DOC TYPE- SHIPREVIEW

## **Housing Benefit & Council Tax Support Review Form**

Gloucester City Revenues and Benefits, PO BOX 2017, Pershore, Worcs WR10 9BJ Telephone 01452 396396

All sections must be completed, even if your circumstances haven't changed, and the declaration must be signed to ensure there is no interruption in your benefit payments.

Name: Address: Address: Address:			Claim Reference:  Date of issue:	
Telephone number			N	INO
First Names				
Last Name				
Address				
Telephone number				
Section 2 – to be	completed by the claim	nant		
Do you?	Own your home or p	oay a mortgage	Pay rent to th	ne Council
Please tick the appropriate box(s)	Pay rent to a housing	ng association	Pay rent to a	private landlord
σολ(σ)	Live in board and lo	dging	Other	Please give details.
Name of Landlord	d			
How much rent a (Before Housing B		£	Per week	] / month 🔲
and service charge	copy of your recent rent e information. This can nt rent increase letter. If is, please obtain a	Eligible £	Ineligible £	
Do you contribute to (If so, please provi				
Do you have a Su Please provide no				

Please list the names of everybody who normally lives with you. If none, please write "None"

Name	Relationship to you	Date of birth	Income / Amount
	Jou	/ /	
		/ /	
		/ /	
		/ /	
		/ /	

If anyone has moved in or out of your household please tell us who and when. Has there been any change in anyone's income? If so please provide details at the end of this form.

ype (e.g. Job Seeker's Allowance)	Amount	How often	Reference No.
	£		
	£		
	£		
	£		
	£		
	£		
	m if you need more space.		
iarnings lease give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips.	• •
arnings lease give details of all earnings receiv	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips. Amount	y, monthly etc.). If nor
iarnings lease give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips.  Amount	• •
iarnings lease give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	Amount £	• •
iarnings lease give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips.  Amount  £ £ £	• •
Earnings Please give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips.  Amount  £ £ £ £	• •
Earnings lease give details of all earnings receiv lease write "None". <b>Please provide las</b>	ved and how often it is receive st 2 monthly or last 5 weekl	y pay slips.  Amount  £ £ £	• •
Earnings Please give details of all earnings receivolease write "None". Please provide las	r earnings have changed plear if you need more space.	Amount  £ £ £ £ £ £ £ £ £ £ £	How often  Inge happened:

ype of Income	Who receives it	Amount	How Often
		£	
		£	
		£	
		£	
		£	
		£	

Please provide details and evidence of all income received and how often it is received (e.g. weekly, four weekly,

## Bank Accounts / Savings/Capital

Income

Please give details of all bank or building society accounts (including those with small balances or overdrawn), savings, investments, shares, property, land etc. If none please write "None"

Type	Details of account(s) or address of property/land	Amount
		£
		£
		£
	ed please tell us the date the change(s) happened: d of the form if you need more space.	1 1

<u>Please forward the last two months bank statements for every account you hold including current accounts.</u>

Any Other In	formation
Please use the b	oox below if you need to provide any further information:
Please read this	declaration carefully before you sign and date it.
I understand the	following:
* If I give informa	ation that is incorrect or incomplete, you may take action against me.
	e information I have provided to process my claim for Housing Benefit or Council Tax Support, or check some of the information with other sources within the council, rent offices, and other
	ny information I have provided in connection with this and any other claim for Social Security nave made or may make. You may give some information to other government organisations, if la
I know I must let	the council know about any changes in my circumstances, which might affect my claim.
I declare the info	rmation I have given on this form is correct and complete.
Signature of pers	son claiming:
	Date:
If this form has b	een completed by someone other than the claimant, please complete the following information.
As far as possibl correct.	e, I have confirmed with the person claiming that the answers I have written on this form are
Name o	f person:
Signature (	of person:
Oigilatai o	
Relationship to	o claimant:
Contact Details	
By Telephone:	01452 396396
Ry Post:	Gloucester City Revenues and Benefits

By Post: Gloucester City Revenues and Benefits PO Box 2017

PO Box 201 Pershore Worcs WR10 9BJ

By Email: SHIP@Gloucester.gov.uk



## Gloucester City Council tenancy type questionnaire for housing benefit

We need more information and evidence in connection with this housing benefit claim.

This form should be completed by the landlord. Please read this form carefully before completing it.

We also need the tenancy or licence agreement, a rent breakdown and a completed housing benefit claim form. Please send these with this form or as soon as you can. If there is a delay in making the claim your tenant/licensee may lose benefit.

Please answer the questions in relation to the specific tenant/licensee the enclosed letter is about.

1. Please tell us the following:			
a. Name of tenant/licensee:			
b. Address of tenant/licensee room number or room locat	•		
c. Name and address of tenar landlord	nt's/licensee's		
d. Landlord's registered charit and/or registered provider r	-		
Does this tenant/licensee red     Yes □ No □	quire care, support, supervis	on and/or intensive housing managem	nent?
3. Why does he/she require car	re, support, supervision and/	or intensive housing management?	
care please give the name of intensive housing management week) of care, support, superexpected period of this tenar	f each one) and say how ma ent are actually provided. Th rvision and/or intensive hous nt's residence in this property	ne care (if more than one organisation may hours per week of care, support, suits should be the average number of hosing management provided over the with the <b>landlord</b> (as given in question to say who commissions the care.	upervision of ours (per hole
Name of care provider:	Number of hours of care provided each week:	Commissioned by:	
·	e landlord (as given above in	question 1(c)), is there a formal agree	ement or

Yes

No

	Type of care/ir	ntensive housing manag	ement provided	Number of hours per week spent providing care/ support/ supervision/ intensive housing management	
			Total:		
	providing care, support, s			estion 1c above) receive fundir nagement?	ng foi
			er(s)?		
	(iii) Does the funding cov provided?	er the full cost of the ca	re, support, supe	ervision, intensive housing ma	ınage
	Yes □ No				
	(iv) If no funding or only p	partial funding is receive	d, please say ho	ow the cost of providing the ca	are is
	Is this tenant/licensee ca	pable of work? Yes			
	If no, please say why not				
	re that, to the best of my k		on I have given i	s correct and complete. I unc	derst
ar	ilust illionii tile bellelit c		vithin the organi	sation:	
ar <b>n</b>	sign below and indicate y	our name and position v			
ar <b>n</b> e		Name (please print)		Position	
lar <b>I n</b> se	sign below and indicate y	·		Position	

6. Please tell us about the care, support, supervision and/or intensive housing management which is actually

Charges for care, support, supervision and/or intensive housing management are not eligible to be paid by housing benefit. If, after payments have been made, housing benefit is found to have paid for these, those payments will, where appropriate, be recovered.

Please return this questionnaire with the evidence requested within 14 days, otherwise I will assume that the care, support, supervision and/or intensive housing management provided is minimal and assess the claim using the appropriate weekly Local Housing Allowance rate. Payment of Housing Benefit may be made directly to the claimant in accordance with Local Housing Allowance rules.

Thank you for your help.

If you require any help with this questionnaire, please contact the Benefit Service on 01452 396396.