



GLOUCESTER

**City Council**

For office use only:

Name:

Flat/Room No:

Address you wish to claim for:

Postcode:

Date Issued:	<input type="text"/>	
Reference No:	<input type="text"/>	
Backdate	Underlying entitlement	
Period:	<input type="text"/>	
Confirmation of IS/JSA RAT	<input type="text"/>	
Reason for retrieval:	<input type="text"/>	
Date of Request:	<input type="text"/>	

# Housing Benefit and Council Tax Benefit Claim Form

## Getting help with your claim form

Complete this form to get help with your rent and council tax. If you need advice about benefits or help filling in your form, please phone or visit us at the Herbert Warehouse. We are open from 8.45am to 5.00pm Monday to Friday. You may make an appointment to see one of our Customer Service Officers if you prefer. If you are housebound and have no one to help you, please call us, and a member of staff will visit you in your home. All information provided will be treated in accordance with the Data Protection Act.

## Useful telephone numbers:



Housing and Council Tax Benefit Advice Line:	01452 396483	benefits@gloucester.gov.uk
Benefit Fraud Hotline:	0800 731 7111	beat.benefit fraud@glos-city.gov.uk
Council Tax Advice Line:	01452 396495	revenues@gloucester.gov.uk
Housing Advice Service:	01452 396504	housing@gloucester.gov.uk
Homelessness Service:	01452 396567	housing@gloucester.gov.uk
Customer Services Appointments:	Tel: 01452 396407 Minicom: 01452 396161	CustomerS@gloucester.gov.uk

**Gloucester City Council Benefits Service**  
Herbert Warehouse, The Docks, Gloucester GL1 2EQ  
E-mail: [benefits@gloucester.gov.uk](mailto:benefits@gloucester.gov.uk)

## Guidance Notes and Important Information about this form

### When will your benefit start?

We can only pay benefit from the Monday after we receive your form. If you are a new tenant, we can sometimes pay it from the start of your tenancy, but only if we get your form on or before the Sunday after your tenancy starts.

### How will you receive your benefit?

If you are a private tenant we will pay your housing benefit to you or your landlord every 4 weeks. If you wish, we can pay **you** every fortnight. If you are a council tenant we will show your housing benefit direct on to your rent account. Your council tax benefit will be deducted direct from your council tax and will show on your bill.

### What if my circumstances change?

You **must** tell us immediately of any change of circumstances, personal or financial to you or any other person within your household. Benefit may be overpaid if you fail to notify us of the change immediately which you will have to pay back to us. There are different rules on this if you are over 60.

### National Insurance Numbers

Before benefit can be paid you **must** provide us with a national insurance number for anyone over the age of 16 living in the home. We can not pay benefit if you do not provide this information. Evidence of a national insurance number can be found on your wage slip, P45 or some of your benefit books.

### What evidence do I have to supply?

You **must** provide original evidence of all income and rent, if you are a private tenant. You do not have to provide original evidence of rent if you are a council tenant.

#### Income:

- **State Benefits**, eg. Child Benefit, Disability Living Allowance, Tax Credits  
Provide the latest award letter and the first 3 pages of your benefit book if applicable.  
*(We advise that you do not send your benefit books through the post. We can take a photocopy for you free of charge at the Council Offices.)*
- **Earnings**  
Provide your latest 5 weekly, 2 monthly, 3 fortnightly or 2 calendar monthly wage slips.

#### Capital:

- **Bank accounts** – Provide an original full statement for the last month, even if the account is overdrawn. An advice slip from a cash machine is not sufficient evidence.
- **Building society accounts** – Send us an up to date passbook or original full statement of your account.
- **National savings** – Send us the relevant certificate or bond document.
- **Shares, bonds, unit trusts** – Send us the share certificates or the last dividend statement.

#### Rent:

- **Tenancy Agreement** – Send this if this is your first claim or you have moved address.
- **Rent Book/Rent Schedule** – This should be completed and signed by your landlord. If you wish, we can send you a blank rent schedule for your landlord to complete.

### Are there any other forms that I will have to complete?

If you are a student or self-employed we will send you an additional form to fill in.  
If you live in a hostel or wish to apply for Second Adult Rebate **do not** complete this form. Please ask for a separate housing benefit form for Hostel Dwellers or an application for Second Adult Rebate for council tax benefit.  
You can apply for second adult rebate if you have anyone other than a partner living with you who is over the age of 18 and is on a low income and does not pay you rent.

### How will I know if you have received my application form?

When you submit your application form to us you must enclose the pre-paid receipt card sent to you with the form. Complete your name and address details on the card and it will be sent back to you as a receipt.

### What happens once I have completed and sent my form to you?

When we have worked out what your benefit will be, we will write to you. If you do not receive a letter within 14 days, please contact us on 01452 396483. If you asked for housing benefit payments to go directly to your landlord a letter will also be sent to them. When we have worked out your benefit you have the right to dispute the benefit decision. Details of how to do this will be shown on your benefit award letter or we can send you a leaflet if requested.

**It is very important that you read these instructions.**

You may also wish to refer to the enclosed leaflet, *'Filling in the benefit form'* to help you. If you prefer, you can get independent help, see page 24.

- **You must complete this form in black ink and answer each section fully.** Do not complete this form in pencil, blue ink or felt-tip pen.
- If you and/or your partner have money, savings or capital which total more than £16,000 you will not normally be entitled to any benefit.
- You must send us various original documents or evidence to support your claim.
- You must return this form to us immediately even if you do not have all the original evidence we ask for.
- You will lose benefit if you do not return this form immediately.
- You must send us the missing original evidence to support your claim within 28 days.
- If you do not fill in this form correctly or completely, it will take longer to deal with your claim and longer to pay you benefit.
- We will respond within 14 days of receiving your claim form.
- Your benefit will not be paid if you fail to supply all the supporting evidence.
- Information given on this form will be used for data matching purposes with other agencies for the prevention and detection of fraud.

Please fill in all boxes

## SECTION A: Information about your claim

**Important Note:** If you do not complete this section correctly we will not be able to pay you the right benefit.

Do you wish to apply for Housing Benefit?

YES  NO

If YES, do you

- Rent your home from the City Council? YES  NO
- Rent your home from a Private Landlord? YES  NO
- Rent your home from a Housing Association? YES  NO
- Live in a Hostel? YES  NO
- Rent your home as a joint tenant with anyone other than your partner? YES  NO
- If yes, please confirm the name of the person who you are a joint tenant with

Do you wish to apply for Council Tax Benefit?

YES  NO

- Are you responsible for the Council Tax? YES  NO
- Do you jointly own your home with anyone other than your partner? YES  NO
- If yes, please confirm the name of the person who you jointly own your home with

Please fill in all boxes

## SECTION B: Personal details about you and your partner

**Important Note:** You must complete this section and provide original documentary evidence of your National Insurance Number. Failure to do so will result in your claim for benefit not being paid.

Do you have a partner who lives with you? YES  NO

Your partner is someone you live with who is married to you or you live together as a couple.

If you don't have a partner, please complete only the sections about Yourself

**Yourself**

**Partner**

Title: *(Delete as appropriate)*

First Name(s):

Surname:

Address

Mobile Telephone Number:

*(You do not have to provide this but it would be helpful)*

Phone Number:

Date of Birth:

**National Insurance number** Letters   Numbers       Letter

You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number

If you do not have a National Insurance number, or cannot find it, tick this box.

Letters   Numbers       Letter

If you do not have a National Insurance number, or cannot find it, tick this box.

What date did you move into the address you are claiming for?

What date did your tenancy start?

If you have moved home in the last 12 months please provide your previous address(es)?

Did you claim Housing and/or Council Tax Benefit at your previous address? YES  NO

YES  NO

Please fill in all boxes

## SECTION B: Personal details about you and your partner (continued)

### Are you from abroad?

Yourself

Partner

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 two years?

YES  NO

We will write to you about this.

YES  NO

We will write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

(The UK is England, Northern Ireland, Scotland and Wales)

### Personal

Please complete all questions in this section

Yourself

Partner

Are you registered blind?

YES  NO

YES  NO

If yes, provide your registration number?

Are you unable to work due to illness?

YES  NO

YES  NO

If yes, from what date have you been unable to work?

Are you or your partner in hospital at the moment?

YES  NO

YES  NO

When did you go in?

When did you go in?

When will you come out (if you know this)?

When will you come out (if you know this)?

Does anyone get a Care Allowance for caring for you?

YES  NO

YES  NO

If yes, please say who gets it.

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

## SECTION B: Personal details about you and your partner (continued)

	Yourself		Partner	
Have you claimed a Care Allowance but did not get paid the benefit as you were better off getting paid another income?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you in prison or detention?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, from what date?	<input type="text" value=" / /"/>		<input type="text" value=" / /"/>	
Are you a care worker?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a full-time student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*(A care worker provides care on behalf of a charity or a local authority. The carer provides care for 24 hours per week. The carer will live in the premises provided by your employer.)*

*(A full-time student means a person undertaking a full-time course of study and includes a student on a sandwich course)*

*If you are a student, please finish filling in this form. We will send you another short form to fill in to tell us more about your student income.*

### Remember:

**You must provide original evidence of your National Insurance Number and your partner's.**

**Examples of evidence are:**

- **Benefit books, i.e. state pension book, attendance allowance**
- **Wage slips**
- **Tax Credit award letter from the Inland Revenue**

**If in doubt, please contact us for advice.**

Please fill in all boxes

## SECTION C: Children you, or your partner, get Child Benefit and/or Child Tax Credit for

You may get more benefit if there are children in your household and they are:

Under 16

Aged 16-17 and registered for work or youth training; or

Agnes 16, 17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

If you do not have any children living with you this section must be signed to confirm that

**Yourself**

**Partner**

This section does not apply:  
(please sign here)

\_\_\_\_\_

\_\_\_\_\_

	1st Child	2nd Child	3rd Child
<b>First Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth</b>	<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"/>
<b>What is the child's sex?</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>What is the child's relationship to you?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>What is the child's relationship to your partner?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who gets child benefit for them?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Is the child registered blind?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the child get disability living allowance?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How much? Care <input type="text"/> £ Mobility <input type="text"/> £	How much? Care <input type="text"/> £ Mobility <input type="text"/> £	How much? Care <input type="text"/> £ Mobility <input type="text"/> £
<b>Does the child have any savings? (If yes, provide proof)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the child related to your landlord?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, what is their relationship?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Do you pay a registered childminder, nursery or after-school club any childminding costs for this child?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, tell us the name and registration number of the minder.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much do you pay per week?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see evidence.	We need to see evidence.	We need to see evidence.

If you have more than 3 children to add please use the space on page 19.

**Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances**

Please fill in all boxes

## SECTION D: Other people who live in your home

### Important Note:

Please complete this section if anyone lives with you who you do not receive Child Benefit for. If you do not have anyone else living with you, you must sign below to confirm that this section does not apply and move to Section E.

Yourself

Partner

This section does not apply:  
(please sign here)

People who live in your home but who are not dependent upon you, such as older children, parents or relatives or friends staying with you are known as non-dependants.

**Important: You must provide original evidence of income for all the non-dependants living with you within 28 days of sending us this form. If proof is not provided, we will have to assume that they have a high income and you may get less benefit.**

	1st Person	2nd Person	3rd Person
First Name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<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"/>
National Insurance Number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>
Their relationship to you e.g. aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner? <small>If yes, tick the box and go straight to Section E</small>	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 get Income Support/Job Seekers Allowance (income based)?	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 get Disability Living Allowance or Attendance 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"/>
Are they a full-time student or 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"/>
Are they on a Youth Training Allowance or an apprenticeship?	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 work 16 hours or more 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"/>
Do they have any other income at all? <small>This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of 1st other income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

Cont on page 9

If you have any one else to add use the space on page 19.

Please fill in all boxes

## SECTION D: (continued)

Name of 2nd other income	Name of 2nd other income	Name of 2nd other income
<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	How much is it before deductions?	How much is it before deductions?
£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Name of 3rd other income	Name of 3rd other income	Name of 3rd other income
<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	How much is it before deductions?	How much is it before deductions?
£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
We need to see evidence of other incomes.	We need to see evidence of other incomes.	We need to see evidence of other incomes.

## SECTION E: Earnings

**Important Note:** Please complete this section if you or your partner are in paid work. If neither of you work then please sign below to confirm that this section does not apply and go to Section F.

	Yourself	Partner
Do you work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

This section does not apply:  
(please sign here)

\_\_\_\_\_

\_\_\_\_\_

You must supply original evidence of your earned income, 5 weekly, 2 monthly, 3 fortnightly or 2 four weekly most recent wage slips.

	Yourself	Partner
How many jobs do you have?	<input type="text"/>	<input type="text"/>
Please give the name and address of your employer(s) <i>(If you need more space please go to page 19)</i>	<input type="text"/>	<input type="text"/>
What date did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours do you work a week? <i>(Provide these details for each job)</i>	<input type="text"/>	<input type="text"/>
How often are you paid? <i>(e.g. weekly, fortnightly, monthly, 4 weekly)</i>	<input type="text"/>	<input type="text"/>
How do you get paid? <i>(e.g. cash, cheque, direct to your bank a/c)</i>	<input type="text"/>	<input type="text"/>
What was the date of your last pay increase?	<input type="text"/>	<input type="text"/>
Is your employer also your landlord?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you pay into a private or company pension scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you on an Apprenticeship, youth trainee, on a New Deal Scheme, on a Bridging course, or on a Welfare to Work Scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/> state which one <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> state which one <input type="text"/>
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from you employer at the moment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

## SECTION F: Self-employed Earnings

### Important Note:

Please complete this section if you or your partner are self-employed. If neither of you or one of you is not self-employed then please sign the declaration below and go to Section G.

	Yourself	Partner
Are you self-employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
This section does not apply: (please sign here)	_____	_____
What is your trade/profession?	<input type="text"/>	<input type="text"/>
What date did the business start	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your trade name?	<input type="text"/>	<input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
What is your average weekly income? £	<input type="text"/>	<input type="text"/>

If you are self-employed, please finish filling in this form. We will send you another short form to fill in to tell us more about your self-employment.

## SECTION G: Other Income

### Important Note:

Please complete this section by telling us about the income that you or your partner are getting or are waiting to hear about. If you or your partner do not have any other income please sign below and go to Section H.

	Yourself	Partner
This section does not apply: (please sign here)	_____	_____

Please tick the pension(s) that you are in receipt of or are waiting to hear about. Please then provide more details about the pension(s) in the table below.

State Pension	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	Any other Pension	<input type="checkbox"/>
Widows Pension	<input type="checkbox"/>	Private/works Pension	<input type="checkbox"/>	Please state	<input type="checkbox"/>
War Disablement Pension	<input type="checkbox"/>	Industrial Injuries Pension	<input type="checkbox"/>	_____	

### Pensions

	Yourself	Partner
State the pension type	<input type="text"/>	<input type="text"/>
Are you getting the pension or waiting to hear	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
Confirm the amount if known	£ <input type="text"/>	£ <input type="text"/>
How often is it paid?	<input type="text"/>	<input type="text"/>

Please continue this section over the page

**Please fill in all boxes**

**Pensions**

**Yourself**

**Partner**

**State the pension type**



**Are you getting the pension or waiting to hear**

Getting       Waiting to hear

Getting       Waiting to hear

**Confirm the amount if known**

£

£

**How often is it paid?**



Please tick any additional benefits or allowances that you or your partner are in receipt of or are waiting to hear about. Please then provide more details about the income in the table below.

Income Support

Job Seekers Allowance   
*(Income based)*

Incapacity Benefit

Job Seekers Allowance   
*(Contribution based)*

Child Benefit

Child Tax Credit

Working Tax Credit

Attendance Allowance

Severe Disablement Allowance

Disability Living Allowance   
*(Mobility component)*

Industrial Injuries Benefit

Disability Living Allowance   
*(Care component)*

Care Allowance

Bereavement Allowance

Fostering/Guardian Allowance

Maternity Allowance

Any other benefit/allowance

Please state \_\_\_\_\_

**Benefit/Allowance**

**Yourself**

**Partner**

**State the benefit/allowance**



**Are you getting paid or waiting to hear**

Getting       Waiting to hear

Getting       Waiting to hear

**Confirm the amount if known**

£

£

**How often is it paid?**



**State the benefit/allowance**



**Are you getting paid or waiting to hear**

Getting       Waiting to hear

Getting       Waiting to hear

**Confirm the amount if known**

£

£

**How often is it paid?**



**State the benefit/allowance**



**Are you getting paid or waiting to hear**

Getting       Waiting to hear

Getting       Waiting to hear

**Confirm the amount if known**

£

£

**How often is it paid?**



If you or your partner are getting or are waiting to hear about any other benefits please use the space on page 19.

**Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances**

**Please fill in all boxes**

Please tick any additional source of income that you are in receipt of or are waiting to hear about. Please then provide more details about that income in the table below.

Maintenance	<input type="checkbox"/>	Charitable Payments	<input type="checkbox"/>
Covenant Income	<input type="checkbox"/>	Annuities	<input type="checkbox"/>
Income from Trusts <i>(e.g. Macfarlane Trust)</i>	<input type="checkbox"/>		
Any other income	<input type="checkbox"/>	Please state _____	

**Other Income**

**Yourself**

**Partner**

<b>State the income you receive</b>	<input type="text"/>	<input type="text"/>
<b>Are you getting paid or waiting to hear</b>	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
<b>Confirm the amount if known</b>	£ <input type="text"/>	£ <input type="text"/>
<b>How often is it paid?</b>	<input type="text"/>	<input type="text"/>
<b>State the income you receive</b>	<input type="text"/>	<input type="text"/>
<b>Are you getting paid or waiting to hear</b>	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>	Getting <input type="checkbox"/> Waiting to hear <input type="checkbox"/>
<b>Confirm the amount if known</b>	£ <input type="text"/>	£ <input type="text"/>
<b>How often is it paid?</b>	<input type="text"/>	<input type="text"/>

Please tell us about any additional source of income that you receive from Lodgers or Boarders. Please provide the details below.

Do you rent out part of your home to anyone else?      YES       NO

If yes, how much do you get paid each week?      £

Does this include heating?      YES       NO

Does this include all meals?      YES       NO

Please tell us about any money that you or your partner pay out. Please provide the details in below.

Do you pay out for a child in the care of the Local Authority?      YES       NO

If yes, how much do you pay a week?      £

Do you pay out for student costs?      YES       NO

If yes, how much do you pay a week?      £

Please fill in all boxes

## SECTION H: Cash, capital savings and investments:

### Important Note:

Please tell us about all bank/building society accounts that you have. We also need to know about any other savings, money, capital you have. This includes cash, current accounts you have your salary or wages paid into and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares. Please list all your cash, savings and investments below and remember to provide original evidence. If you or your partner do not have any capital please sign the declaration and go to Section I.

Yourself

Partner

This section does not apply:  
(please sign here)

Please tick any of the boxes below to tell us what capital/savings/money you or your partner have. Please then complete the section below for all those you have ticked.

### Money Type

Cash (Money kept at home)	<input type="checkbox"/>	Redundancy Pay	<input type="checkbox"/>	TESSAS	
Bank Accounts	<input type="checkbox"/>	Premium Bonds	<input type="checkbox"/>	Other Investments	<input type="checkbox"/>
Deposit accounts	<input type="checkbox"/>	Income Bonds	<input type="checkbox"/>	Any other capital	<input type="checkbox"/>
Post Office accounts	<input type="checkbox"/>	National Savings Certificates	<input type="checkbox"/>	Please state _____	
Building Society accounts	<input type="checkbox"/>	Stocks and Shares	<input type="checkbox"/>	If you are over 60 and have taken out a funeral plan contract we can disregard the capital value of this. Please supply details	
Money held abroad in an account or elsewhere	<input type="checkbox"/>	Unit Trusts	<input type="checkbox"/>		
		ISAS	<input type="checkbox"/>		

### Capital

Yourself

Partner

State the type of capital/savings/money type	<input type="text"/>	<input type="text"/>
Confirm the amount held	£ <input type="text"/>	£ <input type="text"/>
State the type of capital/savings/money type	<input type="text"/>	<input type="text"/>
Confirm the amount held	£ <input type="text"/>	£ <input type="text"/>
State the type of capital/savings/money type	<input type="text"/>	<input type="text"/>
Confirm the amount held	£ <input type="text"/>	£ <input type="text"/>
State the type of capital/savings/money type	<input type="text"/>	<input type="text"/>
Confirm the amount held	£ <input type="text"/>	£ <input type="text"/>

Please tell us about any additional capital from property or land that you or your partner own, or have a share/interest in. (We may send you another form to fill in if you have told us about other property or land.)

### Property and Land

Yourself

Partner

Do you own or have a share/interest in other property or land in this country or abroad?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, is the property or land being bought by a mortgage?	<input type="text"/>		<input type="text"/>	
What is the address of the property or land?	<input type="text"/>		<input type="text"/>	
Do you own a lease on any property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you recently disposed of any property or land?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

**Remember:**

You must supply us with original proof of all savings/investments that you, your partner or children have. All statements/passbooks must show the name and address and account number of the account holder.

**Bank accounts:**

Please send us an original full statement for the last month, even if the account is overdrawn. Please note that an advice slip is not sufficient evidence.

**Building Society accounts:**

Please send us an up to date passbook or an original full statement of your account(s).

**National Savings:**

Please send us the relevant certificate or bond document.

**Shares, bonds & unit trusts:**

Please send us the share certificate(s) or the last dividend statement.

## SECTION I: Private Tenant rent details

**Important Note:**

You do not need to complete this section if you are a Council Tenant go to section J. If you only pay Council Tax please go to Section L.

If you rent your property from a landlord or a Housing Association or you pay board and lodgings please complete this section in full.

*Please send us original evidence of rent e.g. a tenancy agreement or a rent book, see page 2 for more details.*

Please answer every question

What date did your tenancy start?

 /  / 

Did you previously own this property?

YES  NO

If yes, please confirm the period of ownership:

 to 

Do you occupy this property due to your job?

YES  NO

Please provide your landlord's full name:

Please provide your landlord's full address:

Please provide your landlord's telephone number if known:

Please provide your agent's full name:

Please provide your agent's full address:

Please provide your agent's telephone number if known:

Are you, your partner or any of your children related to your landlord?

YES  NO

If yes, please give the relationship: (e.g. parent/step parent/daughter/son, step daughter/son, brother/sister/partner)

Please fill in all boxes

## SECTION I: Private Tenant rent details (continued)

Do you have a written tenancy agreement?

YES  NO

Is your tenancy a Shorthold Tenancy?

YES  NO

If yes, how long is the latest tenancy for?

Do you rent your home from a company or trust where you are a director, employee, trustee or beneficiary?

YES  NO

What is the full rent that is charged by your landlord or agent?

£

How often is the amount due?

Weekly  Every 4 weeks  Monthly

Do you have any rent-free weeks?

YES  NO

If yes, how many do you get each year?

Has your rent changed in the last 12 months?

YES  NO

If yes, give the date and amount of the charge:

/  /  £

If you are under the age of 25 have you been subject to a care order, Section 20 or Section 31(1)(a) of the Children's Act 1989?

YES  NO

If yes, was the care order made from 16 or before the age of 16 but continued after that age?

YES  NO

### SERVICES

Does the rent charge include any of the following services? Please tick YES or NO to each question. If you have ticked yes, please enter the amount of your rent that is specifically for that service, if this is known.

Service	YES	NO	Amount	Service	YES	NO	Amount
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Garage	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	TV / Videos / Satellite / cable	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Electricity or Gas for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	General Counselling & Support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Emergency Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Room cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Other*	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Do you get a bill for water rates or meter supply in your own name?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	*If other, confirm the service _____			

### Remember:

You must provide original proof of rent, e.g. a new full tenancy agreement if you have just moved into the property or an up to date rent book, rent statement or a rent schedule completed by your landlord, so long as this is not your first claim.

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

## SECTION I: Private Tenant rent details (continued)

### TYPE OF ACCOMMODATION

Please indicate the type of accommodation you live in.

Please place a tick in the relevant box and answer each question below:

Detached House	<input type="checkbox"/>	Detached Bungalow	<input type="checkbox"/>	Flat in a House	<input type="checkbox"/>
Semi-detached House	<input type="checkbox"/>	Semi-detached Bungalow	<input type="checkbox"/>	Flat in a Block	<input type="checkbox"/>
Terraced House	<input type="checkbox"/>	Terraced Bungalow	<input type="checkbox"/>	Flat over Shops	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Room or Room(s)	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Hotel or Guest House	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify			

How many floors are there in the whole building? One:  Two:  Three:  Four:  Five:  Other:  (Please state)

Which floor is your home / room on? All floors:  Basement:  Ground:  First floor:   
Second floor:  Third floor:  Other:  .....

If you rent a room, where in the building is it situated? Front:  Centre:  Rear:  Other:  .....

What is your flat/room number?

### NUMBER OF ROOMS:

We need to know how many rooms there are in the building you live in, and who uses them. Please indicate in the table below.

Room	Total number of rooms in the whole house or flat	Number of rooms used only by you and your family	Number of rooms shared with other tenants
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms <small>(Please specify)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill in all boxes

## SECTION I: Private Tenant rent details (continued)

**TENANCY DETAILS:** Please answer each question fully.

Are meals included in your rent?

YES  NO

If yes, confirm which meals are provided:

Breakfast:  Lunch:  Evening meal:

If yes, do all members of the family have the same number of meals provided?

YES  NO

Do you put money/tokens in a meter for heating, lighting or hot water?

YES  NO

Do you get gas or electricity bills in your own name?

YES  NO

Does your home have central heating?

YES  NO

Does your landlord furnish your home?

YES  NO

If yes, is it:

Fully furnished:  Partly furnished:  Barely furnished:

Who is responsible for decorating the inside of your home?

Landlord:  You:  Do not know:

### HOW YOU WANT YOUR BENEFIT PAID?

Benefit is normally paid 4 weeks in arrears. It can be paid directly to you or to your landlord. Please tell us here how you want to be paid

I want my benefit to go straight into my bank account

I want my benefit to go straight into my landlord's or agent's bank account (Your landlord must sign the declaration overleaf)

Name of bank:

Address of bank:

  
  
  
 Postcode

Who's name is the account in?

Account number:

Sort code:

I wish my benefit to be paid by cheque

Do you wish to be paid fortnightly in arrears?

YES  NO

### PAYING BENEFIT TO YOUR LANDLORD OR LANDLORD'S AGENT

If you want us to pay your Benefit straight to your landlord or landlord's agent you must sign this declaration. Please pay my Housing Benefit straight to my landlord or my landlord's agent. I have completed their details above.

I understand that:

- I must always tell you of any changes in circumstances
- If I do not tell you about any changes of circumstances and you pay me too much benefit, I will have to repay any overpaid benefit; and
- I may be prosecuted if I do not tell you about any changes of circumstances

Claimant's Signature

Date

 /  / 

Please continue this section over the page

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

## SECTION I: Private Tenant rent details (continued)

### Landlord's Agreement

**DO NOT DELAY IN RETURNING THE FORM IF YOUR LANDLORD CANNOT SIGN THE FORM NOW. YOU MAY LOSE BENEFIT IF YOU DO NOT RETURN THE FORM STRAIGHT AWAY.**

**Now ask your landlord to sign this agreement.**

I, \_\_\_\_\_ confirm that I am the landlord of the tenant named in this form and I agree to accept Housing Benefit payments for their behalf.

I understand that by law:

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

Signature

Date

 /  / 

### Agent's Agreement

**Now ask your landlord's agent to sign this agreement.**

I, \_\_\_\_\_ confirm that I am acting as the agent for the landlord of the tenant named in this form and I agree to accept Housing Benefit payments for their behalf.

I understand that by law:

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

I am acting as an agent for \_\_\_\_\_

---

---

(Landlord's name and address)

Agent's Signature

Date

 /  / 

Agent's Address

  
  

Postcode

Landlord's Signature

Date

 /  / 

Landlord's Address

  
  

Postcode

Please fill in all boxes

## SECTION J: Sharing information

### Sharing Information with your Landlord

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

- are a local authority tenant; or
- have agreed that your Housing Benefit can be paid directly to your landlord.

But in either case, under the Data Protection Act we need your permission to share information.

If you give us permission, we would be able to tell your landlord whether:

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

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

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

- your personal or household circumstances
- your financial circumstances.

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

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

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

Signature

Date

 / 

Address

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

Postcode

## SECTION K: Further information

### Important Note:

Please use the box below to give any further information you feel may be important to your Housing/Council Tax Benefit claim

<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"/>

Remember to send original documents as proof of anything you have filled in above and tell us about changes in circumstances

Please fill in all boxes

## SECTION K: Further information (continued)


## SECTION L: Checklist

**Before we can deal with your claim for benefit we must see original evidence of all your income and rent.**

**Please check carefully that you have answered everything on this claim form correctly and make sure that you have not forgotten anything.**

We must see original documents, not copies. Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for more advice.

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

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, but we will not be able to pay you any benefit until we have all the evidence.

### **Evidence of identity**

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. 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 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 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. We will contact your employer if you do not have these payslips. 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.

### **Evidence of other income**

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

### **Evidence of benefits, allowances or pensions**

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

### **Evidence of private rent and tenancy**

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

### **Evidence of other money paid out**

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

**Do not delay in returning this claim form. Send in any additional original documentary evidence as soon as possible after returning this form. Tell us immediately if there is likely to be a delay, or if you have a problem in providing these details. Use the space on page 19 to do so.**

**If you are claiming benefit for a new address and are in receipt of Income Support or Job Seekers Allowance have you told the Department for Work and Pensions that you have moved? If no, then please do so now.**

**Once you have checked that you have filled in all of this form, and have enclosed all the proof, please read and sign the declaration on page 21.**

**We look forward to receiving your form. Your benefit will start on the Monday after we receive your form.**

**We need your information urgently to process your claim quickly . Please help us by sending it in as soon as possible.**

## SECTION M: Declaration

### Warning:

You may be prosecuted if you give false or incorrect information or fail to notify any changes of circumstances immediately they occur.

### YOUR DECLARATION

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.
- You will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Benefit. You may check some of the information with other sources within the council, rent offices, and local authorities.
- Any information supplied on this application form may be used in respect of a claim for a Discretionary Housing Payment.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits and Inland Revenue Credits that I have made or may make. You may give some information to other government organisations, if the law allows this.
- If you have a partner have they agreed with the details on this claim? YES  NO

I know I must let the council know about any changes in circumstances, which might affect my claim.

I declare the information I have given on this form is correct and complete, and that I have read the declaration.

Signature of person claiming \_\_\_\_\_

Signature of partner \_\_\_\_\_

Date \_\_\_\_\_

Forms filled in by someone other than the person claiming.

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

\_\_\_\_\_  
\_\_\_\_\_

Name of person who filled in the form \_\_\_\_\_

Signature of the person who filled in the form \_\_\_\_\_

Relationship to the person claiming \_\_\_\_\_

Please fill in all boxes

## SECTION M: Additional Information

CHANGE OF CIRCUMSTANCES	AGE OF CLAIMANT AND/OR PARTNER			
	Over 65 Receiving Savings Credit	Over 60 Receiving Guarantee Credit	Over 60 NOT receiving Pension Credit	Working age - under 60
This table shows which changes of circumstances (✓) must be notified to the Benefits Section and by whom.				
<b>❖ Capital</b>				
You and your partner's capital exceed £16,000.	✓		✓	✓
You and your partner's capital increases or decreases.	✓		✓	✓
<b>❖ Household</b>				
You claim as a single person and then marry or start to live with someone.	✓	✓	✓	✓
You claim as a couple but stop living together	✓	✓	✓	✓
The number of children you are responsible for changes, e.g. when a baby is born or a child leaves full time education and Child Benefit stops.	✓	✓	✓	✓
There are changes to your non-dependants (people who live with you) and their income.	✓	✓	✓	✓
You or your partner will be absent from home for more than 13 weeks.	✓	✓	✓	✓
<b>❖ Work</b>				
The hours that you work change.			✓	✓
You or your partner's wages increase or decrease.			✓	✓
You change your job.			✓	✓
Your Tax Credits from the Inland Revenue change.			✓	✓
Your average weekly childcare costs change.			✓	✓
<b>❖ Benefits</b>				
Your income from the Department for Work and Pensions changes, e.g. Incapacity Benefit increases, or Attendance Allowance/Disability Living Allowance ceases after 4 weeks hospitalisation.	✓	✓	✓	✓
You stop receiving Income Support, Jobseekers Allowance, or Pension Credit.	✓	✓	✓	✓
<b>❖ Liability</b>				
Your tenancy changes e.g. rent increases or decreases.	✓	✓	✓	✓
You are going to move.	✓	✓	✓	✓

### Overpayments:

An overpayment occurs when someone is paid too much benefit for a period of time, or when someone is paid benefit for a period when they were not entitled to any at all.

Sometimes, overpayments are unavoidable because benefit is paid in advance, but you can help to stop overpayments happening by always telling us immediately when your circumstances change. Please see above for the type of changes someone in your circumstances needs to tell us about. However, if you are unsure if the change affects the benefit, then tell us anyway.

- If you are overpaid benefit you will usually have to pay it back.
- If you tell us about a change of circumstances quickly, any overpayment will be lower.
- If the change means we have overpaid you, then we will normally backdate the change to the Monday after it happened.

**You have a legal obligation to tell us of a change in circumstances. If you do not, the overpayment can be classed as fraudulent. If this happens, you may be prosecuted or you may be asked to pay an additional amount as well as the overpayment.**

If you have received an invoice for an overpaid amount of benefit please contact the Benefit Recovery Team for advice and to agree a repayment plan. Please call 01452 396465.

**Please fill in all boxes**

**Benefit Take Up:**

In order to monitor who is claiming benefit and how you heard about Housing and or Council Tax benefit, we would be grateful if you could answer the following short questions:

Please tick the box which most appropriately describes your ethnic origin:

<b>White:</b>		<b>Black or Black British:</b>		<b>Chinese or Chinese British</b>	<input type="checkbox"/>
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>		
Any other White background (please write it in)	<input type="checkbox"/>	Any other Black background (please write it in)	<input type="checkbox"/>		

<b>Joint Ethnicity:</b>		<b>Asian or Asian British:</b>		<b>Any Other</b>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	(please write in)	
White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		
White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>		
Any other Joint Ethnicity background (please write in)	<input type="checkbox"/>	Any other Asian background (please write in)	<input type="checkbox"/>		

**Please tell us how you heard about the benefits you can claim**

**Council Tax:**

As well as claiming council tax benefit you may be able to get more money off your bill.

**If you live alone** your bill will be **reduced by 25%**. If you, or someone living with you fits into one of the categories below and there are no other adults living in the property, you could also get a reduction.

- Full time students, student nurses, apprentices, youth training trainees.
- 18 - 19 year old (at or just left school).
- Hospital / Hospice patient (permanent).
- Residential care / nursing home resident.
- Persons in respect of whom Child Benefit is paid.
- Severely mentally Impaired
- Hostel / night shelter resident.
- Member of religious communities
- Full time carer (excluding those caring for husband, wife, partner or child).
- Persons in detention.
- Members of International Headquarters and Defence Organisations.
- Visiting forces.
- Spouses of students who are not British.
- Diplomats.

To apply for a discount or for further information please call the Council Tax Advice Line on 01452 396495

## USEFUL ADDRESSES AND PHONE NUMBERS:

If you prefer, you can ask for independent help.  
Please contact any of the following agencies:

<b>Citizens Advice Bureau</b> Open Mon, Wed, Thurs & Fri 9.30 - 4.30, Tues 1.00 - 6.00	<b>75-81 Eastgate Street</b>	<b>Tel 01452 528017</b>
<b>Gloucester Law Centre</b> (Please ring for an appointment. In emergencies drop in Mon & Thur 10.00 - 12.00 / Tues 1.30 - 3.00)	<b>75-81 Eastgate Street</b>	<b>Tel 01452 423492</b>
<b>White City Project</b> Open Mon, Tues, Thurs, Fri 9.30 - 12.30. Wed - Starvaell Centre, Finlay Road 9.30 - 12.30	<b>110 Finlay Road</b>	<b>Tel 01452 423881</b> <b>Tel 01452 554412</b>
<b>Matson Neighbourhood Project</b> Open Mon - Fri, 9.15 - 12.30	<b>Matson Resource Centre, Matson Lane</b>	<b>Tel 01452 505544</b>
<b>The One Stop Shop</b> Open Mon - Fri, 9.15 - 12.30	<b>Matson Neighbourhood Project, Matson Avenue</b>	<b>Tel 01452 526014</b>
<b>Coney Hill Neighbourhood Project</b> Open Mon - Fri, 9.30 - 12.30	<b>1A Stanway Road</b>	<b>Tel 01452 380116</b>
<b>Podsmead Neighbourhood Project</b> Open Mon - Thur, 9.30 - 4.30, Fri 9.30 - 1.30	<b>15A Scott Avenue</b>	<b>Tel 01452 541576</b>
<b>GLOFYSH</b> Open Mon, Wed, Fri 11.00 - 1.00. Tues appointment only, 10.00 - 1.00 Thurs appointment only, 12.00 - 1.00	<b>4 Wellington Street</b>	<b>Tel 01452 381650</b>

<b>Department for Work and Pensions</b>	<b>Cedar House, Spa Road</b>	<b>Tel 01452 366000</b>
<b>Gloucester Job Centre</b>	<b>37-41 Southgate Street</b>	<b>Tel 01452 365100</b>
<b>Tax Credits Helpline</b>		<b>Tel 0845 300 3900</b>
<b>Pension Credit Application Line</b>	<b>(freephone)</b>	<b>Tel 0800 99 1234</b>
<b>Pension Credit Enquiries</b>		<b>Tel 0845 60 60 265</b>

This is an application form for Housing and or Council Tax Benefit. If you wish to have a copy in Bengali, Chinese, Gujarati or Urdu, please fill in your name and address below:

আ ক্রেডেন্সিয়াল টেক্স বেনিফিট আবেদন ফর্ম। আপনি যদি এটি বাংলা, চাইনিজ, গুজরাতি অথবা উর্দু ভাষায় চান, তাহলে আপনার নাম ও ঠিকানা নিচে লিখে দিন।

এটি হচ্ছে বেনিফিটের জন্য দরখাস্ত করার ফর্ম। আপনি যদি এর একটি অনুলিপি (কপি) বাংলা, চাইনিজ, গুজরাতি অথবা উর্দু ভাষায় চান, তাহলে আপনার নাম ও ঠিকানা নিচে লিখে দিন।

這是一份福利申請表格。如果你希望索取一份孟加拉文、中文、古  
遮拉提文或烏圖文的譯本的話，請在下面填上你的姓名及地址。

یہ ایک ایپلی کیشن (درخواست) کا فارم ہے۔ اگر آپ اس کی نقل بنگالی، چینی، گجراتی یا  
اردو میں حاصل کرنا چاہتے ہیں تو یہی اپنا نام اور پتہ لکھیں۔

Please send me a Benefit Application Form in Bengali  Chinese  Gujarati  Urdu

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_