

**Where did you hear about claiming Housing/Council Tax Benefit? (please tick)**

Already aware

Friend or relative

Citizens Advice Bureau

DWP Website

Advert Please specify .....

Other Please specify .....

# A claim form for Housing Benefit and Council Tax Benefit

Name: Address:  Postcode:	Address you want to claim for, if different:  Postcode:
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Claim ref:	Office use:	Date of Issue:    /    /
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Appointment (if made)	Date:    /    /	Time:                    :
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**Which of the following benefits do you need?**  
(see the notes in the enclosed booklet)

Housing Benefit                     Second Adult Rebate

Council Tax Benefit

**Please give the reference numbers (if you know them).**

Housing Benefit or Council Tax Benefit reference

Council Tax account reference (shown on your bill)

I own and live in my own home

I pay rent to a private landlord or housing association

I am in temporary housing arranged by Blaby District Council

**Filling in the form**

**Please use ink to complete the form.**

**Please read the guidance notes in the booklet enclosed before you complete the form.**

**PLEASE MAKE SURE YOU ANSWER EVERY QUESTION, EITHER YES OR NO, EVEN IF YOU FEEL THE QUESTION IS NOT RELEVANT.**

Once you have completed the form please contact us on 0116 2727510 to arrange an appointment for you to attend the Council Offices at Narborough for an interview with an assessment officer. When you make the appointment you will be told what documents you need to bring to the interview. If necessary we may be able to arrange a home visit or an appointment at an outreach office. If you post the form to the Benefits Section at the council offices please remember to include all the supporting documents.

**If you need help to fill in the form**

Please complete as much of the form as you can. If you can't complete all of the form yourself your assessment officer will go through the form with you at the time of your appointment/visit to ensure that the form is completed. Alternatively, contact us on 0116 272 7510 for assistance.

**DO NOT DELAY IN CONTACTING US OR SENDING US YOUR FORM AS YOU MAY LOSE BENEFIT.**

Do you have a partner?

Yes  No If 'Yes', your partner must also provide information and proof, and sign the declaration in **Part 15**.

## you

## your partner

Mr Mrs Miss Ms Other

Mr Mrs Miss Ms Other

Last name



Other names



Address

  
  
  

  
  
  


Postcode

Postcode

Daytime phone number



Date of birth

 /  / 
 /  / 

National Insurance number

  
  

Tell us any other names you have used



Date you moved in

 /  / 
 /  / 

Do you own this property?

Yes  No

Yes  No

If you have moved in the last 12 months please tell us your last address.

  
  
  

  
  
  


Postcode

Postcode

Date you left the property.

 /  / 
 /  / 

Did you or your partner own this property?

Yes  No

Yes  No

If 'Yes', please give details

If 'Yes', please give details

# Part 1 - about you and your home

## you

Are you or your partner now claiming benefit at another address?

Yes  No

If 'Yes', please give the address

<b>Postcode</b>

Please tell us the benefit claim reference number (if known) for this address

--

## your partner

Yes  No

If 'Yes', please give the address

<b>Postcode</b>

Please tell us the benefit claim reference number (if known) for this address

--

Do you or your partner have to pay Council Tax at an address other than the one shown on page 1?

Yes  No

If 'Yes', please give the address

<b>Postcode</b>

Please tell us the Council Tax reference number (if known) for this address

--

Yes  No

If 'Yes', please give the address

<b>Postcode</b>

Please tell us the Council Tax reference number (if known) for this address

--

Is there a person with a disability living in your home?

Yes  No

## you

Have you or your partner lived in the UK/Republic of Ireland/Channel Islands for the whole of the last 2 years?

Yes  No

If 'No', what date did you arrive in the UK?

 /  / 

What is your nationality?

(We may need to contact you for more details)

Do you or your partner get Income Support or Income based Jobseeker's Allowance?

Yes  No

If 'Yes', when did it start?

 /  / 

Are you or your partner in hospital?

Yes  No

If 'Yes', when did you go into hospital?

 /  / 

What date do you expect to come out?

 /  / 

Have you or your partner been unable to work because of sickness for the last 52 weeks?

Yes  No

Have you or your partner ever claimed Carer's Allowance?

Yes  No

Tick 'Yes', even if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.

Has Carer's Allowance stopped in the last 3 months?

Yes  No

Who was it paid to?

Date of last payment

 /  / 

Does anyone get Carer's Allowance for looking after you or your partner?

Yes  No

Are you or your partner, or have you or your partner ever been registered blind?

Yes  No

If 'Yes', please give the date you registered

From  /  /  To  /  /

## your partner

Yes  No

If 'No', what date did you arrive in the UK?

 /  / 

(We may need to contact you for more details)

Yes  No

If 'Yes', when did it start?

 /  / 

Yes  No

If 'Yes', when did you go into hospital?

 /  / 

What date do you expect to come out?

 /  / 

Yes  No

Yes  No

Yes  No

Who was it paid to?

Date of last payment

 /  / 

Yes  No

Yes  No

If 'Yes', please give the date you registered

From  /  /  To  /  /

## Part 2 - about you and your partner continued

	you	your partner
Are you or your partner:		
a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a student nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
an apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
on youth training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
in legal custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
severely mentally impaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

part  
**3**

## about your dependant children

How many dependant children do you have?  If you have written 'none' please go to **part 4**

### first child

Last name

Other names

Date of birth

The child's relationship to you

Who receives child benefit for them?

### second child

Last name

Other names

Date of birth

The child's relationship to you

Who receives child benefit for them?

### third child

Last name

Other names

Date of birth

The child's relationship to you

Who receives the benefit for them?

### fourth child

Last name

Other names

Date of birth

The child's relationship to you

Who receives the benefit for them?

# Part 3 - about you and your dependant children continued

Are any of the children registered blind?

Yes  No

If 'Yes', please tell us their names

Child 2 (if applicable)

Are any of the children getting Disability Living Allowance?

Yes  No

If 'Yes', please tell us their names

Child 2 (if applicable)

Have any of the children been in hospital for more than 12 months?

Yes  No

If 'Yes', please tell us their names

Child 2 (if applicable)

Do any of the children have other income, such as maintenance?

Yes  No

If 'Yes', please tell us their names

Child 2 (if applicable)

Do you or your partner have children who are:

- under 15
- or under 16 with a disability and who are looked after by a registered childminder, or a nursery or after school club?

Yes  No

If 'Yes', please give the names of the children and how much you pay for each child each week.

What is the name and address of the childminder?

Postcode

What is the childminder's registration number?

Apart from you, your partner and your dependant children does anyone else live in your home?

Yes  No

If you have answered 'No', please go to Part 5.

## first person

## second person

Last name



Other names



Date of birth

 /  / 
 /  / 

Relationship to you or your partner (parent, son, daughter, friend, joint tenant and so on)



Does this person jointly own the property with you?

Yes  No

Yes  No

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

Yes  No

Yes  No

Are they a full-time student, student nurse, on a Work Based Training scheme, an apprentice or a care worker?

Yes  No

Yes  No

Are they in legal custody?

Yes  No

Yes  No

If 'Yes', when are they expected to come out?

If 'Yes', when are they expected to come out?

 /  / 
 /  / 

Are they in hospital?

Yes  No

Yes  No

If 'Yes', when did they go into hospital?

If 'Yes', when did they go into hospital?

 /  / 
 /  / 

When are they expected to come out?

When are they expected to come out?

 /  / 
 /  / 

Are they severely mentally impaired?

Yes  No

Yes  No

Do they pay money for board and lodgings to you or your partner?

Yes  No

Yes  No

If 'Yes', how much?

If 'Yes', how much?

£

£

If they are earning and you wish to claim a lower level of non dependant deduction you will need to answer the questions below and provide proof in one of the ways described in the guidance notes for Part 5.

How much do they earn a week before deductions are made?

£

£

Do they work 16 hours a week or more?

Yes  No

Yes  No

If they have savings, how much income have they got from them in the past year?

£

£

# Part 5 - about your earnings continued

## you

Please tick the box which applies to you.

- I am employed  
(Please fill in section A)
- I am self employed  
(Please fill in section B)
- I am unemployed
- I am retired
- Yes     No

## your partner

Please tick the box which applies to your partner.

- They are employed  
(Please fill in section A)
- They are self employed  
(Please fill in section B)
- They are unemployed
- They are retired
- Yes     No

Are you or your partner a director of a company?  
(even if unpaid)

If 'Yes' for you or your partner, please give details.

How many jobs do you and your partner have, including self employment?



If you have written 'none' for both you and your partner, please go to **Part 6**

You will need to provide the same type of information and proof for all of your and your partner's jobs. Please use a separate sheet of paper for each additional job.

If you or your partner are employed we will need to see proof of income for each job. This can be one of the following:

- a completed certificate of earnings from the back of this application form (this must be stamped by your employer)
- a letter from the employer giving all the information requested in the certificate (this must be on headed paper)
- five most recent consecutive weekly wage slips, or last two monthly salary slips

## Section A

### you

### your partner

Number of hours worked in main job



What type of work do you do?



Employer's name and address

  
  

  
  


Postcode

Postcode

Payroll reference number



Date employment started

 /  / 
 /  / 

Please give your and your partner's gross pay (This is the amount you earn before income tax, national insurance and so on are taken off)

£

£

How often is this paid?  
(weekly, monthly, 4 weekly or fortnightly)?

# Part 5 - about your earnings continued

**you**

**your partner**

How is it paid?  
(cash, cheque, into your bank account)?

When was your and your partner's last pay rise?

How much do you and your partner earn in bonuses, tips or overtime?

£

£

How often is this paid?

How often is this paid?

Do you know the date of your next pay rise?

Yes  No  
If 'Yes', please tell us the date

Yes  No  
If 'Yes', please tell us the date

How much will it be?

£

How much will it be?

£

Are you or your partner expecting to leave the job in the near future?

Yes  No  
If 'Yes', please tell us the expected date

Yes  No  
If 'Yes', please tell us the expected date

**you**

**your partner**

## Section B

### About your self-employment

If you or your partner are self-employed you must provide a copy of the accounts for your last financial year. You will also have to provide bank statements and other evidence to support your accounts. The Council may invite you for an interview in order to clarify your circumstances. If you do not have accounts please contact us and we will send you a self employed earnings form to complete.

What kind of work do you and/or your partner do?

What is the business address?

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

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

Do you or your partner get a business start up allowance?

Yes  No

Yes  No

When did you or your partner start trading?

# Part 5 - about your earnings continued

	you	your partner
Are you and/or your partner sole traders?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please give details of the partnership and your share of the business	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please give details of the partnership and your share of the business
	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>
Number of hours worked each week?	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

## part 6 about your pensions, benefits, allowances and tax credits

If you do not get the benefit listed, you must tick the box saying 'none'.  
If you do, please say how much you get each week in the box next to it.

benefit or allowance	you	your partner
Income support	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Jobseeker's Allowance (Income based)	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Jobseeker's Allowance (Contributions based)	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State retirement pension	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Pension credit	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<input type="checkbox"/> None £ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
If 'Yes', which element: Guarantee credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal pension or pension from earlier employer (please name the providers)	<input type="checkbox"/> None	<input type="checkbox"/> None
<div style="border: 1px solid black; width: 250px; height: 20px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
How often is it paid?	<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">Every</div>	<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">Every</div>
<div style="border: 1px solid black; width: 250px; height: 20px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	£ <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
How often is it paid?	<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">Every</div>	<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">Every</div>

## Part 6 - about your pensions, benefits, allowances and tax credits continued

benefit or allowance	you		your partner	
Child Benefit	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Tax Credits (e.g.children's or working)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Statutory Sick Pay	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Employment and Support Allowance (income related)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Employment and Support Allowance (contributions based)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
• Support Component	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
• Work related component	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Incapacity Benefit	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Disability Living Allowance (care component)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Disability Living Allowance (mobility component)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Attendance Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Carer's Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Do you have an underlying entitlement to Carer's Allowance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe Disablement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Statutory Maternity Pay	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Maternity Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Reduced Earnings Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Industrial Disablement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Industrial Widow's Pension	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Widowed Parent's Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Bereavement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
War Pension	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>

# Part 6 - about your pensions, benefits, allowances and tax credits continued

benefit or allowance	you	your partner
Have you or your partner applied for any other benefit or allowances for which you are still awaiting a decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Have you or your partner deferred receipt of your State Retirement pension or occupational or personal pension? (you must inform the council when you start to draw your pension)	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

## part 7 about your capital, savings and investments

	you	your partner
Do you or your partner have any bank or building society accounts or savings in cash? (You should also include overdrawn or empty accounts)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No if 'Yes' please give the name of the bank or building society and the latest balance.	<input type="checkbox"/> Yes <input type="checkbox"/> No if 'Yes' please give the name of the bank or building society and the latest balance.
	Amount	Amount
Current accounts	1 <input type="text"/> £ <input type="text"/> 2 <input type="text"/> £ <input type="text"/> 3 <input type="text"/> £ <input type="text"/>	<input type="text"/> £ <input type="text"/> <input type="text"/> £ <input type="text"/> <input type="text"/> £ <input type="text"/>
Deposit and/or savings accounts	1 <input type="text"/> £ <input type="text"/> 2 <input type="text"/> £ <input type="text"/> 3 <input type="text"/> £ <input type="text"/> 4 <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"/>

# Part 7 - about your capital, savings and investments continued

	you		your partner			
TESSAs, PEPs or ISAs	1	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	2	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	3	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	4	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
Savings in cash		<input type="text"/>	£	<input type="text"/>	£	
Lump sum in respect of a deferred State Retirement pension	Date paid	<input type="text"/>	£	<input type="text"/>	£	
Do you or your partner hold any joint accounts not detailed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please give details		<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please give details	
	<input type="text"/>			<input type="text"/>		
Are you or your partner holding any money in trust for anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please give details		<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please give details	
	<input type="text"/>			<input type="text"/>		
<b>Do you or your partner have any National Savings Certificates or National Savings Bonds?</b>						
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' please give the issue number or type and the amount invested.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
National Savings Certificates	1	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	2	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	3	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	4	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
National Savings bonds	1	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	2	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	3	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
	4	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	£
Premium Bonds		<input type="text"/>	£	<input type="text"/>	£	

# Part 7 - about your capital, savings and investments continued

## you

## your partner

Do you or your partner have any unit trusts or shares?

Yes  No

Yes  No

If 'Yes' please give the name of the company and the number of shares you hold.

	Name	How many?	Name	How many?
Shares	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Amount	Amount
Unit Trusts	1 <input type="text"/> £	<input type="text"/> £
	2 <input type="text"/> £	<input type="text"/> £
	3 <input type="text"/> £	<input type="text"/> £

Do you or your partner have any other savings, investments or trust funds?

Yes  No

Yes  No

If 'Yes' how much are they worth?

If 'Yes' how much are they worth?

£

£

Have you or your partner recently received any backdated benefit which you have added to your savings?

Yes  No

Yes  No

If 'Yes' please give details

If 'Yes' please give details

## property or land

Apart from your home, do you or your partner own or have a share in any other property or land in this country or abroad?

Yes  No

If 'Yes', please give details including the address.

Have you or your partner sold a property within the last 12 months in this country or abroad?

Yes  No

(We may contact you for more information)

If you or your partner get rent from any property, other than your main home, how much rent do you get?

£

How often should it be paid?

per week/month/4 weekly/other (please specify)

part  
8

## other income

Do you or your partner have any other income which has not been declared on this application form? (This includes income you have claimed but not yet received.)

Yes  No

	Amount	How often is it paid?	When did it start?
Type of income	£		/ /
Type of income	£		/ /
Type of income	£		/ /

Do you or your partner pay any money to a son or daughter who is a student, as part of a loan assessment?

Yes  No

If 'Yes', who is it paid to?

Amount

£

How often is it paid?

Do you or your partner make payments towards a private pension other than by deduction from your salary or wages?

Yes  No

If 'Yes', who is it paid to?

£

How often?

## your partner

Yes  No

If 'Yes', who is it paid to?

Amount

£

How often is it paid?

Yes  No

If 'Yes', who is it paid to?

£

How often?

# rented accommodation

Do you rent your home?

Yes  No

(If 'No', go to Part 11.)

## your tenancy

Please give the date your tenancy started?

 /  / 

Is the tenancy in your name only?

Yes  No

If 'No', what are the names of the other joint tenants?




Do you sub-let any of this property?

Yes  No

Is it a shorthold tenancy

Yes  No

If 'Yes', what is the end date?

 /  / 

If 'No', what type of tenancy is it?

Assured  Registered  Boarder

Shared ownership  Other (please give details)

## the property you occupy

Do you rent the whole building?

Yes  No

Is there more than one floor in the building?

Yes  No

If 'Yes', how many floors are there?

Which floors do you live on?

Where do you live on this floor?

Front  Middle  Back  All

Is your home: Fully furnished?  Partly furnished?

Unfurnished?

What type of accommodation do you live in?

Detached house  Quarter house

Terraced house  Semi-detached house

Flat in a block  Maisonette

Flat in a house  Flat over a shop

Hotel or guesthouse  Bedsit or rooms

Studio flat  Hostel

Other (please give details)

(If caravan, please specify whether you rent the caravan or whether you pay ground rent only or both)

Tell us how many rooms are in your property. If your property is self contained, the 'property' means just the part you live in.

	Living Rooms	Kitchens	Bedrooms	Bathrooms	Wc's	Bedsits	Studio flats	Others
Total number of rooms in the property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms solely occupied by you and your family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms you share with other households	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## your rent

How much rent are you charged? £

If you are a joint tenant how £

How often do you pay it?

much is the total rent for the property?

Daily  Weekly  Fortnightly

Every four weeks

Every calendar month  Every three months

Other  (Please specify)

If your rent includes any of the following, please write down how much you are charged. If you do not know the amount, please write 'unknown' in the box. You must fill in each section. If any of these do not apply to you please write 'none' in the box.

Heating £

Breakfast £

Fuel for cooking £

Midday Meal £

Parking space £

Evening Meal £

Water rates £

**Support Charges**  
General counselling and support £

Council Tax £

Cleaning rooms and windows £

Hot Water £

Emergency alarms and warden £

Garden £

Other (Please give details) £

Lighting £

Garage £

## your rent

Who do you pay your rent to?

i.e. Landlord/Letting Agent/Other (please specify)

Name

Address

  
  
  

Postcode

Telephone number

What is the name and address of the landlord or owner of the property if different from above?

Name

Address

  
  
  

Postcode

Are you or your partner, or a member of your household, related to your landlord?

Yes  No

If 'Yes', what is the relationship?

Is your landlord a previous partner of yours?

Yes  No

If 'Yes', did you live at this address together?

Yes  No

Do you occupy your home as a condition of your employment?

Yes  No

Do you or any member of your household get money from a trust that also owns your home?

Yes  No

Who is responsible for the decoration inside your home?

Your  Your landlord

Is there central heating in the property?

Yes  No

Do you or your partner use your home for business purposes?

Yes  No

Please see guidance notes for proof of your tenancy that will be required.

**Council Tax Benefit:** Benefit will be paid into your Council Tax account. You will be sent a revised bill.

**Housing Association tenants:** Generally tenants renting from a Housing Association have a choice how their benefit is paid – either into their own bank/building society account or to their landlord. Please complete either option 1 or option 2 below.

**For all other private tenants,** benefit will be paid directly into your bank or building society account.

Please fill in your details in option 1. If you have difficulty managing your affairs it may be possible to pay your landlord. To help the Council decide if we can do this, complete part 12 of the form. We may need to write to you for more information.

If you do not have a bank or building society account you should contact the Benefits team on 0116 2727510. They will tell you how to get advice about opening a basic bank account.

## Options for payment to private tenants

1

**Paid direct into your bank or building society**

This is a safe and easy way to get your Housing Benefit. In most cases, we will pay your benefit every two weeks in arrears.

**Please give the following details**

Name and address of your bank or building society


Bank account number

Building society account number

Bank sort code

--

Building society roll number

Type of building society account

Name(s) of Account holder(s)



2

**Paid direct to your landlord's bank or building society, if your landlord agrees to accept these arrangements**

This method is just as safe and easy as the first, but we will pay your Housing Benefit to your landlord's account instead of yours. We will write to your landlord for his account details. Benefit will generally be paid four weeks in arrears. Please read the section on 'sharing information'.

If you rent your property from a private landlord you must fill in this section if you would like us to pay your benefit direct to your landlord. You must answer all questions and give us as much information and evidence as possible. We will use this information to decide whom we pay. If we do decide to pay your landlord, we will write to them for information about their bank details. The decision to pay your landlord will be reviewed regularly.

**Please tell us if any of the following would cause you difficulties with paying your rent:**

Learning difficulties Yes  No

Physical disabilities Yes  No

Mental Health problems Yes  No

Coping with addiction, for example  
alcoholism, substance abuse or  
gambling Yes  No

If you have answered 'Yes' to any of the above, please tell us how they would affect you paying your rent.

**Do you currently receive any support /help in managing your finances?**

Yes  No

If 'Yes', please tell us who helps you.

**Do you have anyone who could help /support you to manage your finances?**

Yes  No

If 'Yes', please tell us who could help.

**Do you currently have any rent arrears?**

Yes  No

If you have answered 'Yes', please tell us how much, and what period the arrears cover.

## Part 12 - direct payments to landlords continued

Have you previously had any difficulties in keeping your rent payments up to date?

Yes  No

If 'Yes', please tell us why.

Do you have multiple debts?

Yes  No

If 'Yes', please supply details.

Do you have anyone helping you manage these debts?

Yes  No

If 'Yes', who is helping you?

Are any deductions being made from your income to repay debts?

Yes  No

Please use the space below to give us any further information in support of your request to pay benefit to your landlord.

We may be able to backdate your benefit for a limited period, but only if there is a very good reason why you did not claim earlier. If you would like to apply

for your claim to be backdated, please give us the dates you think it should be backdated from, and the reason why you did not claim earlier.

Backdated from

If you would like it backdated for a specific period, please give the relevant dates.

From

to

Please tell us the reason why you did not claim benefit earlier. We cannot consider your request without this information. You may be required to supply supporting evidence.

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

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

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly.

- I **understand** that this claim is made to you, my local council.
- I **declare** that the information I have given on this form is correct and complete as far as I know and believe.
- I **understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I **agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law. Data held may be used in comparison for the purposes of prevention and detection of fraud.
- I **understand** that you may use any information I have provided in connection with this and any other claim or social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I **know** that I must let you know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

Date

 /  / 

Partner's signature

Date

 /  / 

If you want someone to act for you in relation to benefit claims please enter their name, address and contact details here.

Name:

Address:

  
  


Relationship:

Contact Number:

Do you wish this person to receive all the letters associated with your claim?

 Yes

 No

#### IF THIS FORM WAS COMPLETED BY SOMEONE OTHER THAN THE CLAIMANT

Name of person who filled in the form:

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

Signature

Relationship to person claiming:

Date:

 /  / 

**IF YOU ARE ACTING ON BEHALF OF THE PERSON CLAIMING YOU ARE RESPONSIBLE FOR NOTIFYING THE BENEFIT TEAM OF ANY CHANGE IN THEIR CIRCUMSTANCES**

## Sharing Information

### Sharing Information with your Landlord

Sometimes, sharing information with your Landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share this information with your landlord if you:

- are a Housing Association tenant; or
- we have agreed to pay benefit direct to your landlord.

In either case under the Data Protection Act we need your permission to share information. If you give us permission we would be able to tell your landlord:

- whether or not you had claimed Housing Benefit and, if so, whether or not we have made a decision on your claim; and
- if we need further information to make a decision on your claim and, if so, what information we need.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision about your claim. If this is the case, we may have to ask your landlord even if you have not given us permission to

discuss your claim with them. If you have not given us permission by signing the section below, we will not discuss anything else with your landlord.

We will not give your landlord any information about your personal or household circumstances or your financial circumstances.

### Sharing Information with a third party

If you would like us to share information about your claim with someone other than your landlord you should also complete the section below. You may choose for us to share information with anyone else, for example a relative or someone from an advice centre who is helping with your claim. If you wish us to share information with a third party we will give them the same information that we would give to a landlord, but in addition we would also discuss, if asked:

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

**I give Blaby District Council permission to share information with the following (please tick either or both):**

My landlord     A third party

If you have ticked 'third party' please give their name and address:

Name

Address

  
  
  


Signature of Claimant

Date

 /  / 

**IF YOU WISH TO GIVE PERMISSION PLEASE SIGN FORM IN THE BOX ABOVE**

Before you return this form please read through the checklist below and make sure you are providing all the information we have asked for. We cannot assess your benefit claim until we see proof of every statement you made on this form.

The proof we need to see is listed in the accompanying booklet. We must see original documents not photocopies. If some items of proof are not available you should still return the form – you may lose benefit if you delay. Please tick the boxes to tell us what proof you will send in later.

**Remember, if you don't send in the proof with this form it will take longer to deal with your claim.**

- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>Identity:</b><br/>You must send in two items of proof for both you and your partner.</p> <p><input type="checkbox"/> <b>The right to claim public funds:</b><br/>If you are not a UK citizen you should provide proof that you are entitled to claim public funds.</p> <p><input type="checkbox"/> <b>National Insurance:</b><br/>For both you and your partner, you must provide an official document that includes your National Insurance Number.</p> <p><input type="checkbox"/> <b>Dependants and child care costs:</b><br/>We need to see proof of Child Benefit for each of your dependants. Child care costs – you must show confirmation from the provider of how much you pay, the times care is provided and their registration number.</p> <p><input type="checkbox"/> <b>Working Tax Credit / Child Tax Credit:</b><br/>You should provide your award letter confirming how much you get, how it is paid and when it started.</p> <p><input type="checkbox"/> <b>Non Dependants:</b><br/>Confirmation of your non dependants income</p> <p><input type="checkbox"/> <b>Income Support, other benefits / allowances:</b><br/>This should be the latest award notice that confirms the type of benefit / allowance, the amount and when it started.</p> <p><input type="checkbox"/> <b>Pensions:</b><br/>You should provide proof confirming how much you get, how and when it is paid and when it started.</p> | <p><input type="checkbox"/> <b>Earnings:</b><br/>We need to see 5 recent consecutive weekly payslips, recent consecutive fortnightly pay slips or 2 recent consecutive monthly pay slips or a certificate of earnings properly completed and stamped by your employer.</p> <p><input type="checkbox"/> <b>Capital, savings and investments:</b><br/>You must send in proof of any savings or investments you have, including current accounts. If you are sending in bank statements they should be the two most recent. Savings books must have been recently updated.</p> <p><input type="checkbox"/> <b>Proof of any other income:</b><br/>You should provide a document confirming how much you get, how it is paid and when it started.</p> <p><input type="checkbox"/> <b>Rent Liability:</b><br/>You will need to supply a Tenancy Agreement or if not available, a rent book or a letter from your landlord confirming how much rent you pay, the date your tenancy commenced and what is included in the rent.</p> <p><input type="checkbox"/> <b>Request to pay your landlord:</b><br/>If you are a private tenant and want us to pay benefit direct to your landlord you must send in supporting evidence.</p> <p><input type="checkbox"/> <b>Backdating:</b><br/>If you have asked for your claim to be backdated you should supply evidence to support your claim.</p> |
|---|---|

Please use the following 'tear-off' forms if you are unable to provide the necessary documentation in respect of earnings (Tear off 1) or rental liability (Tear off 2). The Equality Monitoring Form (Tear off 3) is optional and you can complete all or some of the form if you wish, to help us understand the service we are providing to our customers.



## Certificate of earnings To be filled in by your employer

Employee's Name    Mr     Mrs     Miss     Ms  \_\_\_\_\_

Employee's home address: \_\_\_\_\_

Payroll, employee or staff number: \_\_\_\_\_    Tax code: \_\_\_\_\_

National Insurance number: \_\_\_\_\_    Occupation: \_\_\_\_\_

Gross earnings, including overtime and any extra payments for the past five weeks if they are paid weekly, or past two months if they are paid monthly.

**Weekly paid employees**                      hours worked     date started employment  /  /

Week ending (write the date)	Hours worked	Gross pay £	Income tax £	National insurance £	Superannuation or personal pension scheme £	Tax Credit £	Other deductions £	Pay after deductions £
1								
2								
3								
4								
5								

**Monthly paid employees**                      hours worked     date started employment  /  /

Calendar month ended (write the date)	Hours worked	Gross pay £	Income tax £	National insurance £	Superannuation or personal pension scheme £	Tax Credit £	Other deductions £	Pay after deductions £
1								
2								

**Method of payment**    cash     BACS     cheque     gross paid to date

If you have given this employee a pay rise in the last six months, please give the dates and the amount of the rise.

**I certify that the information given on this form is correct.**

Employer's name and address: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Position in firm: \_\_\_\_\_

Date: \_\_\_\_\_

Official stamp

if there is no official stamp, please provide a supporting letter on headed paper.

**This form must be signed by a company director, company secretary, personnel officer or the person in charge.**



## BLABY DISTRICT COUNCIL BENEFITS SECTION

Council Offices, Desford Road, Narborough, Leicestershire LE19 2EP  
Telephone: (0116) 272 7510 Fax: (0116) 272 7591 Minicom: (0116) 284 9786

**PRIVATE & CONFIDENTIAL**

**PLEASE MAKE SURE YOU ANSWER ALL QUESTIONS ON BOTH SIDES OF THIS FORM  
THIS FORM MUST BE COMPLETED BY THE PERSON/ORGANISATION YOU PAY RENT TO**

Tenant's name:  Claim Ref:

Tenant's address:

Landlord's name:

Landlord's address:

Managing Agent's name: (if applicable)

Managing Agent's address: (if applicable)

Do you charge this person rent?  Yes  No

On what date did you start to charge rent to this person?  /  /

How much is the rent and what period does this cover?

£  weekly / monthly / four weekly / other (please state)

On what date did the tenancy commence?  /  /

Is the rent eight weeks or more in arrears?  Yes  No

When has the rent been paid up to?  /  /

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

**Meals**

No

Yes  How much each week?

£

Which meals are included?

**Water authority charges**

No

Yes  How much each week?

£

**Heating**

No

Yes  How much each week?

£

**Lighting**

No

Yes  How much each week?

£

**Hot water**

No

Yes  How much each week?

£

**Fuel for cooking**

No

Yes  How much each week?

£

**Laundry**

No

Yes  How much each week?

£

**Cleaning rooms  
or windows**

No

Yes  How much each week?

£

**Gardening**

No

Yes  How much each week?

£

**Garage or parking space**

No

Yes  How much each week?

£

**I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE**

Signed:

Date:

/  /

Please print name:

Contact telephone number:

Company stamp (if applicable)

# Tear off 3 Equality Monitoring Form

We try to ensure that everyone is treated fairly and that we give the best service possible from the Council. To make sure of this and because different people may have different kinds of needs, we need to record information about the people using our services. We can then decide how best to make improvements to our services.

**This information will not affect the service you are receiving now. Please note that you do not have to provide answers to any of the questions, however even a partial response is useful to us.**

For each question please select the category which you feel best describes you, by ticking the most appropriate box. In the case of disability, more than one category may apply.

Gender	
Male	
Female	

Ethnicity	
Asian	
Black	
Chinese	
White	
Mixed (eg White & Asian) Please state: .....	
Other Ethnic Group. Please state: .....	
First language: .....	

Disability / Health	
None	
Visual impairment	
Hearing impairment	
Learning Difficulty	
Physical Disability	
Mental Health problem	
Other longstanding health problem which limits your day to day activities	

Age Group	
Under 16	
16 – 19	
20 – 29	
30 – 44	
45 – 59	
60 – 74	
75 and over	

Sexual Orientation	
Heterosexual	
Gay or Lesbian	
Bisexual	

Blaby District Council may internally record and use the details obtained in this form for the purpose of equality monitoring.

**Thank you for providing this information**

Religion or belief	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Non-believer	
Other, please state below: .....	

Place of residence	
Aston Flamville	
Blaby	
Braunstone Town	
Cosby	
Countesthorpe	
Croft	
Elmesthorpe	
Enderby	
Glen Parva	
Glenfield	
Huncote	
Kilby	
Kiby Muxloe	
Leicester Forest East	
Leicester Forest West	
Lubbesthorpe	
Narborough & Littlethorpe	
Potters Marston	
Sapcote	
Sharnford	
Stoney Stanton	
Thurlaston	
Whetstone	
Wigston Parva	
Outside the District	

Length of residence in UK	
Less than 2 years	
2 to 10 years	
Over 10 years	
Born in UK	

