

Application for Housing Benefit: Bed & Breakfast Claims Only

Benefits Section Direct Lines:
(01784) 446457/374



Your name and the address of accommodation

Name _____

Address _____

Post code _____

Contact telephone no. _____

Please state all persons who live with you: partner and children

| Surname | First Name(s) | Date of Birth |
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Do you receive: income support? Yes No
 Job Seekers allowance? Yes No
 child tax credit? Yes No

If "Yes" to either, state your National Insurance number and which office you claim from. National Insurance _____
 Office you claim from: _____

Date of occupation _____

Do you work: Yes No If yes, please provide either: Two(2) monthly pay slips **OR** Five(5) weekly payslips **OR** self employed

Do you receive any other benefits? Yes No

If "Yes," please state the amount and which e.g., Child Benefit, Working Family Tax Credit, Incapacity Benefit, etc. and enclose documents

Benefit(s) received: _____ Amount: £ _____

If not on income support, do you have a current bank account, building society account, savings certificates or any other savings? Yes No If "Yes," please state which and enclose documents

Account(s): _____

**Return to: Benefits Section
Council Offices
Knowle Green
Staines
Middlesex TW18 1XB**

I know I must let the council know IMMEDIATELY about any change in my circumstances which might affect my claim. I declare the information I have given on this form is correct and complete.

Signature _____ Date _____