



# Application for Council Tax Support or Housing Benefit (or both)

Name
Address and postcode
Phone numbers (daytime)..... (evening)..... <small>You do not have to give us your phone numbers, but it may help us if you do.</small>

**For our use only**

Date you first contacted us	
Date of issue	
Date received	
Our reference	

What are you claiming for? (Please tick)	<input type="checkbox"/> Council Tax Support <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Second Adult Rebate
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**Important - You must read these notes before you fill in this form. If you do not understand any of this application form, please contact us.**

**Please do not delay in returning your form, as this can affect the day we can pay your Housing Benefit or Council Tax Support from, please return as soon as possible.**

## About Housing Benefit and Council Tax Support

Housing Benefit can pay all or part of your rent and Council Tax Support can pay all or part of your Council Tax. If you return this application form within one month of the date you first contacted us (see the date above), we will treat that as the date you made your application.

If you are married or in a civil partnership, or if you normally live with a partner, you and they must make a joint claim. If your partner works away, you must still include them. If you have capital or savings of more than £16,000 you may not be able to claim Housing Benefit. Please contact us for more advice.

**1 Information you give us**

We will hold all of the information you give to us on computer, so it is covered by the Data Protection Act 1998.

**2 Second Adult Rebate (Claimant must be of pensionable age)**

Second Adult Rebate is Council Tax Support for people who may not have a partner but who share their home with someone who: is 18 or over; is on a low income; and does not pay the rent.  
If you are claiming Second Adult Rebate, only fill in sections 1, 2, 6, 18, 19, 20, 21 and 22 of this form.

**3 Filling in this form**

Please answer every question that applies to you. If a question does not apply to you, put a cross through it or write 'N/A'. You must read the notes on the next page about identification. You must also read and sign the declaration (section 22).  
If someone else fills in this form for you, please ask them to fill in section 20.

**4 The proof you need to send with your form**



When you see this symbol, we need proof to confirm the answers on your form.  
We need to see original documents, not photocopies.

If you don't have the proof we need, send us your form now and then send the proof later.  
If you do not send us the proof we need, it will delay your claim and you will lose benefit.  
You must provide all proof within one month from the date you make this claim.

South Worcestershire Revenues & Benefits Shared Service, Malvern Hills District Council, Worcester City Council and Wychavon District Council are now working together to improve services to customers. This form is for use by all customers of these Councils.

**5 If you need help with this form**

Please call us on 0300 4560560 or visit any of your local service centres below:

**Malvern District Council**

The library, Graham Road, Malvern WR14 2HU  
Tenbury Library, Teme Street, Tenbury Wells, Worcs WR15 8AA

**Worcester City Council**

The Hive, Sawmill Walk, The Butts, Worcester WR1 3PB

**Wychavon District Council**

The Civic Centre, Queen Elizabeth Drive, Pershore WR10 1PT  
Evesham Community Contact Centre, Abbey Road, Evesham WR11 4SB  
Droitwich Spa Library, Victoria Square, Droitwich Spa WR9 8DQ

**6 When you have filled in this application form**

You can email this form and your documents to us at [benefits@wychavon.gov.uk](mailto:benefits@wychavon.gov.uk) or hand them into to any of the offices shown above, or post your form for Malvern, Worcester or Wychavon to: South Worcestershire Revenues and Benefits, PO Box 11, Pershore, WR10 1PU.

**To see how much Housing Benefit and Council Tax Support you may be able to get, visit our website at [www.malvernhills.gov.uk](http://www.malvernhills.gov.uk) / [www.worcester.gov.uk](http://www.worcester.gov.uk) / [www.wychavon.gov.uk](http://www.wychavon.gov.uk)**

# 1 About you and your partner

**Please give details of you and your partner (if you have one).**

*By 'partner' we mean 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.)*

	You	Your partner
Title (Miss, Mr, Mrs, Ms, and so on)		
Last name		
First names		
Other names you have been known by		
Age		
Date of birth		
Daytime phone number		
Mobile number		
Your e-mail address (If you give us your e-mail address we will contact you by e-mail.)		

National Insurance Number

<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"/>
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**Are you:**

- single?
- a single parent?
- married or in a civil partnership, living together and not separated?
- living together?
- divorced?
- separated?
- a widow, widower or surviving civil partner?
- a care leaver?
- subject to a multi agency public protection?

**Is your partner:**

- a single parent?
- married or in a civil partnership, living together and not separated?
- living together?
- divorced?
- separated?
- a widow, widower or surviving civil partner?
- a care leaver?
- subject to a multi agency public protection?



We cannot pay any Housing Benefit or Council Tax Support unless we have proof of your National Insurance number and identity. If we do not already have proof, we will contact you and ask to see an original, not a photocopy, of one of the following. Please provide one from the National Insurance list and one from the identity list below.

**Proof of your National Insurance number**

- Your P45
- Your P60
- A payslip
- A letter from the tax office
- A letter from the Department for Work and Pensions
- An RD3 National Insurance number card

**Proof of your identity**

- Payslip
- Rent book, rent card or tenancy agreement
- Bank or building society statement or passbook
- Gas, electricity, fixed phone or water bill (utility bill)
- Driving licence (paper or photocard format)
- UK passport
- Medical card with NHS number
- Birth, adoption or marriage certificate
- Divorce, annulment or separation document
- Residence permit
- Other country passport or national ID card
- Immigration and Nationality Directorate (HO) travel document
- A letter from your solicitor to you
- Life assurance policy

## 2 About your home

Your address which you are claiming Housing Benefit or Council Tax Support for.

Name
Address and postcode

**Is this address your normal home address?**

You	Your partner
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No  Yes

No  Yes

a home you are buying?

a home they are buying?

a home you own?

a home they own?

a home you rent privately?

a home they rent privately?

a home you rent from a housing association or registered social landlord?

a home they rent from a housing association or registered social landlord?

a home you part-own under shared ownership or co-ownership scheme?

a home they part-own under shared ownership or co-ownership scheme?

someone else's home where you pay rent (for example, for lodgings)?

someone else's home where they pay rent (for example, for lodgings)?

someone else's home where you live as a friend or relative, or for other reasons?

someone else's home where they live as a friend or relative, or for other reasons?

temporary accommodation (for example, bed and breakfast or a hostel)?

temporary accommodation (for example, bed and breakfast or a hostel)?

**Date you moved in**



**If you have not moved in yet, when do you plan to move in?**

*You must tell us when you have moved.*



**Are you a joint homeowner or a joint tenant?**

No  Yes  Tell us the names of the other joint owners or tenants.

No  Yes  Tell us the names of the other joint owners or tenants.





**Have you previously spent at least 3 months in a specialised hostel for homeless people?**

No  Yes

No  Yes

**Have you lived at this address for less than two years?**

No  Yes

No  Yes

What was your previous address?

Postcode

What was their previous address?

Postcode

## 2 About your home (continued)

**Have you claimed Housing Benefit, Council Tax Benefit or Council Tax Support before?**

**Are you living in a different place from the address you are claiming Housing Benefit or Council Tax Support for at the moment?**  
(For example a hospital, a residential home or legal custody.)

You	Your partner
What type of property was your previous home? Owned by you <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	What type of property was their previous home? Owned by you <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
What name did you claim under? <input style="width: 100%;" type="text"/>	What name did they claim under? <input style="width: 100%;" type="text"/>
What address did you claim for? <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>	What address did they claim for? <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>
When was the last payment made? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>	When was the last payment made? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>
No <input type="checkbox"/> Yes <input type="checkbox"/> What is your address while you are away from your home? <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> What is their address while they are away from your home? <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode <input style="width: 100%;" type="text"/>
Why are you living at this address? <input style="width: 100%; height: 40px;" type="text"/>	Why are they living at this address? <input style="width: 100%; height: 40px;" type="text"/>
Do you intend to return to your normal home? No <input type="checkbox"/> Yes <input type="checkbox"/>	Do they intend to return to their normal home? No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you start living at this address? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>	When did they start living at this address? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>
When do you expect to return to your normal home? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>	When do they expect to return to their normal home? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>

## 3 Nationality

**Have you or your partner come to live in the UK, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?**



You	Your partner
What nationality are you? <input style="width: 100%;" type="text"/>	What nationality are they? <input style="width: 100%;" type="text"/>
No <input type="checkbox"/> Please go to section 4. Yes <input type="checkbox"/> Please give us details below	No <input type="checkbox"/> Please go to section 4. Yes <input type="checkbox"/> Please give us details below
<b>We need to see your official papers as proof. We cannot accept photocopies.</b>	
When did you arrive in the UK? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>	When did they arrive in the UK? <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/> / <input style="width: 100%; text-align: center;" type="text"/>
Are you seeking asylum in the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>	Are they seeking asylum in the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>

### 3 Nationality (continued)

You	Your partner
Have you been granted refugee status? No <input type="checkbox"/> Yes <input type="checkbox"/>	Have they been granted refugee status? No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted exceptional leave to remain in the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>	Have they been granted exceptional leave to remain in the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted temporary admission to the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>	Have they been granted temporary admission to the UK? No <input type="checkbox"/> Yes <input type="checkbox"/>

### 4 About your children

**Do you or your partner have any children living with you?**  
*A child is a person up to the age of 21 who lives with you and who you get Child Benefit for.*

No  Please go to section 5.  
 Yes  Please give us details below.

Last name  
 First names  
 Age  
 Date of birth  
 Are they male or female?

	Child 1	Child 2	Child 3	Child 4
Last name				
First names				
Age				
Date of birth	/ /	/ /	/ /	/ /
Are they male or female?				

**Are they registered blind?** *We need to see proof of registration.*

No  Yes  No  Yes  No  Yes  No  Yes

**Do they receive Disability Living Allowance?**  
*If 'Yes', we need to see your order book or award notice for each child.*

No  Yes  No  Yes  No  Yes  No  Yes

**Do you receive Child Benefit?**  
*If 'Yes', we need to see your Child Benefit award notice for each child.*

No  Yes  No  Yes  No  Yes  No  Yes

If 'No', who does?  If 'No', who does?

**When does the Child Benefit stop (if you know)?**

/  /   /  /   /  /

**Do you have more than four children?**

No  Yes  Please tell us about them in section 21.

### 5 Student details

**Are you or your partner a full-time student?**  
*Please provide proof of income (for example, a student grant or loan).*

No  Please go to section 6.  
 Yes  Please give us details below.

**We need to see proof of your course details or student registration details. This must be an original, not a photocopy.**

You	Your partner
Name of university or college <input type="text"/>	Name of university or college <input type="text"/>
Name of course <input type="text"/>	Name of course <input type="text"/>
Start and end date of course <input type="text"/> / <input type="text"/> / <input type="text"/>	Start and end date of course <input type="text"/> / <input type="text"/> / <input type="text"/>

## 5 Student details (contined)

**Do you have a loan, grant or a bursary?**

**If you do, please give details of the amount you receive per year.**

**Does your grant include any of the following awards?**

**If yes, please tell us the total amount you receive for these items?**

You			Your partner		
Loan <input type="checkbox"/>	Grant <input type="checkbox"/>	Bursary <input type="checkbox"/>	Loan <input type="checkbox"/>	Grant <input type="checkbox"/>	Bursary <input type="checkbox"/>
LOAN	GRANT	BURSARY	LOAN	GRANT	BURSARY
£	£	£	£	£	£
<ul style="list-style-type: none"> <li>Tuition Fee Loan</li> <li>Higher Education Grant</li> <li>Special Support Grant</li> <li>Disabled Students Allowance</li> <li>Parents Learning Allowance</li> <li>Childcare Grant</li> </ul>			<ul style="list-style-type: none"> <li>Tuition Fee Loan</li> <li>Higher Education Grant</li> <li>Special Support Grant</li> <li>Disabled Students Allowance</li> <li>Parents Learning Allowance</li> <li>Childcare Grant</li> </ul>		
£			£		

## 6 About other people who live with you

**Do any other people live with you?**

*Please tell us about any other people who live with you, or who normally live with you but are away from home.*

No  Please go to section 6.1.  
 Yes  Please give us details below



**We need to see proof of income for the other people who live with you.**

Last name  
 First names  
 Date of birth  
 Relationship to you or your partner  
 National Insurance number  
 What date did they move in?

Person 1	Person 2	Person 3	Person 4
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

**Do they normally live somewhere else?**

No  Yes     No  Yes     No  Yes     No  Yes

**What is their normal address?**

Postcode	Postcode	Postcode	Postcode

**Do they get Income Support or income-based Jobseeker's Allowance?**

*We need to see proof of this.*



No  Yes     No  Yes     No  Yes     No  Yes

**Do they get Disability Living Allowance, Personal Independence Payment or Attendance Allowance?**

*We need to see proof of this.*



No  Yes     No  Yes     No  Yes     No  Yes

## 6 About other people who live with you (continued)

	Person 1	Person 2	Person 3	Person 4
<b>Do they work 16 hours or more each week?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>What gross wages are they paid each week (their wages before tax and any other deductions)?</b> <i>We need to see proof of this.</i>	£	£	£	£
<b>What types of benefits do they receive (for example, tax credits or Pension Credit)?</b>				
<b>How much benefit are they paid each week?</b> <i>We need to see proof of this.</i>	£	£	£	£
<b>How much interest were they paid from savings last year?</b> <i>We need to see proof of this.</i>	£	£	£	£
<b>Are they a youth trainee?</b> <i>If 'Yes', we need to see a letter or other document confirming that they are a youth trainee.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they in full-time education?</b> <i>If 'Yes', we need to see a letter or other document confirming that they are in full-time education.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>School, college or university</b>				
<b>Are they an apprentice?</b> <i>If 'Yes', we need to see a letter or other document confirming that they are an apprentice.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they a student nurse?</b> <i>If 'Yes', we need to see a letter or other document confirming that they are a student nurse.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do they have a learning disability, mental illness or a form of dementia?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they in hospital?</b> <i>If 'Yes', what date did they go in?</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	/ /	/ /	/ /	/ /
<b>Are they in prison?</b> <i>If 'Yes', what date were they detained?</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	/ /	/ /	/ /	/ /
<b>Are they working away?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## 6 About other people who live with you (continued)

**Are any of these people married to each other or civil partners, or living together as if they are married or civil partners?**

No  Yes  Please tell us who.

**Why are they living with you now?**

### 6.1 People who have recently left your home

**Is anyone who was included on your last claim no longer living with you?**

No  Please go to section 7.  
 Yes  Please give us details below.

	Person 1	Person 2
Name	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
New address	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Date they left	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

If you need any extra space, please give us the details in section 21.

## 7 About joint tenants, subtenants and boarders

**Do you let or sublet part of your home?**

*A joint tenant is someone who shares your home but pays their rent to your landlord.  
 A subtenant is a person who rents part of your home from you.  
 A boarder is a person who rents part of your home and pays for meals that you provide.*

No  Please go to section 8.  
 Yes  Please give us details below.

	Person 1	Person 2	Person 3	Person 4
Last name	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
First names	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Date of birth	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Relationship to you or your partner	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Weekly rent	£ <input style="width: 95%; height: 20px;" type="text"/>	£ <input style="width: 95%; height: 20px;" type="text"/>	£ <input style="width: 95%; height: 20px;" type="text"/>	£ <input style="width: 95%; height: 20px;" type="text"/>

	Person 1	Person 2	Person 3	Person 4
Does the rent include heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the rent include meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>



## 8 Disability details

	You	Your partner
<p><b>Are you registered blind?</b> <i>Please provide your original registration form</i></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Do you use a vehicle for disabled people or rent a car from Motability?</b> <i>Please provide proof of your carer's entitlement.</i></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Does anyone receive Carer's Allowance to look after you?</b> <i>Please provide proof of your carer's entitlement.</i></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>What is the name of this person? <input style="width: 100%;" type="text"/></p> <p>Do they live with you? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>What is the name of this person? <input style="width: 100%;" type="text"/></p> <p>Do they live with you? No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Does your carer(s) provide the care overnight?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you have a spare bedroom that your carer(s) uses to sleep in overnight? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Do you have a spare bedroom that your carer(s) uses to sleep in overnight? No <input type="checkbox"/> Yes <input type="checkbox"/></p>
<p><b>Are you currently off work sick?</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>When did you last work? <input style="width: 100%; text-align: center;" type="text" value="/ /"/></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>When did they last work? <input style="width: 100%; text-align: center;" type="text" value="/ /"/></p>

## 9 About your work

<p><b>Are you or your partner a director of a company?</b></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p><b>Are you or your partner working?</b></p>	<p>No <input type="checkbox"/> Please go to section 10.</p> <p>Yes <input type="checkbox"/> Please give us details below.</p>
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### 9.1 Work you do for an employer

**We need to see payslips as proof of any money you earn (we may contact your employer for confirmation).**

The number of payslips we need depends on how often you are paid.

- Paid every week – send your last five payslips**
- Paid every two weeks – send your last three payslips**
- Paid every four weeks – send your last two payslips**
- Paid every month – send your last two payslips**

	You	Your partner
<p><b>How many hours do you work?</b></p>	<p>Enter the number of hours you work each week. <input style="width: 100%;" type="text"/></p>	<p>Enter the number of hours you work each week. <input style="width: 100%;" type="text"/></p>
<p><b>How many jobs do you have?</b></p>	<p><input style="width: 100%;" type="text"/></p>	<p><input style="width: 100%;" type="text"/></p>

## 9.1 Work you do for an employer (continued)

*If you have more than two jobs, please tell us about your other jobs and your other employers in section 21.*

	You	Your partner
	<b>First Job</b>	<b>First Job</b>
	Employers name <input style="width: 90%;" type="text"/>	Employers name <input style="width: 90%;" type="text"/>
	Employers address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	Employers address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
	Postcode <input style="width: 90%;" type="text"/>	Postcode <input style="width: 90%;" type="text"/>
<b>Date you started work for this employer</b>	<input style="width: 90%; height: 20px;" type="text" value="/ /"/>	<input style="width: 90%; height: 20px;" type="text" value="/ /"/>
<b>Is your employment for a fixed period?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input style="width: 90%; height: 20px;" type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input style="width: 90%; height: 20px;" type="text" value="/ /"/>
<b>Job title</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Give the number of hours you work each week</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>What is your employee number or payroll number?</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>How much are you paid?</b>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
<b>How often are you paid?</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>How are you paid?</b> <i>(Cheque, cash, direct into an account)</i>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Are you contracted out of the National Insurance Scheme?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Have you had a pay rise during the last six months?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise <input style="width: 90%; height: 20px;" type="text" value="/ /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise <input style="width: 90%; height: 20px;" type="text" value="/ /"/>
<b>When will you receive your next pay rise</b> <i>(if you know)?</i>	<input style="width: 90%; height: 20px;" type="text" value="/ /"/>	<input style="width: 90%; height: 20px;" type="text" value="/ /"/>

## 9.1 Work you do for an employer (continued)

**Please fill in the table below for each job you or your partner have.**

We need to see the last five payslips (if the employee is paid every week), three payslips (if the employee is paid every two weeks) or two payslips (if the employee is paid every month or four weeks).

You	Employer	Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Sick pay and so on					
Deductions - Tax					
- National Insurance					
- Pension scheme					
- Other					
Net pay (after deductions)					

**If any holiday pay is included in the figures above, please give us the following details.**

Period from

Period to

Amount

Your partner	Employer	Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Sick pay and so on					
Deductions - Tax					
- National Insurance					
- Pension scheme					
- Other					
Net pay (after deductions)					

**If any holiday pay is included in the figures above, please give us the following details.**

Period from

Period to

Amount

## 9.1 Work you do for an employer (continued)

	You	Your partner
	<b>Second job</b>	<b>Second job</b>
	Employers name <input style="width: 100%;" type="text"/>	Employers name <input style="width: 100%;" type="text"/>
	Employers address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	Employers address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Postcode <input style="width: 100%;" type="text"/>	Postcode <input style="width: 100%;" type="text"/>
<b>Date you started work for this employer</b>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>
<b>Is your employment for a fixed period?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input style="width: 100%; height: 20px;" type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input style="width: 100%; height: 20px;" type="text" value=" / /"/>
<b>Job title</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Give the number of hours you work each week</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>What is your employee number or payroll number?</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>How much are you paid?</b>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>How often are you paid?</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>How are you paid?</b> <i>(Cheque, cash, direct into an account)</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Are you contracted out of the National Insurance Scheme?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Have you had a pay rise during the last six months?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise <input style="width: 100%; height: 20px;" type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise <input style="width: 100%; height: 20px;" type="text" value=" / /"/>
<b>When will you receive your next pay rise</b> <i>(if you know)?</i>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>

**If you have more than two jobs, please tell us about them in section 21.**

## 9.1 Work you do for an employer (continued)

**Please fill in the table below for each job you or your partner have.**

We need to see the last five payslips (if the employee is paid every week), three payslips (if the employee is paid every two weeks) or two payslips (if the employee is paid every month or four weeks).

You	Employer	Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Sick pay and so on					
Deductions - Tax					
- National Insurance					
- Pension scheme					
- Other					
Net pay (after deductions)					

**If any holiday pay is included in the figures above, please give us the following details.**

Period from

Period to

Amount

Your partner	Employer	Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Sick pay and so on					
Deductions - Tax					
- National Insurance					
- Pension scheme					
- Other					
Net pay (after deductions)					

**If any holiday pay is included in the figures above, please give us the following details.**

Period from

Period to

Amount

**If you have more than two jobs, please tell us about them in section 21.**

**9.2 Self-employed people**      **You**      **Your partner**

**Are you or your partner self-employed?**

No  Please go to section 9.3.  
 Yes  Please give us details below.

No  Please go to section 9.3.  
 Yes  Please give us details below.

**Are you or your partner sole traders or partners in the business?**

Sole trader   
 Partner  *Please give details of the partnership and your share in the business.*

Sole trader   
 Partner  *Please give details of the partnership and your share in the business.*



**What does your business do?**



**How many hours a week do you work?**



**What is your weekly income from the business?**

£

£

**Tax Reference Number**



**When did you become self-employed?**

Please also note that you have 3 months from the date you became self employed in which to register with H.M. Revenues & Customs. You must register as self employed regardless of your overall net profit / loss. H.M. Revenues & Customs will provide you with a Tax Reference Number which is required by this office if you are to be treated as self employed.



We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit you will get. This should be your most recent trading accounts or your summary of records of income and spending. If you cannot provide either of these, please visit our website for a self-employed earnings form.

We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit you will get. This should be your most recent trading accounts or your summary of records of income and spending. If you cannot provide either of these, please visit our website for a self-employed earnings form.

    /    /

    /    /

**9.3 Other work**      **You**      **Your partner**

**Do you or your partner get money from any work you have not told us about already?**



No  Yes

How much?

How much?

No  Yes

How much?

How much?

**Do you or your partner do any voluntary work?**

No  Yes

No  Yes

**10 Money paid out**

**10.1 Money paid out for students**

**Do you or your partner pay out towards the financial support of a student?**



No  Please go to section 10.2.  
 Yes  Please give us details below.

**We need to see their student award notice as proof of this. We cannot accept photocopies**

**You**      **Your partner**

How much do you pay?  
 £

How much do they pay?  
 £

How often do you pay?  
 Every

How often do they pay?  
 Every

## 10.2 Money paid towards childcare costs

**Do you or your partner pay someone to look after any of your children?**

*If you have a childminder, please enclose proof of their registration and agreement.*



*Please provide evidence of the amount you pay.*



**Does it change during the year?**

You	Your partner
-----	--------------

No  Please go to section 10.3.  
 Yes  Please give us details below.

We may need to send you another form about this.

Please tell us the names of the children.

Who provides the care?

- A registered childminder
- A school on school premises
- A local authority
- Other (please give details below)

What is the name of the carer?

What is their registration number?

What is the address of the carer?

Postcode

What is the normal weekly cost of the childcare?

£	
---	--

Does your education authority pay towards your childcare?

No  Yes

If yes, please give further details in Section 21.

No  Please go to section 10.3.  
 Yes  Please give us details below.

We may need to send you another form about this.

Please tell us the names of the children.

Who provides the care?

- A registered childminder
- A school on school premises
- A local authority
- Other (please give details below)

What is the name of the carer?

What is their registration number?

What is the address of the carer?

Postcode

What is the normal weekly cost of the childcare?

£	
---	--

Does your education authority pay towards your childcare?

No  Yes

If yes, please give further details in Section 21.

## 10.3 Money paid towards a pension plan

**Do you or your partner pay money into a pension plan that is not paid through your employer?**



You	Your partner
-----	--------------

No  Please go to section 11.  
 Yes  Please give us details below.

**We need to see proof of this. This must be a policy document and another document showing the payments made. We cannot accept photocopies.**

How much do you pay?

£	
---	--

How often do you pay it?

Every	
-------	--

No  Please go to section 11.  
 Yes  Please give us details below.

How much do they pay?

£	
---	--

How often do they pay it?

Every	
-------	--

# 11 About your benefits and pensions

**Do you or your partner claim any benefits or pensions?**

No  Please go to section 12.  
 Yes  Please give us details below.



**We need to see proof of any benefits or pensions you have. The proof should be an original, not a photocopy, of an award notice showing the current rates.**

## 11.1 Benefits You Your partner

**Do you receive Child Benefit?**



No  Yes

£  Every

No  Yes

£  Every

**Do you receive Child Tax Credit?**



*We need to see your award letter.*

No  Yes

£  Every

No  Yes

£  Every

**Do you receive Attendance Allowance?**



No  Yes

£  Every

No  Yes

£  Every

**Do you receive Severe Disablement Allowance?**



No  Yes

£  Every

No  Yes

£  Every

**Do you receive Carer's Allowance?**



No  Yes

£  Every

No  Yes

£  Every

Who is it paid for?

Who is it paid for?

**Do you receive Disability Living Allowance or Personal Independence Payment (care component)?**



No  Yes

£  Every

No  Yes

£  Every

**Do you receive Disability Living Allowance or Personal Independence Payment (mobility component)?**



No  Yes

£  Every

No  Yes

£  Every

**Do you receive Income Support or the Guarantee part of Pension Credit?**



No  Please answer the question below.  
 Yes  Please go to section 14.

No  Please answer the question below.  
 Yes  Please go to section 14.

**Do you receive income-based Jobseeker's Allowance?**



No  Please go to section 11.2.  
 Yes  Please go to section 11.2.

No  Please go to section 11.2.  
 Yes  Please go to section 11.2.

**Do you receive Working Tax Credit?**



*We need to see your award letter.*

No  Yes

£  Every

How is it paid?












No  Yes

£  Every

How is it paid?



## 11.2 Other benefits

	You	Your partner
<b>Do you receive contribution-based Jobseeker's Allowance?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive a Widowed Parent's Allowance?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive Disability Living Allowance for a child?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Employment Support Allowance. Do you receive Income Related (IR)? or Contribution (C)</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____
<b>If 'Yes', are you in the assessment phase or are you in the main phase?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you receive Incapacity Benefit?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive Statutory Sick Pay?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive Statutory Maternity Pay or Statutory Paternity Pay?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive a Maternity Allowance?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive Industrial Injuries Benefits?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive a Training Allowance?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____
<b>Do you receive a Youth Training Allowance?</b> 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ Every _____ How is it paid? _____

## 11.2 Other benefits (continued)

	You	Your partner
<b>Are there any other benefits you receive which are not listed on the previous pages?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Name of the benefit <input style="width: 100%;" type="text"/>	Name of the benefit <input style="width: 100%;" type="text"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Name of the benefit <input style="width: 100%;" type="text"/>	Name of the benefit <input style="width: 100%;" type="text"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every

## 11.3 Pensions

	You	Your partner
<b>If you know the date when your pension or pensions increase each year, please tell us in section 21 (Additional information).</b>		
<b>Do you receive the Savings part of Pension Credit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive a State Retirement Pension?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Have you or your partner put off receiving your State Pension?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Have you received a lump sum from a pension you have delayed receiving?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you receive a Widow's Pension?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive a War Disablement Pension, a War Widow's Pension or an Armed Forces and Reserve Forces Compensation Scheme payment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive an Armed Forces pension?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive a pension from Capita (the Paymaster General)?</b> <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive a works pension from a former employer?</b> <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Do you receive any other pension?</b> <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input style="width: 80%;" type="text"/> Every	£ <input style="width: 80%;" type="text"/> Every
<b>Have you or your partner put off drawing all or part of a personal pension?</b> <i>If 'Yes', we will need to see proof of this arrangement.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## 12 Your other income

**Do you or your partner have any other money coming in?**

No  Please go to section 12.2.

Yes  Please give us details below.



**We need to see proof of any other income you have. This must be an original, not a photocopy of, for example:**

- an award notice showing the income being paid;
- a letter from the person who pays the income (where possible this must be on headed paper);
- a letter from an absent parent or ex-partner confirming maintenance payments; or
- a notice from the Child Support Agency.

### 12.1 Money coming in You Your partner

**Do you receive any maintenance payments?**



No  Yes

If yes, please tell us who this maintenance is for

How much do you get?

Who pays this money?

No  Yes

If yes, please tell us who this maintenance is for

How much do they get?

Who pays this money?

**Do you receive money from a trust fund?**



No  Yes

How much do you get?

No  Yes

How much do they get?

**Do you receive any money for fostering or adopting a child?**



No  Yes

How much do you get?

No  Yes

How much do they get?

**Do you receive any money from a charity or voluntary organisation?**



No  Yes

How much do you get?

No  Yes

How much do they get?

**Do you receive financial support as a student?**



No  Yes

How much do you get?

No  Yes

How much do they get?

**Do you receive any income or rent from tenants?**



No  Yes

How much do you get?

No  Yes

How much do they get?

**Do you receive any money from someone else?**



No  Yes

Who pays this money?

How much do you get?

No  Yes

Who pays this money?

How much do they get?

### 12.2 Money expected You Your partner

**Have you or your partner applied for any income that you have not received?**

No  Yes

What is it?

Who from?

How much do you get?

No  Yes

What is it?

Who from?

How much do they get?

# 13 About your savings

We need to know about all the money you and your partner have in any sort of account with a bank or building society or any other organisation. This includes current accounts, deposit accounts, ISAs, TESSAs and PEPs.



**We need to see proof of any accounts you have. All savings books and so on must be up to date, showing all interest due. This must be an original, not a photocopy of, for example:**

- a bank or building society statement for the last three months showing debits (money going out), credits (money coming in) and the balance;
- a letter from a bank or building society showing the type of account, account number, the balance and regular deposits for the last three months; or
- statements for certificates, bonds, unit trusts, stocks and shares.

**If there is not enough room for details of all your accounts, please give details in section 21.**

## 13.1 Current accounts

**Do you or your partner have any current accounts?**

No  Please go to section 13.2.

Yes  Please give us details below. If you need more space, fill in your details in section 21.

*A current account is an account you use regularly. It will probably accept direct debits and have a chequebook.*

*We will need to see two months' statements for each account.*



You		Your partner	
Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

## 13.2 Savings, capital and investments

**Do you or your partner have any savings, capital or investments?**

No  Please go to section 13.3.

Yes  Please give us details below. If you need more space, fill in your details in section 21.

*Remember to include accounts at:*

- high-street banks;
- supermarket banks;
- internet banks;
- building societies; and
- post offices.

*We will need to see two months' statements for each account.*



You		Your partner	
Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

## 13.2 Savings, capital and investments (continued)

Remember to include accounts at:

- high-street banks;
- supermarket banks;
- internet banks;
- building societies; and
- post offices.

We will need to see two months' statements for each account.



You		Your partner	
Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

Name of organisation		Name of organisation	
<input type="text"/>		<input type="text"/>	
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Account number	Amount in account	Account number	Amount in account
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

Do any of your savings or bank accounts include a lump-sum payment received as a result of putting off receiving your or your partner's State Pension? We must see proof of this.



No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name of account		Name of account	
<input type="text"/>		<input type="text"/>	
Amount of lump sum	Date paid in	Amount of lump sum	Date paid in
£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Have you or your partner received a Far Eastern Prisoner of War Payment?

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

## 13.3 National Savings Certificates and Premium Bonds

Do you or your partner have any National Savings Certificates or Premium Bonds?

No  Please go to section 13.4.  
 Yes  Please give us details below. If you need more space, fill in your details in section 21.



You			Your partner		
National Savings Certificates			National Savings Certificates		
Issue number	Date bought	Value	Issue number	Date bought	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"/>



Premium Bonds	Premium Bonds
How many do you have? What are they worth?	How many do they have? What are they worth?
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

## 13.4 Stocks and shares

**Do you or your partner have any stocks and shares?**

No  Please go to section 13.5.

Yes  Please give us details below. If you need more space, fill in your details in section 21.



You		Your partner	
Please tell us the name of the companies you have shares with and the number you hold.		Please tell us the name of the companies you have shares with and the number you hold.	
Name of company	Number held	Name of company	Number held

## 13.5 Other property

**Do you, your partner or any children you are claiming for own or partly own any property, land or timeshares, other than the home you live in, either in this country or abroad?**

*Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.*



No  Please go to section 13.6.

Yes  Please give us details below. If you need more space, fill in your details in section 21.

You		Your partner	
Please tell us the address.		Please tell us the address.	
Postcode		Postcode	
£		£	
£		£	

**How much is it worth?**

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

**Who lives in the property and what is their relationship to you?**

## 13.6 Other property

**Do you or your partner have any other investments, cash or savings (for example, ISAs, PEPs, TESSAs, Credit Union, funeral plans and so on)?**

*Please also use this box if you need more space for details of any accounts.*



No  Please go to section 14.

Yes  Please give us details below.

You		Your partner	
Please give the account details and value.		Please give the account details and value.	

# 14 About your tenancy

**Do you rent your home?**

No  Please go to section 17.

Yes  Please answer all questions below.



**We need to see proof of your tenancy and rent payments. These must be original documents, not photocopies, from the list below. Please read the list carefully. You may need to send more than one document.**

If this is your first claim at this address, please send us:

- your tenancy agreement; and
- proof of rent payments you have made (for example, your rent book or receipts).  
(If you do not have a tenancy agreement, or the initial term of your tenancy has run out, please ask your landlord, landlady or agent to fill in the 'Confirmation of tenancy' form on page 31.)

If you have claimed at this address before, please send us:

- the 'Confirmation of tenancy' form (which is on page 31); and
- proof of rent payments you have made (for example, your rent book or receipts).

## 14.1 Tenancy details

**When did your tenancy start and when is it due to end?**

Start

End

**When did you move in?**

Could you afford your rent when you first moved in?

Are you in rent arrears? If so, how much?

£

**How long is your tenancy?**

**How much is your rent?**

£

**How often is your rent due?**

Every

**Do you have any weeks when you do not have to pay rent?**

No  Yes  How many do you have each year?

**Is your rent registered?**

No  Yes  If 'yes', send us the notification of registration form.

**Are you expecting a rent increase within the next 12 months?**

No  Yes  If 'yes', when is this due?

**What is your landlord's or landlady's name?**

**What is their address?**

  
 Postcode

**What is their phone number and e-mail address?**

Phone:  E-mail:

**Does your landlord or landlady own the property you are claiming for?**

No  Yes

**Are you or your partner, or anyone else who lives with you, related to your landlord or landlady or any member of their family?**

No  Yes  Give us details below.

**Have you or your partner ever been a partner of your landlord or landlady?**

No  Yes

## 14.1 Tenancy details (continued)

**Have you or your partner ever owned, or been in the process of buying, the property you are renting now?** No  Yes

**Does an agent deal with your tenancy?** No  Yes  Give details below.

Their name and address:

Their phone number:

## 14.2 Your service charges

**Does your rent include amounts for the following?** No  Yes  Please tell us which services are included in the rent, how much you pay and how often you pay.

Council Tax	<input type="checkbox"/>	£		Every
Heating	<input type="checkbox"/>	£		Every
Lighting	<input type="checkbox"/>	£		Every
Cleaning	<input type="checkbox"/>	£		Every
Hot water	<input type="checkbox"/>	£		Every
Water rates	<input type="checkbox"/>	£		Every
TV licence	<input type="checkbox"/>	£		Every
Personal laundry	<input type="checkbox"/>	£		Every
Fuel for cooking	<input type="checkbox"/>	£		Every
Window cleaning	<input type="checkbox"/>	£		Every
Use of a washing machine or dryer	<input type="checkbox"/>	£		Every
Buildings insurance	<input type="checkbox"/>	£		Every
Contents insurance	<input type="checkbox"/>	£		Every
Warden services	<input type="checkbox"/>	£		Every
Emergency alarm system	<input type="checkbox"/>	£		Every
General counselling and support	<input type="checkbox"/>	£		Every
Personal care and support	<input type="checkbox"/>	£		Every

**Does your rent include any service charges for areas you share with other people?** No  Yes  What services are included?

Cleaning and maintenance  Fuel  Gardening

**Does your rent include any other service charges?** No  Yes  What are these for?

Are any of these charges automatically included in your rent, even if you don't use the service?

No  Yes  In the space below, tell us what the charges are for, how much they are and how often you pay it.

**Does your rent include money for meals?** No  Yes  What services are included?

Breakfast  Lunch  Evening meal

**Do you pay water charges direct to the water authority?** No  Yes

**Do you use any part of your home for business purposes?** No  Yes



## 14.3 Your accommodation

**How many floors are there in the whole building (including the ground floor)?**

**How many rooms are there in the building?**

*Please tell us:*

- *how many rooms there are in the whole building;*
- *how many of these rooms are for you and your family to use; and*
- *how many rooms you share with other people.*

	In the whole building	For you and your family	Shared with other people
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Separate toilets			
Other			
What are these rooms?			
Total number of rooms			

**Who is responsible for decoration?**

Landlord or landlady  You  Don't know

**Is your home furnished by your landlord or landlady?**

No  Yes

How is it furnished?

Fully furnished  Partly furnished  Carpets and curtains only

**Does your rent include payment for a garage?**

No  Yes

Can you rent your home without the garage?

No  Yes

**Does your home have central heating?**

No  Yes

**What type of home do you live in?**

*Please tick the box that best describes your home.*

Detached house	<input type="checkbox"/>	Detached bungalow	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Care or nursing home	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Converted flat	<input type="checkbox"/>	Purpose-built flat	<input type="checkbox"/>	Other	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>		
Board and lodgings	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>		

**If you live in a caravan or mobile home, do you only pay ground rent?**

No  Yes

**Do you and your family share the building you live in with anyone else?**

No  Please go to part 15 Yes  Please tick the boxes below to show:

Which floor do you live on?

Basement  First floor  Other (please give details)

Ground floor  Second floor

As you face the front of the building, where is your home?

Front right  Front centre  Front left

Back right  Back centre  Back left

## 15 Paying your Housing benefit

We cannot pay Housing Benefit into a post office card account.

We only pay your benefit by BAC's, if you do not have a bank account please pick up a leaflet about basic bank accounts at the address on the front of this form.

Please fill in your bank details in part 17.

If you:

- are a council tenant or housing association tenant; or
  - are a private tenant and live in a caravan or mobile home, on a houseboat, or in supported housing provided by a charity or voluntary organisation;
- you can choose to have your benefit paid into your bank account or direct to your landlord.

If this applies to you, how would you like to be paid?

To my account  Fill in your bank details in part 17.

To my landlord  Go straight to part 16.

If the circumstances above do not apply to you, we will work and pay your benefit under the Local Housing Allowance rules, that were introduced on 7 April 2008. Under those rules, we must normally pay your benefit to you and you will be responsible for paying the rent to your landlord. Give your bank details in part 17.

## 16 Paying benefit to your landlord or landlady

**If you want us to pay your benefit straight to your landlord or landlady, you must sign this declaration.**

If you are authorising us to pay your Housing Benefit straight to your landlord or landlady, we can tell them whether:

- you have claimed Housing Benefit;
- we have made a decision about your claim;
- we have made a payment to you; or
- we need more information before we can make a decision about your claim.

**We will not give your landlord or landlady any information about:**

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

For most Housing Benefit claims, we are only allowed to pay the landlord or landlady every four weeks for the four weeks just gone.

You can avoid having to repay Housing Benefit if you let us know about any changes in your circumstances as soon as you can. You must let us know about any changes that happen which may affect your entitlement to Housing Benefit.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord or landlady. If you want to give us your permission, please sign below.

Please pay my Housing Benefit straight to my landlord or landlady. I understand that:

- I must always tell you about any change in my circumstances;
- if I do not tell you about any change of circumstances, and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

I declare that I have read the details above about the payments of my Housing Benefit.

I understand you can give the details of my claim to my landlord or landlady.

Signature

Date

**You can withdraw your permission at any time.**

**GO TO SECTION 18.**

## 17 Your bank details

Bank or building society name

Address of bank or building society

Bank or building society sort code

Name of the account holder

Account number

Building society roll number or reference number

Your signature

Date

E-mail address

If you think that you would not be able to manage your rent payments (for example, because you are in a lot of debt, have a learning disability, have language problems, are ill or are addicted to drugs, alcohol or gambling), we may be able to pay your benefit direct to your landlord. If you want us to pay your benefit to your landlord, please contact us.

## 18 Backdating

We can only backdate your Housing Benefit application for up to 1 month before the date we receive it.

We can only backdate Council tax support for Pension Age applications.

If you have reached the qualifying age for State Pension Credit we can backdate your application automatically to a maximum of 3 months from the date of your application. You do not need to show good cause but you must provide proof of your income for the period of backdating.

Tell us the date you want to claim from.

Tell us why you did not claim earlier.

**19 Discussing your application with someone else**

**Do you want someone else to deal with us on your behalf?**

No

Yes  Please their details below.

Their name

Their relationship to you

Their phone number

Your signature



**20 Forms filled in by someone else**

**Has this form been filled in by someone other than the person who is making the application?**

No

Yes  The person who has filled in the form (the representative) must fill in this part.

Are you an officer of the council? No  Yes

**Why have you filled this form in for the person applying?**

As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Representative's name

Phone number

Address


Postcode

Date

Relationship to the person applying

Your signature



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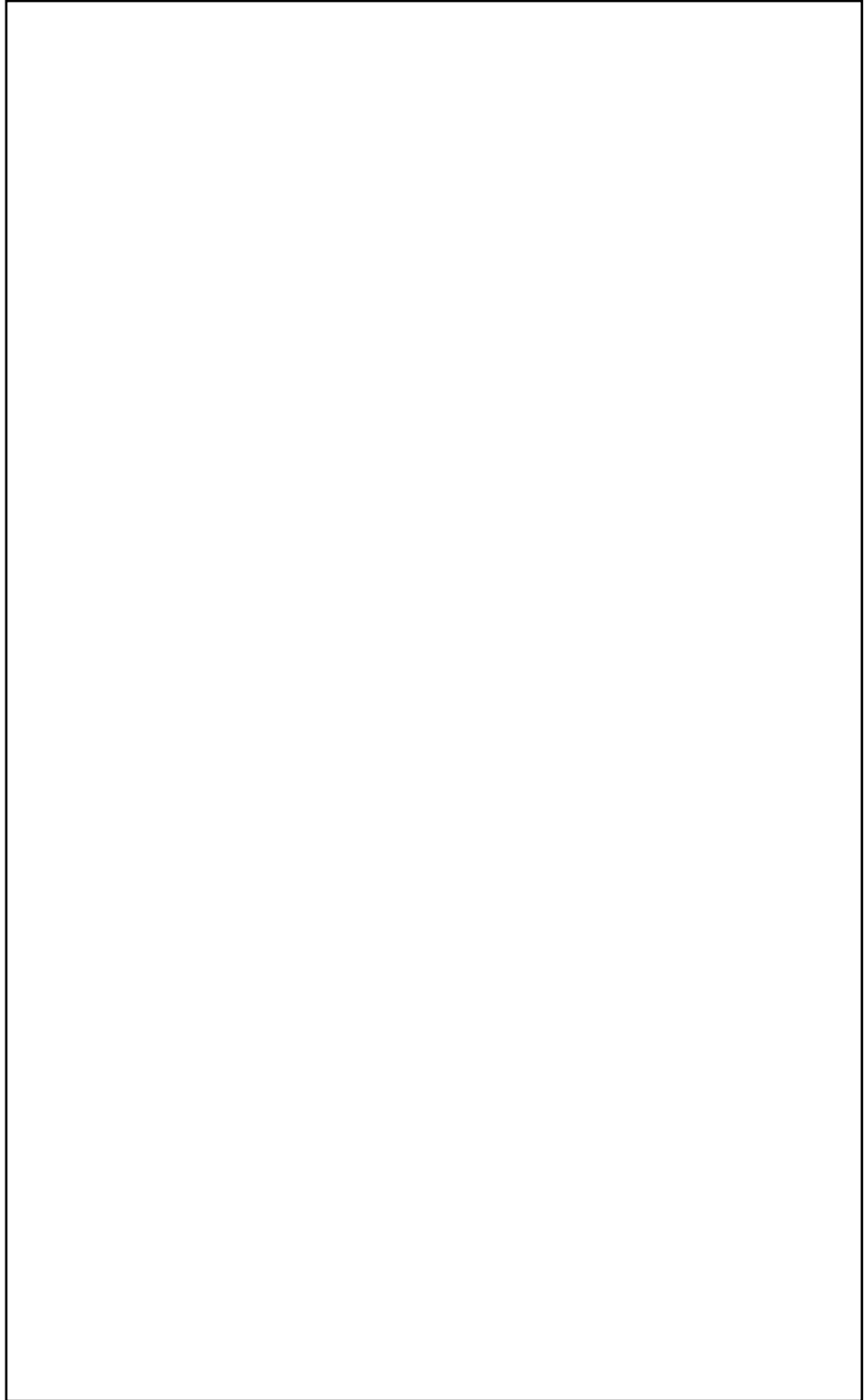
Are you or your partner one of our councillors or employees, or related to one of our councillors or employees?

No  Yes  Give their names and their relationship to you in the box below.

## 21 Extra information

Use this space to tell us:

- about any exceptional circumstances you would like us to consider when deciding your claim; and
- any information you did not have enough space for on the form.



**Please go to the next page.**

## 22 Declaration

**Please carefully read and tick the declaration at the bottom of this page before you sign it.**

**Plain English Campaign's Crystal Mark does not cover this page.**

**In making an application for Housing Benefit or Council Tax Support, I/we understand that you may prosecute me/us and I/we will have to repay any overpaid Housing Benefit or Council Tax Support if:**

- I/we lie to you;
- I/we give you false information;
- I/we do not tell you about any changes to my/our circumstances that may affect my/our application; or
- I/we claim benefit when I/we know I/we should not.

**I/we will write and tell you about any changes to:**

- my/our income, my/our partner's income and the income of anyone else who lives with me/us;
- my/our savings and my/our partner's savings;
- the number of people who live with me/us; and
- my/our address and my rent.

**I/we declare that:**

- if this form has been filled in by someone else on my/our behalf, I/we have read it, or have had it read to me/us;
- the details given on the form are true and complete;
- I/we have got permission from everyone else who lives with me/us to use their details to process my/our application; and
- I have ticked below to show what I am doing about the proof I need to provide with this form.

**Sections 4 to 6 – Proof of income for any other people who live with you**

No-one else lives with me	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
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**Section 9 – Proof of the money you or your partner earn**

I/we do not earn any money	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
----------------------------	--------------------------	---------------------------------------	--------------------------	-------------------------------	--------------------------

**Section 11 – Proof of benefits or pensions or tax credits you or your partner receive**

I/we do not receive any benefits or pensions	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
--	--------------------------	---------------------------------------	--------------------------	-------------------------------	--------------------------

**Section 12 – Proof of any other income you or your partner have**

I/we do not have any other income	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
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**Section 13 – Proof of any savings you or your partner have**

I/we do not have any savings	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
------------------------------	--------------------------	---------------------------------------	--------------------------	-------------------------------	--------------------------

**Section 13 – Proof of your or your partner's current account**

I/we do not have any current accounts	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
---------------------------------------	--------------------------	---------------------------------------	--------------------------	-------------------------------	--------------------------

**Section 14 – Proof of tenancy and rent**

I/we do not rent a property	<input type="checkbox"/>	I/we have enclosed proof with my form	<input type="checkbox"/>	I/we will provide proof later	<input type="checkbox"/>
-----------------------------	--------------------------	---------------------------------------	--------------------------	-------------------------------	--------------------------

I/we give you permission to check any information relating to my/our application for Housing Benefit and/or Council Tax Support.

**If someone else has filled in this form for you, they must sign the declaration in section 20.**

X
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/ /
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X
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/ /
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We must protect the public funds we handle, so we may use the information provided on this form to prevent and detect fraud. We may share this information with other organisations that handle public funds for the same purpose. We may use this information to promote other council services you may be entitled to. We will keep information about you on computer and we will keep to the rules laid down by the Data Protection Act 1998. Wychavon District 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 that information, please ask us.



# Confirmation of tenancy form

Please tear out this form and fill in your name, address and claim reference number (if you know it). Then give the form to your landlord, landlady or their agent to fill in the rest of it.

They can then either send it straight back to us at the addresses overleaf, or give it to you to return to us.

Send in your application form straight away – do not wait for this confirmation of tenancy form to be filled in.

## Tenant to fill in

**Name**

**Address**

**Claim reference**  
*(if you know it)*

## Landlord, landlady or their agent to fill in

**Whose name or names is the tenancy in?**

**When did the tenancy start and when will it end?** Start  End

**When did the tenant move in?**

**What is the rent reference (if applicable)?**

**How much is the rent charged?** £

**How often is the rent due?** Every week  Every four weeks  Every month   
 Other  If other, how often is it due?

**Does the rent include any payment for service charges?** No  Yes

Please tell us which services are included in the rent, how much the tenant pays and how often they pay.

Council Tax	<input type="checkbox"/>	£	Every
Heating	<input type="checkbox"/>	£	Every
Lighting	<input type="checkbox"/>	£	Every
Cleaning	<input type="checkbox"/>	£	Every
Hot water	<input type="checkbox"/>	£	Every
Water rates	<input type="checkbox"/>	£	Every
TV licence	<input type="checkbox"/>	£	Every
Laundry	<input type="checkbox"/>	£	Every
Fuel for cooking	<input type="checkbox"/>	£	Every
Window cleaning	<input type="checkbox"/>	£	Every
Buildings insurance	<input type="checkbox"/>	£	Every
Contents insurance	<input type="checkbox"/>	£	Every
Warden services	<input type="checkbox"/>	£	Every
Emergency alarm system	<input type="checkbox"/>	£	Every
General counselling and support	<input type="checkbox"/>	£	Every
Personal care and support	<input type="checkbox"/>	£	Every

**Landlord, landlady or agent to fill in (continued)**

**Does the rent include money for meals?**

No  Yes

What meals are provided?

Breakfast  Lunch  Evening meal

**How is the rent paid?**

Cash  Cheque  Standing order or direct debit

Paid in full by Housing Benefit  Other

Please tell us the method.

**What proof of payment do you give the tenant?**

Receipt  Rent book  Statement  Other

Please tell us what other proof you give.

**Is the tenant behind with their rent payments?**

No  Yes

How much rent is overdue?

£

What is the period of the arrears?

from  /  /

to  /  /

**Do you own this property?**

No  Yes

**Is there any other information about the tenancy that the council should know?**

No  Yes  Please give details below.

**Landlord's or landlady's full name**

**Landlord's or landlady's full address**

  
 Postcode

**Landlord's or landlady's phone numbers and email address**

**Agent's full name (if this applies)**

**Agent's full address (or official stamp)**

  
 Postcode

**Your landlord's or landlady's declaration**

I agree to accept Housing Benefit payments for the tenant named in this form if the tenant asks for this.

**I understand that, by law:**

- I must tell you straight away if I find out about any change in the tenant's circumstances;
- you can stop paying benefit to me if I do not tell you about any change of circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

 /  / 

**Please return this filled-in form to your local office:**

Malvern Hills District Council, Revenues and Benefits, PO Box 11, Pershore, WR10 1PU  
 Worcester City Council, Revenues and Benefits, PO Box 11, Pershore, WR10 1PU  
 Wychavon District Council Revenues and Benefits, PO Box 11, Pershore, WR10 1PU