

## Bracknell Forest Council – Benefits Service

### Changes in income and/or capital



Please complete this form if you are already receiving Housing and/or Council Tax Benefit and have had any changes in your income and/or capital.

Please answer all of the questions on this form and return it to us straight away. If you cannot provide all of the proof straight away then please still return the form. If you do send us documents we must have ORIGINAL documents, copies will not be accepted. This will help us to eliminate fraud and error from the benefits system. We will copy your documents, and return any documents we consider valuable by Recorded Delivery.

Claim reference No:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>
Tel no.:	<input type="text"/>
Email address:	<input type="text"/>

### Part One

**Questions about working for an employer (if you are self-employed then please complete Part Two)**

	YOU	YOUR PARTNER
Date started work?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Employer's name and address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Is this job expected to last 5 weeks or more?	<input type="text"/>	<input type="text"/>
What is your job title?	<input type="text"/>	<input type="text"/>

	YOU	YOUR PARTNER
How many hours a week will you normally work?	<input type="text"/>	<input type="text"/>
How much will you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
Details of any regular overtime, bonuses or commission	<input type="text"/>	<input type="text"/>
How often? (i.e. weekly, monthly, fortnightly, 4 weekly)	<input type="text"/>	<input type="text"/>
Date of next pay rise?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
If this is a temporary job, when is it due to end?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

We will need to see the first 5 weekly, first 3 fortnightly or first 2 monthly payslips. Please send any payslips you already have for your job with this form and send the outstanding payslips as and when you get them. If you cannot provide payslips as proof of your earnings, then you and your employer should fill in the Certificate of Earnings form on page 7 of this form.

## Part two

### Questions about your self-employed work

	YOU	YOUR PARTNER
Date you started your Self-employed business	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**YOU**

**YOUR PARTNER**

Do you have any business partners?

If yes, what is their name and address?

How many hours a week do you normally work?

Please provide your tax ref no.

You will need to provide an estimate of your business income and expenses. You will also need to attend a self-employed interview at our offices at Time Square. We will contact you to arrange this.

**Part three**

**About other money coming in**

Please tell us about all other income that you and your partner have coming in and provide proof of the income. If you have have applied for any other income/benefit then please list also list this,.

Type of income	Received by who		How often	Please tick if waiting to hear

## Part four

### About money paid out

#### Child care costs

You may be able to get more benefit if you have to pay out for eligible childcare while you are at work.

If you pay childcare costs to a registered childminder, nursery, after school club or play scheme please complete below and provide proof of the costs:

Please give the name, address and  
OFSTED registration number

OFSTED No.

Date childcare started?

How much do you pay and how often? Term time

Holidays

Names of your children who attend

#### Private or company pension scheme

We may be able to take into account half of payments you make towards a private or company pension scheme

Do you or your partner pay in a private or  
Company pension scheme?

Yes

No

If yes, please confirm how much and how often?

You will need to provide proof of any money paid out that you have told us about above. If you do not have receipts for your child care payments then you can have Certificate of payments to a child minder form completed on page 8 of this form.

## Part five

### About bank accounts, savings, investments, cash and property

Do you or your partner have any bank, building society or post office accounts? Yes  No

If yes, please provide details below

Type of account i.e. current or savings	Name of bank or building society	Account number	Whose name is the account in?	Current balance
				£
				£
				£
				£

Do you or your partner have any unit trusts, ISA's, PEPs, TESSAs or other investments? Yes  No

If yes, please provide details below

Type of account i.e. ISA	Name of bank or building society	Account number	Whose name is the account in?	Current balance
				£
				£
				£
				£

Do you or your partner have any shares?

Yes  No

If yes, please provide details below

Name of the company	No. of shares

Do you or your partner have any bonds?

Yes  No

Type of bond	Number of bonds	Total amount
		£
		£

Do you or your partner have any National Savings Certificates? Yes  No

Do you or your partner own any property in the UK or abroad? Yes  No

If yes, please give details:

Property address (including postcode)	Approximate value
	£
	£

You will need to provide proof of any accounts or investments that you have

## Part six

### Household change

Please complete this section if you have had a change in your household i.e. a partner has moved in or out.

Name:	
Date of birth:	
National Insurance no.:	
Date moved in:	
Date moved out:	
Relationship to you:	

If a household member has moved into your property you will need to provide evidence of their income

### Other information

Please complete the box below if you need to give us any other information that will help us to work out your benefit. If there is not enough room, please add a separate sheet of paper.


## Part seven

### Declaration – please read this carefully and sign this section

- 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 or fail to report any changes I may be prosecuted
- I authorise you to make any necessary enquiries with other organisations to check the information on this form.
- I have no other income or savings than that given on the form
- I live at the address given on the form
- I will let the Benefits Service know in writing about any changes in my circumstance.

**Your signature**

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**Date**

/ /
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**Your partner's signature**

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**Date**

/ /
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**REMEMBER** any notification of a change in circumstances must be made in writing.

Please return this form to: Bracknell Forest Council, Benefits Service, PO Box 3781, Time Square, Market Street, Bracknell, Berkshire RG12 1HJ

## Certificate of Earned Income

Employee name  Our Ref

Employee Address

Employee works/staff number  National Insurance Number

Job Title or Occupation

*Please provide the following information which will help us to work out your employee's benefit quickly & accurately.*

Tax Code  National Insurance Number (if different from above)  When did this employee start

working for the company ?  If no longer employed their last date of employment

How often are they paid ? (If other applies please tell us how often you make payments)

Weekly  Fortnightly  Calendar monthly  4-weekly (Lunar)  Other

How do you make salary payments ? ((If other applies please tell us how you make payments)

Cash  Credit to a bank or building society account  Cheque  Other

Please tell us:

The average number of hours worked weekly  The normal basic weekly or monthly gross pay

Do you pay this person Working Families or Disabled Persons Tax Credit on behalf of the Inland Revenue?

Please fill in this table to confirm details of last 5 weekly, 3 fortnightly, 2 calendar monthly or 4-weekly salary payments. You should include any overtime or bonus payments. Please tell us about any SSP or SMP paid during these periods, indicate those payments on the table.

Pay period i.e. month or week number	Pay date	No of Hours worked	Gross Pay	Net Pay	Income Tax		NI paid by employee		Employee Contributions to pension
					This Period	Year to date	This period	Year To date	

Your name (please print)  Your position in the company

Name of the company or business

Business address

PLEASE ENDORSE THIS FORM BY  
PUTTING YOUR COMPANY STAMP  
IN THIS BOX

Telephone number

I confirm that the information included in this form is true & complete

FOR OFFICE USE ONLY

NET WEEKLY INCOME £  INCOME NOT USED IN CALC  
 DISALLOWED AMOUNTS £

**Certificate of payments to a  
childcare provider**



You may be able to get more benefit if you are having to pay for eligible childcare while you are at work.

Eligible childcare is;

- Ofsted registered childminder, nursery or play scheme
- Child care approved for Working Tax Credit purposes
- For over 8's only an out-of-school-hours scheme provided by a school or local authority.

<p><b>Please give us the following information:</b></p> <p><b>Do you work for an average of 16 hours per week?</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>Please tell us the name(s) of the child(ren) who go to your childcare provider:</b></p> <p>1. 2. 3.</p>	<p><b>Please tell us the name and address of your childcare provider:</b></p> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone number:</b></p> <p><b>Ofsted Register number:</b></p>
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**Confirmation by childcarer**

<b>I confirm that I look after the child(ren) named above:</b>	
<p><b>During term times:</b></p> <p>I am paid £.....per hour</p> <p>A total of £.....per week</p> <p>For .....hours of childcare per week</p> <p>Signed</p>	<p><b>During school holidays:</b></p> <p>I am paid £.....per hour</p> <p>A total of £.....per week</p> <p>For .....hours of childcare per week</p> <p>Print name</p>

**CPTC**