

Housing Benefit and Council Tax Benefit - claim form

This form was sent to:

Issue date:



How we collect and use information

We collect information to deal with your claim for Housing Benefit and Council Tax Benefit, but we may also use it for other purposes. We may check your information with other information we hold about you. We may also get information about you from other organisations, or give them information, to check that the information you give on this form is accurate, to prevent or detect crime, or to protect public money in other ways, as allowed by law. These other organisations include government departments and local authorities. We will not give information about you to anyone outside the council, unless the law allows us to. We will keep to the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use this information, please write to:

Data Protection Officer
Time Square
Market Street
Bracknell
Berkshire
RG12 1JD.

Office use

Date issued:

Date received:

We aim to make sure that we pay the right benefit to the right person at the right time.

Reception and opening times

Time Square
Market Street
PO Box 3781
Bracknell
Berkshire
RG12 1HJ
Open Monday to Friday, 8.30am to 5pm

How to contact us

Bracknell Forest Council
Time Square
Market Street
PO Box 3781
Bracknell
Berkshire
RG12 1HJ
Email: benefits@bracknell-forest.gov.uk
Phone: 01344 352010
Fax: 01344 351347
Textphone: 01344 352045

How to fill in the form

- If you would like this application form in large print, please phone our benefits service on 01344 352010.
- Please fill in this form using **black ink**. There are notes to help you on the next page. Please read these carefully.
- **Please answer all the questions on the form. If they do not apply to you, write 'None' or 'Does not apply'**
- If you do not fill in the form properly, it will take us longer to deal with your claim.
- If you tell us your daytime phone number, we will be able to phone you if we need to check any information you have given us. This could speed up your claim.
- You must return this form to us straight away with all the proof we have asked for. If you delay sending it, you could lose benefit. You must send us the missing proof within one month, or we will cancel your claim.
- We can only accept original documents as proof. We cannot accept any photocopies. If you send us documents that are valuable, we will record that we have received them and return them to you by recorded delivery.
- When you have filled in this form, please return it in the envelope provided.
- If you need help or you would like someone to visit you at home to help fill in this form, please contact us.
- You can bring your claim form and documents to our offices. We will copy the originals while you wait and then give you them back.
- Please send in your filled-in form to:
Benefits Service
Time Square
Market Street
PO Box 3781
Bracknell
Berkshire
RG12 1FU

Filling in your benefit form

This form is set out in sections that ask you questions about you, your partner, your children and anyone else who lives with you.

We will also ask you questions about the property you live in. We need this information to work out your benefit. Our aim is to pay the **right person, the right benefit, first time – every time.**

Please use this part of the form to check that you have provided all the information that we have asked you for.

About you and your partner

Proof of identity

Your National Insurance numbers

Have you given us all of the details we have asked for about your circumstances?

About your children

Have you told us about your dependent children, and allowed us to see your Child Benefit book or a letter to confirm that you receive benefit for them?

About other people who live in your home

Have you told us about everyone else who is living with you?

Have you given us proof of their income or payments that they make to you?

About your income

Have you told us about any work that you do (paid or unpaid) and told us about your income from state benefits or other sources?

About your savings and investments

Have you told us about all your bank accounts, stocks and shares and any other investments you have?

About your rent

You only need to fill in this part of the form if you pay rent or ground rent to a private landlord or registered social landlord (housing association).

Have you given us details of the property and given us proof of your rent that confirms how much you pay, when you pay it and gives full details of the landlord or agent?

More information

Have you written down any other information that you think is relevant to your application?

Declaration

Have you read and understood the declaration and signed your application form?

A claim form for **Housing Benefit and Council Tax Benefit**

(Please use black ink to fill in this form.)

Please fill in this form and return to us straight away, or you may lose benefit.

If you need any help filling in this form or you need more information on how to claim, please phone our Benefits Service on 01344 352010.

If you are just claiming Second Adult Rebate (see page 3), please tick this box and only fill in part 1, part 3 and part 18 of this form.

Are you: an owner-occupier? private tenant? housing association or social landlord tenant? temporary accommodation?

If you are receiving Income Support, income-based jobseeker's allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit), please tick this box .

	You	Your partner
Last name	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms or other)	<input type="text"/>	<input type="text"/>
Address (including the postcode and room number if you have one)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <small>A partner means your husband, wife or civil partner, or a person you live with as if they were your husband, wife or civil partner. A civil partner is someone who has entered into an agreement (known as a 'civil partnership') with a same-sex partner so they have the same legal rights as a married couple.</small>
What date did you move to this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance (NI) number You can find this on payslips or letters from the Department for Work and Pensions (DWP) or HM Revenue and Customs. We cannot normally make a decision about your claim if we do not have your NI number. We need to see original proof of this.	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have a National Insurance number, tick this box. <input type="checkbox"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have a National Insurance number, tick this box. <input type="checkbox"/>
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"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Your home, mobile or work phone number Would you like us to contact you by text message. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Your email address	<input type="text"/>	<input type="text"/>

Part 1 About you and your partner (continued)

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

You

No Yes

/ /

When did you last claim?

What address (including postcode) did you claim for?

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

Are you British?

No Yes

If 'No', what is your nationality?

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

The UK is England, Northern Ireland, Scotland and Wales. Please send us your documents from the Home Office.

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

No Yes
 If 'Yes', please send us your documents from the Home Office.

Are you eligible to claim benefit in the UK?

No Yes

Your partner

No Yes

/ /

No Yes

/ /

No Yes
 If 'Yes', please send us your documents from the Home Office.

No Yes

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 2 About children

We need to know about any children who live with you and who are:

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

Are there any children living with you as described above? **No** Go to **part 3**.
Yes Please fill in this part. If there are more than four children, use a separate piece 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 piece of paper, tick this box.**

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	Male <input type="checkbox"/> Female <input type="checkbox"/>	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"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address (including postcode) if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? Please provide original proof.	Me <input type="checkbox"/> My partner <input type="checkbox"/> Other <input type="checkbox"/> Please give details.	Me <input type="checkbox"/> My partner <input type="checkbox"/> Other <input type="checkbox"/> Please give details.	Me <input type="checkbox"/> My partner <input type="checkbox"/> Other <input type="checkbox"/> Please give details.	Me <input type="checkbox"/> My partner <input type="checkbox"/> Other <input type="checkbox"/> Please give details.
	<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"/>

Part 2 About children (continued)

	First child	Second child	Third child	Fourth child
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide original proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide original proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide original proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide original proof.
	Care part	Care part	Care part	Care part
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	Mobility part	Mobility part	Mobility part	Mobility part
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club? Please 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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is the name and registration number of the childminder or nursery? Please provide proof.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
How much do you pay a week? Please provide proof.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 3 About other people who live with you

Do any adults usually live with you and your partner?

No Go to part 4.

By 'adults' we mean people over 16 who nobody gets Child Benefit for.

Yes Fill in this section.

Last name

First name

Date of birth

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, Pension Credit (Guarantee Credit) or Pension Credit (Savings Credit)?

Please provide proof.

Do they get Disability Living Allowance or Attendance Allowance?

Please provide proof.

How much a week?

Are they registered blind?

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

If 'Yes', tell us which. Please provide proof.

Do they have severe mentally illness, learning disability or form of dementia?

Are they in legal custody at the moment?

When did they go in?

When are they expected to come out?

First person

 / /

No Yes

No Yes

£

No Yes

No Yes

No Yes

No Yes

 / /
 / /

Second person

 / /

No Yes

No Yes

£

No Yes

No Yes

No Yes

No Yes

 / /
 / /

Third person

 / /

No Yes

No Yes

£

No Yes

No Yes

No Yes

No Yes

 / /
 / /

Part 3 About other people who live with you (continued)

Are they in hospital at the moment?

When did they go in?

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

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

Tell us how much they earn before any deductions (for example, tax and National Insurance).

Please provide proof.

How much?

How often?

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

If 'Yes', please tell us about it.

Please provide proof.

How much a week?

Does this include money for food?

Does this include money for heating?

Do they have any other income?

We need to know about all other income they have. This includes any benefits and allowances they receive.

If 'Yes', tell us about it below.

1 What type of income do they receive? Please provide proof.

How much a week?

First person

No Yes

/ /

/ /

No Yes

£

Every week

Every two weeks

Every four weeks

Every month

No Yes

£

No Yes

No Yes

No Yes

£

Second person

No Yes

/ /

/ /

No Yes

£

Every week

Every two weeks

Every four weeks

Every month

No Yes

£

No Yes

No Yes

No Yes

£

Third person

No Yes

/ /

/ /

No Yes

£

Every week

Every two weeks

Every four weeks

Every month

No Yes

£

No Yes

No Yes

No Yes

£

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 3 About other people who live with you (continued)

2 What type of income do they receive? Please provide proof.

How much?

How often?

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

3 What type of income do they receive? Please provide proof.

How much?

How often?

First person

£

- Every week
 Every two weeks
 Every four weeks
 Every month

£

- Every week
 Every two weeks
 Every four weeks
 Every month

Second person

£

- Every week
 Every two weeks
 Every four weeks
 Every month

£

- Every week
 Every two weeks
 Every four weeks
 Every month

Third person

£

- Every week
 Every two weeks
 Every four weeks
 Every month

£

- Every week
 Every two weeks
 Every four weeks
 Every month

Are any of the people who normally live with you married to each other or living together as if they were married? We call these people 'partners'.

No

Yes Tell us their names below.

is the partner of

is the partner of

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

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

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

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

You

No

Yes When did you start getting it?
Please provide proof.

/ /

No

Yes When did you claim?

/ /

Which benefit are you getting or waiting to hear about?

- Income Support
- Income-based Jobseeker's Allowance
- Pension Credit (Guarantee Credit)

Your partner

No

Yes When did you start getting it?
Please provide proof.

/ /

No

Yes When did you claim?

/ /

Which benefit are you getting or waiting to hear about?

- Income Support
- Income-based Jobseeker's Allowance
- Pension Credit (Guarantee Credit)

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 5 About being self-employed

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 as proof. If you have only recently set up the business and do not have a full year's accounts, you will need to fill in the self-employed earnings form at the back of this form.

What kind of work do you do?

You

When did the business start?

 / /

What is the business address (including postcode)?

Do you have any business partners?

No

Yes Tell us their name and address (including postcode).

How many hours a week do you usually work?

Do you get a business start-up allowance?

No

Yes How much?

£

How often?

Every week Every four weeks Every year

Every two weeks Every month

Do you pay into a private pension scheme?

No

Yes Please provide proof.

£

Your partner

 / /

No

Yes Tell us their name and address (including postcode).

No

Yes How much?

£

Every week Every four weeks Every year

Every two weeks Every month

No

Yes Please provide proof.

£

Part 6 About working for an employer

Do you or your partner work for an employer?

No Go to **part 7**.

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

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

Write your name and address (including postcode) at the top of each page.

What kind of work do you do?

You

Your partner

What is your employer's name and address (including postcode)?

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

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

Please provide proof.

How much?

£

£

How often?

Every week

Every four weeks

Every two weeks

Every month

Every week

Every four weeks

Every two weeks

Every month

How are you paid?

Please provide proof.

Cash

Cheque

Straight into the bank

Cash

Cheque

Straight into the bank

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 6 About working for an employer (continued)

	You	Your partner
How many hours a week do you usually work?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
When was your last pay rise?	<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"/>
When will your next pay rise be?	<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"/>
Give details of any regular overtime, bonuses or commission you get.	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Statutory Maternity Pay (SMP) or Statutory Adoption pay (SAP) from your employer at the moment? Please provide proof.	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? Please provide proof.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/>
If you pay into a private pension scheme, please tell us the name of the scheme.	<input type="text"/>	<input type="text"/>
If you cannot provide wage slips as proof of your earnings, you and your employer should fill in the proof of earnings.		
Can you provide wage slips as proof of your earning? If 'No', are you enclosing the filled-in proof of earnings form now?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 7 About any other work

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

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

No Go to **part 8**.

Yes Answer the questions on this page.

What other work do you do?

You

Your partner

What is the name and address (including postcode) of the person or company you do this work for?

When did you start this work?

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

How many hours a week do you usually work?

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

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

Do you get paid?

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

No

Yes

No

Yes

How much?

£

£

How often?

Every week

Every four weeks

Every two weeks

Every month

Every week

Every four weeks

Every two weeks

Every month

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 8 About other benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to part 9.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

The list below shows examples of the benefits you could claim.

Tell us about any of these that you are claiming or have claimed which you have not already told us about on this form.

- Attendance Allowance
- Statutory Adoption Pay (SAP)
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Disability Living Allowance (care component and mobility component)
- Income-related Employment and Support Allowance or contribution-based Employment and Support Allowance
- Fostering Allowances
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (Savings Credit) or Pension Credit (Guarantee Credit)
- Severe Disablement Allowance
- State Pension
- Statutory Maternity Pay (SMP)
- Statutory Paternity Pay (SPP)
- Statutory Sick Pay (SSP)
- War Disablement Pension
- War Widow's Pension or War Widower's Pension
- Working Tax Credit

If you are getting or have claimed a benefit (even if it is not listed above) tell us about it below.

If you are sending a separate piece of paper, tick this box. Write your name and address (including postcode) at the top of each page.

	You	Your partner
The name of the benefit or pension	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
How much?	£ <input style="width: 60%;" type="text"/>	£ <input style="width: 60%;" type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>
The name of the benefit or pension	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
How much?	£ <input style="width: 60%;" type="text"/>	£ <input style="width: 60%;" type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>

Part 8 About other benefits cash and pensions (continued)

If you are sending a separate piece of paper, tick this box. Write your name and address (including postcode) at the top of each page.

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> I am not receiving it yet <input type="checkbox"/>

Part 9 About other money coming in

Do you or your partner, or any children you are claiming for, 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 work pensions and private pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowance, a student grant or loan, and any cash payments. Also, tell us about any money you get from people living in your home as boarders, lodgers or subtenants. This also includes any money you are owed or redundancy payments you know you will be getting.

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 or the MacFarlane Trust.

	Other money 1	Other money 1	Other money 1
What is the money for?	<div style="border: 1px solid #ADD8E6; height: 100px;"></div>	<div style="border: 1px solid #ADD8E6; height: 100px;"></div>	<div style="border: 1px solid #ADD8E6; height: 100px;"></div>
Who gets it?	<div style="border: 1px solid #ADD8E6; height: 60px;"></div>	<div style="border: 1px solid #ADD8E6; height: 60px;"></div>	<div style="border: 1px solid #ADD8E6; height: 60px;"></div>
How much?	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Please provide proof.			
How often?	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> Every year <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> Every year <input type="checkbox"/>	Every week <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every month <input type="checkbox"/> Every year <input type="checkbox"/>
How is this paid?	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Straight into the bank <input type="checkbox"/>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Straight into the bank <input type="checkbox"/>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Straight into the bank <input type="checkbox"/>
When did you start getting this income?	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

Part 10 About bank accounts, savings, investments, cash and property

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

Do you or your partner have any bank, building society or post office accounts? **No** **Yes** If 'Yes', please give the details below.

We need to know about all of your accounts even if you are overdrawn or there is no money in the account.

Type of account (for example a current account or a savings account.)	Name of the bank or building society	Account number	Whose name is the account in? (If it is a joint account, please tell us all the names.)	Current balance (Please provide proof.)
				£
				£
				£
				£
				£

Do you or your partner have any unit trusts, ISAs, PEPs, TESSAs or other investments? **No** **Yes** If 'Yes', please give the details below.

Type of account (for example a current account or a savings account.)	Name of the bank or building society	Account number	Whose name is the account in? (If it is a joint account, please tell us all the names.)	Current balance (Please provide proof.)
				£
				£
				£
				£
				£

Do you or your partner have any shares? **No** **Yes**
If 'Yes', please give the details below.

Name of the company the shares are held in	Number of shares

Do you or your partner have any bonds? **No** **Yes** If 'Yes', please give the details below.
This includes Premium Bonds, income bonds or capital bonds

Type of bond	Name the bond is in (If it is in joint names please tell us all the names.)	Number of bonds	Total amount (Please provide proof.)
			£
			£
			£
			£
			£

Part 10 About bank accounts, savings, investments, cash and property (continued)

Do you or your partner own any property in the UK or abroad?

No Yes If 'Yes', please give the details below.

Property address (including postcode)	Approximate value
	£
	£

Do you or your partner have any unit trusts, ISAs, PEPs, TESSAs or other investments?

No Yes If 'Yes', please give the details below.

Type of saving or investment	Name of the bank or building society	Account number	Whose name is the account in? (If it is a joint account, please tell us all the names.)	Current balance (Please provide proof.)
				£
				£
				£
				£
				£

Do you or your partner have any National Savings Certificates?

No Yes Please provide proof.

Do any of your savings or investments include:

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

No Yes Please provide proof.

Have you or your partner received:

- a compensation payment for being a far eastern prisoner of war
- a compensation payment for the suffering you went through during the Second World War?

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

No Yes What payment did you receive? Who received the payment?
A compensation payment for being a far eastern prisoner of war

You Your partner

A compensation payment for the suffering you went through during the Second World War

You Your partner

Have you, your partner or any children you are claiming for received a payment from the CJD (Creutzfeldt-Jakob Disease) Trust?

No Yes

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 11 About where you live

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 (including postcode) of where you are living at the moment?

Have you sublet your home?

No Yes Who lives there now?

Do you own your home or have a mortgage?

No Go to the next question.

Yes Go to part 14.

Do you pay us rent for temporary accommodation?

No Answer the questions below.

Yes Go to part 14.

What sort of building do you live in?

Tick one box only.

Detached house

Semi-detached house

Terraced house

Maisonette

Bungalow

Flat in a house

Flat in a block

Flat over a shop

Bedsit, rooms or a studio flat

Caravan, mobile home or houseboat

Board and lodgings

Hotel

Hostel

Residential nursing home

Residential care home

Other

Please give details below.

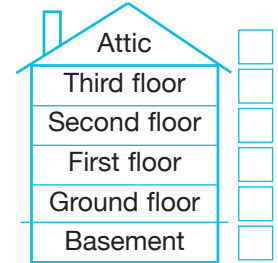
Does your home have central heating?

No Yes

Part 11 About where you live (continued)

How many floors are there in the building? (See the diagram.)

On the diagram, please tick the boxes of all the floors you live on.



Do you and your household live in only part of the building?

Looking at the building from the front, where in the building do you live?

At the front

In the middle

At the back

On the left

On the right

Please fill in the table below to tell us how many rooms there are in the building.

	Bedsits	Living rooms or dining rooms	Bedrooms	Kitchens	Bathrooms or shower rooms	Toilets	Other (please give details)
Total number of rooms in the whole building							
Number of rooms only you and your family use							
Number of rooms you share with people other than your family							

Do you use your home for business?

No Yes Tell us about it below.

Do you have a main home somewhere else?

No Yes Tell us about it below.

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 (including postcode)?

Part 12 About rent

Do you pay rent for the home you live in?

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

No Go to **part 14**.

Yes Answer the next question.

What is your landlord's full name and business address (including postcode)?

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

If your landlord has an agent, tell us their full name and business address (including postcode).

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

Have you ever had another tenancy with this landlord?

No Yes

If 'Yes', what was the address (including postcode)?

What date did the tenancy start?

 / /

What date did the tenancy end?

 / /

When you entered into your current tenancy, could you afford the rent?

No Yes

Have you claimed Housing Benefit in the last 52 weeks?

No Yes

Are you, your partner or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

'Related' includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No Yes What is the relationship?

Do you want to register for our affordable housing or low-cost home-ownership scheme?

No Yes

Whenever we ask you for proof, you must provide original proof if the question applies to you, your partner or someone else living with you. There is a checklist in part 15 of the form to help you.

Part 12 About rent (continued)

When did you start renting your home?

□□	/	□□	/	□□□□
----	---	----	---	------

When did you move to this address?

□□	/	□□	/	□□□□
----	---	----	---	------

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

□□	/	□□	/	□□□□
----	---	----	---	------

What sort of tenancy do you have?

Shorthold Assured Protected Other Please give details below.

--

What period does the tenancy cover?

From

□□

 /

□□

 /

□□□□

 to

□□

 /

□□

 /

□□□□

Is the property:

furnished? hardly furnished?
partly furnished? unfurnished?

How much rent do you pay?

Please provide proof. If you do not have a tenancy agreement, please ask your landlord to fill in the form on page 41.

How much?

£

How often?

Every week Every four weeks Every year
Every two weeks Every month

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

No Yes Tell us who below.

Give their names and their relationship to you and your partner.

Names

Relationship

--

Has there been a death in the household within the last 12 months?

No Yes

We must see original proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist in part 15 to see what you can use as proof.

Part 12 About rent (continued)

How much rent do you pay?

Please provide proof.

How much?

£

How often? Every day

Every week

Every two weeks

Every four weeks

Every month

Has a rent officer registered your rent as a fair rent?

No

Yes

Please send us the notice of registration form 1 as proof.

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

No

Yes

How many in a year?

Please provide proof.

Are you behind with your rent?

No

Yes

How many weeks' rent do you owe?

Please provide proof.

Who pays the council tax bill for your home? Tick the box that applies.

You or your partner

Your landlord

Someone else

Please tell us who below.

Does your rent include money for the following? Please provide proof.

Meals

No

Yes

Which meals?

Breakfast

Lunch

Evening meal

Water authority charges

No

Yes

How much?

£

How often?

Every day

Every week

Every two weeks

Every four weeks

Every month

Heating

No

Yes

How much?

£

How often?

Every day

Every week

Every two weeks

Every four weeks

Every month

Lighting

No

Yes

How much?

£

How often?

Every day

Every week

Every two weeks

Every four weeks

Every month

Part 12 About rent (continued)

Hot water	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Fuel for cooking	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Laundry	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Cleaning rooms or windows	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Gardening	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Garage or parking space	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
Personal care and support	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>	How much? £ <input style="width: 150px;" type="text"/>	How often?	Every day <input type="checkbox"/> Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/>
	What are these charges for?	<input style="width: 500px; height: 20px;" type="text"/>		

Part 13 Paying benefits

Council Tax Benefit

We will pay this benefit into your council tax account, and we will send you a revised bill.

Private tenants

If you rent from a housing association, a charity or a hostel, you can usually choose how to receive your benefit - either into your own bank or building society account or to your landlord. Please fill in option 1 or option 2 below.

For all other private tenants

We will pay your benefit direct into your account. Please fill in your details in **option 1**.

If you find it difficult to manage your money we may be able to pay your benefit direct to your landlord. To help us decide if we can do this, please fill in **option 2** of the form. We may need to write to you for more information.

If you do not have a bank or building society account, you should phone our Benefits Service on 01344 352010. We will give you advice about opening a basic bank account.

Local Housing Allowance - private tenants

From 7 April 2008 local authorities introduced a new way of working out Housing Benefit for private tenants, called Local Housing Allowance (LHA).

Under the new system you will receive a standard allowance based on the number of bedrooms you need for yourself and your family. We publish these allowances beforehand, so you can find out how much rent you can claim Housing Benefit for before you rent a property.

As well as changing the way we work out Housing Benefit the new system changes the way we pay the benefit to private tenants. If you are a private tenant, you can no longer choose to have us pay your benefit to your landlord. But, if you feel there is a reason why you could not manage paying your own rent, you should contact us to explain why.

Options for paying benefit to private tenants

Option 1

Paying benefit direct into your bank or building society

This is a safe and easy way to get your Housing Benefit. In most cases, we will pay your benefit every two weeks for the previous two weeks.

Please give us the following details.

1 The name and address (including postcode) of your bank or building society

2 Your bank account number Your building society number

3 Bank sort code Building society roll number

4 Type of building society account

5 The name or names the account is in

Option 2

If you rent your property from a private landlord, you must fill in this section if you would like us to pay benefit direct to your landlord because you do not feel you could manage your own rent. You must answer all questions and give us as much information and proof as possible. We will use this information to decide who to pay. If we do decide to pay your landlord, we will write to them for information about their bank details. We will regularly review our decision to pay your landlord.

6 Please tell us if any of the following would make it difficult for you to pay your rent.

Learning problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Physical problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Mental-health problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Coping with addiction, for example alcohol addiction, substance abuse or gambling	No <input type="checkbox"/>	Yes <input type="checkbox"/>

7 If you have answered 'Yes' to any of the above, please tell us how they would affect you paying your rent.

8 Do you currently receive any support or help managing your finances? No Yes

9 If 'Yes', please tell us who helps you.

10 Are you currently behind with you rent? No Yes

If 'Yes', please tell us how much you owe this for.

We will need proof of this.

11 Have you previously found it difficult to keep up with your rent payments? No Yes

If 'Yes', please tell us why.

12 Please use the space below to give us any more information to show why we should pay your benefit to your landlord.

13 If we decide to pay your Housing Benefit direct to your landlord we will write to them for their account details. Please give us the contact details for your landlord, for example their name and address (including postcode).

Part 14 Anything else you need to tell us

Please use this space to tell us anything else you think we should know about.

Use a separate piece of paper and attach it to this form if you need to.

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

I have filled in Section 13 to ask you to pay my benefit to be paid to my landlord.

Part 15 Checklist

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

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back

straight away. If you cannot get into the office, phone us for more advice.

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

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

Proof of identity **Proof enclosed** No Yes
 If 'No', say why you have not sent it and when you will be available to send it

Proof of identity

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

Proof of your address No Yes

Examples include a recent gas or electricity bill or a TV licence.

Proof of National Insurance number No Yes

Examples include a National Insurance number card, payslips or letters from the Department for Work and pensions, or HM Revenue & Customs.

Proof of savings and investments No Yes

Examples include all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, payments you get from investments and savings. The proof you send must show details for at least the last two months.

Proof of earnings No Yes

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

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have these payslips, please contact us for a form for your employer to fill in. If you (or your partner) are self-employed, we need to see

Proof of other income **Proof enclosed** No Yes
 If 'No', say why you have not sent it and when you will be available to send it

your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

Proof of other income No Yes

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

Examples include pension slips from a previous employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.

Proof of benefits, allowances or pensions No Yes

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

Examples include current award notices or letters from the DWP confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post.

Proof of private rent and tenancy No Yes

Examples include a rent book, rent receipts, a current tenancy agreement or a letter from your landlord.

Proof of other money you pay out No Yes

Such as letters about student grants or maintenance agreements or receipts from registered childminders.

Make sure you read and sign the declaration on page 29.

Part 16 Help with making your claim for benefit

If you would like somebody else to help with your claim for benefit or you would like to give somebody else information about your claim, please fill in the following section. You will need to choose from the following options by ticking the box for option 1 or option 2.

Option 1

I would like somebody else to make claims on my behalf. I understand that you will send all future letters about my benefit claim and payments to this person.

I would like the following person to act on my behalf.

Last name

First names

Title (Mr, Mrs, Ms or other)

Address (including
postcode)

The person you want to act for you will need to read and sign the following statement.

- I understand that I will be able to act on behalf of the person claiming.
- I understand that I will receive letters and benefit for the person claiming.
- I understand that I will be able to ask questions on behalf of the person claiming.
- I understand that I must let you know in writing about any change in the circumstances of the person claiming which might affect their claim.
- I understand that I will be responsible if you pay too much benefit because of the information I provide.
- I understand that if I give information that is incorrect or incomplete, you may take action against me, which may include court action.

Signature of the person
agreeing to make the claim

Date

 / /

Option 2

I would like you to send all letters and forms about my claim to the following person. I will continue to sign any applications for benefit myself and you should continue to send the benefit to me.

I would like the following person to receive forms and letters on my behalf.

Last name

First names

Title (Mr, Mrs, Ms or other)

Address (including
postcode)

Part 17 Backdating

When you apply for Housing Benefit or Council Tax benefit, we will normally pay your benefit from the Monday after the date you first contact us.

We may be able to pay you benefit from an earlier date if you can give us a good reason why you did not apply earlier.

Date you want to claim benefit from / /

From this earlier period, were your circumstances the same as on this form **No** **Yes**

If 'No', we will write to you about this.

Please tell us why you have not claimed before and give as much detail as possible. If your reasons include any medical problems, please provide a doctor's letter to support your application. Continue on a separate piece of paper if you need more space. **Remember**, the more information you can give us the better.

Part 18 Declaration – please read and sign this section

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, if they sign this form, this will help us to process your claim more quickly, but they do not have to sign.

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

- The information I have given on this form is correct and complete.
- If I give information that is incorrect or incomplete, this may delay my benefit, I may not receive any benefit and you may take action against me. This may include court action.
You will use my information and keep it in line with the Data Protection Act 1998.
For more information on how we use your information and your rights to see it, please phone our Benefits Service on 01344 352010.
- You will use the information I have provided to deal with my claim for Housing Benefit or Council Tax benefit, or both. You may check some of the information with other organisations, as allowed by the law.
- You may use any information I have provided for this claim with this and any other claim for benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and other organisations that may lend me money, if the law allows this.
- I must let the Benefits Service know in writing about any change in my circumstances which might affect my claim.

Signature of person claiming

Date / /

Your partner's signature

Date / /

If you have filled in this form for someone else, please tell us why you are filling in this form for the person claiming.

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

Your signature

Your relationship to the person claiming

Date / /

Part 19 Sharing information with your landlord

I give permission for you to share information with my landlord. I agree that you may give them the following information.

Details about the progress of my claim, including the amount of benefit I will receive.

No

Yes

Your signature

All information in my application, including details of my income.

No

Yes

Your signature

Monitoring equal opportunities

Equal opportunities - housing for all

We are committed to equal opportunities. We are determined to make sure that everyone has the same opportunities. We need to keep records to check that we are being fair. The questions below help us do this and will not affect the benefit you are entitled to.

Please fill in this section of the form.

Why do we need to know your ethnic background?

We want to make sure everyone has the same access to our services, whatever their ethnic background. By giving us information about your ethnic background we can make sure we provide services which meet your needs.

What will we do with the information?

We will collect everyone's information together so we can see whether people from all ethnic backgrounds in the community are getting a fair service.

We will not:

- pass on this information to anyone else;
- do anything that identifies you or your ethnic background to anyone outside the department; or
- use the information to make a decision about your application.

We may use the information to tell you about other benefits that you could receive. Please return this information with your application form. The address is on the back of this form.

What is your ethnic background? (Please tick the appropriate box).

A White

British Irish Gypsy or Traveller

Any other white background Circus performer

B Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background

C Asian or British Asian

Indian Pakistani Bangladeshi

Any other Asian background Nepalese

D Black or black British

Caribbean African

Any other Black background

E Chinese or other ethnic group

Chinese Any other (Please say)

Filipino

Are you:

bisexual? gay? heterosexual?

transgender?

other? (Please say)

Are you:

registered disabled?

blind or partially sighted?

Where did you hear about us?

We are always trying to reach everyone who may be entitled to claim Housing Benefit and Council Tax Benefit. Please tell us where you heard about this benefit or where you got your claim form from.

I have claimed in the past

The Pension Service

Jobcentre Plus

An advert Please say which one

Cut your Council Tax Campaign

Citizens Advice Bureau

Other Please say

Our Fast Tracking Service

Please send this form to:

Benefits Service

Bracknell Forest Borough Council

Time Square

Market Street

PO Box 3781

Bracknell

Berkshire

RG12 1HJ.

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Nepali

यस प्रचारको सक्षेप वा सार निचोड चाहिं दिइने छ, ठूलो अक्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गर्नुहोला ०१३४४ ३५२००० ।

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