


Use this form to apply for Housing Benefit, Council Tax Reduction and Free School Meals

City of Bradford MDC

www.bradford.gov.uk

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.

Name

Address

Postcode

OFFICE USE ONLY

Please use black ink and BLOCK CAPITALS to fill in this form

Date form issued

Issued by: (Office & Initials)

Benefit /Reduction Reference 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/reduction.

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.

When did you move into the property?

/ /

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

/ /

Phone number

Providing your phone number or email address means we can contact you quickly if we need to ask a question. This may help us to process your claim more quickly. If we call you our number will show as "withheld". For us to accept unsigned information that you provide by email, you must confirm your email address.

Would you prefer to be contacted by email? Yes ☐ No ☐

E-mail address

Which of the following benefits do you wish to apply for?

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

- ☐ To apply for Housing Benefit and/or Council Tax Reduction you must read and fill in all parts of this form
- ☐ To apply for Maximum Alternative Assistance only, you need to read and fill in parts 1, 3 and 17 onwards.
- ☐ To apply for Free School Meals, apply online at www.bradford.gov.uk/schoolmeals, or read and fill in parts 1, 2, 5, 6, 7 and 17 onwards of this form.

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

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

Part 1: About you and your partner

Do you have a partner who normally lives with you?


No ☐

Yes ☐

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 person you live with as if you are civil partners

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

	You	Your partner
Title (Mr, Mrs, Miss, Ms, or other)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Maiden or former names or any other names you are or have been "known as".	<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"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>
Provide proof of identity and National Insurance Number. We cannot normally decide your claim if we do not have your National Insurance number. 	If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	If they do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>
	Are you waiting to be allocated a National Insurance number? <input type="checkbox"/>	Is your partner waiting to be allocated a National Insurance number? <input type="checkbox"/>

What was the previous address you were living at?	<input type="text"/>	<input type="text"/>
Were you a home owner, a council tenant, a private tenant or living with friends or family at this address? (State which).	Postcode <input type="text"/>	Postcode <input type="text"/>
Are you or your partner currently getting Housing Benefit and/or Council Tax Reduction?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is this at your current or previous address? (State which).	<input type="text"/>	<input type="text"/>
When did you move into your previous address?	<input type="text"/>	<input type="text"/>
When did you leave your previous address?	<input type="text"/>	<input type="text"/>
If you were renting when did you inform your landlord?	<input type="text"/>	<input type="text"/>
Date the tenancy ended at the previous address?	<input type="text"/>	<input type="text"/>

You**Your partner**

Why did you leave your previous address?

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 5 years?

Yes ☐ No ☐ We will write to you about this.

Yes ☐ No ☐ 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 Maximum Alternative Assistance – 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?

No ☐
Yes ☐

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

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?

No ☐
Yes ☐ Amount / How often?

Provide proof.


 £ /

No ☐
Yes ☐ Amount / How often?

 £ /

Tick all that apply to you and/or your partner

☐ An apprentice

☐ Severely mentally impaired

☐ Long-term sick or disabled

☐ On youth training

☐ Registered blind – Provide documentation



☐ None of these

☐ In legal custody (on remand, in prison)

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 get 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 for your children. If you **do not** want to claim Free School Meals, please tick here ☐

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 or nursery attended including postcode.	<input type="text"/>	<input type="text"/>	<input type="text"/>
What date did they start at this school or nursery?	<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"/>
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, or is waiting to get, Disability Living Allowance? Provide proof. 	No <input type="checkbox"/> Yes <input type="checkbox"/> Waiting to get <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Waiting to get <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Waiting to get <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)?

Provide proof.

Please state the name and registration number of the childcare provider

Provide proof.

Do you receive childcare vouchers?

Provide proof.

No ☐ Go to Part 3
Yes ☐ Amount / How often?

£ /

Name

Number

No ☐
Yes ☐ Amount / How often?

£ /

No ☐ Go to Part 3
Yes ☐ Amount / How often?

£ /

Name

Number

No ☐
Yes ☐ Amount / How often?

£ /

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

National Insurance No.

Male or female

What is their relationship to you or your partner?

Previous address

Date moved in

Date moved out


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 3B

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. 

First person

No ☐ Go to Part 3C
Yes ☐ Answer questions in this section

Second person

No ☐ Go to Part 3C
Yes ☐ Answer questions in this section

Third person

No ☐ Go to Part 3C
Yes ☐ Answer questions in this section

Amount charged/ How often?

£ /

£ /

£ /

Do you give them meals?

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

Amount charged/ How often?

£ /

£ /

£ /

Do you give them heating?

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

Amount charged/ How often?


£ /


£ /


£ /


Part 3C

Do they get Income Support, Income-based Jobseeker's Allowance or Pension Credit? If yes go to **Part 4**

No ☐
Yes ☐ Provide proof. 

No ☐
Yes ☐ Provide proof. 

No ☐
Yes ☐ 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 ☐
Yes ☐ Tell us which

No ☐
Yes ☐ Tell us which

No ☐
Yes ☐ Tell us which


Are they severely mentally impaired? Do they have a mental illness, brain damage or a learning disability.

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

How many hours a week do they work?

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.

Do they have any unearned income at all?


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 

This includes any benefits (for example Disability Living Allowance/Personal Independence Payments, Attendance Allowance, Child Benefit, Child Tax Credit, Working Tax Credit, Employment Support Allowance, Pension Credit, Universal 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.

Type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount before deductions & how often	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>
Type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount before deductions & how often	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>
Type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount before deductions & how often	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>	£ <input type="text"/> / <input type="text"/>

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date moved out	<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"/>

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

Do you get Attendance Allowance?

No ☐

Yes ☐ Provide proof. 

Do you get Disability Living Allowance?

No ☐

Yes ☐ Provide proof. 

Care and/or Mobility?

Care ☐ Mobility ☐


Do you have a vehicle from a Mobility Scheme?

No ☐

Yes ☐

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

No ☐

Yes ☐ Provide proof. 


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

No ☐

Yes ☐

Your partner

No ☐

Yes ☐ Provide proof. 

No ☐

Yes ☐ Provide proof. 

Care ☐ Mobility ☐

No ☐

Yes ☐

No ☐


Yes ☐ Provide proof. 

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/Personal Independence Payments | <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

The name of the benefit or pension

Waiting to hear ☐ Getting now ☐

How much/how often?

£ /

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

Your partner

Waiting to hear ☐ Getting now ☐

£ /

The name of the benefit or pension

Waiting to hear ☐ Getting now ☐

How much/how often?

£ /

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

Waiting to hear ☐ Getting now ☐

£ /

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 <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of claim if waiting to hear.	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
Income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of claim if waiting to hear.	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of claim if waiting to hear.	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

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"/> Armed Forces Independence Payments | <input type="checkbox"/> Fostering Allowance | <input type="checkbox"/> State Retirement Pension |
| <input type="checkbox"/> Bereavement Allowance | <input type="checkbox"/> Guardian's Allowance | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Child Benefit | <input type="checkbox"/> Industrial Death Benefit | <input type="checkbox"/> War Pension |
| <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Maternity Allowance | <input type="checkbox"/> War Widow's Pension |
| <input type="checkbox"/> Contribution-based Jobseeker's Allowance | <input type="checkbox"/> New Deal Employment Credit | <input type="checkbox"/> Widow's Pension |
| <input type="checkbox"/> Disability Living Allowance/Personal Independence Payments | <input type="checkbox"/> New Deal Grant | <input type="checkbox"/> Widowed Parent's/Mother's Allowance |
| | <input type="checkbox"/> Pre 1973 War Widow's Pension | <input type="checkbox"/> Working Tax Credit |

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 is not listed, you must still tell us.

	You	Your partner
The name of the benefit(s) 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?	£ <input type="text" value=""/> / <input type="text" value=""/>	£ <input type="text" value=""/> / <input type="text" value=""/>
Method of payment – into bank account, cheque, cash, giro	<input type="text"/>	<input type="text"/>
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?	£ <input type="text" value=""/> / <input type="text" value=""/>	£ <input type="text" value=""/> / <input type="text" value=""/>
Method of payment – into bank account, cheque, cash, giro	<input type="text"/>	<input type="text"/>

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

If you need more space use Part 17

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, The McFarlane Trust or The Caxton Foundation

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?	£ <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 increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Method of payment – into bank account, cheque, cash, giro	<input type="text"/>	<input type="text"/>
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 increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Method of payment – into bank account, cheque, cash, giro	<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?

Postcode

Telephone No.

Postcode

Telephone No.

When did you start this job?

/

/

/

/

Are you employed for a limited period?

No ☐
Yes ☐ When will you finish?

No ☐
Yes ☐ When will they finish?

/

/

/

/

What is your payroll, employee or staff number?

Type of work or job title

How many hours a week do you usually work?

How are you paid?
Straight into a bank or building society, cash, or cheque.

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 ☐ If yes, when did this start?

No ☐
Yes ☐ If yes, when did this start?

/

/

/

/

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

No ☐
Yes ☐

No ☐
Yes ☐

When do you intend to return to work?


/ /

/ /

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 get 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

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 ☐ If yes, please give the date it went on the market and the estate agent details

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

When did you get this payment?


/ /

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, 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.

Do you and/or your partner have any savings accounts with a bank, building society or Post Office (this includes ISA'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. You must give us your landlord/agent's name and address. If you give us their phone number this may speed up your claim.
☐ If you do not want us to discuss details of your claim with your landlord/agent please tick here

What is your landlord's full name and address?

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

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

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 start 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 ☐

Please send proof of this



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?

£

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

No ☐

Have you ever stayed in a homeless hostel(s) for a period that adds up to 3 months or more and where you got support to help you resettlement in the community?

Yes ☐

If yes, give details of where and when you stayed. We may contact you for more information.

Part 14: About how we pay Housing Benefit

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

- Incommunities • Supported Housing • Housing association
- Caravan / Houseboat / Hostel • Your tenancy started before 15 Jan 1989

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	<input type="text"/>		
Name of bank / building society	<input type="text"/>		
Branch name and address	<input type="text"/>		
Account Number	<input type="text"/>	Sort Code	<input type="text"/> <input type="text"/> <input type="text"/>
Roll Number	<input type="text"/>		

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

We recognise 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 applies 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"/>	<div></div>	
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

Bedrooms

Living rooms

Kitchens

Bathrooms or shower rooms

Separate toilets

Other rooms

Please specify

Does your home have central heating?

No ☐

Yes ☐

Does your home have a garden?

No ☐

Yes ☐

Does your home have a garage?

No ☐

Yes ☐

Do you have to rent the garage as part of your tenancy agreement?

No ☐

Yes ☐

Does your home have a designated parking space?

No ☐

Yes ☐

Has your home been built or adapted for people with disabilities?

No ☐

Yes ☐

Do you use your home for business?

No ☐

Yes ☐

Is furniture provided by the landlord?

No ☐

Yes ☐

If yes - All ☐

Some ☐

Very Little ☐

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 Reduction, Free School Meals'.

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"/>
● Proof of rental payments made to date	<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 gets equal treatment. The information you provide in this section allows us to make sure 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
Asian or Asian British			Mixed		
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"/>
Black or Black British			White		
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 any supporting evidence, to process your application for Housing Benefit, Council Tax Reduction, Discretionary Housing Payments and Free School Meals. We may also disclose your information to other council departments where necessary and lawful, for the provision of services and the prevention and detection of fraud. For more information visit www.bradford.gov.uk. We may pass the information to other 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. If you have not ticked the box in part 13, we may share information about your claim with your landlord or their agent, as per our Landlord Disclosure Policy. We will not normally give them any personal information about you or your household members or give details about your finances.

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,
Revenues & 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 application for Housing Benefit/Council Tax Reduction/Maximum Alternative Assistance/Free School Meals (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 application. 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
- **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 share or match information with other authorities and 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 applying

Date

Partner's signature

Date

Part 22: Form completed by someone other than the person applying for benefit/reduction

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

I declare that as far as possible, I have confirmed with the person applying 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 applying (e.g friend/relative/agent/advisor)

Date