

# Application for Housing Benefit & Council Tax Benefit & Free School Meals

This form is linked to our Community Plan theme 

## Important

This form is for claiming help with your rent and Council Tax. If you need help with the form contact any of our Area Benefit Offices.

**Do not delay sending this form back if you want to claim, as delays will mean you lose benefit.**

## Bengali

জরুরী। আপনার রেন্ট ও কাউন্সিল ট্যাক্স-এর ব্যাপারে সাহায্য দাবী করার জন্য এই ফর্ম। এই ফর্ম পূরণে সাহায্যের প্রয়োজন হলে আপনাকে অবশ্যই পরামর্শ নিতে হবে। ফর্ম ফেরত পাঠাতে দেবী হলে আপনি বেনিফিট হারাতে পারেন।

## Chinese

這份表格對你申請租金及區政府稅收的援助是很重要的。倘若你對填寫表格需要幫助，你必須尋求諮詢。假若延誤寄回表格，你可能會失去福利援助。

## Somali

**Muhim.** Foomkan waxa lagu codsada cawimada kirada iyo Gunada Cashuurta Golaha. Talo raadso haddii aad u baahantahay buuxinta foomka. Habsanka buuxinta iyo diristiisa waxa ay keeni karta adiga oo Gunada Wayaa.

## Urdu

اہم۔ یہ فارم آپ کے کرایہ اور کونسل ٹیکس میں مدد حاصل کرنے کے لئے ہے۔ اگر آپ کو یہ فارم پُر کرنے میں مدد کی ضرورت ہے تو ہمارے کسی بھی بینیفٹ آفس سے رابطہ قائم کریں۔ فارم واپس بھیجنے میں تاخیر سے آپ بینیفٹ کھو سکتے ہیں۔

## Vietnamese

**Quan Trọng.** Mẫu đơn này dùng để xin trợ cấp tiền nhà và Thuế Hộ Động. Nếu cần được giúp đỡ về việc điền đơn, xin quý vị liên lạc với Phòng Trợ Cấp. Nếu chậm gửi đơn, quý vị có thể không xin được trợ cấp.

**Please complete and return this form immediately to your local One Stop Shop or the address opposite, together with ALL THE EVIDENCE to process your claim. There is a check list of the items we need in Part 15 to help you.**

## FOR OFFICE USE ONLY

HB ref		CTB ref	
Date form sent and name of sender	Benefit date stamp	OSS date stamp	
Reason to issue  (B/date/New/Intervention/Change etc)	Signature and print name	Signature and print name	

# Part 1 About you and your partner

Please answer ALL these questions

Do you have a partner who normally lives with you?

No

By partner we mean someone you are married to, have a civil partnership with or live with as if you were married.

Yes

If you have a partner you must answer all the questions about them, as well as about yourself.

	You	Your partner
<b>Surname or last name</b>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>
<b>Any other names you have used</b>	<input type="text"/>	<input type="text"/>
<b>Title</b> ( <i>Mr, Mrs, Ms, Miss, and so on</i> )	<input type="text"/>	<input type="text"/>
<b>Address</b> Do not tell us your partner's address if it is the same as yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<i>Postcode</i>	<i>Postcode</i>
<b>When did you start living at this address?</b>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>	<input type="text"/>
<b>National Insurance number</b> You can find this on letters from social security or the tax office. We normally cannot decide your claim without it.	<input type="text"/>	<input type="text"/>
	<i>If you do not have a National Insurance Number, or cannot find it, tick this box.</i> <input type="checkbox"/>	<i>If your partner does not have a National Insurance Number, or cannot find it, tick this box.</i> <input type="checkbox"/>

We must see proof of your identity and National Insurance Number. See the checklist at Part 15 for advice on what you can use as proof.

**Your daytime telephone contact number**

You do not have to tell us this but it could help us deal with your claim more quickly if you do.

Are you, or your partner, a student?

No

No

By student we mean anyone that is attending a course of study at an educational establishment.

Yes

Is the course:

Yes

Is the course:

full time?

full time?

part time?

part time?

We must see full details and proof of any grant and loan assessments and of your course and term dates. See the checklist at Part 15 for advice on what you can use as proof.

# Part 1 About you and your partner - continued

	You	Your partner
Have you or your partner ever claimed housing benefit or council tax benefit before?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you last claim?	<input type="text"/>	<input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you claim in?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
If you have moved from this address in the last 12 months have you told the Council that paid your benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have moved home in the last 12 months, tell us your last address if it is different from the above.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Were you the homeowner, a private tenant, a council tenant or a boarder at this address?	<input type="text"/>	<input type="text"/>
Have you, or your partner, come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter the UK?	<input type="text"/>	<input type="text"/>
<i>The UK is England, Northern Ireland, Scotland and Wales.</i>		
Are you or your partner...	<i>Tick relevant box</i>	
...a homeowner?	<input type="checkbox"/>	<input type="checkbox"/>
...a Council tenant?	<input type="checkbox"/>	<input type="checkbox"/>
...a housing association tenant?	<input type="checkbox"/>	<input type="checkbox"/>
...a private landlord tenant?	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/> Please state	<input type="text"/> Please state

# Part 1 About you and your partner - continued

	You	Your partner
<b>Are you, or your partner, in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you go into hospital?	<input type="text"/>	<input type="text"/>
When will you come out (if you know this)?	<input type="text"/>	<input type="text"/>
Tell us the name of the hospital...	<input type="text"/>	<input type="text"/>
....the address and...	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<i>Postcode</i>	<i>Postcode</i>
....which ward you are on.	<input type="text"/>	<input type="text"/>
<b>Are you, or your partner, in legal custody?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us the address where you are being held.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<i>Postcode</i>	<i>Postcode</i>
When did you go in?	<input type="text"/>	<input type="text"/>
When will you come out (if you know this)?	<input type="text"/>	<input type="text"/>
<b>Are you, or your partner, living away from home at the moment other than being in hospital or in custody?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us why you are not living at home?	<input type="text"/>	<input type="text"/>
When did you last live at home?	<input type="text"/>	<input type="text"/>
When do you expect to go back home?	<input type="text"/>	<input type="text"/>
Is anyone else living in your home while you are away?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us who lives there now.	<input type="text"/>	<input type="text"/>
<b>Tell us the address where you, or your partner, are living while you are away from home.</b>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<i>Postcode</i>	<i>Postcode</i>

If you have told us you are away from home we will write to you for more information.

# Part 1 About you and your partner - continued

	You	Your partner
Do you, or your partner, get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you get?	Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>	Care <input type="text" value="£"/> Mobility <input type="text" value="£"/>
Do you, or your partner, get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you, or your partner, have a vehicle from a Mobility Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you, or your partner, registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you, or your partner, long-term sick or disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you, or your partner, severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner been told that you are entitled to Carer's Allowance even if you do not receive it because you are getting another benefit instead?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you, or your partner, an apprentice?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you, or your partner, on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you, or your partner, pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay?	<input type="text" value="£"/>	<input type="text" value="£"/>
How often do you pay this?	<input type="text" value="Every"/>	<input type="text" value="Every"/>

We need to see evidence of your Attendance Allowance and Disability Living Allowance – although these are disregarded you may get more benefit if we know about them. We also need to see proof of money you pay out. See the checklist at Part 15 for advice on what you can use as proof. If you have ticked "Yes" to any of the questions above we may write to you for more information.

## Part 2 About children

We need to know about any children in your household for whom you get Child Benefit.

Are there any children living with you? No  Go to Part 3.  
 Yes  Answer the next question.

Do you, or your partner, pay any childminding costs to a registered childminder, a nursery or an after-school club? No  Tell us about your children starting with Child 1, below.  
 Yes  Tell us about your childminder then tell us about your children.

How much do you pay and how often? £   
 Every

Tell us the name...   
 ....address and...   
  
  
 Postcode

...registration number of the childminder.

We must see proof of your childminding agreement and amount you pay. See the checklist at Part 15 for advice on what you can use as proof.

	Child 1	Child 2	Child 3
What is the child's last name or surname?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's first name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child male/female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What school does this child attend?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you, or your partner, get child benefit for this child?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Is this child registered blind or getting disability living allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

We must see proof, for all your children, of the child benefit you receive for them; proof of a child being registered blind; of any disability living allowance they get. See the checklist at Part 15 for advice on what you can use as proof.

## Part 2 About children - continued

	Child 4	Child 5	Child 6
What is the child's last name or surname?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's first name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child male/female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What school does this child attend?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you, or your partner, get child benefit for this child?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Is this child registered blind or getting disability living allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

	Child 7	Child 8	Child 9
What is the child's last name or surname?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's first name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child male/female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What school does this child attend?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you, or your partner, get child benefit for this child?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Is this child registered blind or getting disability living allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

We must see proof, for all your children, of the child benefit you receive for them; proof of a child being registered blind; of any disability living allowance they get. See the checklist at Part 15 for advice on what you can use as proof.

# Part 3 About other people who live with you

Are there any other people living with you, other than those mentioned in Part 1 and Part 2? No  Go to Part 4.

Yes  Tell us about them below. If there are more than six other people write their details on a separate sheet or use the space at the end of this form.

	Person 1	Person 2	Person 3
What is the person's surname or last name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the person's first name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the person's date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is this person's relationship to you or your partner? <i>See below for advice on what we mean by 'related'.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training? Tell us which	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance or income related Employment and Support Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do they work more than 16 hours a week? If you tick yes tell us their weekly earnings before any deductions.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Do they have any other income? For example pensions, benefits, tax credits, or allowances? Tell us what they get and how much each week.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Give details	Yes <input type="checkbox"/> Give details	Yes <input type="checkbox"/> Give details
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they registered blind or getting disability living	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

**Advice note on what we mean by 'related'**  
Related includes related through marriage, even if the marriage has ended. Some examples are ex wife, ex husband, aunt, brother, daughter, father, grandson, grandmother, son in law or stepdaughter.

We need to see proof of ALL the income the other people get, including earnings AND any benefits or tax credits. For any students we need to see proof of the course they are attending, the term dates for each year. See the checklist at Part 15 for advice on what you can use as proof.



## Part 3 About other people who live with you - continued

What is the person's surname or last name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the person's first name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the person's date of birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is this person's relationship to you or your partner? <i>See opposite page for advice on what we mean by 'related'.</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Tell us which	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance or income related Employment and Support Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do they work more than 16 hours a week? If you tick yes tell us their weekly earnings before any deductions.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income? For example pensions, benefits, tax credits, or allowances? Tell us what they get and how much each week.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Give details	Yes <input type="checkbox"/> Give details	Yes <input type="checkbox"/> Give details
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they registered blind or getting disability living allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are any of the people you have listed in legal custody at present?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us who <input type="text"/>	
Are any of the people above in hospital at present?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us who <input type="text"/>	
Are any of the people above severely mentally impaired?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us who <input type="text"/>	
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 who <input type="text"/>	

## Part 4 About Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Guarantee Credit

If you get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Guarantee Credit you do not need to tell us about your other income or about your savings unless there has been a change in your circumstances since you claimed these benefits. *If there has been a change you must contact us immediately.*

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Guarantee Credit now?

No  Go to the next question.

Yes  When did it start?

Now go to Part 9.

We must see proof of your and your partner's Income Support, Jobseeker's Allowance, Employment and Support Allowance or Guarantee Credit. See the checklist, Part 15, for advice on what you can use as proof. We will normally contact the DWP's Pension Service to obtain this but it should speed up your claim if you have it already.

Are you, or your partner, waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Guarantee Credit?

No  Now go to Part 5.

Yes  Tell us when you made your claim, then go to Part 5

If you are waiting to hear about your claim for Income Support, Jobseeker's Allowance, Employment and Support Allowance or Guarantee Credit remember to send us proof of your current income now and proof of your benefits as soon as a decision on your benefit is made - so we can look at your claim again.

## Part 5 About working for an employer

Do you, or your partner, work for an employer?  
Please tick yes even if you work part-time.

No  Go to Part 6.

Yes  Give details about your employment below. There is more space at the end of this form if you need it.

Do you, or your partner, have more than one job?

No

Yes  How many jobs?

**Your partner**

No

Yes  How many jobs?

What is your employer's name and address?

Postcode

Postcode

When did you start this job?



Is this job for a limited period?

No

Yes  When will it end?

No

Yes  When will it end?

What is your payroll number?



How much is your pay before deductions for tax and National Insurance?

£

£

We must see proof of your and your partner's earnings - including overtime, bonuses and sick pay - before we can decide how much benefit you can get. If you have more than one job we need proof for each of them. See the checklist at Part 15 for advice on what you can use as proof.

## Part 5 About working for an employer - continued

	You	Your partner
<b>How often are you paid?</b> For example calendar monthly, 4-weekly or weekly.		
<b>How are you paid?</b> For example in cash, into a bank account, or cheque?		
<b>When was your last pay rise?</b>		
<b>When will your next pay rise be?</b>		
<b>How many hours a week do you normally work?</b>		
<b>Give details of any regular overtime, bonuses or commission you get</b>		
<b>Are you getting any kind of sick pay at present?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you pay into a private or company pension scheme?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

### TELL US ABOUT OTHER WORK YOU AND YOUR PARTNER DO BELOW.

Do you, or your partner, do any other kind of paid or unpaid work at all?

No  Now go to Part 7.

Yes  Tell us about all your other jobs. There is extra space at the end of this form if you need it.

	You	Your partner
<b>What is the name and address of the person or business you do this work for?</b>		
	<i>Postcode</i>	<i>Postcode</i>
<b>When did you start this job?</b>		
<b>How many hours do you work each week?</b>		
<b>How much is your pay before deductions for tax and National Insurance?</b>	£	£

We must see proof of your and your partner's earnings - including overtime, bonuses and sick pay - before we can decide how much benefit you can get. If you have more than one job we need proof for each of them. See the checklist at Part 15 for advice on what you can use as proof.

# Part 6 About being self-employed

Are you, or your partner, self-employed or the owner of any part of a business?

No  Now go to Part 7.  
 Yes  Give details below.

	You	Your partner
What kind of work do you do or business do you own?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/>	<input type="text"/>
What name does the business trade under if it is different from your own?	<input type="text"/>	<input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<i>Postcode</i>	<i>Postcode</i>
Do you have any business partners?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes please tell us their name and address.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you get a Business Start-up Allowance or any other type of grant or allowance for setting up your business?	No <input type="checkbox"/> Now go to Part 7.	No <input type="checkbox"/> Now go to Part 7.
	Yes <input type="checkbox"/> Give details below.	Yes <input type="checkbox"/> Give details below.
Who pays you?	<input type="text"/>	<input type="text"/>
What are the payments called?	<input type="text"/>	<input type="text"/>
How much do you receive?	<input type="text"/>	<input type="text"/>
How often do you receive this amount?	<input type="text"/>	<input type="text"/>
Have you received or applied for any "one off" business start-up payments?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

We must see proof of your income from self-employment. This usually means your trading accounts for the last financial year. If you, or your partner, have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income and expenditure.

## Part 7 About benefits, pensions & other money coming in

We need to know what benefits, pensions and other monies you receive. Tick the **No** box if you **DO NOT** receive that particular benefit. If you **DO** receive a benefit fill in the full amount, before any deductions, and how often you receive it. i.e. weekly, 4 weekly, monthly, etc. **Please fill in ALL benefit types.**

	You		Your partner	
	No	or if Yes - amount & how often	No	or if Yes - amount & how often
Bereavement Allowance or Benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Carer's Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Child Benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Child Tax Credit	<input type="checkbox"/>		<input type="checkbox"/>	
Income-related Employment and Support Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Contributory Employment and Support Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Fostering Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Guardian's Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Incapacity Benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Industrial Injuries Disablement Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
Industrial Death Benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Jobseeker's Allowance Contributions-based	<input type="checkbox"/>		<input type="checkbox"/>	
Maternity Allowance	<input type="checkbox"/>		<input type="checkbox"/>	
Retirement Pension (State Pension)	<input type="checkbox"/>		<input type="checkbox"/>	
Savings Credit	<input type="checkbox"/>		<input type="checkbox"/>	
Statutory Sick Pay	<input type="checkbox"/>		<input type="checkbox"/>	
Statutory Maternity Pay	<input type="checkbox"/>		<input type="checkbox"/>	
War Disablement Benefit	<input type="checkbox"/>		<input type="checkbox"/>	
War Pension and War Widow's Pension	<input type="checkbox"/>		<input type="checkbox"/>	
Widow's and Widower's Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
Working Tax Credit	<input type="checkbox"/>		<input type="checkbox"/>	
Other		Please state		Please state
Other		Please state		Please state

We must see evidence of the full amounts of all the benefits, allowances, pensions, tax credits and other money you have coming in. See the checklist at Part 15 for advice on what you can use as proof. If we need more information we will write to you.

# Part 7 About benefits, pensions & other money coming in - continued

We need to know about any benefits, allowances, tax credits, pensions or other income, you and your partner receive or expect to receive, that you have not already told us about elsewhere on this form.

	You	Your partner
Do you, or your partner, get any occupational or 'works' pensions or any annuities?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about them below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about them below.
Who pays you the pension/annuity?	<input type="text"/>	<input type="text"/>
How much do you get?	£ <input type="text"/> Every	£ <input type="text"/> Every
When did it start?	<input type="text"/>	<input type="text"/>
Were you paid any 'lump sums' as part of your pension/annuity?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much was it? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much was it? £ <input type="text"/>
Are you, or your partner, getting or waiting to hear about any pensions or benefits other than those you have already told us about?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about them below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about them below.
Do you or your partner, or any children you are claiming for, have or expect to have, any other money coming in?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>
What is this other money for?	<input type="text"/>	<input type="text"/>
Do you, or your partner, receive any types of student grants or loans?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>
Do you, or your partner, receive any maintenance payments from a former partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ Total amount? £ Amount for children?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ Total amount? £ Amount for children?
Do you receive any payments from the Child Support Agency?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>
Do you, or your partner, get any money from renting out part of your home or renting out any other properties?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/>

We must see evidence of the full amounts of all the benefits, allowances, pensions, tax credits and other money you have coming in. See the checklist at Part 15 for advice on what you can use as proof. If we need more information we will write to you.

## Part 8 About capital, savings & investments

This includes cash, current and savings accounts with banks, building societies and the Post Office, premium bonds, National Savings Certificates, stocks and shares and property and land in the UK and abroad.

Do you or your partner have any capital, savings or investments in the UK or abroad?

No  Go to the next question.

Yes  Answer all the questions in this part.

Do you or your partner have any bank accounts?

No  Go to the next question.

Yes  Tell us about all your accounts, even empty and overdrawn ones.

Name of Bank	Whose name is the account in?	What is the account number?	How much is the balance?
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Do you or your partner have any building society accounts?

No  Go to the next question.

Yes  Tell us about all your accounts, even empty and overdrawn ones.

Name of Building Society	Whose name is the account in?	What is the account number?	How much is the balance?
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Do you or your partner have any Post Office accounts?

No  Go to the next question, overleaf.

Yes  Tell us about all your accounts, even empty and overdrawn ones.

Type of Post Office account	Whose name is the account in?	What is the account number?	How much is the balance?
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

--We must see evidence of all your and your partner's savings, investments and property. See the checklist at Part 15 for advice on what you can use as proof.

Do you or your partner have any premium bonds?

No  Go to the next question.

Yes  Tell us the total value. £

Do you or your partner have any National Savings Certificates?

No  Go to the next question.

Yes  Please fill in the following details:

Issue	How many?	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner have any stocks, shares, bonds or unit trusts?

No  Go to the next question.

Yes  Tell us about them below

Name	How many?	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner own or partly own any property, land, timeshare, other than the home you live in, either in the UK or abroad?

No  Go to Part 9.

Yes  What is the address?

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

If you have a mortgage or loan for the above how much is left to repay?

£

We must see evidence of all your and your partner's savings, investments and property. See the checklist at Part 15 for advice on what you can use as proof. You do not need to tell us about payments you get from the 'Independent Living Fund', the Eileen Trust or the MacFarlane Trust.





## Part 9 About rent - continued

How much is the gross rent for your home? £  (Do not take off any benefit amounts)

How often is this amount due to be paid?  (For example: monthly, weekly, fortnightly)

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

No

Yes

Tell us their names and their relationship to you and your partner.

How much of the gross rent is your share?

When is the next rent increase due?

Has your rent been registered as a fair rent by a rent officer?

No

Yes

Please send us the notice of registration (RO5).

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

No

Yes

How many each year?

Are you behind with your rent?

No

Yes

By how much or how many weeks?

Who receives the Council Tax bill for your home?

You

Your landlord

Someone else  Tell us who here

Does your landlord provide you or partner with care and support?

No

Yes

This is sometimes called Supporting People charges.

Does your rent include money for any services?

No

Now go to Part 10.

Yes

For example for water rates, council tax, heating, window cleaning, cleaning of communal stairwells.

Tell us about all the services included in your rent on the next page. If you are not sure what your rent covers ask your landlord for a detailed breakdown showing how your rent is made up then send it to us as soon as possible – but do not delay returning your form while you wait for the breakdown.

We must see proof of your rent and tenancy before we can decide how much Housing Benefit you can get. See the checklist at Part 15 for advice on what you can use as proof.

## Part 9 About rent - continued

Read the list of typical services below and give details for any that apply to you.

If a service listed does not apply to you, then tick 'No'. There is more space at the end of this form if you need it.

Personal or medical care and support for you or your partner

No

Yes  How much each week? £

Meals

No

Yes  How much each week? £

How many meals **PER DAY** are included?

Water rates and 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? £

Do you have to rent it as part of your tenancy agreement? No  Yes

If you pay any other charges, not listed above, please provide details in the boxes provided.

*For example, for cleaning in shared areas.*

No

Yes  How much each week? For what services?


We must see proof and full details of all the services and service charges your rent covers as well as your tenancy and total rent. See the checklist at Part 15 for advice on what you can use as proof.

# Part 10 About where you live

If you are **NOT** a home owner, a mortgage payer or a council tenant answer **ALL** the questions below otherwise your claim will be delayed.

If you own the house go to Part 11 **OR** if you own the house with another person please tell who

then go to Part 11.

What sort of building do you live in?

- |  |  |
|--|--|
| <input type="checkbox"/> Detached house      | <input type="checkbox"/> Hostel                            |
| <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Hotel                             |
| <input type="checkbox"/> Terraced house      | <input type="checkbox"/> Board and lodgings                |
| <input type="checkbox"/> Maisonette          | <input type="checkbox"/> Caravan, mobile home or houseboat |
| <input type="checkbox"/> Bungalow            | <input type="checkbox"/> Residential nursing home          |
| <input type="checkbox"/> Flat in block       | <input type="checkbox"/> Residential care home             |
| <input type="checkbox"/> Flat over shop      | <input type="checkbox"/> Other, please explain...          |
| <input type="checkbox"/> Flat in house       |  |
| <input type="checkbox"/> Bedsit or rooms     |  |

On which floor(s) do you live?

How many floors in the whole property

Do you and your household occupy only part of the building you have ticked?

No

Yes

Where in the building?

At the front

In the middle

At the back

How many rooms are there in the building?

	In the whole building	That you share with other people	Just for you and your household
Living rooms			
Bedsitting rooms			
Bedrooms			
Bath/shower rooms			
Toilets			
Kitchens			
Other rooms			

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

No

Yes

Does your home have a garden?

No

Yes

Does your home have central heating?

No

Yes

Has your home been adapted or built for people with disabilities?

No

Yes

**We must see proof and full details of all the services and service charges your rent covers as well as your tenancy and total rent. See the checklist at Part 15 for advice on what you can use as proof.**

## Part 11 Backdating

We can usually award benefit from the first Monday after the date on which we received your claim.

Sometimes we can award you benefit from an earlier date if you can show you had good reason(s) for not claiming earlier and put your request in writing. If you do not want your claim backdated go to Part 12 now.

If you want us to consider awarding you benefit from an earlier date please tell us:

- ◆ the date you would like your benefit to start from  ; and
- ◆ the reason, or reasons, why you did not claim sooner (use the space below).

Your reasons must cover the period from the date you want your claim backdated to, until the date you ask us to backdate it. Please ensure you sign and date this entry.

### Important Note:

The period for which backdated benefits can be awarded is limited to 26 weeks before the date of claim for people aged under 60, and 13 weeks for people aged 60 or over.

*Signature*

*Date*

If you need more space to give your reasons, use separate sheets and attach them to this form. We will write to you if we need more information to help us decide on your backdating request. **Now go to part 12.**

## Part 12 How your benefits will be paid

If you are awarded Council Tax Benefit, we will pay this into your Council Tax account.

Are a Council tenant?      No  Answer the questions in **A** or **B**  
Yes  Go to Part 14.

### **A** Tenants of registered social landlords and registered charities

If you are the tenant of a registered social landlord (for example a housing association) or registered charity you can normally choose to have your benefit paid direct to your landlord.

If you want us to pay your Benefit to your landlord tick here  then read and sign the declaration below.

Please pay my benefit to my landlord. I understand that:

- ◆ I must always tell you about any changes in my circumstances;
- ◆ if I do not tell you about any changes of circumstances and my benefit is overpaid as a result, I will have to pay back the extra benefit; *and*
- ◆ I may be prosecuted if I do not tell you about any changes to my circumstances.

Signature  Date

### **B** Tenants of private landlords making a new claim or changing address on or after 7 April 2008 (Local Housing Allowance claims)

If you live in privately-rented accommodation (that is where the landlord is not a registered social landlord or charity) and make a new claim or change address on or after 7 April 2008 you will have your benefit paid to you either by bank cheque or by BACS payment into a suitable account. In these circumstances your benefit is worked out under the Local Housing Allowance rules.

Please ensure you complete your bank or building society account details below so that we can pay your benefit by BACS when this service is available:

Name of bank or building society	<input type="text"/>
Address	<input type="text"/>
What name is the account in?	<input type="text"/>
Account number	<input type="text"/>
Sort code	<input type="text"/>
Roll number <i>Building society accounts</i>	<input type="text"/>

If you do not have a bank or building society account please contact us for advice on 0207 364 1219.

If you think that getting your Local Housing Allowance paid direct to you will cause serious difficulties, we may, in limited circumstances, be able to pay it to your landlord. Before we can do this we will need to decide if you are having or are likely to have problems paying your rent and managing your money. If you want us to consider making payments to your landlord please tick here  and we will send you a further form to complete. We will still normally make the initial payments of benefit to you while we are deciding whether we can pay your landlord your benefit.

**Remember to provide evidence of all your accounts**

**Now go to Part 13 if you want us to share information about your claim with your landlord or, if not, go to Part 14.**

## Part 13 Sharing information with your landlord

Sometimes sharing information with your landlord could help the Benefits Service deal with your Housing Benefit claim more quickly and reduce the risk that you will fall behind with your rent because of delays to your benefit claim.

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

However, under the rules of the Data Protection Act, 1998 we need your permission before we can discuss anything else about your claim with your landlord.

If you give us permission the Benefits Service will be able to tell your landlord (or your landlord's representative) whether:

- ◆ you have claimed or renewed your claim for Housing Benefit;
- ◆ we have made a decision on your claim or not;
- ◆ we need further information or evidence before we can make a decision and, if so, what is that information or evidence.

### Please note:

- ◆ that your claim for Housing Benefit will **not** be affected in any way if you do not give us permission to discuss it with your landlord;
- ◆ you can withdraw your permission at any time;
- ◆ we will **not** give your landlord information about your household or financial circumstances unless we are required to by law.

If you want the Benefits Service to share information with your landlord please read the following statement carefully and tick the check-box, before completing the details and signing below.

I give Tower Hamlets Benefits Service permission to share information about my Housing Benefit claim and entitlement with my landlord or my landlord's representative

## Part 14 Declaration

Even if someone else has filled in this form for you, you must sign this declaration. It would be helpful if your partner signed below to confirm all their details are correct.

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 and, when appropriate, Free School Meals and School Clothing Grant as well as the collection of Council Tax and Council rents.
- ◆ You may check some of the information with other sources as allowed by the law.
- ◆ You may use any information I have provided in connection with this and any other claim for 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.

### Data Sharing

To ensure greater efficiency and to provide more integrated services, information provided to the Council will be made available to other departments of the London Borough of Tower Hamlets Council as appropriate, in line with recent guidance from the Information Commissioner's Office.

All the information that has been collected will only be used for the delivery of Council services, and the public functions of the local authority. The Council will process (collect, store and use) the information in a manner that is compatible with the Data Protection Act 1998. The Council will endeavour to keep your information accurate and up to date. It will be held securely and kept only as long as it is deemed necessary. The Council will never pass your information to third parties for marketing purposes, or to any parties other than those with a legal entitlement to do so.

I know I must tell Tower Hamlets Benefits Service 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

Today's date

Partner's signature

Today's date

If someone other than the claimant has filled in this form please tell us why.

### Declaration of the person who filled in this form - *if not the applicant*

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

Name of the person who filled  
in the form

Signature of that person

Relationship to the benefit claimant

Today's date

FOR OFFICE USE ONLY

If you filled in this form and are a LBTH employee tick this box



## Part 15 Checklist

Please read the notes below carefully and tick the boxes to tell us what evidence you are sending with this form.

**If you do not provide all the evidence we need, we will not be able to pay you any benefit. We need the same types of evidence of income and savings for your partner, if you have one, and for any other adults living in your home.**

We must see **original** documents, not copies.

Please do not send valuable items through the post. If you can, bring them into our One Stop Shop. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us as soon as possible for more advice.

Please remember you may be able to use your evidence as proof more than once – for example your payslips can be proof of your earnings and your National insurance number.

### Evidence of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving license, UK residence permit or EEC identity card. We may need to see several of these documents for each person.

### Evidence of National Insurance number

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

### Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you do not have these you can ask your employer to fill in the Certificate of Earnings tear-off at the end of this form which you should send back to us.

### Self-employed income

If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading records so far.

If you do not have formal accounts we need to see your latest tax self-assessment form that you send to the Inland Revenue and your latest tax assessment (from the Inland Revenue, telling you how much tax you have to pay).

### Evidence of other income

Such as pension slips from a former employer or your latest annual pension notification letter.

A letter from the Child Support Agency or court showing how much maintenance you are getting.

We also need to see evidence of any money people pay you for board and lodgings.

### Evidence of benefits, pensions allowances and other income

Such as current award notices or letters from JobCentre Plus, Pension Service or the Inland Revenue confirming how much you get. Please make sure you show us all the pages of your award letters.

If you do not have evidence, let us know straight away.

### Evidence of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last 2 months.

### Evidence of private rent and tenancy

Such as the original tenancy agreement or a letter from your landlord. We can also give you a form, which your landlord can complete to confirm details about your rent.

### Evidence of other money paid out

Such as letters about student grants or maintenance. Your original agreement with a registered childminders.

### Have you signed your form?

Please make sure you have signed your claim form before returning it. A form that has not been signed is not valid and cannot be processed.

If you are unsure if an item is acceptable evidence, our One Stop Shops or Benefit Service ☎020 7364 5001 will be happy provide you with advice.



## Part 17 Diversity monitoring

By law, we must not discriminate against anyone. The information that you give here helps us to make sure that we are fair and unbiased. These details are confidential and will not be used to assess your benefit. **Please tell us about how you think of yourself:**

**1. Age** Please tell us your date of birth

.....

**2. Gender** Are you:

Female  Male  Transgender

**3a. Racial Group & Heritage** Are you:

**Asian or Asian British**

Bangladeshi  Chinese  Indian  
 Pakistani  Vietnamese  
 Other Asian background *please tell us*

.....

**Black or Black British**

African  Caribbean  
 Somali  
 Other African background *please tell us*  
 Other Black background *please tell us*

.....

**Dual Heritage**

Asian & White  Black African & White  
 Black Caribbean & White  
 Other dual heritage background *please tell us*

.....

**White**

British  Irish  
 Other White background *please tell us*

.....

**Other**

Any other racial group background *please tell us*

.....

Refused

**3b. Nationality**

Gypsy/Traveller

Please describe your nationality:

**European national**

UK national resident in the UK  
 UK national returning from overseas

Bulgarian  Lithuanian  
 Czech Republic  Polish  
 Estonian  Romanian  
 Hungarian  Slovakian  
 Latvian  Slovenian  
 Other European Economic Area country

*Austria Greece Netherland*  
*Belgium Iceland Norway*  
*Cyprus Ireland Portugal*  
*Denmark Italy Spain*  
*Finland Liechtenstein Sweden*  
*France Luxembourg Switzerland*  
*Germany Malta*

Any other European national *please tell us*

.....

**African national**

Nigerian  Somali  Sudanese  
 Other African national

.....

**Asian national**

Bangladeshi  Pakistani  
 Chinese  Vietnamese  
 Indian  
 Other Asian national *please tell us*

.....

**North American national**

Caribbean and West Indian  
 Other North American national *please tell us*

.....

South American national *please tell us*

.....

Oceania national *please tell us*

.....

Stateless

Refused

*Continued.....*

**4. Disability/Health Issues**

a) Are you disabled or have a health condition of which we should be aware in providing services to you?  
 Yes     No

b) Is anyone living with you disabled or have a health condition that we should be aware of in providing services to your household?  
 Yes     No

If you answered YES to question a) or b) please tick any of the boxes below that apply to you or those living with you. Please supply the name(s) of those others below.

Name of person 1 .....

Name of person 2 .....

Name of person 3 .....

		_____ Person _____		
	You	1	2	3
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting long-term illness <i>such as cancer, multiple sclerosis, chronic heart disease, HIV etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and/or alcohol issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>please tell us</i>				

.....

**5. Religious Belief or Faith**

- Buddhist     Christian     Hindu  
 Jewish     Muslim     Sikh

Other *please tell us*

- .....  
 No Religion  
 Refused

**6. Sexual Orientation**

How would you define your sexual orientation?  
 Bisexual     Gay     Heterosexual     Lesbian  
 Refused

# Notes on Claiming Housing Benefit and Council Tax Benefit and Claim Form Receipt

## What is Housing Benefit?

Housing Benefit is help towards your rent whether you pay the Council or a private landlord. People who are lodgers or live in hostels can also claim. The amount you get will depend on your income, savings and other family circumstances.

Housing Benefit may not cover all the rent you pay. It will not cover charges for water rates, electricity, gas and some other services which may be included in your rent. If you are a private tenant your Housing Benefit may be reduced if your rent is above the level of other local rents, if your accommodation is too large for your needs, or if you are a single person under 25 years old.

## What is Council Tax Benefit?

This is help towards your Council Tax. There are two kinds of Council Tax Benefit:

### ◆ Main Council Tax Benefit

This is worked out using the income, savings and family circumstances of the person responsible for paying the Council Tax.

### ◆ Second Adult Rebate

This type of benefit is mainly for single people who have other people living with them who are on a low income. The person responsible for paying the Council Tax must apply but the benefit is worked out using the income of all the other adults in the household, not including lodgers or other tenants.

If you are not sure which type of Council Tax Benefit is best for you, please complete all of the form and the Council will work them both out and award the highest.

But if you know you want to claim Second Adult Rebate only, then complete Part 3 and sign the declaration at the end of the form.

## Students

Students can only claim Housing Benefit if they are disabled, pensioners, on Income Support or responsible for children. The same applies to Council Tax Benefit. However, students can claim Second Adult Rebate if they are the person responsible for paying the Council Tax.

If a student has a partner who is not a student then the partner should complete this form on behalf of them both.

## Free School Meals

If you are using this form to claim Housing Benefit/Council Tax Benefit we will use the information to assess entitlement to Free School Meals for your children. Make sure you name the schools your children attend on Part 3.

If you are not claiming Housing Benefit/Council Tax Benefit but want to claim Free School Meals please ask for a shorter form at your child's school.

## Going away?

If you are going to be away from your home make sure you tell your local Housing Benefit Office before you go. Otherwise you could lose benefit.

## CLAIM FORM RECEIPT

**This is a receipt for your benefit claim form.** It confirms that you handed in a claim form on the date as shown by the date stamp below. It does not confirm that you completed the form fully or that you handed in any other documents.

Date stamp of Area Benefits Office or OSS

LBTH Officer signature

Print name

**KEEP THIS RECEIPT IN A SAFE PLACE, AS IT IS YOUR EVIDENCE THAT YOU HANDED IN A CLAIM FORM.**

Notes

## What if your situation changes while you are claiming Housing Benefit and Council Tax Benefit?

You must tell Tower Hamlets Benefits Service straight away if your situation changes. If you do not tell us straight away, you may be paid the wrong amount of benefit. If you get paid too much, you will have to pay it back.

### What type of changes do you need to tell us about?

Here is a list of the sort of changes you **must** tell us about. It is not a full list

- ◆ If your (or your partner's) Income Support, Employment and Support Allowance, Pension Credit or Jobseeker's Allowance stops.
- ◆ If your (or your partner's) income (such as wages, benefits, pensions, tax credits) change.
- ◆ If you or your partner start or stop work (including part time work).
- ◆ If you or your partner start or stop doing a course of education at college or university.
- ◆ If someone comes to live with you or someone leaves your household.
- ◆ If there are any births or deaths in your household.
- ◆ If other people live with you, you must tell us if their income changes or if they start or stop work.
- ◆ If you change address – we need to know the date you move and your new address.
- ◆ If you or your partner intend to go away, even for a short time – for example on holiday.
- ◆ If you or your partner go into hospital or are taken into custody.

Any other change you feel could affect your benefit. If you are not sure what to do contact us for advice.

### Are there any time limits on reporting changes in circumstances?

Yes. You must tell us about any changes within one calendar month of the date the change happens. If you do not do this you could be paid too much benefit which you will usually be asked to repay. You could also be paid less benefit than you would have had, had we known about the change on time – we cannot usually go back in this situation unless you can show you had a good reason for not telling us about the change sooner.

### What if you think your Benefit is wrong?

You can ask for us to look at our decisions again. If we cannot change our decision your appeal will be sent to the Tribunal Service (which is not part of Tower Hamlets) who will arrange an independent hearing.

#### Tower Hamlets Benefits Service

5th Floor  
Mulberry Place  
5 Clove Crescent  
London E14 2BG

#### Benefits Hotline

Should you need to call please phone 📞 020 7364 5001.

#### Homeless Services

62 Roman Road  
London E2 0PG

#### Tower Hamlets One Stop Shops

##### Bethnal Green One Stop Shop

1 Rushmead *off Bethnal Green Road*  
London E2 6NE

##### Bow/North Poplar One Stop Shop

1 Ewart Place  
Gladstone Place  
London E3 5EQ

##### South Poplar One Stop Shop

15 Market Square  
Chrip Street  
London E14 6AQ

##### Stepney/Wapping One Stop Shop

Cheviot House  
227-233 Commercial Road  
London E1 2BU

##### Isle of Dogs One Stop Shop

Jack Dash House  
2 Lawn Close  
London E14 9YQ

# Certificate of Earnings

## Notes for claimants

If you have not been able to supply your last 2 monthly or 5 weekly payslips you must ask your employer to complete this Certificate of Earnings. Please return completed Certificates to your local Benefit Office.

## Notes for employers

Please can you complete this Certificate of Earnings form and return to your employee. Please enter pay details for the **last five weeks** if paid weekly, **or the last two months** if paid monthly. This Certificate should be completed by an authorised person and stamped with your official stamp.

Employee's name and address

<i>Postcode</i>

## TO BE COMPLETED BY THE EMPLOYER

Payroll number

Job title

Date employed from

Date of last pay rise

Usual number of hours worked each week

Date next pay rise is due

If this employee's pay is paid into a bank or building society account please tell us the sort code and account number


Week ending or month ending	Gross pay	Income Tax	National Insurance	Superannuation (works pension)	Sick-pay included
Gross to date					

Employer's name and address

<i>Postcode</i>

Telephone number

## EMPLOYER'S DECLARATION

I declare that the information I have given is correct and complete as far as I know. I understand that if I have knowingly given false information I may be prosecuted.

Name of person completing form

Signature

Position held in company

Today's Date:

Employer must endorse this form with an official/ company stamp here.

