



**Application for
Housing Benefit
and Local Council
Tax Support**

**Uttlesford
District Council**

PLEASE COMPLETE IN
BLACK INK

Name

Address

.....

.....

Postcode

ENTER THE ADDRESS YOU WANT TO CLAIM AT

Our address is:
Benefit 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 510510 or call at our counter at the Council Offices in Saffron Walden or Great Dunmow Library.

If you require this form in an alternative format/language please contact us on 01799 510510.

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

Read and sign the declaration on page 18.

Done

Go to pages 20, 21 and 22

Read the checklist carefully, it lists what we need to work out your entitlement.

Done

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

Done

RETURN THE FORM TO EITHER OF THE COUNCIL OFFICES.

IF YOU DELAY RETURNING IT, YOU COULD LOSE MONEY. IF YOU CANNOT SUPPLY ALL THE DOCUMENTS WE NEED, SEND THE FORM IN ANYWAY AND WE WILL CONTACT YOU.

Official Stamp Received Date

**Please return
this form within
one calendar
month of the
date of issue
or you may
lose money.**

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?

tenant in housing association accommodation?

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

You must be of pensionable age to receive this.

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?

Do you still own the property at your previous address? Yes No

Were you: a council tenant? tenant in privately rented accommodation?

an owner occupier? other Please give details

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

Second Adult Reduction for Council Tax only

This is available if you are of pensionable age only. This age aligns with the age that you can receive a bus pass or pension credit. Please contact the benefit office if you need more advice.

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 help if their income is low.

If you would like to apply for Second Adult Reduction please complete only pages 3 and 6 of this form including your National Insurance number on page 3.

Please also sign the declaration on page 18.

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.)

You Male Female

Partner Male Female

Mr/Mrs/Miss/Ms
Surname (or any other name used)

Mr/Mrs/Miss/Ms

First names

Age and date of birth Age / /

Age / /

What is your National Insurance number?

We will need to see an original document that shows this number belongs to you

We will need to see an original document that shows this number belongs to your partner.

Have you lived in the United Kingdom or the Irish Republic Yes No for the past two years? (We will write to you about this)

Yes No

What is your nationality? UK National
EEA National
Non EEA National

UK National
EEA National
Non EEA National

If your nationality is not UK National, on what date did you last enter or apply to stay in the UK? / /

/ /

If you are a Non EEA National what is your current immigration status?

Home phone number

Mobile phone number

Email address

Have you or your partner claimed Housing Benefit, Council Tax Benefit or Local Council Tax Support Benefit before? Yes No

Yes No

When did you last claim? / /

/ /

Which council did you claim from?

What address did you claim from?

If you have moved from this address, have you told the council you claimed from? Yes No

Yes No

Are you working?

Yes No

If 'Yes', how many hours each week?

Are you a director of a company?

Yes No

Are you receiving Income

Yes No

Support, Job seekers allowance (Income based) or Employment and Support Allowance (Income related)?

Date that Income Support/
Jobseeker's Allowance or
Employment and Support Allowance started

/ /

Do you sign on at the Jobcentre?

Yes No

Are you a full-time student?

Yes No

Most full time students are not entitled to benefit. If you need more information before filling in the form, please contact us.

Are you in hospital?

Yes No

Date you went in

/ /

Date you expect to leave

/ /

Are you registered blind?

Yes No

Does anyone receive Carer's Allowance for looking after you?

Yes No

If yes please use page 19 to advise us of the name and address of your carer

Have you been given a mobility vehicle?

Yes No

Are you in legal custody?

Yes No

If yes please use page 19 to advise us of the date that this started

Are you living away from home at the moment?

Yes No

If yes tell us about it below. If no, please go to Part 5

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 of where you are living at the moment?

Have you sub-let your home?

Yes No

Who lives there now?

Yes

No

If 'Yes', how many hours each week?

Yes

No

Yes

No

/ /

Yes

No

Yes

No

Yes

No

/ /

/ /

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

/ /

/ /

Yes

No

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

Do you have a trust fund for any of the children? Yes No

If yes please give details

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	Amount they pay you

Does this include food? Yes No

Do they pay seperately for heating? Yes No

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 who charge you 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 the 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 in receipt of any disability related benefit?	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 use page 19 to provide us with details

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.

6 The money you have coming in

Have you or your partner applied for any income, benefits or pensions but not received payment yet, for example maintenance, tax credits and so on?

Yes No If 'Yes', what have you applied for?

Do you or your partner have any benefits or allowances?

Yes No

If 'Yes', fill in the details below. If 'No', go to page 8.

• Benefits and allowances

	You		Partner	
	How often is it paid?	Amount	How often is it paid?	Amount
Income Support (Award letter)		£		£
Pension Guarantee Credit (Award letter)		£		£
Jobseeker's Allowance (<i>Income based</i>) (Letter from Jobcentre)		£		£
Jobseeker's Allowance (<i>Contribution based</i>) (Letter from your Jobcentre)		£		£
Employment and Support Allowance (Award letter)		£		£
Working/Child Tax Credit (All pages of award letter)		£		£
Child Benefit (Award letter)		£		£
Incapacity Benefit (Award letter)		£		£
Severe Disablement Allowance (Award letter)		£		£
Disability Living Allowance -care component (<i>Award letter</i>)		£		£
Disability Living Allowance -mobility component (<i>Award letter</i>)		£		£
Attendance Allowance (Award letter)		£		£
Personal Independence Payment (Award letter)		£		£
Disabled Tax Credit (Award letter)		£		£
Carer's Allowance (Award letter) (If you have been refused Carer's Allowance please send your notification letter)		£		£
Fostering Allowance (Award letter)		£		£
Maternity Allowance (Notification letter)		£		£

Have any of your benefits been reduced because you are paying back a social fund crisis loan or an overpayment of benefit? Yes No

If 'Yes' please say which benefit and give the full amount before deductions.

We need to see original proofs of all income. The proof you must send us is shown above in brackets. If you cannot provide the proof shown in brackets, we can accept a bank statement showing the money going in.

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 or bank statement showing pension amount)

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)

Armed Forces Compensation Scheme
(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)

Student Loan (Award letter)

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 (Award letter)		£	/ /		£	/ /
Personal or Occupational Pension (list each one separately) (Most recent pension slip or bank statement showing pension amount)		£	/ /		£	/ /
Pension Savings Credit (Award letter)		£	/ /		£	/ /
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? (We may ask you for more details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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)		£	/ /		£	/ /
Armed Forces Compensation Scheme (Award letter)		£	/ /		£	/ /
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)		£	/ /		£	/ /
Student Loan (Award letter)		£	/ /		£	/ /

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

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

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 help with your rent or council tax.

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

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

	Yes	No	£	Yes	No	£
Do you or your partner have any other savings or any savings accounts 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 or Capital 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"/>
The Macfarlane Trust or Far Eastern Prisoner of War Compensation Payment (we need to know this so that we do not count it in your capital or savings)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Do you or any children included in this claim have any other type of asset in this country or abroad, for example another property, land, mobile home and so on?

Yes	<input type="checkbox"/>	No	<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 19

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, and balance. This should include details of the last two months transactions.
- 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)

You
Yes No
Monthly/
Weekly

Partner
Yes No
Monthly/
Weekly

If 'Yes', how much do you pay?

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

£

£

• 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?

£

£

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

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

9 Self-employed

Are you self-employed ?

If 'Yes', fill in the details below.

You
Yes No

Partner
Yes No

What is the nature of your business?

Do you have any business partners?

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

Yes No

Yes No

Business address and phone number

What is the nature of your business?

How long have you been trading?

Please give details of any government business allowances you receive.

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

How many hours a week do you work

Do you have any other employment

If 'Yes', please fill in details on page 11.

Yes No

Yes No

9 Self-employed (Continued)

	You	Partner
Are you registered as self-employed with HM Revenues and Customs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please confirm your unique taxpayer reference number	<input type="text"/>	<input type="text"/>
If no please state why not	<input type="text"/>	

10 Earnings - other than self-employed

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

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

10 Earnings - other than self-employed (continued)

	1st job		2nd job		1st job		2nd job	
	Yes	No	Yes	No	Yes	No	Yes	No
Does the gross pay include statutory sick pay or statutory maternity pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are you paid (for example every month, every week)?	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 if any?	/ /		/ /		/ /		/ /	
What type of work do you do?								
What is your payroll number?								
Do you have any other form of employment? If 'Yes', please ask us for a separate sheet.	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 you do not have wage slips or you are newly employed and are awaiting your first payslip please contact the Benefit office, we can then issue you with a "Certificate of Earnings" to complete.

11 Your rent - private tenants only

council tenants, go straight to page 15.

(including housing association)

We need to see proof of your current rent; please see the check list for full details on page 21 we also need to see your original signed Tenancy Agreement.

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
- your landlord's partner?

If 'Yes', how?

Yes No

Yes No

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

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

Yes No

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

Yes No

11 Your rent - private tenants only (continued)

Please provide your original signed tenancy agreement. If you do not have one please contact the Benefit office and we will provide a separate form.

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?

Your accommodation - Please everyone complete

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?								
B How many rooms are only used by you and your family?								
C How many rooms do you share with others?								

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 have any rent free weeks? Yes No

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)

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

Bank account details for direct payment of Housing Benefit Private tenants only

Please complete this page with your details, **failure to do so may delay your payment.**

We will pay your Housing Benefit by BACS directly into your bank account four weekly in arrears.

Please confirm the bank account you would like payments to be paid into.

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

Housing Association Tenants only

If you would like your housing benefit paid directly to your landlord please tick this box

If you are more than 8 weeks in arrears with your rent we are obliged to make payments direct to your Landlord.

Has your rent deposit been guaranteed by the Housing Options Rent Deposit Scheme? Yes No

If yes we will pay your rent direct to your landlord.

Declaration to discuss claim with landlord/agent

Can we give your landlord details of your claim?

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 or mother's maiden name (for security checking when phoning) and relationship to you:

.....

Their contact address:

.....

Their contact telephone number:

12 Filling in this form

This section must be filled in if this claim form has been filled in by someone on your behalf.

Please tell us why you are filling in this form for someone else.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Please check that the details they have put on this form are correct and sign below.

Your signature:

Your Declaration

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

I understand the following

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Local Council Tax Support, or both. You may check some of the information with other sources within the council, the housing department, rent offices, and other government bodies HMRC and the Home Office if necessary as allowed by the law.

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

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

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

I KNOW I MUST LET THE COUNCIL KNOW IMMEDIATELY, IN WRITING, ABOUT ANY CHANGES IN MY CIRCUMSTANCES, WHICH MIGHT AFFECT MY CLAIM.

I declare the information I have given on this form is correct and complete.

SIGNATURE OF PERSON CLAIMING

PARTNERS SIGNATURE

Date

Date

IMPORTANT: After you have filled in this form, please check that all the required questions have been answered and that you have signed the declaration.

Remember to enclose all the required proof to substantiate your claim.

RETURN THE FORM TO : The Benefit Section, Uttlesford District Council, Council Offices, London Road, Saffron Walden, Essex CB11 4ER

RETURN THE FORM AS SOON AS POSSIBLE EVEN IF YOU DO NOT HAVE ALL PROOFS YET, OTHERWISE YOU COULD LOSE MONEY.

Additional Details

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

- If you would like to request that your Housing Benefit and/or Local Council Tax Support 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.

Housing Benefit can be backdated for a maximum of one month for working age applicants and three months for pensionable age.

Local Council Tax support can only be backdated for a maximum of three months regardless of age.

- Please check you have **signed** the declaration on page 18.

Fair Processing Statement

- Information you submit, or have submitted, in all correspondence to the council will be processed in 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.

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 PROOFS 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. PLEASE MAKE SURE THAT YOUR NAME IS ON EACH PIECE OF EVIDENCE.**
- We will write to you if we need more information to assess your entitlement.
When we have assessed your benefit we will send you a letter to explain how much you are entitled to and what to do if you are not satisfied with the decision.
Council tenant's benefit will be paid direct to your rent account.
Local Council Tax Support 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. PLEASE CONTACT THIS OFFICE IMMEDIATELY IF YOU DO NOT AGREE WITH ANY FIGURES USED**
- 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 offices, private interview rooms are available on request.
- We normally start benefit from the Monday after we receive this form.

Changes you must tell us straight away

You must tell the Benefit Section immediately of any changes in circumstances affecting you, your partner or anyone else living in your home. For example:

- any of your children leave school or leave home
- anyone moved into or out of your home, including lodgers and sub-tenants
- your income or the income of anyone living with you, including benefits, changes
- your capital or savings change
- you or anyone living with you becomes a student, goes on Youth Training Scheme, goes into hospital or a nursing home, goes to prison, or changes or leaves a job
- your rent changes
- you move
- you, your partner, or any other household member is going to be temporarily absent from your home
- you or anyone living with you starts work
- you receive any decision from the Home Office, or
- anything you have told us about changes.

This is not a full list. If you are not sure, ask us for advice. You must tell us about any changes in writing within one month of the change - a phone call is not enough.

If you do not tell us about any changes, you may lose money you are entitled to or you may be paid too much and have to pay it back.

You must make sure that you tell us about any changes. Do not rely on someone else to pass the message on.

It is an offence not to tell your council about any changes that may affect your award. We may take court action against you.

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

13 Checklist

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

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 money.

If you do not want to send in valuables such as passports, birth certificates and so on; please 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 Identity

Uttlesford District Council require two forms of identification in support of a housing benefit claim. One of these should be photographic.

2 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 Majesty's Revenues & Customs
- A letter from the Department of Work and Pensions
- National Insurance number card

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

3 Proof of residence and rent

This is for private tenants only. If you are a council tenant please go to check 4.

If you are a private tenant (including housing associations) 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 current rent payable
- How many bedrooms the property has.
- 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 a rent book. You may need to send a combination of these to show all the above details.

13 Checklist (continued)

4 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
 - the date of the payslip
 - A certificate of earnings form (which you can obtain from UDC Benefit office).

If you are self-employed we need to see your latest audited accounts. If you do not have these then we can supply a form for you to complete. We cannot accept receipts.

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

Your postcode

26 - 45

46 - 59

60 or over

Ethnic origin

White: British

Irish

Any other white background (Nationality

Mixed: White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (Nationality

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian background (Nationality

Black or Black British:

Caribbean

African

Any other African background (Nationality

Arabic (Nationality

Chinese (Nationality

Other nationality (Nationality

Are you disabled? Yes No

Do you have a disability that may prevent you from accessing our services? Yes No

Equal opportunities data (continued)

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

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 <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, Saffron Walden	<input type="checkbox"/>
Customer Information Centre, Great Dunmow	<input type="checkbox"/>	Jobcentre Plus	<input type="checkbox"/>
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?

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Thank you for completing this form.

Revised April 2016