



# A claim form for Housing Benefit and Council Tax Benefit

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Kirkby in Ashfield, Nottingham, NG17 8QW  
Phone: 01623 457400 Fax: 01623 457587  
E-mail: revenues@ashfield-dc.gov.uk  
Website: www.ashfield-dc.gov.uk



Please tell us your full name and address.

Your title  
(Mr, Mrs, Miss and so on)

Your last name

Your first names

Your address and postcode

Please tick one of the boxes below and give the date you moved into this address.

I own and live in my own home.	<input type="checkbox"/>	I am a council tenant.	<input type="checkbox"/>
I am a private tenant.	<input type="checkbox"/>	I am a housing-association tenant.	<input type="checkbox"/>
I am a boarder.	<input type="checkbox"/>	I am a subtenant.	<input type="checkbox"/>
When did your tenancy start?	<input type="text" value="/"/>	When did you move in?	<input type="text" value="/"/>
I only want to claim Second Adult Rebate.	<input type="checkbox"/>	If you are just claiming Second Adult Rebate, only fill in parts 1, 3 and 17 of this form.	

## About this form

Fill in this form if you need help to pay your rent or your Council Tax (or both). If you need any help or advice about filling in this form, please let us know and we will be pleased to help you. Our address and phone number are at the top of this page. Please read the form carefully and answer all the questions that apply to you. Once you have filled in the form, return it to us straightaway – never delay returning this form.

	<b>You</b>		<b>Your partner</b>	
Have you or your partner claimed Housing Benefit or Council Tax Benefit before?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', tell us the last address from which a claim was made.	<input type="text"/>		<input type="text"/>	

<b>For office use only</b>		Date stamp
Date issued	Reference	
<input type="text"/>	<input type="text"/>	



## Part 1 About you and your partner - continued

Have you or your partner been continuously in hospital for the last 52 weeks?

**You**  
No  Yes

**Your partner**  
No  Yes

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

When do you or they expect to come out?

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

No  Yes

No  Yes

If 'Yes', please give the name and address of the person who receives it and how many hours they care for you or your partner.

Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit?

No  Yes

No  Yes

Are you or your partner registered blind?

No  Yes

No  Yes

Please tick if you or your partner are:

• in legal custody

• severely mentally impaired

Are you or your partner away from your home address at the moment?

No  Yes

No  Yes

If 'Yes', please give the address you or they are living at now.

**We need to see proof of your identity and National Insurance number. We also need to see the same for your partner, if you have one. We must see two original documents such as a birth certificate, passport or driving licence. If you have sent these to us within the last year, we do not need to see them again.**

## Part 2 About children

In this part, please give details of any children you get Child Benefit for if they normally live with you and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16 or over, but still under 19 and in education doing a course not higher than GCE A-level or GNVQ (advanced).

Do you have any children who normally live with you?

No

Go to **part 3**.

Yes

Tell us about these children by answering the questions below.

There is space below to tell us about six children. If you have more children than this, please use a separate sheet of paper and send it to us with this form.

Last name	Other names	Date of birth	Child's sex	Relationship to you

Are any of these children registered blind or getting Disability Living Allowance?

No

Yes

If 'Yes', please say who.

Do any of these children have more than £3000 in savings?

No

Yes

If 'Yes', please say who.

### First child

### Second child

### Third child

Do you pay a registered childminder, a nursery or an after-school club any childminding costs for this child?

No

Yes

Tell us the name and registration number of the childminder.

How much do you pay a week?

£

No

Yes

Tell us the name and registration number of the childminder.

How much do you pay a week?

£

No

Yes

Tell us the name and registration number of the childminder.

How much do you pay a week?

£

**We need to see evidence. We need to see evidence. We need to see evidence.**

**We need to see proof that your childminder, nursery or after-school club is registered and proof of the amount you pay. We also need to see proof of any Disability Living Allowance you get for any of your children.**

## Part 3 About other people living with you

In this part, please give details of any other adults who live with you in your home. For example, children over 16 who nobody gets Child Benefit for, relatives, friends, lodgers and anyone who pays you rent to live in your home. Do not include your partner or any children you told us about in part 2.

Do any adults normally live with you and your partner?

No

Go to **part 4**.

Yes

Tell us about these other adults by answering the questions below.

There is space below to tell us about three adults. If you have more adults living with you than this, please use a separate sheet of paper to tell us about them and send it to us with this form.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.			
Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**We need to see original proof of their Income Support or income-based Jobseeker's Allowance.**

Do they get Disability Living or Attendance Allowance or are they registered blind?

No  Yes

No  Yes

No  Yes

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No   
Yes  Tell us which.

No   
Yes  Tell us which.

No   
Yes  Tell us which.




Are they severely mentally impaired?

No  Yes

No  Yes

No  Yes

Are they in legal custody at the moment?

No  Yes

No  Yes

No  Yes

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

## Part 3 About other people living with you - continued

	First person	Second person	Third person
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did they go in?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us their earnings before deductions for things like tax and National Insurance.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>We need to see original proof of their earnings.</b>			
Do they have any other income at all? For example, pensions, allowances or benefits.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us their other income before deductions for things like tax and National Insurance.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>We need to see original proof of their other income.</b>			
Do they get any interest from any accounts, savings or investments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us how much interest they get each year.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>We need to see original proof of how much interest they get.</b>			
Do they pay rent to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', tell us how much they pay each week.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does this rent include the cost of 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"/>
Does this rent include any 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"/>
Are any of the people who normally live with you married to each other or living together as if they were married?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us their names.	
		<input type="text"/> is the partner of	<input type="text"/>
		<input type="text"/> is the partner of	<input type="text"/>

**We need to see original proof of the earnings, income and interest of any other people in your home unless they are a boarder or subtenant who pays rent to you or your partner.**

**If you do not send us this original proof, we will have to make the highest rate of deduction for these people. If any of these people are not willing to give you this original proof, we may be able to contact them direct to get it. If you would like us to do this, please write and let us know.**

## Part 4 About accounts, savings and investments

In this part, give details of all accounts, savings or investments that you or your partner hold. This includes current and savings accounts with a bank or building society, post office accounts (even if they are empty or overdrawn), premium bonds, stocks and shares, PEPs, TESSAs, ISAs, property, land and time-shares in the UK or abroad.

Do you or partner have any accounts, savings, property, land, time-shares, savings or investments in UK or abroad?

No

Go to **part 5**.

Yes

Tell us about all the accounts, savings and investments held below.

Tell us about all **bank accounts**. Give the name of the bank and the account numbers and say how much is in each account.

--

**You**

**Your partner**

How much

How much

£

£

**We must see full original account statements (not mini-statements) showing the last two months' transactions.**

Tell us about all **building society accounts**. Give the name and account numbers and say how much is in each account.

--

**You**

**Your partner**

How much

How much

£

£

**We must see full original account statements (not mini-statements) showing the last two months' transactions.**

Tell us about all **post office accounts**. Give the name and account numbers and say how much is in each account.

--

**You**

**Your partner**

How much

How much

£

£

**We must see original account passbooks showing the last two months' transactions.**

Tell us if you or your partner have any **premium bonds**. Say how many are held and how much they are worth.

--

**You**

**Your partner**

How much

How much

£

£

**We must see these original premium bonds to confirm how much they are worth.**

Tell us if you or your partner have any **National Savings Certificates**. Give the issue numbers and number of units held.

Issue numbers
---------------

**You**

**Your partner**

Units held

Units held

**We must see these original National Savings Certificates to confirm the number held.**

## Part 4 About accounts, savings and investments - continued

Tell us about any **stocks and shares** you and your partner hold. Give the company name, share type and the number held.

Company name and share type

**You**

**Your partner**

Number held

Number held

### We must see original share certificates or dividend warrants.

Tell us about any savings such as **PEPs, TESSAs, ISAs, unit trusts and income bonds**. Give details and say how much.

**You**

**Your partner**

How much

How much

£

£

### We must see original proof of these, for example, certificates or letters from the savings company.

Tell us about any other accounts, savings, investments or cash. Give details and say how much they are worth.

**You**

**Your partner**

How much

How much

£

£

### We must see original proof of these accounts, savings or investments.

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

No

Yes

Do you or your partner own or partly own any land, property or time-shares in this country or abroad other than the home you live in?

No

Go to **part 5**.

Yes

Tell us about this land or property below.

What is the location or address of the land or property?

Do you or your partner have a mortgage on the property?

No

Yes

If 'Yes', how much do you or your partner still owe?

£

Does an elderly or disabled relative live in this property?

No

Yes

Does a former partner still live in the property?

No

Yes

Are you or your partner trying to sell the property?

No

Yes

If the property is for sale, how long has it been on the market?

 months

**We need to see original proof of any mortgage on this property, such as a statement or letter from the lender.**

**We need to see original proof that you are selling the property, such as a letter from the estate agent.**

**We may need to get a valuation of any land or property. We will write to you if we do.**

## Part 5 About benefits, pensions and allowances

In this part, please give details of any benefits, pensions or allowances that you or your partner are getting now or have claimed but are still waiting to hear if you will get anything. (Include income in your name paid to someone else.)

Do you or your partner get any benefits, pensions or allowances, or have either of you claimed any but have not yet heard if you will get anything?

No

Go to **part 6**.

Yes

Tell us about these benefits, pensions or allowances below.

### Income Support or Jobseeker's Allowance

	You		Your partner	
	How much?	How often?	How much?	How often?
Income Support	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

**Income-based**  
Jobseeker's Allowance

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
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**Contribution-based**  
Jobseeker's Allowance

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

Which office do you or your partner sign on at?

When did it start?

 /  / 

Have you or your partner made a claim but are still waiting to hear if you will get anything?

No

Yes

### Pension Credit, pensions and benefits at retirement

	You		Your partner	
	How much?	How often?	How much?	How often?
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Pension Credit

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

Savings Credit

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

British Coal Pension

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

British Coal Superannuation

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

Miners' Union Pension

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

Occupational or private pension (first)

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

What is the date of the next increase?

 /  / 
 /  / 

Occupational or private pension (second)

£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
------------------------	----------------------	------------------------	----------------------

What is the date of the next increase?

 /  / 
 /  / 

Tell us who pays these occupational or private pensions.

## Part 5 About benefits, pensions and allowances - continued

### Benefits and allowances for disability

	You		Your partner	
	How much?	How often?	How much?	How often?
Incapacity Benefit	£		£	
Attendance Allowance	£		£	
Constant Attendance Allowance	£		£	
Disability Living Allowance (care component)	£		£	
Disability Living Allowance (mobility component)	£		£	
Carer's Allowance	£		£	
Who is this for, and what is their address?				
Severe Disablement Allowance	£		£	
Industrial Death Benefit	£		£	
Industrial Injuries Benefit	£		£	
Industrial Disablement Benefit	£		£	

### Benefits and allowances for families, parents and widows

Child Benefit	£		£	
Maternity Allowance	£		£	
Maintenance payments for you or your children	£		£	
Custodianship or Adoption Allowance	£		£	
Guardian's or Fostering Allowance	£		£	
Widowed Mother's or Parent's Allowance	£		£	
Bereavement Allowance	£		£	

### Tax credits

Working Tax Credit	£		£	
Child Tax Credit	£		£	

## Part 5 About benefits, pensions and allowances - continued

### War and army pensions

	You		Your partner	
	How much?	How often?	How much?	How often?
War Pension	£		£	
War Widow's or Widower's Pension	£		£	
War Disablement Pension	£		£	
Armed Forces Pension	£		£	

**We need to see original proof of all the benefits, pensions, allowances and tax credits that you and your partner receive. This should be a notification letter or order book if you are paid in that way.**

## Part 6 About other income

**In this part, please give details of any other income you or your partner get. Do not include earnings for working or self-employment – we will ask you about these in parts 7 and 8.**

	You		Your partner	
	How much?	How often?	How much?	How often?
Cash in place of coal from British Coal	£		£	
Government training schemes	£		£	
Tell us the name of the training scheme.				
Rent or income from another property	£		£	
Voluntary or charitable payment	£		£	
Home income plan or annuity	£		£	

**We need to see original proof if you get any of the incomes listed above.**

Do you or your partner get any other benefit, pension, allowance or income not already listed in **parts 5 and 6**?

No

Yes

If 'Yes', tell us what this income is, how much you or your partner get and how often it is paid.

	You	Your partner
If you or your partner have claimed but have not been paid or are due to get any other income, tell us here.		

**We must see original proof of any income you have told us about here.**

## Part 7 About working for an employer

In this part, please give details of any income or earnings you or your partner get from employment, for example, wages, salary and so on.

Do you or your partner work for an employer?

No  Go to **part 8**.

Yes  Tell us about this employment below.

Do you or your partner have more than one employer?

No  Yes

If 'Yes', use a separate sheet of paper to tell us about these jobs.

What is your employer's name, address and phone number?

**You**

**Your partner**



What is your payroll, employee or staff number?



When did you start this job?

 /  / 
 /  / 

If your job is temporary or fixed term, when does it finish?

 /  / 
 /  / 

How often do you get paid?

 Every

 Every

How much do you get paid?

 £

 £

How do you get paid?



How many hours a week do you work?



Give details of any regular overtime, bonuses or commission.



When is your next pay increase due?

 /  / 
 /  / 

Do you pay into a private or company pension scheme?

No

No

Yes  How much?

Yes  How much?

 £

 £

How often?

How often?

 Every

 Every

Are you off work at the moment?

No  Yes

No  Yes

If 'Yes', from what date have you been off work?

 /  / 
 /  / 

Are you getting Statutory Sick, Paternity or Maternity Pay from your employer at the moment?

No  Yes

No  Yes

**We must see original proof of any earnings before we can decide how much benefit you can get. If you are paid every week, we must see your last five wage slips. If you are paid every two weeks, we must see your last three wage slips, and if you are paid every month, we must see your last two wage slips. If you cannot send wage slips, ask your employer to fill in the pay form at the back of this form.**

## Part 8 About being self-employed

In this part, please give details of any self-employment that you or your partner are involved in.

Are you or your partner self-employed?

No

Go to **part 9**.

Yes

Tell us about your and your partner's self-employment below.

**You**

**Your partner**

What kind of work do you do?



When did the business start?



What is the business name and address?



Are there any other partners in the business?

No

Yes

No

Yes

If 'Yes', tell us their name and address.



How many hours a week do you work?



Do you get a business start-up allowance or any other grant?

No

Yes

No

Yes

If 'Yes', how much is it and how often is it paid?

How much?

How often?



How much?

How often?



Do you pay into a private pension scheme?

No

Yes

No

Yes

If 'Yes', how much do you pay and how often?

How much?

How often?



How much?

How often?



**We must see original proof of any self-employed earnings, profit or loss before we can decide how much benefit you can get. This should be your most recent trading accounts or your day-to-day records of income and expenditure. If you are not able to provide either of these, please contact us straightaway for advice.**

## Part 9 About being a student

In this part, tell us if you or your partner are a student. By 'student' we mean someone who is in higher or further education.

Are you or your partner a student?

No

Go to **part 10**.

Yes

Tell us about your and your partner's course and income below.

**You**

**Your partner**

Tell us the name of the course and the name and address of the college or university.



Is the course full time or part time?



Start

End

Start

End

What date does the academic year start and end?

 /  / 
 /  /

## Part 9 About being a student - continued

	You		Your partner	
	How much?	How often?	How much?	How often?
If you get a grant, how much is it and how often is it paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you get a student loan, how much is it and how often is it paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If you get money from your parents or a deed of covenant, how much is it and how often is it paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We must see original proof of any grant, covenant or other income you or your partner get for being a student. We must also see original proof of any student loan that you or your partner get.

## Part 10 About money you pay out

Do you or your partner help to support a son or daughter under 25 who is at college or university?

No  Go to **part 11**.

Yes  Tell us about what you pay below.

	You		Your partner	
	How much?	How often?	How much?	How often?
How much do you give them and how often do you give it?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We must see original proof of how much you give them and their grant assessment form if they get a grant.

## Part 11 About your home

Do you or your partner own this property?

No  Go to **part 12**.

Yes  Tell us about who owns the property below.

Except for your partner, does anyone else own this property with you?

No  Go to **part 14**.

Yes  Tell us about the other owners below.

	Name	Address	Relationship to you
Tell us the name and address of these other owners and also their relationship to you or your partner.	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 12 About rent and your tenancy

Do you pay rent for your home?

No  Go to **part 14**.

Yes  Answer the next question.

Do you pay rent to the council?

No  Answer all the questions in this part.

Yes  Go to **part 13**. (If you would like us to talk to your landlord about your claim, see "Sharing information with your landlord" on page 17.)

## Part 12 About rent and your tenancy - continued

### About your tenancy

What sort of tenancy do you have (assured, assured shorthold and so on)?

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

Start	End
/ /	/ /

When did you move into this address?

Does your landlord live at this address?

No  Yes

Has a fair rent been registered on the property?

No  Yes

**If 'Yes', send us the notice of registration form, RO5.**

Have you applied for a pre-tenancy determination?

No  Yes

Does anyone else share the rent with you and your partner?

No  Yes

If 'Yes', tell us the names of the other people who share the rent.

What is your landlord's name and address? By 'landlord' we mean the person or organisation who owns the property you live in.

Postcode

If your landlord has an agent, tell us their name and address. By 'agent' we mean the person or organisation you actually pay rent to.

Postcode

Are you, your partner or your children related to your landlord or agent, or to your landlord's partner or the agent's partner? Related includes related through marriage, even if the marriage has ended.

No  Yes

What is the relationship?

Have you or your partner ever owned or part-owned this property?

No  Yes

### About where you live

What sort of building do you live in?

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Flat in a block	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Hotel or hostel	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Bedsit or rooms	<input type="checkbox"/>	Other (please say what)	<input type="text"/>		

## Part 12 About rent and your tenancy - continued

How many floors and rooms are there in the whole building? Floors  Rooms

Which floor or floors do you live on?

Do you and your household occupy only part of the building? No  Yes

If 'Yes', where in the building do you live? Front  Middle  Back

How many different rooms are there in the building?

	In the whole building	Just for you and your household	That you share with other people
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Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------	----------------------	----------------------	----------------------

Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------	----------------------	----------------------	----------------------

Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	----------------------	----------------------

Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------	----------------------	----------------------	----------------------

Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Please say what are they used for)

Are you responsible for decorating inside the building? No  Yes

Do you use your home for business? No  Yes

Please tick to show if the property is let as:

fully furnished  partly furnished  minimally furnished (carpets and curtains only)

unfurnished

### About your rent

How much is the rent for your home? £  every  (week, fortnight, four weeks, month)

Do you get any rent-free weeks during the year? No  Yes  If 'Yes', how many?

Has your rent changed in the last 12 months? No  Yes  If 'Yes', send us proof of the date it changed, and by how much.

When is the next rent increase due?  /  /

Do you pay water charges direct to a water authority? No  Yes

Who pays the Council Tax on your home? You and your partner  Your landlord

## Part 12 About rent and your tenancy - continued

Does your rent include money for any of the following services?

	No	Yes	How much?
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Having your room or rooms cleaned	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Other services	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Garage or parking space No  Yes  Do you have a choice to rent it? No  Yes

Meals No  Yes  Say which. Morning  Lunch  Evening

Do you have central heating? No  Yes

### Paying your benefit

Who do you want us to pay your Housing Benefit to? You  Your landlord

Are you behind with your rent? No  Yes  If 'Yes', how many weeks are you behind by?

**We must see original proof of your rent and tenancy before we can decide how much benefit you can get. This should be your original tenancy agreement or letters from your landlord or agent. We also need to see original proof that you have been paying your rent, such as a rent book or receipts.**

### Sharing information with your landlord

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

- are a local-authority tenant; or
- have agreed that we can pay your Housing Benefit straight to your landlord.

But 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 or renewed your claim for Housing Benefit and, if so, whether or not we have made a decision on your claim; and
- if we need more information to make a decision on your claim and, if so, what information this is.

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 on your claim. If this is the case, we have to ask your landlord if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, 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.**

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

## Part 12 About rent and your tenancy - continued

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

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

Your  
signature

Your  
address  
and  
postcode

  
  

Date

 /  / 

## Part 13 Supported accommodation

**In this part, please tell us if any support services are included in your rent. For example, a warden or caretaker service, an emergency alarm system, cleaning for any shared areas, general counselling and support, or personal care and support.**

Does your rent include any support services? No  Go to **part 14**.  
Yes  Please tell us which below.

	No	Yes	How much?
A warden or caretaker	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
An emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Cleaning for shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Personal care and support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Housing Benefit does not cover the cost of support charges but if you are entitled to Housing Benefit, you will get help from your Supporting People Partnership Team. So they can help you, they will need information about your entitlement to Housing Benefit. If you want us to, we can give them this information so that they do not have to ask you for it but we need your permission to do this. If you would like us to pass on this information, please read and sign the declaration below. The information we will pass on is your full name and address, National Insurance number and the dates your entitlement to Housing Benefit starts and ends. The Supporting People Partnership Team will use this information to assess how much they can pay towards the cost of your support services. Your support provider will have given you more information about the Supporting People Partnership Team and what they do.

• I agree to let you give the Supporting People Partnership Team information about my Housing Benefit.

Your signature

Date

 /  / 

If you do not sign this declaration, we will not pass on any information. This will not affect your Housing Benefit but may delay any help you get for the cost of your support services.

## Part 14 Backdating

We can usually award benefit from the Monday after the day we get your claim. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim before. We can only backdate benefit for up to 52 weeks from the date we get your claim.

Tell us the date you want to claim benefit from.

Tell us why you did not claim before this date.

## Part 15 About help dealing with your benefit claim

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose someone to act for you. This person is called a representative. If you want someone to act for you, please answer all the questions below.

Tell us your representative's name, address and phone number.

How is your representative related to you?

Do you want us to send your Council Tax bill to your representative?

No  Yes

### Your declaration

Please sign below to confirm that you want the person you have told us about to act for you.

Your signature

Date

**Please remember that you must also sign the declaration in part 17 as well.**

### Your representative's declaration

Please ask the person you want to act for you to read the notes below and then sign to confirm that they are prepared to be your representative.

If you agree to act as a person's representative, you must take full responsibility for their claim. This means you must tell us about any change in the person's circumstances. You would be treated in the same way as the person whose claim it is and have the same rights, responsibilities and liabilities.

I agree to act as representative for the person making this claim.

Representative's signature

Date

## Part 16 Checklist

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies.

**If you do not provide all the proof we need, we will not be able to pay you any benefit. We need the same proof for your partner, if you have one, and for any other members of your household.**

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. **We will not be able to pay you any benefit until we have all the proof.**

Please do not send valuable items through the post. If you can, bring them to one of our offices. We will take the details we need and give you the documents back straightaway. If you cannot get to one of our offices, phone us for more advice. Our phone number is on the front of this form.

### Proof of identity (for new claims only)

Such as a birth certificate, marriage certificate, passport, National Insurance number or medical card, driving licence or recent utility bill. We need to see two documents each for you and your partner.

Please tick

### Evidence of National Insurance number

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

### Proof of accounts, savings and investments

Such as all your bank, building society or post office books, or certificates for premium bonds, or National Savings Certificates, ISAs, stocks, shares and unit trusts.

### Proof of benefit, pensions and allowances

Such as award notices, order books or letters from social security confirming how much you get. If you do not have proof, let us know straightaway. Please do not send order books in the post.

### Proof of other income

Such as pension slips from a former employer or a letter confirming cash in place of coal or a voluntary or charitable payment.

### Proof of earnings or self-employment

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have any payslips, ask your employer to fill in the earnings certificate at the back of this form. If you or your partner are self-employed, we need to see your accounts for the last financial year, or your trading accounts for the last year.

### Proof of private rent and tenancy

Such as a tenancy agreement, rent book, rent receipts or a letter from your landlord.

### Evidence of other money paid out

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

## Part 17 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they should sign this declaration as well.

Please read this declaration carefully before you sign and date it.

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- 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 within the council, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim for social security benefits or Discretionary Housing Payments that I have made or may make. You may give some information to other government organisations, if the law allows this.
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date and to award or remove any relevant discounts.

I know I must let you know about any change in my circumstances which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Partner's signature

Date

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

## Part 18 About paying your Housing Benefit, Council Tax Benefit or both

### Council Tax Benefit

If we award you Council Tax Benefit, we will pay it into your Council Tax account. This means that you will pay no Council Tax, or a reduced amount each month. We will send you a new bill giving you full details once we have worked out your benefit.

### Housing Benefit if you are a council tenant

If you are a council tenant, we will pay any Housing Benefit into your rent account. This means that you will pay no rent, or a reduced amount each week. Once we have told you how much benefit you have been awarded, you can have your rent card amended at your local housing office.

### Housing Benefit if you are a private tenant or a tenant of a housing association

We will pay your Housing Benefit to you or your landlord, depending on what you have asked us to do in **part 12** of this form. We normally pay benefit into a bank or building society account. If you do not have a bank or building society account, we will pay by crossed cheque.

Tell us about the account you want benefit to be paid into. If you have asked us to pay your landlord, this should be your landlord's account.

Name of the bank or building society

Full postal address of the bank or building society

Whose name is the account in?

What is the account number and roll number?

Account number

Roll number

What is the branch sort code?

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## Part 19 About returning the form

Once you have filled in this form fully, you should return it to us straightaway. **You should never delay returning this form to us for any reason as you could lose benefit if you do delay.** If you have a problem filling in the form, phone us on 01623 457400 and we will be glad to help you. Remember to send us all the proof we have asked for in the form. If you cannot send all the proof we need with the form, return the form anyway and send us the proof as soon as you can. Please let us know if this will take more than four weeks. All proof must be original documents – we cannot accept copies. You can post the form to us at:

**Ashfield District Council, PO Box 5752, Kirkby in Ashfield, Nottingham, NG17 8QW.**

You can also take this form to one of our offices at:

- **Urban Road, Kirkby in Ashfield;**
- **Fox Street, Sutton in Ashfield;**
- **Watnall Road, Hucknall;** and
- **Nottingham Road, Selston.** You can also hand the form in at any local housing office.

If you are sending valuable documents with your claim, you should take the form to one of our offices – don't send valuable documents in the post. If you cannot get to one of our offices, phone us for advice.

If at any time you need help or advice about Housing Benefit or Council Tax Benefit, please phone us on 01623 457400. We may also be able to help you with other social security benefits and council services. The lines are open between 8.30am and 5pm on Monday to Thursday, and between 8.30am and 4.30pm on Friday.

# Certificate of earned income

Ashfield District Council  
PO Box 5752  
Kirkby in Ashfield  
Nottingham, NG17 8QW



Benefit reference:

## To be filled in by the employee

Your name:

Your address:

Your occupation:

I authorise any enquiry which may be necessary to confirm the information I have put on my application.

Your signature:

Date:

## To be filled in by the employer.

We would be grateful if you could help your employee by confirming the details above and providing the information we have asked for below and over the page. Please then return it to the address at the top of this form or return it to the employee.

How often do you pay the employee (for example, every four weeks, every month and so on)?

Your name:

How many hours do they normally work each week?

Business address:

Please say how you normally pay them (for example, cash, cheque, into their bank).

Business phone number:

Employee's National Insurance number:

What date did they start work for you?

I confirm that the information provided is true and correct.

Employee or work number:

Your signature:

Date:

Print your name:

Your position in the firm:

**To be filled in by the employer.**

**If paid weekly, give the last five periods. If paid fortnightly, give the last three periods. If paid every four weeks or every month, give the last two periods.**

Period number	Period ending	Number of hours worked	Basic gross pay	Overtime or bonus	Holiday pay	SSP, Maternity Pay or Paternity Pay	Expenses	Profit-related pay	Working Tax Credit	Total gross pay	Tax paid	National Insurance paid	Pension superannuation

24

**Pay to date for the current year**

**From:**  **To:**

**Period number:**  **Period number:**

**Gross pay:** £  :

**Tax:** £  :

**National Insurance contributions:** £  :

**Pension or superannuation:** £  :

**Business stamp**

**We will not accept this certificate without a business stamp or accompanying letter on headed paper that has been signed by the employer.**