

Housing Benefit and Council Tax Benefit Claim Form

This form was sent to 	For office use Date issued: Date received: Claim ref:	Reception opening times: 9am-4pm Monday to Friday Council Offices Knowle Green Staines Middx TW18 1XB
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Please tick the relevant box to tell us:

If you are making a new claim? Or telling us about a change in your circumstances?

HOW TO FILL IN THE FORM

- Please fill in this form using black ink. There are notes to help you on the next two pages. Please read these carefully.
- Please answer all the questions on the form.
If they do not apply to you, write "None" or "N/A" (not applicable)
- If you do not fill in the form properly it will take longer to deal with your claim.
- You must return this form to us immediately even if you do not have all the document we have asked for. If you delay in sending it, you could lose benefit. You must send us the missing proof within one calendar month, or your claim will be cancelled.
- We can only accept ORIGINAL documents as proof. We cannot accept any photocopies.
- When you have completed this form, please return it in the envelope provided. Do not send valuable items such as passports in the post.
- You can hand-deliver claims and documents to our offices. We will copy your originals while you wait and give you back the originals. Reception opening times are at the top of this page.
- The address to return the completed form is P.O. Box 292, STAINES, TW18 1XB



HOW WE COLLECT AND USE INFORMATION

The Council collects information for Housing Benefit and Council Tax Benefit purposes, but it may be used for any of the Council's purposes. We may check information that you provide, or that a third party provides about you, with other information we hold. We may also get information about you from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways as permitted by law. These third parties include government departments and local authorities. We will not disclose information about you to anyone outside the Council unless the law permits us to. The Council is registered under the Data Protection Act 1998 for these purposes and is the Data Controller. If you want to know more about what information we have about you, or the way we use this information, please write to the Council's Data Protection Officer.

Notes

Please read these important notes before you fill in the form. They will help you to give us the right information, so that we can pay your benefit quickly. There are notes for each Section, followed by some general information.

A. YOU AND YOUR PARTNER

"Partner" means someone of the same or opposite sex that you live with as a couple; you may be married or in a civil partnership or living together as if you were husband and wife or as if you were civil partners.

"Your Nationality" - you **MUST** answer these questions, otherwise we cannot pay you benefit. If you have not lived in the UK for the whole of the last two years, or if there are doubts about your immigration status, we may send you another form to complete. Don't forget, for new claims you **MUST** give us proof of identity and National Insurance Number for yourself, and also for your partner if you have one. On the 'checklist', there is a full list of the type of documents we can accept as proof. If you don't have enough documents, please ring us and let us know. We can arrange an interview with you. The telephone number is 01784 446374.

B. CHILDREN WHO LIVE WITH YOU

This Section is **ONLY** to be used for children who are living with you, and that you get Child Benefit for. This would usually be your own children who are still at school, OR in further education and under 20. Adult children, or children who are in higher education (e.g. University), who still live with you should be included in Section C. Foster children should be included in Section C of the form.

C. OTHER PEOPLE WHO LIVE WITH YOU

These people are often referred to in Benefits as "non-dependants". A non-dependant is someone who lives with you, but who does not pay any rent in the property. They may have an informal arrangement to give you an agreed sum for their keep. People in this group may include: grown-up children; parents; other relatives or friends. A non-dependant is different from a boarder or a sub-tenant or a joint tenant.

A "**boarder**" is someone who lives with you and who has an agreement with you to pay for their accommodation. Part of what they pay will be for meals which are eaten on your premises.

A "**sub-tenant**" is someone who pays you for accommodation, but whose rent does not cover any meals.

A "**joint-tenant**" is someone (not necessarily your partner) who is jointly responsible with you for paying the rent at the property you live in.

D. EARNINGS

If you cannot provide proof of your earnings, as detailed at the end of the Section, we may have to write to your employer to ask them to complete a Certificate of Earnings. If you have just started work and do not have any payslips, you can ask your employer to send us a letter telling us when you started work, what you will be paid, and how many hours you will work. You can send us your payslips as you get them. If you do send them in separately from your claim form, please ensure that your name, address and National Insurance Number are clearly marked.

E. SELF-EMPLOYED EARNINGS

Where possible, you should send us properly prepared accounts. If you have not been self-employed for very long, or if for some reason you cannot provide accurate and complete accounts, we may have to send you another form to fill in. You can save time by ringing us and asking for this now, if you know that you will need it. If you would like an appointment to discuss your claim, please ring 01784 446374 and explain that you are self-employed when booking the appointment.

F. STUDENTS

Most students cannot qualify for benefit, but the rules are quite complex and there are many exceptions. The following groups of students can claim: those getting Income Support; those on part-time courses; those over 60; lone parents; those who have a disability premium or who have been classed as unfit for work for over 28 weeks. This is not a full list of students who can claim. If you are not sure if you are eligible, please ring us, or send in the completed form for assessment.

G. OTHER INCOME

You should use this Section to list all other income you may receive. You must complete every box, writing "none" where you do not receive a named benefit or pension or allowance.

Don't forget to tell us about any changes in your income e.g. when your Jobseekers Allowance is due to end or you stop getting Child Benefit for one of your children.

H. CASH, SAVINGS AND INVESTMENTS

So that we can assess your benefit accurately, you need to tell us about all your capital which is held either here or abroad. "Capital" means bank accounts, building society accounts, deposit accounts with other organisations (e.g. Post Office or insurance companies), cash, National Savings Certificates, Premium Bonds, shares, stocks, unit trusts, PEPs, ISAs and TESSAs. Also any land or property which you own, apart from where you are living. We will also need to know if you have money in a trust fund. This is not meant to be a complete list - please telephone us if you have a query. If your total capital exceeds £16,000, you cannot claim Housing and/or Council Tax Benefit unless you or your partner are receiving Guarantee Credit.

I. YOUR TENANCY

"Landlord's Agent" is someone employed by the landlord. It can be an individual or a company, and they can be responsible for just collecting the rent from you, or they may provide your tenancy agreement as well, and be your contact point for any problems you may have. If you have a formal tenancy agreement, the details of both landlord and agent should be on the agreement. If you have lived in your property for a long time, you may have a Registered Rent. If so, please send us the documents that you will have been given by the Rent Service, and any letters from your landlord if he is planning to increase the rent.

J. YOUR HOME

Private sector tenants entitled to benefit in Spelthorne after 7 April 2008 will receive Local Housing Allowance. The amount we use to calculate your benefit will depend on the number of people in your household and their ages. Please check our website at www.spelthorne.gov.uk/benefits to see how the size criteria is calculated. You can also ring us on 01784 446374 or call into our public service counter for details. Some accommodation types are exempt from this new scheme, i.e. Council and Housing Association tenants, Hostels, houseboats, caravans, site pitches, Accommodation where a substantial part of the rent covers board & attendance (such as Hotels) and pre 1989 tenancies.

K. YOUR RENT

Your landlord should have made clear to you whether or not any services are included within your rent, and you should give as much detail here as you can. If you cannot give us exact figures, we will have to make standard deductions which are laid down by central government, or we may have to contact your landlord. We only need this information if you are a tenant of a Housing Association, have a registered rent or are exempt from Local Housing Allowance (see paragraph J). If in doubt it is best to complete the information.

L. PAYMENT

For new claims, Housing Benefit is usually paid from the Monday after we receive your form. If you are also a new tenant, we can pay from the start date of your tenancy, but only if we receive your claim form by the Sunday after your tenancy starts. Housing Benefit for private tenants is normally paid fortnightly in arrears. If payment is made to your landlord, it will be 4 weekly in arrears. Council Tax Benefit is paid by a credit to your Council Tax Account.

BACKDATING

It may be possible to backdate your claim if you have a "good cause" for not claiming on time. You will need to write to us separately if you think you should get backdated benefit. We can only backdate for up to 52 weeks from the date you apply.

APPEALS

If you disagree with any decision that we make about your benefit you have the right to appeal. You should put your appeal in writing, and send it to us as soon as you can, explaining why you think we have got it wrong - give as much detail as you can. If we do not uphold your appeal, you can appeal again in accordance with our appeals policy. Contact us if you require further information on the appeals process. Please note that there are strict time limits on appeals.

SECOND ADULT REBATE

Even if your income or capital is too high for you to claim benefit yourself, you could still get Second Adult Rebate - to qualify, you must be the only person in your home responsible for paying Council Tax, and someone else must live with you who is not your partner AND who is on a low income AND who does not pay rent to you.

If you want to claim Second Adult Rebate, you only need to complete Sections A and C, provide proofs, and sign the Declaration.

CHANGES OF CIRCUMSTANCE

We use the information you have given us on this form to assess your claim for benefit. You **MUST** tell us in writing about anything that changes and provide original proof of this change. At the back of this form is a list of some of the changes that you need to tell us about.

Periodically we may send you a review form to complete to check to see if your circumstances have changed.

Please return this form with details of your income and any changes, or tell us if your circumstances have not changed. If you delay telling us about a change in your circumstances, we may pay you too much benefit, or you could be missing out on additional benefit.

VISITS

We may visit you at home. This is to make sure that your circumstances have not changed, and that you are still getting the right amount of benefit. All of our Visiting Officers carry photo identity cards. Please make sure that you ask to see this before you let anyone into your home.

WHY DO WE NEED ORIGINAL DOCUMENTS?

The documents that we require to support your claim are recommended by the Department for Work and Pensions (DWP). Providing these proofs helps us to make sure you receive the benefits that you are entitled to and that they are calculated accurately. You can check the types of documents that we can accept against the list at the back of this form.

WHY DO WE NEED SO MUCH DETAIL?

Do not be put off by the length of the form. We are sorry to ask so many questions, but we do need you to answer in full, so that we can be sure to pay you the right amount of benefit. For example, if you receive an allowance for a disability, it could mean that you can get more benefit. Childcare costs, paid to a registered childminder while you are working, may also result in more benefit for you - but only if you tell us about them. If you are having difficulty filling in the form or sending us proofs and need some help, please ring us on 01784 446374. We can probably help you over the phone or in certain situations can arrange for a visiting officer to see you at home.

DON'T DELAY

You will see reminders around the form that you must send us original proofs, not photocopies, and that we cannot process your claim until we have seen ALL of the documents. We understand that it is not always easy to get them to us straight away, so even if you haven't got everything, send us the form. If you don't you could lose benefit.

Please provide the following information

Are you a (tick one box only)

- | | |
|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Private tenant | <input type="checkbox"/> Owner occupier |
| <input type="checkbox"/> Housing Association tenant | <input type="checkbox"/> Boarder |
| <input type="checkbox"/> Hostel resident | <input type="checkbox"/> Placed as homeless |

If you are getting income support, or jobseekers allowance (Income based), please tick this box

A You and your partner

* Please see notes on Page 2.
If you do not have a partner tick this box

You

Surname

Other names

Title Mr Mrs Ms Miss
Other

National Insurance No

Date of birth

Please tell us if there are any other names you use, or are known by

Address

you wish to claim for

Postcode

Email address

Telephone

What date did you/will you move into this address?

Do you own or have you previously owned this property? Yes No

Are you a joint owner or joint tenant? Yes No

If YES, who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years? Yes No

If no, please give the date that you arrived in the UK
(we may need to write to you for more details)

Are you eligible to claim benefit in the UK Yes No
(for Non-UK passport holders see visa entry conditions in your passport)

Your partner

Surname

Other names

Title Mr Mrs Ms Miss
Other

National Insurance No

Date of birth

Please tell us if there are any other names you use, or are known by

Address

you wish to claim for

Postcode

Email address

Telephone

What date did you/will you move into this address?

Do you own or have you previously owned this property? Yes No

Are you a joint owner or joint tenant? Yes No

If YES, who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years? Yes No

If no, please give the date that you arrived in the UK
(we may need to write to you for more details)

Are you eligible to claim benefit in the UK Yes No
(for Non-UK passport holders see visa entry conditions in your passport)



You and your partner (continued..)

You

What was your last address?

Please tell us the date you vacated this address

Did you own this property? Yes No

Did you rent this property? Yes No

Were you living with relatives at this address? Yes No

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

Are you under 25, single, with no children? Yes No

If NO, go to DISABILITY PREMIUMS

If YES, have you ever been looked after by Social Services? Yes No

If YES, have you had support from Social Services after your 16th birthday? Yes No

If YES, please advise what date the support stopped
and which office you dealt with

DISABILITY PREMIUMS

Do you receive a disability premium or allowance? Yes No

Have you been unable to work for more than 52 weeks through ill health? Yes No

Are you registered blind? Yes No

If YES, please give your registration number

Please state how you would like us to contact you in the future e.g. by telephone, email

Does **ANYONE** get Carer's Allowance? Yes No

If YES, please say who gets it

Your partner

What was your last address?

Please tell us the date you vacated this address

Did you own this property? Yes No

Did you rent this property? Yes No

Were you living with relatives at this address? Yes No

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

Are you under 25, single, with no children? Yes No

If NO, go to DISABILITY PREMIUMS

If YES, have you ever been looked after by Social Services? Yes No

If YES, have you had support from Social Services after your 16th birthday? Yes No

If YES, please advise what date the support stopped
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Are you registered blind? Yes No

If YES, please give your registration number

Does **ANYONE** get Carer's Allowance? Yes No

If YES, please say who gets it

Please send ORIGINAL proofs of Identity and National Insurance Number for yourself, and your partner if you have one. See the 'checklist' for examples of the documents you could use. YOU ONLY NEED SEND THESE FOR NEW CLAIMS. PLEASE REMEMBER -YOU MUST SEND DOCUMENTS FOR YOUR CLAIM TO BE PROCESSED. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

B

Children who live with you

If there are no children who live with you, tick this box and go to section **C**

Do you or your partner receive Child Benefit for any children who live with you? Yes No

If you have more than 3 children, please use the extra box at the bottom of the page to tell us about them. If you have other children who live with you, but you don't get Child Benefit for them, please include them in Section **C**

	1st child	2nd child	3rd child
Surname	<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"/>
What is their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they male or female?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Disability Living Allowance?	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 any of them have savings or investments, how much do they have?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they go to a registered nursery or childminder or playscheme?	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 give the name and address of the childminder/nursery /playscheme caring for each child	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their registration number?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the weekly cost of childcare for each child?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who gets child benefit for them (we need to see proof of this)	<input type="text"/>	<input type="text"/>	<input type="text"/>

For each child, please send ORIGINAL documents of Child Benefit, any childcare costs, disability living allowance, blind registration document and savings if appropriate.

PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT PHOTOCOPIES.

More details

C

Other people who live in your home

Apart from you, your partner, and your dependent children, does anyone else live in your home? Yes No
 If NO, please go to section **D**. If YES, please give details below. You should include grown-up children who you no longer get Child Benefit for, friends, relatives, boarders, sub-tenants or joint-tenants.

	1st person	2nd person	3rd person
Surname	<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"/>
National Insurance No.	<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"/> <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"/>
Date they moved 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"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a joint tenant or joint owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they pay you rent?	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, how much and how often?	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>

Go to Section **D** if you only have Joint Tenants living with you

Does their rent include payment for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does their rent include payment for heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does their rent include payment for hot water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Income Support or Jobseeker's Allowance (income based)?	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 say which one(s) and the amount they get week	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

Do they 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"/>
If YES, how many hours per week?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are their earnings before tax and National Insurance etc?	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>	£ <input type="text"/> per <input type="text"/>
Do they have any other income?	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 give details, including the amount.	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

Do they get Disability Living Allowance or Attendance Allowance?	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, how much do they get each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they provide care for someone in your home for more than 35 hours per week?	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, who do they provide the care for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to this person?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are they a Student? (please supply proof of their course) Yes No Yes No Yes No



Other people who live in your home

1st person

2nd person

3rd person

Are they Severely Mentally Impaired? Yes No

Yes No

Yes No

Are they in prison or in hospital? Yes No

Yes No

Yes No

If YES, please give the date that they went into prison or hospital

Are any of the people married or civil partners or living together as if they were married or civil partners? Yes No

Yes No

Yes No

If YES, please say who:

is the partner of

is the partner of

For each person, please send ORIGINAL documents for all of their income or benefits. PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM, WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.



Earnings

If you are claiming Second Adult Rebate only go to section **M** page 3 for an explanation of second adult rebate.

You

Your partner

Are you a Director/Secretary of any company? Yes No

Are you a Director/Secretary of any company? Yes No

Are you in paid employment? Yes No

Are you in paid employment? Yes No

If NO, go to section **E** If YES, please give details below

If NO, go to section **E** If YES, please give details below

Employer's name and address

Employer's name and address

What is your employee/payroll number?

What is your employee/payroll number?

What is your job title?

What is your job title?

Date you started this job

Date you started this job

Is your job seasonal or temporary? Yes No

Is your job seasonal or temporary? Yes No

If YES, when will it end?

If YES, when will it end?

How many hours each week do you work?

How many hours each week do you work?

How much are you paid after deductions?

How much are you paid after deductions?

How often are you paid? (e.g. weekly, 4-weekly, monthly)

How often are you paid? (e.g. weekly, 4-weekly, monthly)

How are you paid? (e.g. cash, cheque, direct into bank)

How are you paid? (e.g. cash, cheque, direct into bank)

Do you regularly work overtime? Yes No

Do you regularly work overtime? Yes No

Do you receive bonus, tips or commission? Yes No

Do you receive bonus, tips or commission? Yes No

If YES, please say £ much each week

If YES, please say and how £ much each week

D Earnings (continued)

You

Expected date of next pay rise?

Do you pay into a Pension Scheme? Yes No

If YES is it: Company Private

Do you have more than one job? Yes No

If YES, please give details here of the employer, the you work and how much you earn.

Your partner

Expected date of next pay rise?

Do you pay into a Pension Scheme? Yes No

If YES is it: Company Private

Do you have more than one job? Yes No

If YES, please give details here of the employer, the hours you work and how much you earn.

For each job that you and your partner have, you must send ORIGINAL documents. Please supply your last five payslips if you are paid weekly, your last three payslips if paid fortnightly, your last two payslips if paid monthly or four-weekly.

PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

E Self-employed Earnings

Are you or your partner self-employed? Yes No

If NO, please go to section **F** If YES, please give details below. We may need to write to you for more information.

You

The name of your business

Registered address of your business

Business telephone number

What type of business do you run?

When did you start trading?

What is the financial year start date?

Your current estimated weekly profit?

How many hours each week do you work?

Are you a partner in the business? Yes No

Do you pay into a Pension Scheme? Yes No

Are you registered with HMRC Yes No

Your partner

The name of your business

Registered address of your business

Business telephone number

What type of business do you run?

When did you start trading?

What is the financial year start date?

Your current estimated weekly profit?

How many hours each week do you work?

Are you a partner in the business? Yes No

Do you pay into a Pension Scheme? Yes No

Are you registered with HMRC Yes No

You must send ORIGINAL documents, not photocopies. Please supply your latest properly prepared accounts. If the business is new, please send any details that you have, and give an estimate of your income and expenditure over the last 13 weeks. If you are a partner in the business, provide the partnership agreement. If you pay into a Private Pension Scheme, please send evidence of the payments you make. We may ask you to complete a further form.



Students

Are you or your partner students? Yes No If NO, please go to Section **G** If YES, please give details below

You

Are you studying - Full time Part time

Name of college/university

Address of college/university

Title of course

Length of course

Which year of study are you in: 1st 2nd 3rd 4th

Term time dates: Autumn to

Spring to

Summer to

Do you receive a grant? Yes No

If yes, amount and how often paid £ every

Amount of Student Loan £

Are you on a sandwich course? Yes No

Do you receive sponsorship? Yes No

Do you receive a covenant? Yes No

Do you receive parental contribution? Yes No

If Yes, please give details

Your partner

Are you studying - Full time Part time

Name of college/university

Address of college/university

Title of course

Length of course

Which year of study are you in: 1st 2nd 3rd 4th

Term time dates: Autumn to

Spring to

Summer to

Do you receive a grant? Yes No

If yes, amount and how often paid £ every

Amount of Student Loan £

Are you on a sandwich course? Yes No

Do you receive sponsorship? Yes No

Do you receive a covenant? Yes No

Do you receive parental contribution? Yes No

If Yes, please give details

You must send ORIGINAL documents for you and your partner. Please supply your grant notification, if you get one, your financial assessment letter and details of all student loans. We will also need to see evidence of any covenant/sponsorship/scholarships etc.

PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.



Other income

Please answer ALL the questions in this section. If you do not receive a named pension, benefit or allowance, please write "NONE" in the box next to it.

Where you do receive them, please write the amount you get before any deductions, and say whether it is paid to you weekly, fortnightly, four-weekly or monthly. (You do not need to declare any payments from The Eileen Trust, Independent Living Fund or the MacFarlane Trust.)

	You		Your partner	
	How much do you get	How often is it paid?	How much do you get	How often is it paid?
Pensions				
State Retirement Pension	£		£	
Private/Former Employer Pensions (after tax)	£		£	
Widow's Allowance	£		£	
Widowed Mother's Allowance or Widow's Pension	£		£	
War Widow's or War Dependant's Pension	£		£	
War Disablement Pension (please send us your award letter)	£		£	
Armed Forces Compensation Scheme	£		£	
Pension Credit (Guarantee Credit)	£		£	
Pension Credit (Savings Credit)	£		£	

Benefits and allowances				
Income Support	£		£	
Jobseeker's Allowance (income based)	£		£	
Jobseeker's Allowance (contribution based)	£		£	
Child Benefit	£		£	
Working Tax Credit	£		£	
Child Tax Credit	£		£	
Short-term Incapacity Benefit	£		£	
Long-term Incapacity Benefit	£		£	
Attendance Allowance (for people over 65)	£		£	
Disability Living Allowance: Mobility Component or Care Component	£		£	

Are you or your partner caring for anyone who gets Attendance Allowance or the Care element of Disability Living Allowance

Yes No Yes No

Carer's Allowance (Please send us your award letter)	£		£	
Severe Disablement Allowance	£		£	
Industrial Injuries Benefits	£		£	



Other income (Continued)

	You		Your partner	
	How much do you get	How often is it paid?	How much do you get	How often is it paid?
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Guardian's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Other Income?

Statutory Sick Pay (paid by employer)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Statutory Maternity Pay (paid by employer)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Youth Training Scheme payment or Training Credits	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance you receive	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments from boarders	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Weekly amount from letting or sub-letting part of a property	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Life Insurance Annuities	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments from a charity, or other voluntary payments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Any other income (please give details)	£ <input type="text"/>			
	<input type="text"/>			

Have you or your partner recently applied for any benefit(s) or income but have not yet received payment? Yes No

Please tell us which benefit(s) or income

What date did you claim it?

Please supply ORIGINAL documents, of all income received by you and your partner, if you have one. You can provide the latest award letter, OR a bank statement which shows the payment made to you. Do not send payment books to us.

PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM.

WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.



Cash, savings and investments

You need to tell us about all your bank accounts, building society accounts and Post Office accounts (even if they are overdrawn), and all other cash and investments. You must send current statements showing all transactions for the last two months. Please note that mini statements will not be accepted.

Do you or your partner have any bank or building society accounts, or other savings or capital? Yes No

Type of Capital	Name of Bank/Building Society and Type of account (e.g.current, savings)	Amount held	In the name of
Bank account (1)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Bank Account (2)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Bank Account (3)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Building Soc.acc (1)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Building Soc.acc (2)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Account number	<input type="text"/>		
Post Office acc	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Cash savings		£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>

Type of Capital	Details:- e.g. Share names, Certificate Nos, Issue Nos etc.	Amount held	In the name of
National Savings Bonds	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
National Savings Certificates	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Income Bonds	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Shares or Unit Trusts	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>
Stocks, Sharesave, SAYE etc.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/> Partner <input type="checkbox"/> Joint <input type="checkbox"/>

Do you or your partner have any other savings or investments, or money owing to you which you have not included in the lists above (such as PEPs, ISAs, personal loans) Yes No

If YES, please give details

Do you or your partner, or any of your children have any money or property held in a trust fund? Yes No

If YES, please give details, and let us see the documents



Cash, savings and investments (continued)

Are you, your partner, or any of your children a beneficiary of a Will which has not yet been settled? Yes No
If YES, please give details, and let us see the Will

If YES, please give details

Do you or your partner, or any of your children have any money or property in UK or abroad? Yes No

If YES, please give details. We may need to ask you for more information, address, who occupies it, do you receive rent.



Your tenancy

You should only fill in Sections **I** **J** **K** and **L** if you pay rent to a private landlord or Housing Association.

If you are an owner-occupier, go to the Declaration at Section **M**

When did your tenancy start at your current address?

Landlord's name

Landlord's business address

Landlord's telephone number

If the landlord has an agent, you also need to tell us

Agent's name

Agent's address

Agent's telephone number

Does your landlord live in your property?

Yes No

Are you, or your partner, or your children related to the landlord or the landlord's partner?

Yes No

Are you, or your partner, or your children related to the agent?

Yes No

If YES, who is related, and what is the relationship?

Have you signed a tenancy agreement?

Yes No

How long is it for?

Months

What kind of tenancy is it?

Assured

Shorthold

Other (please state)

Don't know

Has your rent been registered by the Rent Officer as a fair rent?

Yes No

Don't know

(If YES, please send the registration form)

Would you like us to keep your landlord informed about your claim? Yes No

This means that they would be notified of when you are first paid and when your claim ends.

Please supply **ORIGINAL** documents, of all income received by you and your partner, if you have one. You can provide the latest award letter, OR a bank statement which shows the payment made to you. Do not send payment books to us.

PLEASE REMEMBER – YOU MUST SEND DOCUMENTS TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.



Your home

You should only fill in Sections **J****K****L** and **M** if you pay rent to a private landlord or Housing Association.

If you are an owner-occupier, go to the Declaration at Section **M**

Please tick only one box, that best describes your home

- House
- Maisonette
- Bungalow
- Converted Flat
- Flat over a shop
- Purpose Built Flat
- Studio Flat
- Bedsit
- Rooms in a house or hostel
- Mobile home
- Site/ground rent only
 - single plot
 - double plot
- Caravan / mobile home rent
- Hotel/guest house
- Hostel
- Houseboat rent only
- Mooring fees

Other (please give details – we may need to write to you)

Is the property you live in

Detached?

Semi detached?

Terraced

If you rent a room, please tell us the room number

Where is your room?(tick one only)

At the front of the property

In the centre of the property

At the back of the property

Right hand side

Left hand side

Do you share your room with anyone Yes No

Does your landlord live in the property Yes No

Please tell us the number of each type of room in your home, and who uses them

	How many in the whole house or flat	How many are only used by you and your family	How many do you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsit rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
(please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

How many floors are there in the whole building?

If sharing a house - total number of rooms in house

Which floor is your home on?

2nd floor	<input type="checkbox"/>
1st floor	<input type="checkbox"/>
Ground floor	<input type="checkbox"/>
Basement	<input type="checkbox"/>

Other (please specify)

Is there central heating in your home? Yes No

Do you have use of a garage? Yes No

Does your home have a garden? Yes No

Does your home have a parking space? Yes No

Is your accommodation:

Fully furnished?

Partly furnished?

Minimally furnished?

Unfurnished?

Who is responsible for decorating the inside of your home?

You Landlord Other



Your home (continued)

If necessary, may we contact your landlord or agent to confirm the rent or other tenancy details? Yes No

If NO, what are your reasons for not wanting us to contact them?



Your rent

How much rent does your landlord charge you? £

Is this every Day? Week? Fortnight? 4Weeks? Calendar Month? Quarter? Other

Who do you pay the rent to?

Do you have any rent-free weeks? Yes No When are they?

Are meals included in your rent? Yes No

Which ones? Breakfast? Yes No Lunch? Yes No Evening Meal? Yes No

Are you in arrears with your rent? Yes No If you have ticked yes, state how much? £

If you have ticked yes, state period?

Does the rent you pay include any of these charges? If YES, please tell us how much per week (if you know). We may have to write to you or your landlord for further details.

Water Rates Yes No £

Fuel for Cooking Yes No £

Council Tax Yes No £

Laundry equipment Yes No £

Heating (of YOUR rooms) Yes No £

Laundry (done for you) Yes No £

Hot Water Yes No £

Porter (estate staff) Yes No £

Lighting (of YOUR rooms) Yes No £

Lift Yes No £

Lighting (of common areas) Yes No £

Supported Housing charges Yes No £

Cleaning (of YOUR rooms) Yes No £

Garage or parking space Yes No £

Cleaning (of common areas) Yes No £

Gardening Yes No £

Are you living away from home at the moment Yes No

Other

Tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

Tell us the address of where you are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Page 17 to see what you can use as evidence.

Checklist

Have you answered every question?

Have you enclosed the following **ORIGINAL** documents for you and your partner?

Yes No To follow

Proof of National Insurance Number - (for new claims only)

one item for each of you (*Such as P45 or P60 for last employer, NI No Card, printed wage slips, letter from DWP/Job Centre, letter or tax code from Revenues and Customs, occupational pension slip*)

Yes No To follow

Proof of identity - (for new claims only)

in addition to one item from the list above, at least one further item for each of you (*Such as up-to-date driving licence, passport, utility bill, bank statements. We can also accept birth or marriage certificates, divorce papers, medical card, residence permit, letter from Home Office, probation officer, solicitor, social worker or Revenues and Customs*)

Yes No To follow

Proof of earnings - for each of you. Payslips **MUST** be consecutive.

(*Five weekly payslips, or three fortnightly, or two monthly. OR a detailed letter from your employer, OR a Certificate of Earnings*)

Yes No To follow

Proof of Self-Employed earnings - for each of you

(*Most recent accounts, bank statements, OR a Proforma for Self-Employed Earners - ask us for this if you need one*)

Yes No To follow

Proof of Benefits, Pensions or Allowances - for each of you

(*Current award letters from DWP or other pension provider*)

Yes No To follow

Proof of any other income - including student grants/loans

Yes No To follow

Proof of savings and investments - for each of you

(*Bank, Building Society and Post Office account statements/pass-books for the last two months. For all other investments and capital, please provide certificates or other documentation*)

Yes No To follow

Proof of Rent – private tenants and Housing Association tenants only

(*A current tenancy agreement or a letter from your landlord/agent or a fully completed and recently updated rent book/card. The document needs to confirm your rent and any service charges you pay, the date you moved in, and whether you are a joint tenant. It also needs to be signed by you and your landlord*)

Yes No To follow

Proof of income, capital and savings for all non-dependants

These are the people entered in Section C

Yes No To follow

Proof of Child Benefit and any other income and/or savings for all Dependants

We also need to see proof of the child's/children's date of birth if the evidence supplied does not include this.

Yes No To follow

Proof of Payments to a Registered Childminder and registration certificate of the childminder

Yes No To follow

Proof of payments to a Pension Scheme

Except those you make through your employer - they will show on your payslips

Yes No To follow

Proof of student ID and course details

Yes No To follow

**Please read the information on page 18,
then read and sign the declaration at section M on page 19.**

**If you do not have all the documents to hand, DO NOT DELAY in sending or bringing this form to our office,
as you could lose benefit. You can bring missing documents in later.**

**WE CANNOT ACCEPT PHOTOCOPIES, BUT PLEASE DO NOT SEND VALUABLE DOCUMENTS
THROUGH THE POST. OUR OPENING TIMES AND ADDRESS ARE ON THE FRONT OF THIS FORM.**

Payment

Method of payment:

Council Tax:

Any benefit due will be credited onto your Council Tax account.

Private Tenants:

All payments will be made directly into a bank account. If you need advice to open an account, please see our leaflet or contact the Citizens Advice Bureau. These payments are normally made two weeks in arrears to the tenants (or four weeks in arrears to the landlord in exceptional circumstances only, where Local Housing Allowance is in payment).

Housing Associations and private tenants in receipt of Housing Benefit prior to 7 April 2008 still living in the same accommodation.

You can have payments made to you or your landlord if you prefer. You will need to complete tear off number 3.

Private Tenants that moved into a property or claimed Housing Benefit on or after 7 April 2008.

Your benefit will be paid directly to you unless you think this may cause you difficulty or you are eight weeks or more in arrears with your rent. Please contact the benefits service for a landlord direct form that must be accompanied with evidence to support your reasons for payment direct. This normally would be from a medical practitioner or social worker or in the case of arrears we will require proof from the landlord.

I want benefit paid directly into the following bank account:

Name of bank or building society:

Branch:

Account Name:

Sort Code:

Account Number:

Roll Number

(Building society only)

Now please complete the checklist. Read and sign the declaration on page 21 and return the form to us, along with all your ORIGINAL documents.

IF YOU DO NOT HAVE ALL THE DOCUMENTS WE NEED, RETURN THE FORM ANYWAY AND LET US HAVE THE DOCUMENTS LATER, IF YOU DELAY YOU MAY

Further information

Please use this section if you need more space to answer any questions or to tell us anything else you think we may need to know.

ETHNIC MONITORING We need to monitor the ethnic groups who apply for benefit to ensure that we are meeting the needs of our customers. It would be helpful if you could complete the following information:

What is your ethnic group? *(Please tick the appropriate box)*

A White

- British
- Irish
- Welsh
- Other

C Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

E Chinese or other Ethnic Group

- Chinese
- Any other
- (Please state)*

B Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

D Black or Black British

- Caribbean
- African
- Any other Black background

I/we do not wish to answer this question
(Please tick box if appropriate)

Changes you must tell us about

We will assess your claim using the information you have given to us. You **MUST** tell us straight away if there are any changes to your circumstances. Here are some examples of changes you must report.

- you stop receiving Income Support or Job Seekers Allowance
- your Working Tax Credit or Child Tax Credit changes
- you move (even if you only move to a different room or flat within the same property)
- a child leaves school or leaves home
- you have a baby
- your child starts to be cared for, or stops being cared for, by a registered childminder, or nursery or playgroup
- someone moves into or out of your home (including boarders and sub-tenants)
- your income, or the income of anyone living with you, goes up or down
- you or anyone living with you becomes a student, or takes up a Government Training Scheme
- you or anyone living with you goes into hospital or a nursing home, or goes into prison (even if this is on remand)
- you or anyone living with you gets a job, or changes their job, or becomes unemployed
- you or anyone living with you takes a second job
- you return to work after a period of illness where you have been receiving benefit
- you or anyone living with you has a change in capital or savings (this does not apply to people receiving Income Support, Job Seekers Allowance (Income Based) or Pension Credit (Guarantee Credit) - you should notify the DWP)
- your rent changes
- you and/or your partner will be away from home for two weeks or more. Where possible, tell us about this **BEFORE** you go
- you receive a decision from the Home Office
- someone starts to receive Carer's Allowance for looking after you
- if you change the bank account that we are paying your Housing Benefit into.
- **ANYTHING AT ALL** which is different from what you have told us on this claim form.

You must tell us about these changes in writing or a phone call. Do not rely on anyone else to give us the information, or pass a message on, not even the Job Centre, Pensions Service or Revenues and Customs.

If you don't tell us about the changes, you may lose money you are entitled to, or we may pay you too much benefit which we can ask you to repay.

If you're not sure about whether or not you need to tell us about a change, ring us on 01784 446374 to check or write to us with the details.

FURTHER INFORMATION

Please use the space on the back page to tell us about anything else you think we need to know, to help us to deal with your claim.

Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a "good cause" for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim benefit from

For this earlier period, were your circumstances the same as on this form? Yes No

Tell us why you have not claimed before. *You should provide evidence to support this statement.*

Declaration

Please read the Declaration very carefully before you sign and date it. If you have a partner, he or she must sign it as well. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says "I" or "me" or "my" this refers to both the claimant and his/her partner

The Council can prosecute you if you give false information, or if you provide false or altered documents with your claim, or if you withhold information (including a change in your circumstances).

- this is my claim for Housing Benefit, or Council Tax Benefit, or both.
- I will tell you if any of the details on any letter you send me are incorrect.
- the information I have given is true and complete.
- You can check any information on this form. This includes sending a Certificate of Earnings direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Benefit for any other address.
- I understand that you may contact government departments (for example the Department of Work and Pensions or the Home Office) or other local authority offices to check the information I have given on the form and to get other information.
- I understand that if I do not provide a National Insurance Number, my claim will not normally be dealt with.
- I will write to you straight away if there are any changes in my circumstances, so that you can work out my benefit again. If I do not, and I get too much benefit or discount, the Council can ask me to pay it back, and may prosecute me.

Signature of person claiming

Date

Partner's signature

Date

Form filled in by someone other than the person claiming

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

Name of the person who filled in the form

Signature of person

Date

Relationship to the person claiming

If you wish to act as the personal representative of the person claiming benefit in the future, please ring 01784 446374 and ask for an "authority to discuss" form.

PLEASE RETURN THIS FORM TO THE ADDRESS GIVEN ON THE FRONT PAGE.

Employer's Certificate of earnings

Spelthorne Borough Council
 Council Offices, Knowle Green,
 Staines, TW18 1XB
 www.spelthorne.gov.uk

Private and confidential

Note to employer

Please fill in this certificate and return it to the above address. Thank you for your help.

Employee's name and address

Reference number:

National Insurance number:

Works number:

Job title:

How often are they paid? Every week Every four weeks Every calendar

Is the employee contracted out of the national insurance scheme? Yes No

Date their employment started average hours worked each week

Date of last pay rise date of next pay rise

If they are paid every week, please give details of the last five weeks' pay. If they are paid every four weeks' or every calendar month, please give details of their last two months' pay

Week or month ending	Gross pay	Tax	National insurance	Works pension	Net pay
<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"/>
<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"/>

Average gross weekly or monthly overtime if this is not included above

Is Statutory Sick Pay included in any of these payments? Yes No

Average gross weekly or monthly bonus if this is not included above

Employer's signature: Name and position in firm:

Name and business address of employer:

Official business stamp

Date **22**

Paying benefit to your landlord

Sharing information with your landlord

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else.

If you give us permission by signing this form, we will only share information with your landlord if:

- you have agreed that your Housing Benefit can be paid direct to your landlord.

Landlord's name

Landlord's address

<input type="text"/>
Postcode

If you give permission, we would be able to tell your landlord whether:

- you have claimed or renewed your claim for Housing Benefit,
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give Spelthorne Borough Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature

Full name
(in CAPITAL
LETTERS)

Address

<input type="text"/>
Postcode

Paying benefit to your landlord (continued)

Request to pay your Housing Benefit direct to your landlord (please see page 18)

We may pay your Housing Benefit direct to your landlord. If you want us to do this, please fill in and return this form, and ask your landlord to fill in the bottom section where Local Housing Allowance is not in payment.

Until I tell you otherwise, please pay my landlord all amounts which you would normally pay me under the Housing Benefit Scheme.

Your full name

Your benefit reference number

Address you are claiming Housing Benefit
 Postcode

Name of your landlord or agent

Address of your landlord or agent
 Postcode

I understand that I must tell you about any changes in my circumstances that may affect my Housing Benefit.

Your signature

Date

Your landlord must fill in this section. Do not delay returning the rest of the form. Tear out this page and send it in when your landlord has signed it.

- I must tell you about changes in the tenant's circumstances which I know about
- I must tell you if the tenant moves out, or changes rooms
- I must repay any Housing Benefit overpaid to me to which the tenant is not entitled (in special cases)
- I agree that you can claim back overpayment from any future benefit you should pay me

Landlord signature Date

We will pay your tenant's benefit by a direct credit to your bank account, (BACS). Please give details below. If you want, you can confirm the details in a separate letter.

Name of your bank or building society

Branch

Account name

Sort code Account number

Return to:

Spelthorne Borough Council, Benefits Services, Knowle Green, P.O. Box 292, STAINES, TW18 1XB

Sharing information

If you would prefer us to contact a relative or a friend to:

- Please tick
- a) obtain further information to process a claim
 - b) have claim forms and letters sent to another address
 - c) have someone contacted before you are visited
 - d) discuss information about your claim in person or over the phone
 - e) deal with any aspect of my claim

Please give us the person's contact details

Name

Address
Postcode

Telephone number

Password

Please provide a password to allow us to identify your representative
(make sure you tell them the password)

Your name

Your address

Postcode

Your signature

Claim for Council tax Single Occupancy

Name

Address

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

Council Tax reference

2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of occupiers aged 18 or over

If there has been a change recently in the number of adult occupiers, leaving you as the only adult occupant, what date did that happen?

Declaration

I declare that to the best of my knowledge the information given on this form is accurate and complete.

Signed

Date

Notes

Please note:

Only complete this form if you are the only adult over 18 living in the property AND you are not already getting a 25% discount on your council tax bill, but wish to claim it.

This is a separate form from the benefits application form and is included solely for your convenience.

If you do not complete this form it will NOT affect your claim for benefit.

Council Tax reference - an eight digit number beginning with a 2 that can be found on your council tax bill.

To be eligible for single occupancy discount you must be the only adult living in the property.

You can still apply if you have dependent children up to the age of 18 living with you.