

Gloucester City Council

Claim form for help with your rent and council tax

Name	Date Stamp
Address	
Postcode	
Claim number:	
Property reference:	
Person reference:	
Date of issue:	
Initials:	

Points to remember when filling in this form:

- Please fill in this form using black ink.
- Please answer all the questions. If the question does not apply to you, write 'None' or 'N/A' or sign.
- It is an offence to give false information or not to tell Benefits Service about any change in the circumstances of anyone listed in your claim form.
- We can only accept ORIGINAL documents as proof. We cannot accept photocopies.
- Return this form immediately, even if you do not have all the proof we have asked for.

Please tell us why you are filling in this form:

- This is a Claim in a Day (see page 24)
- My Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance is ending.
- My address has changed.
- I have been asked to, as a review of my circumstances.
- Other, please specify.

If you need help filling in this form please phone us on 01452 396483 or visit us at Herbert Warehouse. We are open from 8.45am to 5pm Monday to Friday.



PART 1 Which of the following are you?

Please tick the appropriate box.

A private tenant a housing association tenant a boarder living in a hostel

Homeless

A Gloucester City Homes, Cheltenham Borough Council, Fosseway Living, Severn Vale or Two Rivers tenant

Other Please specify

Do you wish to apply for Housing Benefit? Yes No

Do you wish to apply for Council Tax Benefit or second adult rebate? Yes No

PART 2 About you and your partner

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

Do you have a partner who lives with you? Yes No

If yes, answer all the questions for your partner as well as yourself

Do you rent your home with a joint tenant other than your partner? Yes No

	You	Your partner
Title (Mr, Mrs, Miss, Ms and so on)	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other names you are or have been known by	<input type="text"/>	<input type="text"/>
Are you: married, single, divorced, separated, widowed and so on - say which	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

Part 2 (continued)

You

Your partner

National Insurance Number

Tick here if you do not have a National Insurance number

Date you moved, or will move into this address

What date did your tenancy start?

If you have moved home in the last 12 months, please tell us your previous address

Did you claim Housing Benefit, Local Housing Allowance or Council Tax Benefit at your previous address?

Yes No

Yes No

If yes:

• what council did you claim from?

• Have you told the council who paid you benefit that you have moved?

Yes No

Yes No

Are you registered blind?

Yes No

Yes No

If yes please give your registration number

Are you unable to work because of ill health?

Yes No

Yes No

If yes:

• Date you last worked

• Date you expect to return to work

Are you or your partner currently in hospital?

Yes No

Yes No

If yes:

• Date you went in?

• Date you expect to come out?

Do you have an invalid vehicle or a car under the Motability Scheme?

Yes No

Yes No

Is anyone getting Carer's Allowance for looking after you or your partner?

Yes No

Yes No

Do you or your partner get Carer's Allowance for looking after someone else?

Yes No

Yes No

If yes what is their name?

Are you entitled to Carer's Allowance but do not receive it?

Yes No

Yes No

Part 2 (continued)

You

Your partner

Are you or your partner in prison or on remand?

Yes No

Yes No

If yes, what date did you go in?

/ /

/ /

Are you a care worker?

Yes No

Yes No

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 5 years?

Yes No

Yes No

If yes:

• What is your nationality?

• What date did you come to live in the United Kingdom?

/ /

/ /

• Has the Home Office given you permission to enter or stay in the United Kingdom?

Yes No

Yes No

If yes, give details

PART 3 People in your home

In this part we ask for details of anyone who lives with you and your partner. Is anyone who lives with you?

a full-time student or student nurse

Yes No

permanently in hospital or a nursing home

Yes No

in prison, on remand or in a bail hostel

Yes No

an apprentice

Yes No

a care worker

Yes No

on youth training

Yes No

long-term sick or disabled

Yes No

registered blind

Yes No

Does anyone who lives with you have a severe learning disability, mental illness or form of dementia ?

Yes No

If yes, give their names and an explanation

PART 4 Children who live with you

In this part we ask for details of children you or your partner get Child Benefit for.

You **Your partner**

Do you or your partner have children living with you who you get Child Benefit for?

Yes No Yes No

If no please sign here and go to part 5 _____

If yes please answer the question below

How many children live with you?

If you have more than 3 children please use the space on page 21

First child **Second child** **Third child**

First Name

Surname

Is the child male or female?

Child's date of birth

The child's relationship to you?

The child's relationship to your partner?

Is the child registered blind? Yes No Yes No Yes No

Does the child get Disability Living Allowance? Yes No Yes No Yes No

If 'Yes' tell us how much
 Care £ Care £ Care £
 Mobility £ Mobility £ Mobility £

Do you pay someone for childcare? Yes No Yes No Yes No

If yes, give the childcare providers:

• Name
 • Registration number

• How much do you pay a week? £ £ £

• Do childcare costs stay the same in the holidays? Yes No Yes No Yes No

• If no, how much are they in the school holidays? £ £ £

Part 4 (continued)

Do you get childcare vouchers for any of your children? Yes No

If yes, tell us the names of the children and how much

Do you have children about to leave school? Yes No

If yes, tell us the names of the children and the date they leave school

PART 5 Other people who live with you

In this part we ask for details of anyone else (other than your partner or children listed in part 4) who live with you. This includes grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants and foster children.

You

Your partner

If you do not have any of the above people living with you, sign here and go to part 6:-

If there are more than 3 other adults living with you, please use the space on page 21 to tell us about them.

	First person	Second person	Third person
First Name	<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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you	<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"/>
How much rent do they pay?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get Income Support or 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"/>
Do they get Pension Credit?	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 Employment and Support 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"/>

I agree to you contacting the Department for Work and Pensions about my Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance

Signature of adult living with you

Part 5 (continued)

	First person	Second person	Third person
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 an apprentice or on a Youth Training Scheme?	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"/>
If yes, what is their gross weekly wage?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income from work?	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? (including any benefits, allowances, pensions and income from savings)?	Name of First Income	Name of First Income	Name of First Income
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount before deductions	Amount before deductions	Amount before deductions
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	Name of Second Income	Name of Second Income	Name of Second Income
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount before deductions	Amount before deductions	Amount before deductions
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If there are more than 2 incomes, please use the space on page 21 to tell us about them.

PART 6 Income Support, Jobseeker's Allowance, Pension Credit and Employment & Support Allowance

If you or your partner are not receiving, or waiting to hear about a claim for Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance please sign below and go to part 7.

You

Your partner

Sign to confirm and go to part 7

However, if you or your partner are receiving, or waiting to hear about a claim for Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance, answer the questions on the following page:

Part 6 (continued)

Are you or your partner **getting** Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance at the moment?

- If yes, when did you start getting it?

Are you or your partner **waiting to hear** about a claim for Income Support, Jobseeker's Allowance, Pension Credit or Employment & Support Allowance?

- If yes, when did you make the claim?

If you have recently moved, have you told Jobcentre Plus or the Department for Work and Pensions?

- If yes, when did you tell them?

You

Yes No

____ / ____ / ____

Yes No

____ / ____ / ____

Yes No

____ / ____ / ____

Your partner

Yes No

____ / ____ / ____

Yes No

____ / ____ / ____

Yes No

____ / ____ / ____

PART 7 Student Income

By student we mean anyone who is attending a course of study at an education establishment, including nurses.

You

Yes No

Are you or your partner a student?

If no, sign to confirm and go to part 8
If yes, answer the questions below

Where are you studying?

Is your course full time?

Yes No

Yes No

Do you get a student grant?

Yes No

Yes No

Do you get a student loan?

Yes No

Yes No

What is the name of your course?

How many hours a week is it for?

What is the start date of your course?

____ / ____ / ____

____ / ____ / ____

What is the end date of your course?

____ / ____ / ____

____ / ____ / ____

We may send you another form about this

PART 8 Earnings from employment

	You	Your partner
Do you or your partner work? (this includes full time/part time/voluntary and agency work)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, sign to confirm and go to part 9	_____	_____
If yes, please answer the questions below		
How many jobs do you have?	<input type="text"/>	<input type="text"/>
If you have more than one job, please use the space on page 21 to tell us about them.		
Your employer's name, address and phone number	<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"/>
When 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 a week do you work?	<input type="text"/>	<input type="text"/>
How often are you paid? (For example every week, every fortnight, every month, every four weeks)	<input type="text"/>	<input type="text"/>
How do you get paid? (For example, cash, cheque, direct into your account)	<input type="text"/>	<input type="text"/>
What is your average net pay each week after tax and National Insurance?	£ <input type="text"/>	£ <input type="text"/>
When is your next pay rise due?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your job permanent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed as a part-time firefighter, or as a member of Territorial Army or reserve forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an apprenticeship, on Youth Training or a New Deal Scheme, on a bridging course or on a Welfare to Work Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which one?	<input type="text"/>	<input type="text"/>

Part 8 (continued)

Are you getting Statutory Sick Pay?

If yes:

- How much?

- When did it start?

How long do you expect to be off work?

Are you getting Statutory Maternity or Statutory Paternity Pay?

If yes:

- How much

- When did it start

You

Yes No

£

/ /

Yes No

£

/ /

Your partner

Yes No

£

/ /

Yes No

£

/ /

PART 9 Earnings from Self-Employment

Are you or your partner self-employed or a director of a company?

If no, sign to confirm and go to part 10

If yes, answer the questions below

If you have more than one business, please use the space on page 21 to tell us about them.

What type of business do you run?

What date did the business start?

How many hours do you usually work each week?

Do you use your home for business?

Do you have any business partners?

If yes, tell us their name or names

Do you pay into a private pension scheme?

Do you pay a self-employed National Insurance stamp?

Do you get a business start-up allowance?

If yes, how much do you get each week?

Do you have more than one business?

You

Yes No

/ /

Yes No

Yes No

Yes No

Yes No

Yes No

£

Yes No

Your partner

Yes No

/ /

Yes No

Yes No

Yes No

Yes No

Yes No

£

Yes No

We may send you another short form to fill in about your self-employment

PART 10 Pension income

Do you or your partner receive income from a pension?

You		Your partner	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, sign to confirm and go to part 11

If yes, answer the questions below

If you receive any of the following, say how much and how often?
If you need more space, please use the area provided on page 21.

	You		Your partner	
	How Much?	How Often?	How Much?	How Often?
State Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widow's Pension or Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widow's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Company Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date of last increase	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
- The company's name	<input type="text"/>		<input type="text"/>	
Second Company Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date of last increase	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
- The company's name	<input type="text"/>		<input type="text"/>	
Private Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date of last increase	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
- The company's name	<input type="text"/>		<input type="text"/>	
Second Private Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date of last increase	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
- The company's name	<input type="text"/>		<input type="text"/>	

PART 11 Other Income

Do you or your partner receive any other income or have you applied for income that you do not receive yet?

If no, sign to confirm and go part 12

If yes, say how much and how often

	You		Your Partner	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	How Much?	How Often?	How Much?	How Often?
Child Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Child Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Working Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Maintenance from an ex-partner	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Who is it for?	<input type="text"/>		<input type="text"/>	
- Their date of birth?	<input type="text"/>		<input type="text"/>	
Child Support payments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widowed Parents or Mother's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Guardian's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Adoption Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Jobseeker's Allowance (contribution based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Training Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
New Deal Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	

Part 11 continued

	You		Your Partner	
	How Much?	How Often?	How Much?	How Often?
Employment & Support Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Carer's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Date you first got it	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Attendance Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance (care part)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance (mobility part)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Bereavement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Injuries Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Industrial Death Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments from a voluntary organisation	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Charity payments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Money from trusts	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Rent from letting a room	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Does the rent include meals?	<input type="text"/> Yes	<input type="text"/> No	<input type="text"/> Yes	<input type="text"/> No
Rent from another property	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Home income plans	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Annuities - Fixed term	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Life	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Any other income	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
What is it?	<input type="text"/>		<input type="text"/>	
Income you have applied for, but not received	<input type="text"/>		<input type="text"/>	

PART 12 Cash, Capital, Savings and Investments

Please tell us about any cash, savings and investments you or your partner have in this country or abroad. Remember to include any empty or overdrawn accounts, cash, bank and building society accounts, post office accounts, Premium Bonds, National Savings Certificates and stocks and shares.

	You	Your Partner
Do you or your partner have any cash, savings or investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If no, please sign to confirm and go to part 13

If yes, say how much below

--	--

How many accounts in total do you and your partner hold

--	--

If you need more space please to tell us about other accounts please go to page 21

	Amount	Amount
Cash savings at home	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
First bank account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Bank name and account number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Second bank account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Bank name and account number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
First building society account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Second building society account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
First post office account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Second post office account	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Investments overseas	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Premium Bonds	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Income Bonds	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
ISAs or TESSAs	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Stocks and Shares	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
- Company name	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Unit trusts	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
National Savings Certificates	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
- issue number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Any other savings	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>

PART 13 Land and Property

	You	Your Partner
Do you or your partner have a share 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 no, please sign to confirm and go to part 14 If yes, please answer the questions below	_____	_____
Its market value less the mortgage	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
Address of the property?	<input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/>
Does an elderly or disabled relative live in the other property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are separated, do your ex-partner and your children live in the other property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a lease on any property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you recently sold any other property or land?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a second property we may send you a separate form about this		

PART 14 Rent Details

Do you pay rent for your home?	No <input type="checkbox"/> Go to Part 15
	Yes <input type="checkbox"/> Continue below
Do you pay rent to, Gloucester City Homes, Cheltenham Borough Homes, Fosseway Living, Severn Vale or Two Rivers?	No <input type="checkbox"/> Answer the questions below
	Yes <input type="checkbox"/> Go to Part 15
Your landlord's full name and business address? By landlord we mean the person or organisation who owns the property	<input style="width: 100%; height: 50px;" type="text"/>
Your landlord's phone number	<input style="width: 100%; height: 20px;" type="text"/>
If your landlord has an agent, what is their full name and address. By agent we mean the person or organisation you actually pay rent to	<input style="width: 100%; height: 50px;" type="text"/>
Agent's telephone number	<input style="width: 100%; height: 20px;" type="text"/>

Part 14 continued

What date did your tenancy start?

Did you or your partner previously own this property? Yes

No

If yes, when did you own it?

 -

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

Yes

No

If yes, what is the relationship?

(For example ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter)

Do you have a written tenancy agreement?

Yes

No

What sort of tenancy do you have?

(For example assured shorthold tenancy)

How long is the tenancy for?

 -

What is the full rent you must pay your landlord?

How often do you have to pay your rent?

Has your rent been registered as a fair rent?
(if yes, please enclose your registration form RO5)

Yes

No

Has your rent changed in the last 12 months?

Yes

No

If 'Yes' give the date it changed and the new amount

Do you live in this property as part of your job?

Yes

No

Does anyone other than your partner share the rent with you?

Yes

No

Do you have any weeks when you don't have to pay rent?

Yes

No

If yes, how many each year?

Are you behind with your rent?

Yes

No

If yes, by how many weeks?

Are amounts being taken from your Income Support or Jobseeker's Allowance to pay any overdue rent?

Yes

No

If you are under the age of 22, have you had a care order, or been in the care of social services?

Yes

No

If yes, give the name and address of authority

Part 14 continued

Does the rent include any amounts for the following services (Tick yes or no to each question.)
If you tick a yes box, give the amount of rent that is for that service (if you know).

	Yes	No	Amount		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/Video/Satellite Cable	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	General support and care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Warden or caretaker	<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"/>	Cleaning and lighting shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Give details	<input type="text"/>		

Are any meals included in your rent? Yes No
If yes, say which and how much

Breakfast	<input type="checkbox"/>	Amount	£ <input type="text"/>	Lunch	<input type="checkbox"/>	Amount	£ <input type="text"/>
Evening meal	<input type="checkbox"/>	Amount	£ <input type="text"/>	Food items	<input type="checkbox"/>	Amount	£ <input type="text"/>

Please tick the type of accommodation you live in

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a shop or shops	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Hotel or guest house	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	Caravan	<input type="checkbox"/>	Ground rent only	<input type="checkbox"/>
Care home	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	Say what	<input type="text"/>		

Part 14 continued

If you rent a room, where in the building is it?

Front Centre Back Other Say where

If you rent a room, what is your room number?

How many floors are there in the whole building?

Which floors do you live on?

All floors Basement Ground First Floor
 Second Floor Third Floor Fourth Floor Fifth Floor
 Other Say which

Fill in the table below to tell us how many rooms there are in the building you live in, and who uses them.

	Total number in whole building	Number used only by you and your family	Number you share with other households
Living rooms			
Bedrooms			
Bedsits			
Kitchens			
Bathrooms			
Separate toilet			
Other rooms			
Total number of rooms			

Does your home have central heating? Yes No

Is your home furnished by your landlord? Yes No

- If yes, is it: fully furnished? partly furnished? barely furnished?

Who is responsible for decorating the inside of your home?

You Your landlord Don't know

Tick the relevant boxes to show which of the following bills you receive for your home?

Gas bill Electricity bill Water bill

PART 15 How You Will Be Paid

Help with your council tax

If you are entitled to help with your council tax, we will take your Council Tax benefit off your council tax, and send you a new bill.

Help with your rent

We will usually pay your benefit direct to your bank or building society account.

Please give your account details below and enclose evidence of this account. If you do not have a bank account or are overdrawn, then please contact the benefit helpline for further advice.

Private tenants

If you rent your home from a private landlord, we will normally pay your benefit direct to you. However, we will consider paying your landlord direct if you cannot manage your finances or if you could not be responsible enough to pay your rent, or if you are eight weeks or more behind with your rent.

If you want us to pay your landlord direct, you will have to fill in a separate form and provide evidence to support your application (such as a letter from a doctor, social worker or support worker). If you need more advice about this, contact your Benefits Service.

If you would like us to consider paying your landlord, then please tick this box

Housing association tenants

If you rent your property from a housing association, you can choose to have your benefit paid direct to them.

If you want us to pay your housing association, tick this box

Name of bank or building society

Address of bank or building society

Name of account holder

Bank sort code

Account number

Roll number
(building society accounts only)

PART 16 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.

By giving permission, we will be able to tell your landlord:

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

We will not give your landlord any information about:

- your personal or household circumstances
- your financial circumstances

Under the Data Protection Act 1998, we will need your written permission to discuss anything else.

If you want to give permission to discuss your claim with your landlord, please sign below. (You can withdraw your permission to share information with your landlord at any time.)

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

Signature _____

Date ____/____/____

Full name and address _____

PART 17 Backdating

We can normally pay benefit from the Monday after you first asked us for a form, as long as you return it within one month. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from, and why you did not claim earlier.

Date you want to claim benefit from

Tell us why you have not claimed before

PART 18 Extra Information

Please use this space to tell us about any children, other adults, income, jobs, savings and so on that you have not been able to give details of on the previous pages. You can also use it to tell us anything else you feel may help us with your claim.

PART 19 How We Collect And Use Information

We will use the information we collect, on this form and from supporting evidence, to process your claim for benefit. We may pass the information to the Department for Work and Pensions and HM Revenue & Customs if the law allows this.

We may check the information you provide, or information which someone else gives us about you, with other information held by us. We may also get information from other organisations, or give them information, to check that the information we have is accurate, to prevent or detect crime, or to protect public funds in other ways, if the law allows this. These other organisations include government departments and local authorities.

We will not give information about you to anyone outside the council, or use information about you for other purposes unless the law allows us to.

We are the Data Controller for the purposes of the Data Protection Act 1998. This means that we are responsible for keeping to the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information please contact us.

DECLARATION – Please read this carefully before you sign and date it

Even if someone else has filled in this form for you, you must sign the declaration if you can. If you have a partner, please ask them to sign the declaration as well.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim for benefit. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- I know I must immediately tell your Benefits Service department, in writing, about any changes in my circumstances or changes in the circumstances of anyone else in my household, which may affect my claim. **If I do not do this I may be prosecuted.**
- I confirm that the information I have given on this form is correct and complete.

Your Signature

Date

Partner's Signature

Date

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

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

Name of the person who filled in the form

Relationship to the person claiming

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature of person who filled in the form

Date

WARNING - You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens.

Equalities Monitoring Data

By law we must make sure that our services are available to everyone in the community. If it appears that certain people do not have equal access to our services or are treated unfairly, we must find out the reasons for this and consider ways of putting the matter right. To help us to do this, please fill in this part. However, you do not have to.

Ethnic Group

These are the categories used in the 2001 census. Choose a section and then tick the box you consider yourself to be in.

White	Black or Black British	Asian or Asian British	Mixed	Chinese or Other Ethnic Group
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
Other white Background <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>	Say which
Say which	Say which	Other Asian Background <input type="checkbox"/>	Other, say which	
		Say which		

We realise that details of your sexuality and religion or faith are very personal. However, we need to consider these.

Sexuality

Bisexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Other <input type="checkbox"/>
Hetrosexual/straight <input type="checkbox"/>	Gay woman (lesbian) <input type="checkbox"/>	Refuse to answer <input type="checkbox"/>

Religion or faith

Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other religion <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>	No religion <input type="checkbox"/>
Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Refuse to answer <input type="checkbox"/>

Thank you for providing this information. We will keep it confidential and use it to produce reports on service delivery, customer satisfaction and equal opportunities. We will not use your name in the reports.

The information you provide will help us to see where we can make improvements. To allow us to use and store the information for these purposes, please sign and date the following declaration.

I agree to the information above being held and use in line with the Data Protection Act 1998.

Your signature

Date

 / /

Claim In A Day

If you fill in this form and give us all the proof we need at the same time, we will process your claim within one working day.

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

Let us know that this is to be treated as a Claim In A Day by ticking the box on the front of the form!

Useful Contacts

Housing and Council Tax Benefit Advice Line	01452 396483	benefits@gloucester.gov.uk
Benefit Fraud Hotline	0800 731 7111	beat.benefitfraud@gloucester.gov.uk
Council Tax Advice Line	01452 396495	revenues@gloucester.gov.uk
Housing Advice Service	01452 396504	housing@gloucester.gov.uk
Homelessness Services	01452 396567	housing@gloucester.gov.uk
Customer Services Appointments	01452 396407	revenues@gloucester.gov.uk
Textphone:	01452 396161	
Other useful contacts		
Citizens Advice Bureau	01452 528017	
Gloucester Law Centre	01452 423492	
White City Project	01452 554412	
Matson Neighbourhood Project	01452 505544	
The One Stop Plus	01452 526014	
Coney Hill Neighbourhood Project	01452 380116	
Podsmead Neighbourhood Project	01452 541576	

What happens now?

Thank you for filling out this form. Please return it with all proof we need, as set out, in the 'Notes for filling out this form' to:

Gloucester City Council, Benefits Service, Herbert Warehouse, The Docks, Gloucester GL1 2EQ

Fraud initiative

This authority is required by law to protect public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

For more information on this, visit our website at: <http://www.gloucester.gov.uk/nationalfraudinitiative>

Translation Services

This is a form to help with your rent and council tax. If you wish to have a copy in Bengali, Gujarati, Urdu or Polish, phone us on 01452 396909.