

**Equal Opportunities Data (continued)**

How did you find out about making a claim for Housing and/or Council Tax Benefit

- |                        |                          |   |                          |
|------------------------|--------------------------|---|--------------------------|
| Citizens Advice Bureau | <input type="checkbox"/> | Poster  | <input type="checkbox"/> |
| Leaflet                | <input type="checkbox"/> | Council Tax Bill                                | <input type="checkbox"/> |
| Local Shop             | <input type="checkbox"/> | Job Centre Plus                                 | <input type="checkbox"/> |
| The Pension Service    | <input type="checkbox"/> | Post Office                                     | <input type="checkbox"/> |
| Friend                 | <input type="checkbox"/> | Doctors Surgery                                 | <input type="checkbox"/> |
| Day Centre             | <input type="checkbox"/> | Visiting Officer                                | <input type="checkbox"/> |
| Library                | <input type="checkbox"/> | Council Offices                                 | <input type="checkbox"/> |
| Council Staff          | <input type="checkbox"/> | Council Tax Leaflet<br><i>(issued in March)</i> | <input type="checkbox"/> |

Other (please state) .....

From where did you collect the Claim form?

- |                        |                          |                                   |                          |
|------------------------|--------------------------|-----------------------------------|--------------------------|
| Citizens Advice Bureau | <input type="checkbox"/> | Council Offices<br>Saffron Walden | <input type="checkbox"/> |
| Jobcentre Plus         | <input type="checkbox"/> | The Pension Service               | <input type="checkbox"/> |
| Landlord               | <input type="checkbox"/> | Housing Association               | <input type="checkbox"/> |

Did you find this form easy to complete?      Yes/No

Any other comments you wish to make regarding your claim form?

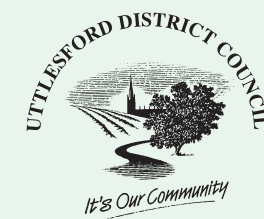
.....

.....

.....

Thank you for completing this form.

**Application for  
Housing Benefit  
And Council Tax  
Benefit**



**Uttlesford  
District Council**

PLEASE COMPLETE IN  
BLACK INK

Name .....

Address .....

.....

Postcode .....

ENTER THE ADDRESS YOU WANT TO CLAIM AT

Our address is:  
Benefits Section  
Council Offices  
London Road  
Saffron Walden  
Essex  
CB11 4ER

There are five steps to help you fill in this form. Please follow all of the steps otherwise your claim may be delayed. If you need help filling in this form, you can phone us on 01799 510335 or call at our counter.

This form is also available in Braille, Audio Cassette, Large Print and Computer Disk.

**Step One**

Answer all the questions on the form by ticking the boxes. **If any of the questions are not answered we will have to send the form back to you.** Done

**Step Two**

Read and sign the declaration on page 22. Done

**Step Three**

Go to pages 24, 25 and 26  
Read the check list carefully, it lists what we need to work out your claim. Done

**Step Four**

Check the form again, making sure you have answered all the questions. Done

**Step Five**

**RETURN THE FORM TO ANY OF THE COUNCIL OFFICES. IF YOU DELAY RETURNING IT, YOU COULD LOSE BENEFIT. IF YOU CANNOT SUPPLY ALL THE DOCUMENTS WE NEED, SEND THE FORM IN ANYWAY AND WE WILL WRITE TO YOU.**

Official Stamp Received Date

Office use only
Date issued
CT property reference
CT account reference
Claim reference

### 1 Type of tenancy or claim

Are you a:

council tenant?  Do you share the tenancy with someone else? Yes  No   
 If 'Yes', who with

owner occupier?  Do you own your own home with someone else? Yes  No   
 If 'Yes', who with

tenant in privately rented accommodation?   
 (including Housing Association)

Do you want to claim Second Adult Rebate?  (see below for explanation)

### 2 Date of move

Have you moved in yet? Yes  No

If 'Yes' what date did you move in?

If 'No' what date will you be moving in?

### 3 Previous address

What was your previous address?

Were you: a council tenant?  tenant in privately rented accommodation?   
 an owner occupier?  other  Please give details

Did you claim Housing Benefit or Council Tax Benefit there? Yes  No

### Second Adult Rebate - what this is

If you are the only person in your home who has to pay Council Tax, but there is at least one other person aged 18 or over who is not your partner or a lodger, you might get more benefit if their income is low. This is called 'Second Adult Rebate'. In most cases, we will automatically work out both benefit entitlements and give you the highest amount of benefit which applies.

If you want to apply for Second Adult Rebate only, because your income is too high or you have too much in savings and investments to get main benefit, you don't need to give details of your income and savings.

Do you want to claim Second Adult Rebate only? Yes  No

If 'Yes', please fill in page 3 and page 6 only, and your National Insurance Number on page 3.

Please also sign the declaration on page 22.

### Equal Opportunities Data

Uttlesford District Council opposes all forms of discrimination and as part of our improving service plan can you please complete the enclosed form.

The information given will be completely confidential and will only be used for monitoring purposes.

What is your age range

25 or under

26 - 45

46 - 59

60 or over

Ethnic Origin

White: British   
 Irish   
 Any other white background  (please write in .....)

Mixed: White and Black Caribbean   
 White and Black African   
 White and Asian   
 Any other mixed background  (please write in .....)

Asian or Asian British: Indian   
 Pakistani   
 Bangladeshi   
 Any other Asian background  (please write in .....)

Black or Black British: Caribbean   
 African   
 Any other African background  (please write in .....)

Chinese or other ethnic group: Chinese   
 Other  (please write in .....)

Are you registered Disabled? Yes  No

**14 Checklist (continued)**

**3 Proof of income and savings and investments for you, your partner and any non-dependants**

We need to see original proofs of income, savings and investments for you, your partner, your children and any non-dependants. The proof we need to see is explained throughout the form. The details below are a reminder for you.

- Proof of all income and benefits
  - An award letter
  - A benefit payment card with receipt from the post office showing the amount of your last payment.
  - A court order award notice or letter from the Child Support Agency (but we will also need proof of the current payments for example on a bank statement).
  - A letter from the person paying maintenance or other income.
  
- Proof of savings and investments (your capital)
  - Full current bank or building society statements showing the balance for the last two months.
  - A letter from your bank or building society which shows the type of accounts you hold, the account numbers, balance outstanding and details of any regular amounts you pay in.

Documents showing proof that you have any other savings and investments, for example a dividend statement, share certificate, income bonds, units trusts, stocks and so on.

  - If you have a non-dependant we need to see proof of the interest paid during the last 12 months
  
- Proof of earnings
  - Five payslips if you are paid weekly, two payslips if you are paid monthly or three payslips if you are paid fortnightly (these must be the most recent and consecutive payslips)

They must show:

  - your employer's name;
  - the number of hours you work and the period covered;
  - your income before deductions;
  - tax, national insurance and pension contributions; and
  - how you are paid.

A certificate of earnings form (which we can give to you). It must be filled in by your employer.

**4 You and your partner (if you have one)**

Do you have a partner? Yes  No

(By partner we mean a husband or wife or someone you live with as if you were married).

<p><b>You</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Mr/Mrs/Miss/Ms</p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>First names <input style="width: 100%;" type="text"/></p> <p>Age and date of birth Age <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p>What is your National Insurance Number? <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"/></p> <p>We will need to see an original document that shows this number belongs to you.</p> <p>Have you lived in the United Kingdom or the Irish Republic for the past two years? (We will write to you about this) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', what is your nationality? <input style="width: 100%;" type="text"/></p> <p>Phone/Mobile Number <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p> <p>Have you or your Partner claimed Housing Benefit or Council Tax Benefit before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>When did you last claim? <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p>Which Council did you claim from? <input style="width: 100%;" type="text"/></p> <p>What address did you claim from? <input style="width: 100%; height: 100px;" type="text"/></p> <p>If you have moved from this address, have you told the Council you claimed from? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', how many hours each week <input style="width: 50px;" type="text"/></p> <p>Are you a Director of a Company? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you receiving Income Support? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Partner</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Mr/Mrs/Miss/Ms</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>Age <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p><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"/></p> <p>We will need to see an original document that shows this number belongs to your partner.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%; height: 100px;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', how many hours each week <input style="width: 50px;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Date that Income Support/ Job Seekers Allowance started	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you sign on at the Jobcentre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a full-time student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>Most full time students are not entitled to benefit. If you need more information before filling in the form, please contact us.</small>		
Are you in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date you went in:	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Date you expect to leave	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone receive Carers Allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been given an invalid vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in Legal Custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you living away from home at the moment? <small>Tell us about it below.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why are you not living at home?	<input type="text"/>	<input type="text"/>
When did you last live at home?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When do you expect to go back home?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the address of where you are living at the moment?	<input type="text"/>	<input type="text"/>
Have you sub-let your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who lives there now?	<input type="text"/>	<input type="text"/>

## 14 Checklist

Please read this carefully. It tells you the documents that we need to work out your benefit.

If you cannot give us these documents straight away, return the form to us and send the proof later. If you delay, you may lose benefit.

We do not want you to send in valuables such as passports, birth certificates and so on. If you take them to any of our offices, we will take a photocopy and sign the copy to say we have seen the original.

These are the documents we need to see:

### 1 Proof of National Insurance Number

We need to see proof of your and your partner's National Insurance Number (if you have a partner).

These are examples of the documents we can accept to show the National Insurance Number.

- Wage Slip
- P60
- P45
- Letter from Her Majestys Revenues & Customs
- A letter from the Department of Works and Pensions
- National Insurance number card

There are other documents that may show you or your partner's National Insurance number.

### 2 Proof of residence and rent

This is for private tenants only. If you are a council tenant or you are claiming Council Tax Benefit only, please go to Section 6, page 7, 8 and 9 for proof of your income and savings.

If you are a private tenant we need to see documents that show all the following details.

- The name and business address of your landlord.
- The name and business address of the managing agent.
- The date the agreement started.
- The amount of rent payable
- What the rent includes, for example fuel, water charges, meals, and so on.
- How often the rent is due for example, every week, every four weeks, every calendar month.

Some examples of the proof we can accept are your tenancy agreement, letter from your landlord or agent or rent book. You may need to send a combination of these to show all the above details.

**What happens now**

Thank you for filling in this form. Before you send it to us please check that you have read and ticked the boxes on the front page.

- Please answer every question on the form.
- **DON'T WORRY IF YOU CANNOT IMMEDIATELY SEND US THE PROOF WE HAVE ASKED FOR, JUST SEND THIS FORM TO US STRAIGHT AWAY. HOWEVER, WE WILL NOT BE ABLE TO ASSESS YOUR CLAIM UNTIL WE HAVE THIS PROOF.**

● We will write to you if we need more information to work out your benefit.

When we have worked out your benefit we will send you a letter which tells you how much benefit you will get and what to do if you are not satisfied with the decision.

Council Tenant's Benefit will be paid direct to the Rent Account.

Council Tax Benefit will be paid direct to your Council Tax Account.

**When you receive this letter, please check all the details to make sure that nothing has been left out of our calculation and that all the amounts we quote are correct.**

- If you cannot get to any of our offices because you are housebound or disabled, please phone us so our visiting officer can come and see you at home.
- If you visit our Council Offices, Private Interview Rooms are available on request.
- We normally start benefit from the Monday after we receive this form.
- **YOU MUST TELL US IMMEDIATELY IF YOUR CIRCUMSTANCES CHANGE, FOR EXAMPLE:**
  - YOU OR YOUR PARTNER MOVE;
  - YOUR INCOME SUPPORT OR JOBSEEKER'S ALLOWANCE STOPS;
  - SOMEONE COMES TO LIVE WITH YOU OR MOVES OUT; OR
  - THE INCOME OR SAVINGS OF ANYONE IN YOUR HOUSEHOLD CHANGES.

These are only examples, so please make sure you tell us about all the changes you have.

*If you need any help filling in this form, please contact the Benefits Section on 01799 510335*

You can also get help and advice from the Citizens' Advice Bureau

**5 Any other people who live in your home**

Do you have any dependant children? Yes  No

**A Dependant Children - all children you receive Child Benefit for**

Surname	First Names	M/F	Age	Date of Birth
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

Are any of the above children registered blind? Yes  No

If 'Yes', please tell us the name of the child.

Do you or your partner receive Disability Living Allowance for any of the children shown above?

Yes  No

If 'Yes' please tell us the name of the child

**B Boarders or Subtenants - people who live with you, pay you rent and are not related to you**

Do you have any boarders or subtenants in your home? Yes  No

If 'Yes', fill in the details below. If 'No', go to page 6

Name:
Name:
Name:
Name:

**Others who live with you - non-dependants**

**C Non-dependants**

A non-dependant is someone over 18 who normally lives in your home, for example an adult son or adult daughter or a relative. These are only examples. A non-dependant does not include your partner, children you receive Child Benefit for, joint tenants, boarders or subtenants and carers who work for a charitable or voluntary organisation and you are charged for their service.

Do you have any non-dependants in your home?    Yes     No

If 'Yes' fill in the details below. If 'no' go to page 7

	First Person living with you	Second person living with you	Third person living with you
Surname			
First names			
Date of Birth	/ /	/ /	/ /
Relationship to you			
Are they in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they on Youth Training Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they an apprentice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours a week do they work? If they do not work please write 'none'			
What are their earnings before deductions and how often are they paid?			
Please list: - any income they have - how often it is paid; and - how much they receive.  This includes state benefits and interest from savings.			

If there are more than three non-dependants in your home, please ask us for another sheet

Please tell us if any of the above  is the partner of  are living together as a couple

**We need to see original proofs of all your non-dependants' income and savings to make sure we take the correct amount from your benefits. (This is called a non-dependant deduction.) If you cannot give us their details we will have to take the highest deduction.**

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

- Please use this space to tell us about anything else you think we should know.
- If you would like to request that your benefit is paid from an earlier date, please tell us what date you would like it paid from and the reason you did not apply at that time. Benefit can only be backdated if you can prove you have good cause for not applying earlier.

- Please check you have **signed** the declaration on page 22.

**Fair Processing Statement**

- Information you submit, or have submitted, in all correspondence to the council will be processed accordance with the provisions of the Data Protection Act 1998 and relevant legislation.
- The council will use the information you provide or provided for the purpose of performing any of its statutory enforcement duties. It will make any disclosures required by law and may also share this information, both across council departments and with other government organisations.
- If you give or gave information that is incorrect or incomplete, the council may take action against you.



Do you or your partner have any pensions or other income? Yes  No

If 'Yes', fill in the details below. If 'No', go to page 9

**• Pensions**

State Pension  
(Award letter)

Personal or Occupational Pension  
(list each one separately)  
(Most recent pension slip)

Pension Savings Credit  
(Award letter)

Are you over 60 with a private pension or retirement annuity contract?

If 'Yes' have you chosen not to take an income from your pension?

If you are taking an income from your pension, are you taking the maximum amount available?  
(We may ask you for more details.)

Widow's Pension  
(Award letter)

War Widow's Pension  
(Award letter)

War Disablement Pension  
(Award letter)

Industrial Injuries Pension or Industrial Death Benefit  
(Award letter)

**• Other income**

Maintenance you receive  
(Letter from the person making the payments or court order or Child Support Agency letter)  
(This must show current amount.)

Annuities  
(Payment slip)

Charitable payments you receive  
(Letter from a charity)

Home income plan  
(Letter from an agent)

Student grant (Grant award letter)

Rent from boarders or subtenants

Does this rent include a payment for food?  
Do they pay separately for heating?

If you get any income that is not listed, please say what it is.

If any of the income you have told us about is due to increase, please state what the income is and the date it should increase.

	You			Partner		
	How often is it paid?	Amount	What date was it paid from?	How often is it paid?	Amount	What date was it paid from?
State Pension		£	/ /		£	/ /
Personal or Occupational Pension		£	/ /		£	/ /
Personal or Occupational Pension		£	/ /		£	/ /
Personal or Occupational Pension		£	/ /		£	/ /
Are you over 60 with a private pension or retirement annuity contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'Yes' have you chosen not to take an income from your pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you are taking an income from your pension, are you taking the maximum amount available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Widow's Pension		£	/ /		£	/ /
War Widow's Pension		£	/ /		£	/ /
War Disablement Pension		£	/ /		£	/ /
Industrial Injuries Pension or Industrial Death Benefit		£	/ /		£	/ /
Maintenance you receive		£	/ /		£	/ /
Annuities		£	/ /		£	/ /
Charitable payments you receive		£	/ /		£	/ /
Home income plan		£	/ /		£	/ /
Student grant		£	/ /		£	/ /
Rent from boarders or subtenants		£	/ /		£	/ /
Does this rent include a payment for food?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do they pay separately for heating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you get any income that is not listed, please say what it is.						
If any of the income you have told us about is due to increase, please state what the income is and the date it should increase.						

**Declaration to discuss claim with Landlord/Agent**

Can we give your landlord details of your claim

please tick Yes  No

If yes please complete details below.

Name: .....

Address: .....

Claim Reference No: .....

I hereby give the benefit section at Uttlesford District Council permission to discuss my Housing Benefit claim with my Landlord/Agent.

Name of Landlord: .....

Address of Landlord/Agent: .....

Date.....

If you would like to give permission for us to discuss your claim with another person please complete the details below:-

Name of person .....

Their date of birth and relationship to you .....

**12 Landlord confirmation of Residency and Rent (continued)**

Does the rent include any of the following?

Council Tax How much  No  Yes  Breakfast No  Yes

Water Rates How much  No  Yes  Lunch No  Yes

Heating How much  No  Yes  Evening Meal No  Yes

Lighting How much  No  Yes  Cleaning done for tenant No  Yes

Hot Water How much  No  Yes  Laundry done for tenant No  Yes

Gas/Electric How much  No  Yes

Does your tenant pay for any of these separately? No  Yes

Please specify the things that your tenant pays for separately

When looking from the street, facing the front of the property is your tenants bedroom

To the: left  right  centre

Or: left rear  right rear  centre rear

**DECLARATION**

I declare that the information given is true and complete and that I am the landlord of the applicant.

I understand that it is an offence to give false information.

Signed: .....

Date: .....

**7 Your savings and investments (Capital)**

Fill this in if you do not receive Income Support or Jobseeker's Allowance (income based).  
If you and your partner have savings & investments of over £16,000 you may not be entitled to benefit.

	<b>You</b>		<b>Partner</b>	
	Yes	No	Yes	No
Do you have a Bank/Building Society Account(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Bank/Building Society Account(s)	Account Number(s)	Amount

	Yes	No		Yes	No	
Do you or your partner have any other savings not shown above? If 'Yes' please give details	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Premium Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Income Bonds	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
National Savings Certificates (Give date and name of issue and number held)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Post Office Account	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Shares and unit trusts (Give the name and the number you hold)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Far Eastern Prisoner of War Compensation Payment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other type of asset in this country or abroad, for example another property, land, mobile home and so on?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
If 'Yes' what is the asset and how much is it worth on the open market?			<input type="text"/>			<input type="text"/>

If there is not enough space above, please continue on page 23

We need to see proof of all your savings and investments. We need to see the original documents as follows:

- Current statements showing **the last two months transactions.**
- A letter from the bank or building society showing the type of account, the account number, the balance and if it shows the last two months transactions and details of any regular amounts you pay in.
- An original document showing proof that you own any other savings and investments for example, a dividend statement, share certificate, income bonds, unit trusts, stocks and so on.

## 8 Payments you make

### • Private pension contribution (workers only)

Do you pay into a private pension scheme?  
(not a company pension scheme)

<b>You</b>	<b>Partner</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', how much do you pay?

£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
---	---

How often do you pay this?

Please send us current proof of the payments that you make.

£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
---	---

### • Childcare payments

If you pay someone to look after your child or children when you are at work, we may be able to take this into consideration when we work out your benefit.

How much do you pay each week?

£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
---	---

Who do you pay (for example, a registered child minder a school 'out of hours club' and so on)?

<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
---	---

Please send us proof of the payments you make with the name, address and registration number of the person or organisation providing child care.

### • Student grant parental contributions

Do you pay towards the maintenance of a child in advanced education?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If 'Yes', how much each year?

(Enclose a certificate of grant.)

£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
---	---

**Unfortunately, these are the only outgoings that we can take into account when we work out your benefit.**

## 9 Self-employed

Are you self-employed ?

If 'Yes', fill in the details below.

What is the nature of your business?

<b>You</b>	<b>Partner</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
---	---

Is your partner a partner in the business?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If 'Yes', we will need to see the original partnership agreement, which shows the split income

Business Address

<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
--	--

Business phone number

<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
--	--

How long have you been trading?

<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
--	--

Please give details of any Government business allowances you receive.

<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
--	--

Please provide your audited accounts if you have been trading more than 1 year. If not please contact us for a separate form.

Do you have any other employment?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

## 12 Landlord confirmation of Residency and Rent

**PLEASE GIVE THIS TO YOUR LANDLORD TO COMPLETE IF YOU DO NOT HAVE A TENANCY AGREEMENT.**

Please complete this form in respect of your tenant:

Tenants Name: .....

Address .....

.....

.....

Please tell us if you are the agent managing the property or the Landlord

I am the Landlord  I am the managing agent

I confirm that the above named tenant resides at this property

Yes  No

Name and Address of Landlord:

.....  
.....  
.....  
.....

Telephone Number

.....

Name and Address of Managing Agent  
(if applicable)

.....  
.....  
.....  
.....

Telephone Number

.....

Please give the date the tenancy started .....

How much rent is your tenant liable to pay? £ .....

How often is this rent due? (eg weekly/monthly) .....

Is the tenant in arrears with their rent .....

If so how many weeks are they in arrears .....

**Bank account details for direct payment of Housing Benefit private tenants only**

If you are entitled to benefit, **we will pay you by BACS directly into your bank account four weekly in arrears.**

**If you do not hold an account that can accept payments, please contact us or the Citizens Advice Bureau for advice.**

<b>Your Name</b>	
<b>Your address</b>	

Please make all future payments of Housing Benefit direct to my bank/building society account as detailed below.

<b>Name of bank/building society</b>	
<b>Branch address</b>	
<b>Sort code</b>	
<b>Account number</b>	
<b>Other reference (roll number etc)</b>	
<b>Account name</b>	
<b>Date</b>	
<b>Signature</b>	

If you are a Housing Association tenant and would like payment direct to your landlord please tick this box.

**10 Earnings - other than self employed**

Do you or your partner work for an employer? Yes  No

If 'Yes', fill in the details below.

	<b>You</b>		<b>Partner</b>	
	1st job	2nd job	1st job	2nd job
Name, address and phone number of your employer				

	<b>You</b>				<b>Partner</b>			
	1st job		2nd job		1st job		2nd job	
Date your employment started	/	/	/	/	/	/	/	/
Number of hours you work each week								
	Yes	No	Yes	No	Yes	No	Yes	No
Is the employment for a fixed period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', what date will your employment end?	/	/	/	/	/	/	/	/
How much is your pay before deductions, (gross)?	£		£		£		£	
	Yes	No	Yes	No	Yes	No	Yes	No
Do you receive a bonus, commission or tips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', please tell us how often you receive them and how much you receive.	£ every		£ every		£ every		£ every	

**10 Earnings - other than self employed (continued)**

Does the gross pay include Statutory Sick Pay or Statutory Maternity Pay?      Yes  No       Yes  No       Yes  No       Yes  No

How often are you paid (for example every month, every two weeks)?      every       every       every       every

How are you paid? Straight into Bank/Building Society Account/Cash/Cheque                       

What date is your next pay increase due or expected?      / /       / /       / /       / /

What type of work do you do?                       

What is your payroll number?                       

Do you have another job?      Yes  No       Yes  No       Yes  No       Yes  No

If 'Yes', please ask us for a separate sheet.

We need to see five payslips if you are paid weekly or two payslips if you are paid monthly. They must be original documents and show all the details given on this page for example name and address of employer and so on. They must be able to show your gross figures to date. If they do not show all these details, or you do not have payslips, a 'Certificate of Earnings Form' is attached on page 13.

Please ask your employer to fill it in. If you do not provide this evidence, we may need to contact your employer.

**Your accommodation - private tenants.**

council tenants, go straight to page 22.

**Where is your bedsit or rooms?**

How many floors are there in your building?

On which floor is your home or room? All  Basement  Ground  1st  2nd  3rd

If it is a single room, where is it?      Front       Centre       Rear  of building

	Living Room	Bedrooms	Bedsits	Kitchen	Bathroom	Toilet	Other	Total
A How many rooms are there in the whole house or flat?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B How many rooms are only used by you and your family?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C How many rooms do you share with others?	<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 adults are there in the house or flat? (including yourself)

Does your accommodation have central heating?      Yes       No

Was your accommodation already furnished? Fully  Part  Minimally  Unfurnished

Who is responsible for decorating inside the property? Landlord  Tenant  Don't know

**Your rent**

Are you behind with your Rent?      Yes       No       By how many weeks?

How much is your full rent? £       How often is it due?

Do you pay for a garage with your rent?      Yes       No

If 'Yes', how much each week? £

Is this garage included in your tenancy agreement?      Yes       No

Does your rent **include** charges for any of the following?

	Yes	No		Yes	No
Cleaning of your room or windows	<input type="checkbox"/>	<input type="checkbox"/>	Emergency alarm systems	<input type="checkbox"/>	<input type="checkbox"/>
General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	Evening Meal	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Laundry done for you	<input type="checkbox"/>	<input type="checkbox"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	Gas or electric for cooking	<input type="checkbox"/>	<input type="checkbox"/>
Other services (please name them)	<input type="text"/>				

We may make a deduction for any of the services which are included in your rent.

**11 Your rent - private tenants only (continued)** council tenants, go straight to page 22.

Please provide your original signed tenancy agreement. If you do not have one please complete the enclosed form on pages 19 and 20 and ask your landlord to sign.

When did your tenancy begin?

Is the tenancy joint? Yes  No

If 'Yes', who with?

Date of last rent increase:

Has your rent been registered? Yes  No   
If 'Yes', we need to see the 'Notice of Registration'.

How long is your tenancy for?

**Type of tenancy**

Shorthold tenancy  Mobile Home

Housing association  Halls of residence

Landlord who lives in the property  Agricultural

Room only (no meals provided)  Crown Tenancy

Room with meals provided  Other (please specify)

**Type of accommodation**

If you live in a house is it: Terraced?  Semi-detached?  Detached?   
A room in a house?

If you live in a bungalow is it: Terraced?  Semi-detached?  Detached?   
A room in a bungalow?

If you live in a flat is it: A flat in a house?  In a block?  Over a shop?

If you live in a caravan are the mains connected? Yes  No  Other

Do you live in a hostel?  If 'Yes', what is your room number?

Do you live in a maisonette?

**Certificate of earned Income**

**UTTLESFORD DISTRICT COUNCIL**  
Council Offices London Road Saffron Walden Essex CB11 4ER  
Telephone: Benefits Section – 01799 510335

**CERTIFICATE OF EARNED INCOME**

Claim Ref:

To be completed by employee:

Name: .....

Address: .....

Employee/Works Number: ..... NINO: .....

Occupation: .....

Signature: .....

To be completed by employer:

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below and returning it to the address at the top of this letter.

Please indicate how often the employee is paid. If **other** applies please state the period

Weekly  Fortnightly  4 weekly  
 Calendar Monthly  Other

Please indicate the method of payment e.g. cash, cheque, direct into bank account.

Normal Basic pay £  Normal hours worked

Pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/4-weekly periods (including overtime, bonus, SSP, SMP etc)

Pay period ending	No of hours worked	Gross Pay	National Insurance Contributions		Occupational or personal pension contributions	Tax paid by employee	
			Current Pay Period	Year to date		Current Pay Period	Year to date

If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.

Name: .....

Name of Business: .....

Business Address: .....

.....

Business Telephone Number: .....

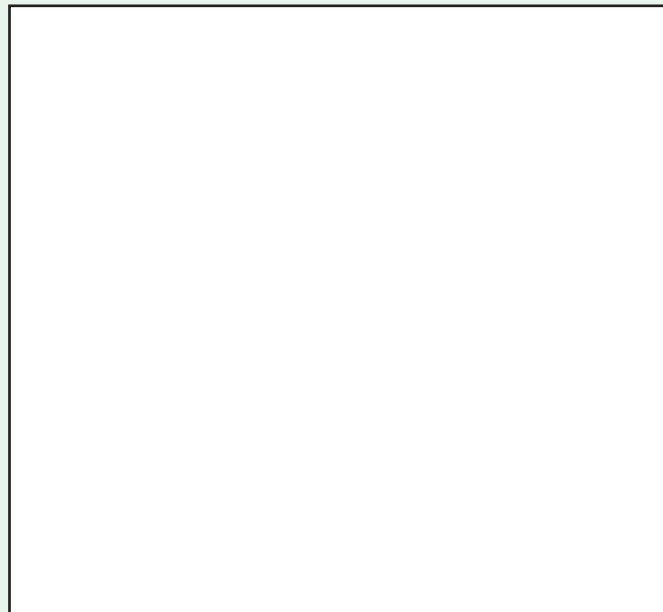
Occupation: .....

**I confirm that the information given is true and complete**

Signature: .....

Position in business: .....

**PLEASE ENDORSE WITH BUSINESS'S AUTHORISATION STAMP  
(IF AVAILABLE)**



**IF YOU THINK THERE WILL BE A DELAY IN THE COMPLETION OF THIS FORM, RETURN YOUR MAIN APPLICATION IMMEDIATELY AND FORWARD THIS FORM AS SOON AS POSSIBLE. YOUR CLAIM WILL NOT HOWEVER BE ASSESSED UNTIL THE PROOF OF EARNINGS HAVE BEEN RECEIVED.**

**11 Your rent - private tenants only**

**council tenants, go straight to page 22.**

**(including Housing Association)**

We need to see proof of your rent, please see the check list for full details on page 25

Please give the name and address of your landlord and the managing agent if you have one.

Your landlord's details

Name: .....

Business address: .....

.....

.....

Phone number: .....

Your housing association or  
managing agent's details

Name: .....

Business address: .....

.....

.....

Phone number: .....

Are you, your partner or your children related to:

- your landlord; or

Yes  No

- your landlord's partner?

Yes  No

If 'Yes', how?

Are you or your partner an employee or director of the company that you rent from?

Yes  No

Do you rent from a trust?

Yes  No

If 'Yes': Are you a trustee or beneficiary of the trust?

Yes  No

Are your children beneficiaries of the trust?

Yes  No

Have you or your partner ever owned the property that you are renting?

Yes  No

Are you renting the property from a former partner of yourself or your partner?

Yes  No

Do you live in the property as a condition of your or your partner's employment?

Yes  No