

Claim for Housing Benefit, Council Tax Benefit, Free School Meals and Second Adult Rebate



Benefits Assessment Unit
PO Box 660
Halifax
HX1 1ZT
0845-245-8000
benefits.unit@calderdale.gov.uk

Name:
Address:
Post Code:

Date received:

OFFICIAL USE ONLY	
Date of contact:	<input type="text"/>
Client ref. no:	<input type="text"/>

Please make sure you answer all the questions using **black ink only**.
Answer all 'Yes' or 'No' questions by putting a '✓' in the relevant box.

Filling in this form correctly first time and providing all the evidence required will
prevent a delay in processing your claim.

Originals must be provided, but please do not send valuables by post.

About this form

We have to ask a lot of questions to make sure you get the right amount of benefit, if entitled. You might not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Please use the checklist at the back of this form to help you with completion. Please tick the benefit you are applying for below:

Housing Benefit and Council Tax Benefit

- Housing Benefit can pay all or part of your rent.
- Council Tax Benefit can pay all or part of your Council Tax.
- Certain items however are not covered. For example, water charges or mortgage payments.

Free School Meals (FSM)

- If you are only applying for FSM, please ask for our one page FSM application form.

Second Adult Rebate

- This is for people who do not have a partner, but who share their home with someone who is 18 or over, on a low income and does not pay them rent.
- If you are claiming Second Adult Rebate, you must provide the income details for the 'other adult' in the household and complete sections 1, 11 and 16-19 of this form.

Additional information

- Until we tell you in writing, you must pay your rent and Council Tax in full.
- Please return this form as soon as you can. If you do not, you may lose benefit.
- If you do not have all the information required, return the form first.

If you require any further help please either visit our website
www.calderdale.gov.uk/advice or phone **0845-245-8000**.

1 ABOUT YOU AND YOUR PARTNER

A partner is someone who you live with, as a couple, or as civil partners, whether or not you are married. If you live with another adult who is not your partner, write their details in section 11.

You

Title: Mr Mrs Miss Ms

Surname:

First names:

Have you ever used any other name (including maiden name)? Yes No

If Yes, please give details

Date of birth:

National Insurance no:

We need proof of this - see section 16

Telephone number:

Mobile number:

Email Address:

Are you a student? Yes No

If 'Yes', are you full or part-time? part-time full-time

Your partner

Mr Mrs Miss Ms

Yes No

Yes No

part-time full-time

You

Yes No

Do you get long-term rate Incapacity Benefit?

Do you get Severe Disablement Allowance?

Are you registered as blind? (if you are registered as partially sighted tick 'No')

Do you get Attendance Allowance?

Do you get Disability Living Allowance care component?

Do you get Disability Living Allowance mobility component?

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

If 'Yes', please give their full name and home address:

Are you entitled to Carer's Allowance but do not receive it because of the overlapping benefit rules?

Has entitlement to Carer's Allowance stopped in the last 8 weeks?

If 'Yes', on what date did it stop?

/ /

Are you aged 18-59 and unable to work because of illness or disability? (we may ask for proof)

If 'Yes', please give the date you could no longer work

/ /

If you or your partner are aged 60 years or over, did either of you receive any of the following benefits before getting State Retirement Pension? (Attendance Allowance, Disability Living Allowance, Mobility Supplement, Incapacity Benefit or Severe Disablement Allowance)

Your partner

Yes No

/ /

/ /

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

Yes No

If 'No' go to Section 2

If 'Yes', what is your nationality?

Give the last date of entry into the United Kingdom

Are you seeking asylum or are you a refugee?

We may contact the Home Office to check the information you have given on this form and get more relevant information.

Have you come to live in the UK under a sponsorship?

Yes No

If 'Yes', please give the following details:

Your sponsor's surname:

Other names:

Address:

Home Office reference number:

Date of sponsorship:

2 WHERE YOU LIVE

You

Your partner

When did you and your partner start living at this address?

Do you own this address?

Yes No

Yes No

Are you absent from this property at the moment?

Yes No

Yes No

If 'Yes', please state the reason

What date do you expect to return?

What was your previous address?

Did you own your previous address?

Yes No

Yes No

Did you claim Housing or Council Tax Benefit from your previous address?

Yes No

Yes No

Have you or your partner claimed Housing or Council Tax Benefit from any other address in the last 12 months?

Yes No

Yes No

If 'Yes', please tell us the address

Go to Section 3

3 ABOUT YOUR INCOME (not including earnings or savings)

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

Yes No

Do you or your partner receive Pension Credits?

Yes No

If 'Yes' go to Section 8

Proof: We need to see original bank statements (if amounts are paid direct) or award letters for each pension, benefit, allowance or other income which you or your partner get. We will photocopy these documents and return them to you. If you do not have all the documents now, provide what you have and then provide the rest later, within one calendar month, or tell us if you cannot get them to us in that time.

Do not delay sending this form or you may lose benefit.

Do you have any deductions from your income to repay overpayments or loans?

Yes No

If 'Yes' please give details

If you and your partner get any of the following, please fill in the boxes to show how much you are entitled to before any deductions and how often you are paid (every week, month or four weeks).

	You		Your partner	
	£	How often are you paid?	£	How often are you paid?
Pensions:				
State Retirement Pension (SRP)	£ :		£ :	
If you or partner had deferred claiming your SRP, please state the date you started to receive it	/	/	/	/
Private pension (amount after tax)	£ :		£ :	
If you get a private pension what date do you expect it to increase?	/	/	/	/
Pension protection fund payment	£ :		£ :	
Widow's Allowance, Widowed Mother's Allowance, Widow's Pension or Widowed Parent's Allowance	£ :		£ :	
War Widow's or Dependant's Pension	£ :		£ :	
War Disablement Pension	£ :		£ :	
Benefits and Allowances:				
Contribution-based Jobseeker's Allowance	£ :		£ :	
Employment Training Allowance	£ :		£ :	
Child Benefit	£ :		£ :	
Child Tax Credit (send the full award letter)	£ :		£ :	

Other Income

	You		Your partner	
	£	How often are you paid?	£	How often are you paid?
Working Tax Credit (send the full award letter)	£ :		£ :	
Working Tax Credit (disabled element) (send the full award letter)	£ :		£ :	
Incapacity Benefit	£ :		£ :	
What date did it start?	/	/	/	/
Attendance Allowance (for people over 65)	£ :		£ :	
Disability Living Allowance: mobility component	£ :		£ :	
care component	£ :		£ :	
Carer's Allowance	£ :		£ :	
Severe Disablement Allowance	£ :		£ :	
Exceptionally Severe Disablement Allowance	£ :		£ :	
Constant Attendance Allowance	£ :		£ :	
Industrial Injuries Disablement Benefit	£ :		£ :	
Maternity Allowance	£ :		£ :	
Adoption/Residence Allowance	£ :		£ :	
Fostering Allowance	£ :		£ :	
Bereavement Allowance	£ :		£ :	
Statutory sick pay (paid by your employer)	£ :		£ :	
Statutory maternity pay (paid by your employer)	£ :		£ :	
Youth Training Scheme payment	£ :		£ :	
Maintenance payments you receive	£ :		£ :	
Student grant	£ :		£ :	
Student loan	£ :		£ :	

Other Income

	You		Your partner	
	£	How often are you paid?	£	How often are you paid?
Access fund payments	£ :		£ :	
Payments from boarders	£ :		£ :	
Rent received by you	£ :		£ :	
Payments from charities	£ :		£ :	
Any other income	£ :		£ :	

Please give details:

Are you or your partner waiting to hear about any pension, benefit or other income?

Yes No

If 'Yes', please give details below

Name of benefit or other income:

Who is claiming this?

Date it was applied for:

 / /

Have you or your partner loaned any money that is being paid back to you in instalments?

Yes No

If 'Yes', please give details

Do you or your partner receive any payment under an annuity?

Yes No

If 'Yes', please give details

4 MONEY YOU PAY OUT

	You	Your partner
Do you pay anything towards a student grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much do you pay?	£ : <input type="text"/>	£ : <input type="text"/>
How often do you pay it?	<input type="text"/>	<input type="text"/>
Name of student:	<input type="text"/>	<input type="text"/>
College/University:	<input type="text"/>	<input type="text"/>
Course name:	<input type="text"/>	<input type="text"/>
Full-time/Part-time:	<input type="text"/>	<input type="text"/>

Proof: Please provide a statement of payments or a letter from your local education authority.

5 WHERE DO YOU WORK AND WHAT DO YOU EARN?

Do you or your partner have any paid work?

Yes

No

If 'No' go to Section 7

If 'Yes', please fill in this section if you are employed by someone else.

If you are self employed, please fill in section 6.

Proof: Please provide proof of all earnings. We need your last five payslips if you are paid every week, or your last two payslips if you are paid every month. If you don't have the payslips we need, or if your payslips do not show everything we require, your employer will need to fill in a certificate of earnings. You will find one of these on page 9 of this form. If you require more than one please contact us.

Do not delay sending this form or you may lose benefit.

If you start or stop work after you fill in this form, you must let us know straightaway. You should also tell us if there is a change in the number of hours you work or the amount of money you earn.

Fill in this table if you are employed by someone else.

	You	Your partner								
How many jobs do you have?	<input type="text"/>	<input type="text"/>								
Name and address of your main employer:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>								
Place of work, if different from above:	<input type="text"/>	<input type="text"/>								
Date you started work:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>								
Your job title:	<input type="text"/>	<input type="text"/>								
Your payroll number:	<input type="text"/>	<input type="text"/>								
Number of hours you work each week:	<input type="text"/>	<input type="text"/>								
If the employment is on a casual or fixed-term basis, what date will it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>								
Pay before deductions:	<table border="1"> <tr> <td></td> <td style="text-align: center;">How often are you paid?</td> </tr> <tr> <td>£ : <input type="text"/></td> <td><input type="text"/></td> </tr> </table>		How often are you paid?	£ : <input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td></td> <td style="text-align: center;">How often are you paid?</td> </tr> <tr> <td>£ : <input type="text"/></td> <td><input type="text"/></td> </tr> </table>		How often are you paid?	£ : <input type="text"/>	<input type="text"/>
	How often are you paid?									
£ : <input type="text"/>	<input type="text"/>									
	How often are you paid?									
£ : <input type="text"/>	<input type="text"/>									
Bonus, commission or tips that are not included in your pay:	<table border="1"> <tr> <td>£ : <input type="text"/></td> <td><input type="text"/></td> </tr> </table>	£ : <input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>£ : <input type="text"/></td> <td><input type="text"/></td> </tr> </table>	£ : <input type="text"/>	<input type="text"/>				
£ : <input type="text"/>	<input type="text"/>									
£ : <input type="text"/>	<input type="text"/>									
How are you paid eg, direct to bank, cheque, cash?	<input type="text"/>	<input type="text"/>								
What date do you expect your next pay increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>								
If you are getting statutory sick pay, what date did it start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>								
If you are getting statutory maternity pay, what date does it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>								
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
If 'Yes', how much do you pay?	£ : <input type="text"/>	£ : <input type="text"/>								
How often do you pay it?	<input type="text"/>	<input type="text"/>								

Please provide proof that you are a member of the scheme and evidence of how much you pay.

Do you or your partner do any other paid work?

Yes

No

Yes

No

	You	Your partner
Name and address of your second employer:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Place of work, if different from above:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date you started work:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Your job title:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Your payroll number:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Number of hours you work each week: If the employment is on a casual or fixed-term basis, what date will it end?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text" value=" / /"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text" value=" / /"/>
	How often are you paid?	How often are you paid?
Pay before deductions:	£ : <input style="width: 50px;" type="text"/>	£ : <input style="width: 50px;" type="text"/>
Bonus, commission or tips that are not included in your pay:	£ : <input style="width: 50px;" type="text"/>	£ : <input style="width: 50px;" type="text"/>
How are you paid eg, direct to bank, cheque, cash?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
What date do you expect your next pay increase?	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>
If you have more than two jobs, please give details in Section 14 - Anything else you wish to tell us		
If you receive Working Tax Credit or disabled person's Tax Credit, please fill in Section 3.		

6 MONEY COMING IN: SELF EMPLOYMENT

	You	Your partner
Are you or your partner self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a partner of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', we need to see your partnership agreement.		
Are you a director of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of work do you do?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
What is the address of the business?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
If you are self employed you need to complete a self-employed earnings form. Please contact the office to obtain one.		
We also need to see the following:		
<ul style="list-style-type: none"> • A copy of your and your partner's most recent accounts; • Proof of income tax and national insurance contributions; • Proof of any payments you make towards a personal pension scheme. 		
Don't delay your claim. If you haven't got your recent accounts at the moment, send this form in now and tell us when your accounts will be available. Provide the accounts as soon as possible.		
Are you providing accounts later?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive business allowances from the Government?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how much?	£ : <input style="width: 50px;" type="text"/>	£ : <input style="width: 50px;" type="text"/>
Please make sure that you fill in Section 5 if you or your partner have any other employment.		

Certificate of Earned Income

To be completed by employee:

Name

Address

Employee/Works number NINO

Occupation Signature

To be completed by employer:

I would be grateful if you could assist your employee by confirming the details above and provide the information requested below. If you hold a National Insurance Number (NINO) which is different to that shown above please insert it here.

Date employment commenced

Date of last wage/salary increase

Gross pay to date

Please indicate how often the employee is paid. If other applies please state the period.

Weekly Fortnightly 4-Weekly

Calendar monthly Other (please specify)

Please indicate the method of payment, eg. cash, cheque, direct into bank account

Normal basic pay Normal hours worked

Pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/4-weekly periods (including overtime, bonus, SSP, SMP etc)

Pay period ending	No of hours worked	Gross pay		National Insurance contributions		Occupational or personal pension contributions	Tax paid by employee	
		P/P*	YTD*	P/P*	YTD*		P/P*	YTD*

* P/P = pay period YTD = year to date

If statutory sick pay or maternity pay is included in the gross pay please indicate clearly which and how much.

Date of next wage salary increase:

Do you make regular bonus payments? Yes No

If 'Yes' how much and how often?

Name	<input type="text"/>
Name of business	<input type="text"/>
Business address	<input type="text"/>
	<input type="text"/>
Business telephone no.	<input type="text"/>
I confirm that the information given is true and complete.	
Signature	<input type="text"/>
Position in business	<input type="text"/>

PLEASE ENDORSE WITH BUSINESS'S AUTHORISATION STAMP

Business stamp

ONCE COMPLETED THIS FORM SHOULD BE DELIVERED TO

BY POST

**Benefits Assessment Unit
PO Box 660
HALIFAX HX1 1ZT**

IN PERSON

**Benefits Assessment Unit
Calderdale Council
Northgate Entrance, Princess Buildings
HALIFAX HX1 1TP**

7 ACCOUNTS, SAVINGS AND INVESTMENTS

Tell us about any bank accounts, building society accounts, post office accounts, savings, investments or money you or your partner have, even empty or overdrawn ones.

If you and your partner do not have any bank accounts, savings or investments, please tick the final box in this section.

If you are under 60 and have £16,000+ in savings and investments you will not be entitled to Housing Benefit or Council Tax Benefit. You must tell us the total of any loans you may have made to other people and money you keep at home.

Proof: Please provide original bank statements that show the last two months transactions and pass-books or certificates for all accounts, bonds or other investments which you or your partner have. We will photocopy these and return them to you. If you do not have the documents now, provide what you have and provide the other information within one calendar month. If you think you may need longer than one calendar month, please tell us, but **do not delay in sending this form or you will lose benefit.**

You

Your partner

		Please give the name of the bank or building society or the post office or giro account		Amount			Please give the name of the bank or building society or the post office or giro account		Amount
Current accounts	1	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	2	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	3	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	4	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	5	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
Deposit accounts	1	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	2	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	3	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	4	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	5	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
TESSAs, PEPs, ISAs or other accounts	1	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	2	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	3	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	4	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
	5	<input type="text"/>	<input type="text"/>	£ :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ :
National Savings Certificates	1	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	2	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	3	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	4	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	5	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
National Savings Bond	1	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	2	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	3	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	4	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?
	5	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	<input type="text"/>	Issue number or type (say if they are index-linked) or the name of the company	<input type="text"/>	How many do you have?

You**Your partner**

	Issue number or type (say if they are index-linked) or the name of the company	How many do you have?	Issue number or type (say if they are index-linked) or the name of the company	How many do you have?
Unit Trusts	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Bonds	Total value	<input type="text"/> £ : <input type="text"/>	Total value	<input type="text"/> £ : <input type="text"/>
Trust fund	Total value	<input type="text"/> £ : <input type="text"/>	Total value	<input type="text"/> £ : <input type="text"/>
Savings in cash	Total value	<input type="text"/> £ : <input type="text"/>	Total value	<input type="text"/> £ : <input type="text"/>

Any other investments? Yes No

Please give details:

Are you or your partner waiting for a lump-sum payment or redundancy settlement? Yes No

If 'Yes', Please give details:

Property or land:

Apart from your home, do you or your partner own, or jointly own, any other property or land? Yes No

If 'Yes', please give details,

including the address:

Have you or your partner sold a property within the last 12 months? Yes No

We may contact you for more information.

Please make sure you have included details of all your savings and investments. You can give more details in Section 14 - Anything else you wish to tell us.

IF YOU HAVE NOT PROVIDED DETAILS OF ANY ACCOUNTS, SAVINGS OR INVESTMENTS:

I have looked carefully at section 7 of this form. Neither I nor my partner have any bank accounts, building society accounts, post office accounts, savings, investments or money to declare.

Go to Section 8 

8

ABOUT ANY CHILDREN AND YOUNG PERSONS WHO LIVE WITH YOU (who you receive Child Benefit for)

Do you have any children or young persons who live with you that you receive child benefit for? Yes No

If 'No' go to Section 10

Proof: We must see proof of the Child Benefit you receive. This must be an award notification showing the child's name. You must let us know when the Child Benefit stops.

	1st child	2nd child	3rd child	4th child	5th child
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Does your child attend school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If 'Yes', which one?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you wish to claim free school meals for them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive Disability Living Allowance for them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they are over 15, give the date you think they will leave school:	<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"/>

If you have more than five dependent children, you can continue on Section 14.

9

CHILDCARE

Are any of your children (who are under 16) looked after by a registered childminder or day nursery? Yes No Yes No

If 'Yes', how much do you pay?	<input type="text"/>	<input type="text"/>
How often do you pay it?	<input type="text"/>	<input type="text"/>
Childminder's name:	<input type="text"/>	<input type="text"/>
Childminder's address:	<input type="text"/>	<input type="text"/>
Childminder's reg. no:	<input type="text"/>	<input type="text"/>

Please provide evidence of the childminder's registration and proof of the payments you make.

Go to Section 10

10 ABOUT SUBTENANTS AND BOARDERS

Boarders are people who live with you on a business basis and pay rent which includes an amount for meals. **Subtenants** are people who live with you on a business basis and pay rent which does not include an amount for meals.

Do you have subtenants or boarders who live with you?

Yes

No

If 'No' go to Section 11 below

	1st person	2nd person	3rd person	4th person
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date they moved in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How much rent do they pay each week?	£ <input type="text"/> :	£ <input type="text"/> :	£ <input type="text"/> :	£ <input type="text"/> :
Does the rent cover heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the rent cover meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

11 ABOUT OTHER PEOPLE WHO LIVE IN YOUR HOME

Apart from you, your partner and any children you receive Child Benefit for, does anyone else live in your home?

Yes

No

If 'No' go to Section 12

If 'Yes', please tell us about everyone in your home who you have not mentioned before on this form. This includes other children, relatives, friends and anyone else who lives with you (but not subtenants or boarders - you should tell us about them in section 10).

Proof: We will need to see proof of income for all the people that you mention in this section. This proof can be wage slips (five if they are paid every week, or two if they are paid every month), a filled-in certificate of earnings form, benefit or pension award letters. We need this proof because we will assume that the other adults living in your home are contributing to your household expenses. If you do not provide us with this proof, we will take a higher amount from your benefit.

	1st person	2nd person	3rd person	4th person
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	1st person	2nd person	3rd person	4th person
Do they work 16 hours a week or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is their gross weekly income (before tax and deductions, but not including Attendance Allowance or Disability Allowance)?	£ : <input type="text"/>	£ : <input type="text"/>	£ : <input type="text"/>	£ : <input type="text"/>
Do they receive Income Support or Income-based Jobseeker's Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Contribution-based Jobseeker's Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they care for you, your partner or your child in your home for more than 35 hours a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what date did they go into prison?	<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"/>
Have they been sentenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date do you expect them to return to your home?	<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"/>
Are they in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what date did they go into hospital?	<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"/>
What date do you expect them to return to your home?	<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"/>
<i>If they have regular stays in hospital returning home for periods less than 28 days, please tell us and you may receive a higher rate of benefit entitlement.</i>				
Are they a student or a student nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a youth trainee or an apprentice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Child Benefit for them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If any of these people live together as partners, please give details:	<input type="text"/>		is the partner of	<input type="text"/>
	<input type="text"/>		is the partner of	<input type="text"/>



12 DETAILS ABOUT YOUR TENANCY

Do you wish to claim help with rent?

Yes

No

If 'No' go to Section 14

Are you? Private landlord tenant

Housing Association Tenant (including Pennine Housing 2000)

Living in board & lodging or a hostel

Housing Association shared ownership tenant

None of the above

please describe below:

Do you have a joint tenancy (not including with your partner)?

Yes

No

If 'Yes', please give us the name of your joint tenants:

We need to know the name and address of the landlord (owner) of the property you live in. We will not accept a 'care-of' address. If you pay your rent to an agent, we also need to know the name and address of the agent. Please give full details - a PO box number or bank account number is not enough.

Landlord's name:

Agent's name:

Address and postcode:

Address and postcode:

Phone number:

Phone number:

Are you or your partner related to your landlord or your landlord's partner, or have you been in a relationship with your landlord?

Yes

No

If 'Yes', please give details:

Are any of your children related to your landlord?

Yes

No

If 'Yes', give the children's full names and what the relationship is:

Have you or your partner previously owned this property?

Yes

No

If 'Yes', on what date did you stop owning the property?

 / /

Are you or your partner a director of your landlord's company?

Yes

No

Date tenancy started:

 / /

Length of tenancy:

Date the tenancy is due to end:

 / /

Is your tenancy an assured shorthold tenancy?

Don't know

Yes

No

Is there a pre-tenancy determination?

Don't know

Yes

No

Has the rent been registered?

Don't know

Yes

No

Details about your rent

Proof: We need to see proof of the rent you pay. For example, your tenancy agreement or letter from your landlord or agent. We cannot accept a photocopy. The proof you send us must show the name and address of your landlord or agent.

What is the full rent charged for the property? £ : In joint tenant cases how much are you liable to pay? £ :

How often is it due? Every week Every two weeks
Every month Every four weeks Other

If 'Other', say how often:

Do you have any weeks when you don't pay rent? Yes No

If 'Yes', please say how many and when they are:

Number of weeks:

Dates:

Is your accommodation

a house? a bungalow? a maisonette? detached? semi-detached? terraced?
a flat? in a block? over a shop? in a house?
a room a hostel? other? (please give details):
or rooms?

Occupancy details

	Living rooms	Bed-rooms	Bedsit rooms	Kitchens	Bath-rooms	Toilets	Other
Total number of rooms in the property:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms you and your family use:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of rooms you share with others:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Which floors do you live on?	Basement <input type="checkbox"/>	Ground <input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Other <input type="text"/>	
If you only live in one room, where is it in the house?	Front <input type="checkbox"/>	Centre <input type="checkbox"/>	Back <input type="checkbox"/>				
How many floors are there in the whole property?	<input type="text"/>						

Facilities: Is there a central heating system? Yes No
Is it furnished? Fully Partly No

Meals: Do you get breakfasts? Yes No
Do you get midday meals? Yes No
Do you get evening meals? Yes No

Who is responsible for decorating inside your home? You Landlord

Are any of the following included in the rent? ...

Services

Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Water rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Garage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Cooking facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Nursing and personal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Medical expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Counselling or support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>
Other (please give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/> : <input type="text"/>	Do not know <input type="checkbox"/>

13 PAYMENT OF HOUSING BENEFIT

If you rent your own property from a private landlord your claim will be considered under the Local Housing Allowance scheme effective from 7 April 2008. Payments of Housing Benefit under this scheme will be made to yourself directly into your bank account. If there is any reason why you would be unable to manage your own rent payments or you do not have a bank account please call into the Benefits Assessment Unit and speak to a Customer Services Advisor or contact our Customer Services Team on 0845 245 8000.

All other tenants please state if you want your Housing Benefit paid directly to your landlord

Yes No

Please provide either your own or your landlords bank details below

Name of the account holder:

Name of bank or building society:

Sort code:

 - -

Account number:

Roll number:

Go to Section 14

16 BACKDATING YOUR CLAIM

Your claim will normally start from the Monday following the date on which we receive your claim form. An award of Housing and/or Council Tax Benefit can only be backdated for up to 52 weeks and in order that this decision can be made you will need to be able to demonstrate continuous good reason for not claiming at an earlier date.

Do you want to claim backdated housing and/or council tax benefit?

Yes

No

If YES please answer the questions below

1. What date do you want your Housing and/or Council Tax Benefit to start from?

2. Why do you want your benefit backdating to this date?

3. Why did you not submit a claim for Housing and/or Council Tax Benefit on this date?

Please provide any available evidence to support your reasons for the delay in claiming ie. sick notes, letter from your Doctor or Social Worker etc

4. What has prevented you from doing so since?

Go to Section 17

17 CHECKLIST

Have you answered every question?

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

Proof of National Insurance number (for new claims only) Yes N/A To follow

One item for each of you (for example, P45 or P60 for last employer, printed wage slips, letter from DWP/Job Centre, letter or tax code from HM Revenue and Customs, occupational pension slip).

Proof of identity (for new claims only) Yes N/A To follow

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

Proof of earnings (for each of you. Payslips MUST be consecutive) Yes N/A To follow

5 weekly payslips, or 3 fortnightly, or 2 monthly, OR a certificate of earnings.

Proof of self-employed earnings (for each of you) Yes N/A To follow

Most recent accounts, bank statements, OR a form for self-employed earners - ask us for this if you need one.

Proof of benefits, pensions or allowances (for each of you) Yes N/A To follow

Current award letters.

Proof of any other income (including student grants/loans) Yes N/A To follow

Proof of savings and investments (for each of you) Yes N/A To follow

Bank, Building Society and Post Office account statements/pass-books for the last 2 months. For all other investments and capital, please provide certificates or other documentation.

Proof of rent Yes N/A To follow

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

Proof of income for all non-dependants Yes N/A To follow

These are the people entered in section 11.

Proof of Child Benefit for all dependants Yes N/A To follow

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

Proof of payments to a registered childminder Yes N/A To follow

Proof of payments to a pension scheme Yes N/A To follow

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

Proof of student ID and course details Yes N/A To follow

Please read the information on the next page, then read and sign the declaration on page 23.

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

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

18 CHANGES YOU MUST TELL US ABOUT

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

- If I change my address.
- If my or my partner's income changes.
- If the amount of my or my partner's savings or investments change.
- If I or my partner stop getting Income Support or Income-based Jobseeker's Allowance.
- If I or my partner remain in hospital for 52 weeks.
- If anyone joins or leaves my household.
- If anyone in my household has a change in their income.
- If my rent changes.
- If I or my partner change landlord/agent.
- If I or my partner stop receiving child benefit for a young person who had continued in further education.

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

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

If you are not sure about whether or not you need to tell us about a change, ring us on 0845-245-8000 to check or write to us with the details.

19 EQUAL OPPORTUNITIES INFORMATION

Calderdale Council operates policies designed to ensure that all applicants receive equal treatment regardless of their race, colour, national origin or culture. To assist in monitoring whether or not these policies are carried out effectively will you please provide the following information. The information asked for will not in any way affect your benefit application and will be used for statistical monitoring only.

NB: Please complete with an M where male and F where female.

I would describe my ethnic origin as:

White	Applicant	Partner	Mixed	Applicant	Partner
British	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
			Any other mixed background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British			Black or Black British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Any other Black background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>			
If other please specify:					

Go to Section 19

20 DECLARATION

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

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

- The information I have given is true and complete.
- I will tell you if any of the details on any letter you send me are incorrect.
- You can check any information on this form. This includes sending a certificate of earnings form direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Benefit at any other address.
- I understand that you may contact government departments (for example, the Department for Work and Pensions or the Home Office) or other local authority offices to check the information I have given on the form and to get other information.
- I understand that if I do not provide a National Insurance number, my claim will not normally be dealt with.
- I will write to you straight away if there are any changes in my circumstances (see p22 for examples), so that you can work out my benefit again. If I do not and I get too much benefit or discount, the Council can ask me to pay it back and may prosecute me.

Signature of person claiming:

Date:

Partner's signature:

Date:

Form filled in by someone other than the person claiming:

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

Name of the person who filled in the form:

Signature of person:

Date:

Relationship to the person claiming:

If you wish to act as the personal representative of the person claiming benefit in the future, please ring 0845-245-8000 and ask for an appointee form.

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

If you post it, you must pay the postage.

Where to send this form:

In person

Benefits Assessment Unit
Calderdale Council
Northgate Entrance
Princess Buildings
HALIFAX HX1 1TP

By post

Benefits Assessment Unit
PO Box 660
HALIFAX HX1 1ZT

Opening times:

Office:

Monday to Wednesday 9.00am - 5.00pm
Thursday 10.00am - 5.00pm
Friday 9.00am - 4.30pm

Calderdale Customer First
Todmorden Community College
Burnley Road
Todmorden OL14 7BX

Telephone:

Monday to Thursday 8.45am - 5.30pm
Friday 8.45am - 5.00pm

Opening Times:

Monday to Friday 9.00am - 5.00pm

You can also take to Calderdale cash offices or Pennine Housing offices (Pennine tenants only).

How we collect and use information

We will keep the information you give us confidential.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds. We will put the information onto a computer system registered under the Data Protection Act 1998.

Do you know of anyone committing benefit fraud?

If they are claiming Housing or Council Tax Benefit:

- Telephone the Investigation Team direct on 01422 393650.
- Telephone Fraud Hotline on freephone 0800-169-7451.
- Visit Calderdale Council's Benefits Assessment Unit at Princess Buildings in Halifax.

If they are claiming any other benefit:

- Telephone the National Benefit Fraud Hotline on 0800-854-440.

اگر آپ کو مزید مدد یا مشورے کی ضرورت ہو یا پھر اس فارم کو پُر کرنے میں مشکل درپیش ہو تو مہربانی کر کے
فہمیلی نام کے مطابق مندرجہ ذیل ٹیلیفون نمبر پر ہم سے رابطہ قائم کریں

If you would like this information in another format or language, please contact 0845-245-8000.