



Uttlesford District Council

Local Council Tax Support Scheme Claim form

Name
Address
.....
.....
Postcode
ENTER THE ADDRESS YOU WANT TO CLAIM AT

PLEASE
COMPLETE IN
BLACK INK

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

Please return this form as quickly as possible, even if you do not have everything we ask for. You can send the rest to us later.

- Answer 'Yes' or 'No' questions by ticking ✓ the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. If you do not answer a question we will have to send the form back, and this will delay the claim.
- If someone else fills in the form for you, there is a declaration for them to sign in Part 12. You must sign Part 12 as well.
- Please send the form back to us straight away to make sure you do not lose any Support. Your award will normally start from the Monday after we receive the form. In the form, we ask for proof of your income and capital. If you do not yet have all the proof we need, send the form in now and send the proof later.

You have one month from the date we receive the form to send in the proof.

- You must tell us immediately if your circumstances change. See page 2 for a list of changes that may affect your claim.

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

You can find information on claiming Local Council Tax Support at www.uttlesford.gov.uk

Notes for filling in the claim form

About this form

This Local Council Tax Support claim form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of award. You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Evidence

We need to see evidence of some of the things you tell us about. The checklist at the end of the form will help you. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay your award until we have seen the evidence we have asked for.

How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your claim for Local Council Tax Support. We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law. We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information, to:

- make sure the information is accurate; and
- 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 us to. The Council is the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use it, please ask us.

If we award Local Council Tax Support

If we decide to make an award, we will review your claim regularly. This may involve a visit to your home by our Visiting Officer. We may also post you a form that you should complete and return to us with all relevant supporting evidence.

Changes you must tell us about

Tell the Council's Benefits section straight away if;

- any of your children leave school or leave home; or
- anyone moves in or out of your home (including lodgers, joint tenants and subtenants); or
- your income or the income of anyone living with you, including benefits, changes; or
- your capital, savings or investments change; or
- you or anyone living with you becomes a student; goes on a Youth Training Scheme; goes into hospital or a nursing home; goes into prison; or gets, changes or leaves a job; or
- you or your partner are going to be away from home for more than a month; or
- you receive any decision from the Home Office; or
- anything you have told us about changes; or
- you move house.

If you don't tell us about these changes, you may lose money you are entitled to or you may get too much award. You must make sure that you tell us about these changes. Don't rely on someone else to pass on the message.

If you have a change of circumstances you must tell the Council within 21 days

It is an offence not to tell us about any change of circumstance that affects your Award. We may take court action against you. If we pay you too much LCTS, in most cases, you will have to pay it back.

Part 1 About you and your partner

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

Even if your partner only comes home at weekends, or part of the week, you must include them

A partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

Do you have a partner who normally lives with you? Yes No

	You	Your Partner
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Any other surnames or family names you have used, such as before marriage or in a previous marriage	<input type="text"/>	<input type="text"/>
Title (Mr,Mrs,Ms and so on)	<input type="text"/>	<input type="text"/>
Address (Do not tell us your partner's address if it is the same as yours)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode
Have you moved in yet? If 'yes' what date did you move in? (ie the first night you spent at the property)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
If 'no' what date will you be moving in? (ie the first you intend to spend at the property)	<input type="text"/>	<input type="text"/>
Your daytime phone number You do not have to tell us this but it may help us to deal with your claim more quickly.	<input type="text"/>	<input type="text"/>
Is your daytime phone number	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Email address We want to deal with your claim as quickly as we can and if we have your email address we will contact you this way.	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number You can find this on payslips or letters from social security or the tax office. We can decide your claim only if we see evidence that this is your National Insurance number (see part 13).	<input type="text"/> <input type="text"/> If you do not have a National Insurance number, <input type="checkbox"/>	<input type="text"/> <input type="text"/> If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>

We must see evidence of you and your partner's identity and National Insurance number. If you or your partner are asylum seekers, you must provide your current Home Office letter. Read the checklist in part 13.

Part 1 About you and your partner - continued

	You		Your Partner	
Are you or your partner in hospital at the moment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When did you go in?	/ /		/ /	
When are you expected to come out (if you know this)?	/ /		/ /	
Do you or your partner get Disability Living Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your partner get Personal Independence Payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your partner get Attendance Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone currently get Carer's Allowance for looking after you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever claimed Carer's Allowance? (Still tick 'Yes' if you claimed but were not paid any money).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your partner have a vehicle from a mobility scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or your partner a student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you study full time or part time?	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Please tick if you are:				
•an apprentice	<input type="checkbox"/>		<input type="checkbox"/>	
•on youth training	<input type="checkbox"/>		<input type="checkbox"/>	
•in legal custody	<input type="checkbox"/>		<input type="checkbox"/>	
•severely mentally impaired	<input type="checkbox"/>		<input type="checkbox"/>	
•registered blind	<input type="checkbox"/>		<input type="checkbox"/>	
•long-term sick or disabled	<input type="checkbox"/>		<input type="checkbox"/>	
Is anyone in the household pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'Yes', who?				
What date are they due?	/ /			

Part 2 About children

Are there any children in your household? By children we mean under 16 or aged 16 to 20 and in full-time education or approved training. Yes No

	First child	Second child	Third child	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for the child? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the child get Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay a registered childminder, nursery or after-school club any childminding costs for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please tell us the name and registration number of the childcare provider.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Go to Part 3 If there are more than 4 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

Part 3 About other people who live with you

Do any adults usually live with you and any partner you have?

Yes

Answer all questions in this section

No

Go to Part 4

By adults we mean people over 18 who nobody gets Child Benefit for. Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than 3 people, use a separate sheet of paper.

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

	First Person	Second Person	Third Person
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner.	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they move in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they receive any State Benefits?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they normally work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us their gross earnings?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which
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 in legal custody at the moment?	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, when are they expected to be released?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they go in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out (if you know this)?	<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"/>
Are any of the people who live with you married to each other, civil partners of each other, or living together as if they are married or civil partners?	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
if yes, please tell us their names	<input type="text"/>	is the partner of	<input type="text"/>
	<input type="text"/>	is the partner of	<input type="text"/>

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

	You		Your Partner
Are you or your partner getting Income Support, income based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income related) at the moment? If yes, when did you start getting it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related)? If yes, when did you claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 5 About benefits, tax credits and state pensions

Please read the list of benefits and credits below and tell us about any that you or your partner are getting now or have claimed.

	You			Your Partner		
Pensions	Yes	How much do they get?	How often is it paid?	Yes	How much do they get?	How often is it paid?
State Retirement Pension		£			£	
Pension Credit(Savings Credit)		£			£	
Widow's Allowance or Bereavement Allowance		£			£	
Widowed Parent's Allowance or Widow's Pension		£			£	
War Widow's or War Dependant's Pension		£			£	
War Disablement Pension		£			£	
Industrial Injury/Disablement Pension		£			£	
Exceptionally Severe Disablement Allowance		£			£	
Benefits and Allowances						
Contribution-based Job Seeker's Allowance		£			£	
Child Tax Credit		£			£	
Working Tax Credit		£			£	
Employment Training Allowance		£			£	
Child Benefit		£			£	
Incapacity Benefit		£			£	
Employment and Support Allowance contribution based		£			£	
Attendance Allowance		£			£	
Disability Living Allowance: Mobility Component		£			£	
Care Component		£			£	

Part 5 About other people who live with you - continued

	You		Your Partner	
Personal Independent Payment		£		£
Carer's Allowance		£		£
Severe Disablement Allowance		£		£
Maternity Allowance		£		£
Fostering Allowance		£		£
Universal Credit		£		£
Any other benefit, pension or money from the government		£		£
Are you repaying a Social Fund loan or overpayment for any of these benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes which one? <input type="text"/>	
Have you or your partner deferred (put off) receiving a pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes which one? <input type="text"/>	

Part 6 Income other than earnings

Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

Yes Complete the questions as below.
 No Go to Part 7.

	You			Your Partner		
	Yes	How much do they get?	How often is it paid?	Yes	How much do they get?	How often is it paid?
Private Pension		£			£	
	paid by <input type="text"/>			paid by <input type="text"/>		
	Date of next increase <input type="text"/> / <input type="text"/> / <input type="text"/>			Date of next increase <input type="text"/> / <input type="text"/> / <input type="text"/>		

If you have a second pension please tell us about it on page 14

Pension Protection Fund Payments		£			£	
Annuities		£			£	
Youth Training Scheme payment or Training Credits		£			£	
Maintenance for you		£			£	
Maintenance for your child inc. CSA		£			£	
Student grant or loan		£			£	
Payments from boarders		£			£	
Weekly amount from letting or sub-letting part of a property		£			£	
Payments from a charity		£			£	
Any other income e.g. Redundancy or Loan Protection Payments (please give name)						

We must see evidence of any money or pension coming in before we can decide how much award you can get. Read the checklist at Part 13 to see what you can use as evidence.

Part 7 About working for an employer

	You	Your Partner
Do you or your partner work for an employer?	Yes <input type="checkbox"/> Answer the questions in this section No <input type="checkbox"/> Go to Part 8	Yes <input type="checkbox"/> Answer the questions in this section No <input type="checkbox"/> Go to Part 8
Do you work for more than one employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Tell us about all the employers on a separate sheet of paper and send it with this form. Include all the information asked for below.</p> <p>If you are sending a separate sheet of paper, tick this box. <input type="checkbox"/></p>		
What kind of work do you do?	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
What is your employer's name and address?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Postcode <input style="width: 100%; height: 20px;" type="text"/>	Postcode <input style="width: 100%; height: 20px;" type="text"/>
When did you start this job?	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 100%; height: 20px;" type="text"/>
How often do you get paid?	Every <input style="width: 100%; height: 20px;" type="text"/>	Every <input style="width: 100%; height: 20px;" type="text"/>
How are you paid? For example, in cash, by cheque or straight into building society account.	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
How many hours a week do you usually work?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Give details of any regular overtime, bonuses, commission or tips.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Are you getting Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did it start?	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>
Do you pay into a private pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/> How much?	Yes <input type="checkbox"/> No <input type="checkbox"/> How much?
	£ <input style="width: 100%; height: 20px;" type="text"/>	£ <input style="width: 100%; height: 20px;" type="text"/>
	How often?	How often?
	Every <input style="width: 100%; height: 20px;" type="text"/>	Every <input style="width: 100%; height: 20px;" type="text"/>

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive payslips before we can decide how much Award you can get. Read the checklist at Part 13 to see what you can use as evidence.

Part 8 About being self-employed

You

Your Partner

Are you or your partner self-employed?

Yes Answer the questions on this page
 No Go to Part 9.

Yes Answer the questions on this page
 No Go to Part 9.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Are you a Director of the business?

Yes No

Yes No

Are there any other partners in the business?

Yes No Tell us their name and address

Yes No Tell us their name and address

 Postcode

 Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

Yes No How much?

Yes No How much?

 £

 £

How often?

 Every

 Every

Do you pay into a private pension scheme?

Yes No How much?

Yes No How much?

 £

 £

How often?

 Every

 Every

We must see evidence of your earnings before we can decide how much Award you can get. Read the checklist at Part 13 to see what you can use as evidence. .

Part 9 About any other work

	You	Your Partner
Do you or your partner do any other work? This could be voluntary work, therapeutic work or any other work.	No <input type="checkbox"/> Go to part 10. Yes <input type="checkbox"/> Answer the questions on this page	No <input type="checkbox"/> Go to part 10. Yes <input type="checkbox"/> Answer the questions on this page
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid for this work ?	No <input type="checkbox"/> Yes <input type="checkbox"/> How Much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How Much?
	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>

We must see evidence of any earnings before we can decide how much Award you can get. Read the checklist at Part 13 to see what you can use as evidence.

Part 10 About bank accounts,savings, investments and property

	You	Your Partner
Do you or your partner have any bank accounts,savings, property or investments in the UK or abroad?	Yes <input type="checkbox"/> Go to part 11 No <input type="checkbox"/> Answer all the questions in this part.	Yes <input type="checkbox"/> No <input type="checkbox"/>
This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, Premium Bonds, National Savings Certificates, stocks, shares and property.		
Please answer these questions for yourself and your partner. Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.		
Do you have bank, building society or post office accounts? (including current accounts) If yes, please give details.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of bank and/or Building Society	Account Number	Your balance/value Partner's balance/value
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/> £ <input type="text"/>

We must see evidence of all capital, savings and investments. Read the checklist at Part 13 to see what you can use as evidence. We will need statements or pass books covering the last 2 months at least. Even if the balance is overdrawn.

Part 10 About bank accounts,savings, investments and property - continued

Do you have any stocks, shares, unit trusts? Yes No

If yes, list the names of investments and number of shares held.

Name	Number held

Do you have National Savings Certificates? Yes No

If yes, list the issue, purchase date and number of units.

Name	Number held

Do you have other investments, redundancy payments, premium bonds, Teggis, ISAs, SAYE, cash etc? Yes No

If yes, please give details. (Please also use this space if you need to tell us more about any of the above savings.)

Have you or your partner received any backdated benefit or deferred payments, such as State pension, which you have added to your savings? If yes please give details Yes No

Do you or your partner own or partly own any property or land except the home you live in, either in the UK or abroad? Tick 'Yes', even if you have a mortgage or loan for the property or land. This includes jointly owned properties. What is the address? Yes No

Postcode

How much is it worth? £

If you have a mortgage or loan for this, how much is left to repay? £

Have you or your partner received a compensation payment relating to the Second World War? Yes No

People who have more than £16000 in capital are not eligible to receive support (although special rules apply to people who are of pension age). Capital includes money, property, land also held outside the United Kingdom.

Part 11 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

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

Part 12 Declaration

Even if someone else has partly or fully filled in this form for you, you MUST sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct. 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. This may include court action or financial penalties.
- You will use the information I have provided to process my claim for Local Council Tax Support, or to assess any discount or grant for Council services. You may check the information with other sources as the law allows.
- You may use any information I have provided for this and any other claim for social security benefits that I have made or may make. This includes an application for Discretionary Housing or exceptional hardship Payment. You may give some information to other government organisations, such as government departments and local councils, if the law allows this.

I know I must let the Council's Benefit Section know immediately in writing about any change in my circumstances, or the circumstances of anyone living with me, which might affect my claim. If I do not, you may take action against me. This may include court action or financial penalties.

I declare that this is my claim for Local Council Tax Support and the information I have given on this form is correct and complete. I authorise the Council to make any necessary enquiries to check that the information is true and correct. I have read and understood this declaration, and my responsibilities in reporting any changes in my circumstances to the Council.

Signature of person claiming

Date / /

Partners Signature

Date / /

If this form has been partly or fully filled in by someone who is not the person claiming, please tell us why you are filling in this form for the person claiming and sign the declaration below.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. If I am making this claim on behalf of the above person, I understand that I am liable for what is written on this form and accept that the declaration applies to me.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date / /

How to contact us

In person	Council Offices London Road Saffron Walden or Great Dunmow Library	8.30am to 5pm Monday to Thursday 8.30am to 4.30pm Friday
By Phone:	01799 510335	
By Fax:	01799 510448	
By writing to:	Benefits Department Uttlesford District Council Council Offices London Road Saffron Walden Essex CB11 4ER	
By Email:	benefits@uttlesford.gov.uk	

If you know or suspect someone is committing benefit fraud, you can report them direct without having to give your name or details. You can do this by writing to the address above; phoning: 01799 510554; emailing enforcement@uttlesford.gov.uk; or going on our website www.uttlesford.gov.uk

Part 13 Checklist

Please tick to tell us what evidence you are sending with this form. We must see original documents, not copies. If you bring them to our Office, we will take the details we need and give you the documents back straight away.

If you do not provide all the evidence we need, we might not be able to pay you any support. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, but we will not be able to pay you any benefit until we have all the evidence. Please tell us now in Part 11 if you cannot supply the evidence within one month.

Evidence of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, current Home Office letter, EU identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from social security or the tax office

Evidence of savings, investments and property

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, Tessas, stocks, shares and unit trusts. The evidence you send must show details for at least the last 2 months.

Evidence of earnings - For you, your partner and any other adults resident

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. We can send a form to your employer to fill in if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading records so far. We can supply a form.

Evidence of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits, allowances, tax credits, pension credits or pensions, for you, your partner and any other adults resident

Such as current award notices or letters from the Department for Work and Pensions or HMRC confirming how much you get. If you do not have evidence, let us know straight away.

Evidence of other money paid out

Such as letters about student grants or maintenance, or agreements or receipts from registered child carers.

Equal opportunities data

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

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 Your postcode

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 Chinese Other nationality (Nationality

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

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

Citizens Advice Bureau Poster Leaflet Council Tax bill Local shop
 Job Centre Plus The Pension Service Post Office Friend Doctors surgery
 Day centre Visiting officer Library Council offices Council staff
 Council Tax leaflet (*issued in March*) Other (please state)

From where did you collect the claim form?

Citizens Advice Bureau Council Offices, Saffron Walden C.I.C, Great Dunmow
 Landlord Jobcentre Plus Pension Service Housing association Other

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.

March 2013