

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

NINO

First Names

Last Name

Address

Telephone
 number

Section 2 – to be completed by the claimant**Do you?** Own your home or pay a mortgage Pay rent to the Council

Please tick the
 appropriate
 box(s)

 Pay rent to a housing association Pay rent to a private landlord Live in board and lodging Other
 Please give details.

Name of Landlord _____

How much rent are you charged?
 (Before Housing Benefit is applied)

£ _____

Per week / month **What are your Service Charges?**

(Please provide a copy of your recent rent and service charge information. This can be your most recent rent increase letter. If you do not have this, please obtain a copy from your landlord)

Eligible £ _____

Ineligible £ _____

Do you contribute towards the rent?
 (If so, please provide details)-

Do you have a Support Worker?
 Please provide name/contact

Income

Please provide details and evidence of all income received and how often it is received (e.g. weekly, four weekly, monthly etc.). Income includes things like maintenance, private pensions, student grants/loans etc. If none please write "None"

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

If your income has changed please tell us the date the change(s) happened:
Please use the box at the end of the form if you need more space.

/ /

Bank Accounts / Savings/ Capital

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
		£
		£
		£

If your savings have changed please tell us the date the change(s) happened:
Please use the box at the end of the form if you need more space.

/ /

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

Any Other Information

Please use the box 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 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 or Council Tax Support, or both. You may check some of the information with other sources within the council, rent offices, and other councils.
- * You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if law allows this.

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

I declare the information I have given on this form is correct and complete.

Signature of person claiming: _____

Date: _____

If this form has been completed by someone other than the claimant, please complete the following information.

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

Name of person: _____

Signature of person: _____

Relationship to claimant: _____

Contact Details

By Telephone: 01452 396396

By Post: Gloucester City Revenues and Benefits
PO Box 2017
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 including room number or room location	
c. Name and address of tenant's/licensee's landlord	
d. Landlord's registered charity number and/or registered provider number	

2. Does this tenant/licensee require care, support, supervision and/or intensive housing management?
Yes No

3. Why does he/she require care, support, supervision and/or intensive housing management?

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4. Please give the name of the organisation that provides the care (if more than one organisation provides the care please give the name of each one) and say how many hours per week of care, support, supervision or intensive housing management are actually provided. This should be the average number of hours (per week) of care, support, supervision and/or intensive housing management provided over the whole expected period of this tenant's residence in this property. If the **landlord** (as given in question 1(c) above) provides any care please include the details. Please also say who commissions the care.

Name of care provider:	Number of hours of care provided each week:	Commissioned by:

5. If the care provider is not the **landlord** (as given above in question 1(c)), is there a formal agreement or contract in place between this **landlord** and the care provider to provide the service?
Yes No

