.

### You

### Your partner

Income Support?

- No   
 Yes

- No   
 Yes

Date of claim if waiting to hear.

 /  / 
 /  / 

Income-based Jobseeker's Allowance?

- No   
 Yes

- No   
 Yes

Date of claim if waiting to hear.

 /  / 
 /  / 

Pension Credit?

- No   
 Yes

- No   
 Yes

Date of claim if waiting to hear.

 /  / 
 /  / 

Provide proof to apply for Free School Meals and/or School Clothing Allowance.



The enclosed booklet gives you details of what can be used as evidence

## Part 7: About Income and benefits

Read the list below and tell us which ones (if any) you and/or your partner are getting or waiting to hear about (even if there is or has been a temporary stop to the benefit). It may help you if you tick the ones that apply to you before you fill in the details

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Child Benefit        | <input type="checkbox"/> Working Tax Credit                       | <input type="checkbox"/> Bereavement Allowance               |
| <input type="checkbox"/> Child Tax Credit     | <input type="checkbox"/> Contribution-based Jobseeker's Allowance | <input type="checkbox"/> Widow's Pension                     |
| <input type="checkbox"/> Fostering Allowance  | <input type="checkbox"/> New Deal Employment Credit               | <input type="checkbox"/> Widowed Parent's/Mother's Allowance |
| <input type="checkbox"/> Maternity Allowance  | <input type="checkbox"/> New Deal Grant                           | <input type="checkbox"/> War Pension                         |
| <input type="checkbox"/> Guardian's Allowance | <input type="checkbox"/> Industrial Death Benefit                 | <input type="checkbox"/> Pre 1973 War Widow's Pension        |
|   |   | <input type="checkbox"/> War Widow's Pension                 |

Are you or your partner getting or waiting to hear about any state pensions or benefits?

- No  Go to Part 8  
 Yes  Even if the benefit that is not listed, you must still tell us.

### You

### Your partner

The name of the benefit or pension



Waiting to hear  Getting now

Waiting to hear  Getting now

How much? / How often?

£  /

£  /

Method of payment – cheque, cash, giro, into bank account



The name of the benefit or pension



Waiting to hear  Getting now

Waiting to hear  Getting now

How much? / How often?

£  /

£  /

Method of payment – cheque, cash, giro, into bank account



The enclosed booklet gives you details of what can be used as evidence

## Part 7: About Income and benefits - continued

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
	Waiting to hear <input type="checkbox"/> Getting now <input type="checkbox"/>	Waiting to hear <input type="checkbox"/> Getting now <input type="checkbox"/>
How much / How often?	£ /	£ /
Method of payment – cheque, cash, giro, into bank account	<input type="text"/>	<input type="text"/>

If you need more space use Part 17

**We need to see evidence of all your income. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.**


## Part 8: About other money coming in except earnings

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

This includes:

- |   |  |
|---|--|
| <input type="checkbox"/> Private Pension, Employer's pension or Superannuation Scheme | <input type="checkbox"/> Money from a trust fund             |
| <input type="checkbox"/> Personal Injury Payments                                     | <input type="checkbox"/> Other money including cash payments |
| <input type="checkbox"/> Mortgage Annuities Home Income Plan                          | <input type="checkbox"/> Maintenance received                |

You do not have to tell us about payments from the Independent Living Fund, The Skipton Fund, The Eileen Trust or the McFarlane Trust.

- No  Go to Part 9  
 Yes  Answer the questions in this part 

	You	Your partner
Type of income	<input type="text"/>	<input type="text"/>
How much / How often?	£ /	£ /
When did you start getting it?	/ /	/ /
When is the income likely to increase?	/ /	/ /
Method of payment Cash, cheque, giro, payment to bank account	<input type="text"/>	<input type="text"/>

Type of income	<input type="text"/>	<input type="text"/>
How much / How often?	£ /	£ /
When did you start getting it?	/ /	/ /
When is the income likely to increase?	/ /	/ /
Method of payment Cash, cheque, giro, payment to bank account	<input type="text"/>	<input type="text"/>

**We need to see evidence of all your income. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.**

## Part 8: About other money coming in except earnings – continued

	You	Your partner
Type of income	<input type="text"/>	<input type="text"/>
How much? / How often?	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>
When did you start getting it?	<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"/>
Method of payment Cash, cheque, giro, payment to bank account	<input type="text"/>	<input type="text"/>

We need to see evidence of all your income. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.

## Part 9: About work

### Do you or your partner do any work?

This could be paid or unpaid, full or part time, for yourself or someone else.

No  Go to Part 10  
 Yes  Answer all the questions in this part

	You	Your partner
Are you self employed?	No <input type="checkbox"/> Yes <input type="checkbox"/> Send in your most recent certified accounts. We will write for more information.	No <input type="checkbox"/> Yes <input type="checkbox"/> Send in their most recent certified accounts. We will write for more information.
Are you a director?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Nature of business	<input type="text"/>	<input type="text"/>

### Give details below of any work that you do for someone else including paid, unpaid, full or part time, voluntary, casual or temporary.

Do you or your partner have more than one job?
  No  Yes
  No  Yes

If you and/or your partner have more than one job, tell us about all the jobs on a separate sheet of paper and send it with this form. If you are sending a separate sheet tick this box.

What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Telephone No. <input type="text"/>	Telephone No. <input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Type of work or job title	<input type="text"/>	<input type="text"/>

## Part 9: About work – continued

**You**

**Your partner**

How many hours a week do you usually work?



How are you paid?  
Cash, cheque or straight into a bank or building society.



If it is through your bank or building society give the roll and/or account number.



How often are you paid?



How much do you get paid before tax and National Insurance are taken off?

 / 
 / 

Give details of any regular overtime, bonuses, expenses, commission or tips.



When will your next pay rise be?

 /  / 
 /  / 

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

No   
Yes

No   
Yes

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

No   
Yes


No   
Yes

Are you paid term time or seasonally?

No   
Yes  Give details

No   
Yes  Give details



Do you pay into a private company pension or superannuation scheme which is not deducted from your salary?  
Provide proof. 

No   
Yes  How much? / How often?

No   
Yes  How much? / How often?

 / 
 / 

Tick this box if you do not receive any wage slips.



**We need to see evidence of all your income. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence. We will contact your employer if you cannot provide evidence of your earnings.**

## Part 10: About land and property

### You and your partner

Do you and/or your partner own or partly own any land, properties or timeshares other than the place where you live, either in the UK or abroad?

Tick yes even if you have a mortgage or loan for the land, properties or timeshares.

No  Go to Part 11  
Yes  Fill in the sections below.  
We may need to write to you for more information.

What is the address?

What is the value?

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

Is the property, land or timeshare up for sale?

No   
Yes

Do you and/or your partner get rent from letting the property, land or timeshare?

No   
Yes

How much/ How often?

## Part 11: About lump sum payments

Have you or your partner received or are due to receive any lump sum payments?

This could be a Far Eastern Prisoner of War Compensation Payment, a compensation payment made to the victims of atrocities that happened during the Second World War, a payment from the vCJD (Variant Creutzfeldt-Jakob Disease Trust), redundancy payment or payment instead of holiday or notice.

No   
Yes  State which


We will contact you for more information

## Part 12: About Bank/Current Accounts, Savings and Capital

We need to know about all the money that you have in bank, building society and Post Office accounts, ISA's, TESSA's, PEP's, Stocks & Shares, Investment, Income or Premium Bonds, National Savings Certificates, Unit Trusts, money held abroad or in Trust.

**Do you or your partner have any current accounts with a bank, building society or Post Office?**

(Even if these are overdrawn/currently not in use).

No   
Yes  Give details below 

Whose account is it?	Amount	Name of Bank, Building Society, Post Office	Account/ Roll Number
	£		
	£		
	£		
	£		

We need to see proof. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.

## Part 12: About Bank/Current Accounts, Savings and Capital – continued

**Do you and/or your partner have any savings accounts with a bank, building society or Post Office (this includes ISA's, TESSA's, PEP's and other special savings schemes)?** (Even if not currently in use).

No

Yes

Give details below



Whose account is it?	Amount	Name of Bank, Building Society, Post Office	Account/ Roll Number
	£		
	£		
	£		
	£		

**Do you and/or your partner have any National Savings Certificates, Stocks, Shares or Unit trusts?**

No

Yes

Give details below



Who do they belong to?	Name of company	No. of shares/units	Issue Number

**Do you and/or your partner have any Premium Bonds, Investment Bonds or Income Bonds?**

No

Yes

Give details below



Who do they belong to?	Name of company	Amount	Ref. Number

**Do you and/or your partner have any other capital, investments or savings?**

(including cash, money or properties held in trust, capital held abroad or savings with insurance companies etc).

No

Yes

Give details below



**We need to see proof. These must be original documents. Without these we cannot pay benefit. The enclosed booklet gives details of what you can use as evidence.**

## Part 13: About your rent

### Do you rent your home?

Provide proof 

- No  Go to Part 16
- Yes  Answer all the questions in this section. Your landlord's and agent's full name and address must be declared. Failure to do so will result in delay/loss of benefit.
- If you do not want us to give details of your claim to your landlord please tick here

What is your landlord's full name and address?

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

Postcode	Telephone Number
----------	------------------

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	Telephone Number
----------	------------------

Are you or any member of your household or family (including children) related or have previously been related to your landlord or agent or any member of your landlord's or agent's family?

- No
- Yes  If yes, state what the relationship is or was, and who it is or was between.

--

For example wife, husband, father of your children, aunt, brother, daughter, father, ex-wife, ex-husband, grandson, grandmother, son-in-law or stepdaughter.

Are you or any member of your household or family (including children) in a relationship or have previously been in a relationship with your landlord or agent or any member of your landlord's or agent's family?

- No
- Yes  If yes, state what the relationship is or was, and who it is or was between (for example, partner, ex-partner).

--

When did you start renting your home?

Tenancy commencement date

/	/
---	---

How long is the tenancy for?

/	/
---	---

/	/
---	---

How much is the rent for your home? (This may not be what we pay you)

£	every	
---	-------	--

Are you behind with your rent?

- No
- Yes  How much are you behind with your rent, or from what date?

--

Are you a joint tenant?  
Do not include your partner.


- No
- Yes  Who are you a joint tenant with?

--

Do you have separate contracts?

- No
- Yes  What is your share of the rent? £

## Part 13: About your rent – continued

Has your rent for this property changed in the last 12 months? No  Yes  Send us proof of the date it changed, and how much it changed. 

What was the date of your last rent increase?

When is the next rent increase due?

Do you have any weeks when you do not have to pay rent? No  Yes  How many in a year?

Do you have to pay rent for both your previous and new address at the same time? No  Yes  Tell us why in Part 17

Have you or your partner previously owned the property you are now renting? No  Yes  We will write to you for more information.

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

Meals	<input type="text" value="£"/>	Which meals?	<input type="text"/>
Hot water	<input type="text" value="£"/>	Emergency alarm system	<input type="text" value="£"/>
Heating	<input type="text" value="£"/>	Water authority charges	<input type="text" value="£"/>
Lighting	<input type="text" value="£"/>	Medical, nursing and personal care	<input type="text" value="£"/>
Cleaning rooms or windows	<input type="text" value="£"/>	Gardening or Porter	<input type="text" value="£"/>
Fuel for cooking	<input type="text" value="£"/>	A warden, general counselling or support	<input type="text" value="£"/>
Laundry	<input type="text" value="£"/>	Council Tax	<input type="text" value="£"/>
Other	<input type="text" value="£"/>	What for?	<input type="text"/>

We need to see evidence of your rent and tenancy before we can decide how much benefit you get. The enclosed booklet gives details of what you can use as evidence.

## Part 14: About how we pay Housing Benefit

If you live in the following we can pay Housing Benefit direct to your landlord:

- incommunities
- Housing association
- Your tenancy started before 15 Jan 1989
- Supported Housing
- Caravan / Houseboat / Hostel
- Board & lodgings

If this applies to you and you would like us to pay your landlord direct tick here  and go to Part 15

For all other tenants, payment of Housing Benefit must be made to your bank or building society account by BACS. (We cannot pay in to Post Office Accounts). Complete the section below.

Name of account holder

Name of bank / building society

Branch name and address

Account Number  Sort Code

Roll Number

Do you want payments to be made: every 2 weeks  every 4 weeks

Bradford Council recognises that some tenants may struggle with the responsibility of budgeting for and paying their rent, and as such safeguards are in place. If you think this may apply to you tick this box  and we will write to you for further information.

## Part 15: About the property you rent

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

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

How many floors are there?

Do you and your household occupy only part of the building? No   
Yes

If Yes, which floors do you live on? For example ground floor, first floor, second floor etc

Where in the building do you live? At the front  In the middle  At the back   
To the left  In the middle  To the right

How many rooms are there:	in whole house?	that you share with other people?	just for you and your household?
Bedsitting rooms	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Bedrooms	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Living rooms	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Kitchens	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Bathrooms or shower rooms	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Separate toilets	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Other rooms	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Please specify			

Does your home have central heating?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your home have a garden?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your home have a garage?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have to rent the garage as part of your tenancy agreement?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your home have a designated parking space?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Has your home been built or adapted for people with disabilities?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you use your home for business?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is furniture provided by the landlord?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	If yes - All <input type="checkbox"/> Some <input type="checkbox"/> Very Little <input type="checkbox"/>	

## Part 16: About where you live

Are you living away from home at the moment?

No

Yes

Tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

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

Postcode

Have you sub-let your home?

No

Yes

Who lives there now?

## Part 17: Anything else you need to tell us

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

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

You can also use this space to tell us about future changes to your circumstances that you know about now that may affect your claim for benefit.

## Part 18: Checklist

- Have you entered you and your partner's name, address and National Insurance number?
- Have you checked the form to make sure you have not missed any questions that are relevant to you?
- Have you signed the declaration on page 20?

Information about the evidence you need to provide is in the enclosed 'Information booklet for Housing Benefit, Council Tax Benefit, Free School Meals and School Clothing Allowance'.

Evidence needed:	Providing now	Providing later	N/A
● Proof of identity	<input type="checkbox"/>	<input type="checkbox"/>	
● Proof of National Insurance number	<input type="checkbox"/>	<input type="checkbox"/>	
● Proof of Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of earned income (including self-employed earnings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of unearned income (benefits, tax credits, pensions etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of capital, savings, and investments (including National Savings, Shares, bonds and unit trusts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 19: About Equal Opportunities

It is our policy to ensure that everyone who applies to use our services receives equal treatment. The information that you provide in this section will allow us to make sure that our policy is being carried out effectively.

I would describe myself and my partner as: (please tick one box each)

	You	Your partner		You	Your partner
<b>Asian or Asian British</b>			<b>Mixed</b>		
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>	Any other mixed	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black or Black British</b>			<b>White</b>		
African	<input type="checkbox"/>	<input type="checkbox"/>	British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black	<input type="checkbox"/>	<input type="checkbox"/>	Any other White	<input type="checkbox"/>	<input type="checkbox"/>

## Part 20: Data Protection – How we collect and use information



The City of Bradford Metropolitan District Council will use the information you give in this form, and in any supporting evidence you send, to process your claim for Housing Benefit, Council Tax Benefit, Discretionary Housing Payments and Education Benefit. We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenues & Customs, as allowed by law.

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

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

Third parties include government departments, other local authorities and private-sector organisations such as banks and organisations that may lend you money. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

The City of Bradford Metropolitan District Council is the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use that information please write to :

The Data Protection Officer,  
Benefits Service,  
Britannia House,  
Hall Ings,  
Bradford, BD1 1HX.

## Part 21: 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 in the box provided should allow us to process your claim more quickly.

**Read this declaration carefully before you sign and date it.**

- **I understand** that this is my claim for Housing Benefit/Council Tax Benefit/Second Adult Rebate/Education Benefits (delete any that do not apply)
- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, 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, Council Tax Benefit, or Education Benefits. You may check some of the information with other sources as allowed by the law.
- **I authorise** all persons to provide any information that has been requested by the council in connection with this application for Housing Benefits, Council Tax Benefits or Education Benefits.
- **I understand** that you may use the information I have provided in connection with this and any other claim for social security benefits that I have made or may make.
- **I understand** that you may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** I must let Bradford Council's Benefits Service know **immediately** and in writing about any changes in my circumstances which may affect my claim.

Signature of person claiming

Date

Partner's signature

Date

## Part 22: Form completed by someone other than the person applying for benefit.

Why are you filling this form in on behalf of the person applying for benefit?

**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 of the person who filled in the form

Relationship to the person claiming (e.g friend/relative/agent/advisor)

Date