

# Housing Benefit and Council Tax Reduction Claim Form

Please detach this information sheet and keep for future reference.



## Notes for filling in the Housing Benefit and Council Tax Reduction claim form

### ***About this form***

You can use the same form if you are applying for either or both of the above.

This claim form has been specially designed to be easy to fill in. It may seem rather long, but we have to ask a lot of questions to make sure that everyone who claims receives the right amount of benefit and/or reduction.

### ***Filling in the form***

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. If you do not have enough space on the form to give all relevant information please continue in the space provided in part 10. If you are enclosing separate sheets please indicate clearly on the form how many additional sheets.

Use **black ink** to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

There are guidance notes alongside each section and further notes at the back of this form to help you.

### ***If you need help filling in the form***

If you need further help you can contact us for guidance on 01635 519258 or visit us at the Council Offices in Market Street.

If English is not your first language and you need help filling in the form, we may be able to help you, please contact us.

### ***Proof***

We need to see proof of the things you tell us about. **There is a checklist at the end of the form to help you.** If you are not sure if we need to see something, get in touch with us. We will tell you what we need to see. We cannot pay you Housing Benefit or Council Tax Reduction until we have seen the proof we have asked for. If you do not currently have proof of your circumstances **DO NOT DELAY RETURNING THIS FORM** as you may lose benefit or reduction. Proof may be accepted at a later date when it becomes available.

### ***What to do next***

When you have filled in the form, sign the declaration in part 11. If someone else fills in the form for you, there is also a place for them to sign.

Send the form to us with the proof we need to see. If you are posting the form please ensure that you use the correct postage, otherwise the form may not reach us. Alternatively you can take the form and proof to our Market Street office. See overleaf for details of our opening times.

### ***How long will it take us to make a decision on your claim?***

The more information and evidence you return with your form the sooner we will be able to reach a decision on your claim. If we have to write to you for further information this may delay your claim while we wait for you to reply.

### ***The start date of your claim***

We can usually pay benefit or reduction from the Monday after we receive your claim. If you are a new tenant, we can pay it from the start of your tenancy, but normally only if we receive your form on or before the Monday following the start of your tenancy. We cannot normally pay benefit for any time before you move in.

### ***How your claim is worked out***

Housing Benefit and Council Tax Reduction are worked out based on your financial and personal circumstances. Please do not assume that you will be entitled to full Housing Benefit or Council Tax Reduction. You should continue making payments towards your rent and/or Council Tax to avoid getting into arrears.

### ***How we will pay you***

We will normally pay your Housing Benefit in arrears every two weeks if your rent is charged weekly, or monthly if your rent is charged monthly. You will need to provide us with details of a bank account to receive payment. If you are a housing association tenant we will pay Housing Benefit four weekly if it is paid directly to your landlord. We will deduct your Council Tax Reduction from your Council Tax account.

### ***If you do not have a bank account***

If you require information about how to open a bank account to receive payment of your Housing Benefit please contact us. Many banks offer free basic bank accounts from which you can create standing orders.

### ***Changes you must tell us about***

Tell the Benefits section, in writing, immediately if your circumstances change after completing this form. You may lose benefit or reduction if you do not advise the Benefits section within one month of a change. A late notified change which causes a decrease in entitlement is likely to cause a benefit overpayment and/or an increase in Council Tax, which you will be liable to repay.

Tell us straight away if:

- any of your children leave school or leave home
- anyone moves into or out of your home (including lodgers, boarders and sub-tenants)
- your income changes or the income of anyone living with you changes. This includes benefits, Tax Credits and earnings
- you cease entitlement to Income Support, Job Seekers Allowance or Employment and Support Allowance
- your capital or savings change by more than £250
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, changes or leaves a job
- your rent changes
- you move
- you or your partner are going to be away from home for more than a month.

This list is not exhaustive.

**You must tell us about any changes in writing – a phone call is not enough.**

### ***How to notify us of changes***

It is an offence not to tell us about any change of circumstances that affects your entitlement. We may take court action against you and if we pay you too much benefit, you may have to pay it back and incur a fine. **You must notify the Benefits Section, in writing, immediately, about any changes to your circumstances that might affect your claim.**

### ***Overpayments***

Overpayments of benefit are recoverable in nearly all circumstances. If there has been an overpayment on your claim you will be notified in writing. Recovery of overpayments will be made from ongoing benefit entitlement where it exists or you may be invoiced for the outstanding amount.

### ***Disputes, reconsiderations and appeals***

You have one month from the date of a decision notice in which to ask us for further information, explanation of the decision, to correct omissions or errors or appeal the decision. You will be notified of your appeal rights with the decision notice.

### ***How we collect and use information***

We will use the information you give in this form and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Reduction.

We may pass the information to other agencies or organisations such as the Department of Work and Pensions and HMRC, as permitted by the law.

By law, we may check the information you have provided, or information provided about you by someone else, against other information they hold about you. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

- make sure the information is accurate
- prevent or detect crime and
- protect public funds.

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

West Berkshire Council is the data controller for the purposes of the Data Protection Act 1998.

### ***Customer Services Opening times***

Our phone lines are open from:                      8.30 am – 5.00 pm Monday to Thursday  
8.30 am – 4.30 pm on Friday.

### **Call 01635 519258**

Our office at Market Street, Newbury              8.30 am – 5.00 pm Monday to Thursday  
is open for callers from:                              8.30 am – 4.30 pm on Friday.

West Berkshire Council Offices, Market Street, Newbury RG14 5LD

Email: [Benefits@westberks.gov.uk](mailto:Benefits@westberks.gov.uk)

Please allow sufficient time for us to deal with your enquiry. If you call at our counter within half an hour of closing, we may not be able to check your claim form or to help you complete it. In this instance you will be given a receipt for your form and it will be passed to the Benefits section, who may then have to contact you if further evidence or information is required to assess your claim. Please note that it is not always possible to identify all the evidence and information required to assess your entitlement during a counter visit. You may occasionally receive a further letter from the Benefits section requesting more evidence, once we have had the opportunity to check your claim in more detail.

<b>For office use only</b>	Checked by	<input type="text"/>
Date issued	/ /	Council Tax Account No. <input type="text"/>
Date received	/ /	Benefit Claim No. <input type="text"/>



# YOU MUST COMPLETE THIS FORM IN BLACK INK

**DO NOT DELAY RETURNING THIS FORM. Evidence may be accepted at a later date if you provide it as soon as it becomes available**

## Part 1 About you and your partner

	You	Your partner												
<b>Last name</b>	<input type="text"/>	<input type="text"/>												
<b>Other names</b>	<input type="text"/>	<input type="text"/>												
<b>Title</b> Mr, Mrs, Ms, Miss, other	<input type="text"/>	<input type="text"/>												
<b>Date of birth</b>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>												
<b>National Insurance number</b>	<table border="1"> <tr> <td>Letters</td> <td>Numbers</td> <td>Letter</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Letters	Numbers	Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>Letters</td> <td>Numbers</td> <td>Letter</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Letters	Numbers	Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Date you moved to this address</b>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>												

**If you have applied for and/or are currently receiving Universal Credit please provide details part 5**

**Notes**

**Do you have a partner who normally lives with you?**  
 By partner, we mean one of the following:-

- Someone you are married to
- Someone you are a civil partner of
- Someone you live with as if you were married
- Someone you live with as if you are civil partners
- Someone you live with as a couple.

**Please provide evidence of your date of birth**

**National Insurance Number**  
 Proof of your National Insurance Number is required. You can find it on payslips, social security letters, pension books etc. We cannot assess your claim if we do not have your National Insurance number(s).

**Address**  
 This should be the address that you are claiming for.

	You	Your partner	Notes
<b>Tell us any other names you have used</b>	<input type="text"/>	<input type="text"/>	<b>Please state names you have been known by such as other family names</b>
<b>What was your last address?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	
<b>Your daytime phone number</b>	<input type="text"/>	<input type="text"/>	
<b>Email address</b>	<input type="text"/>	<input type="text"/>	
<b>What is your nationality?</b>	<input type="text"/>	<input type="text"/>	
<b>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 2 years?</b>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	<b>If you have come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years we may write to you for further information and you could be required to provide your Passport and/or relevant Home Office documentation to support your, or your household's, residency status</b>
	No <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If Yes, please state which date you arrived:</b>	<input type="text"/>	<input type="text"/>	

Have you or your partner claimed Housing Benefit or Council Tax Reduction before?

When did you claim?

What address did you claim for?

Are you or your partner in hospital at the moment?

When did you go in?

When do you expect to come out?

Please tick if you or your partner are:

- a student
- a student nurse
- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long term sick or disabled and incapable of work

Does anyone receive Care Allowance for looking after you or your partner?

If so who gets it?

**You**

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No

\_\_\_\_\_

**Your partner**

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No

\_\_\_\_\_

**Notes**

If you have ticked any of these boxes, please provide documentary evidence such as social security letters, student certificates, or any other relevant legal or medical documentation.

## Part 2

## About children

If you are claiming for more than three children please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

## Notes

Do any children normally live with you?

Yes

No (go to part 3)

How many children live with you?

Last name

Other names

Date of birth

 /  / 

What is the child's gender?

The child's relationship to you?

Does the child normally spend any time residing elsewhere?

Who receives the Child Benefit?

Child Benefit number

Do you receive maintenance or child support for any of these children?

Yes

No

Yes

No

Yes

No

Does the child have more than £3000 in savings?

Yes

No

Yes

No

Yes

No

If so, how much?




### Children.

This normally covers children under 16; or aged 16 or over but still under 20 and in education studying a course not higher than GCE A-level, or GNVQ (advanced).

Please provide birth certificates for each child.

Son/daughter/step-child/legal dependants etc

If yes please provide the name and address of the person that they reside with and the proportion of time they spend at this address in the space for additional details in Part 10 of this form.

### Child Benefit

Please provide evidence of Child Benefit being paid to you for each child

### Child Maintenance

Please provide CSA letters, court orders or evidence of private arrangements

If you are a joint signatory with your child please provide evidence of the savings e.g. statements or passbooks

Is the child registered blind or receiving Disability Living Allowance or a Personal Independence Payment?

Do you pay for any childminding costs for this child?

If yes, OFSTED registered number

How much do you pay a week?

	First child	Second child	Third child
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No	<input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
£	<input type="text"/> term time	£ <input type="text"/> term time	£ <input type="text"/> term time
£	<input type="text"/> school holidays	£ <input type="text"/> school holidays	£ <input type="text"/> school holidays

### Notes

**Please provide the Disability Living Allowance/Personal Independence Payment award letter**

Please provide evidence of your child care costs. Child care costs can only be taken into account where the child care provider is OFSTED registered. This form is provided at the end of this application pack.

Please provide evidence of the child care provider's OFSTED number.

**If you only use a childminder for certain periods please give additional details in part 10**

## Part 3 About other people who live with you

Tell us about other people who live with you and your partner.

If more than three other people live with you and your partner please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

Do any other people live with you?

Yes  No (go to part 4)

Last name

Other names

Date of birth

Their relationship to you

Are they your joint tenant?

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<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"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they your joint tenant?	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Other people who live with you

By this we mean other adults over the age of 16 for whom no one receives Child Benefit and/or dependent children of the other people who live with you.

If more than three other people live with you please continue on a separate piece of paper.

For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint-tenant, joint-owner, friend, sub-tenant or boarder.

Part 3 About other people who live with you  
(continued)

Are any of the people who normally live with you living as partners with each other?

**First person**

Yes  No

**Second person**

Yes  No

**Third person**

Yes  No

**Notes**

What is their relationship to each other?




Do they get Income Support or income-based Jobseekers Allowance?

Yes  No

Yes  No

Yes  No

**Please provide their Social Security letter.**

Do they get Disability Living Allowance, Personal Independence Payments, or are they registered blind?

Yes  No

Yes  No

Yes  No

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

Yes  No

Yes  No

Yes  No

**If they are a full time student etc please forward evidence such as a student certificate.**

Do they pay rent to you or your partner?

Yes  No

Yes  No

Yes  No

Are they severely mentally impaired?

Yes  No

Yes  No

Yes  No

**If anyone in your household is severely mentally impaired please provide evidence such as a doctor's letter**  
If they are the only other adult in your household you may be entitled to a discount on your Council Tax liability.

Are they in legal custody at the moment?

Yes  No

Yes  No

Yes  No

If yes, when did they go in?

 / 
 / 
 / 

If someone who lives with you is in custody they may not be included in the assessment of your claim

When do they expect to be released?

 / 
 / 
 /



Part 3 About other people who live with you  
(continued)

Are they in hospital at the moment?

Yes  No

If yes - when did they go in?

/ /

If yes - when do they expect to be discharged?

/ /

Do they normally work for 16 hours a week or more?

Yes  No

If yes - what are their gross earnings?

£ week/month

Do they have any other income at all?

Yes  No

If yes - what is their gross income, excluding earnings that you have already told us about above?

£ week/month

**First person**

**Second person**

**Third person**

**Notes**

Yes  No

/ /

/ /

Yes  No

£ week/month

Yes  No

£ week/month

Yes  No

/ /

/ /

Yes  No

£ week/month

Yes  No

£ week/month

If someone who normally lives with you has been in hospital for more than 52 weeks, they may not be included in the assessment of your claim

**It is assumed under legislation that people over the age of 18, and/or for whom Child Benefit is no longer payable, should reasonably make an affordable contribution to you if they are living as part of your household. The level of contribution is determined by government figures which are set according to the gross income of other people living with you. A corresponding deduction is taken from your benefit regardless of whether the contribution is actually made by the other people.**

**Please tell us their earnings before deductions**

If the other adults in your house are unable or unwilling to let you have evidence of their gross earnings they may send them to us under separate cover. In this instance they should ensure that they include your name and address with their evidence. Failure to provide evidence of the gross income of other adults in your household may adversely affect the level of benefit or reduction to which you are entitled.

We would normally need to see the last two consecutive monthly/last five weekly or last three fortnightly wage slips.

## Part 4

## About your income

If you have insufficient space please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

## Notes

Have you or your partner applied for Income Support or income-based Jobseekers Allowance?

**You**

Yes  No

When did you claim?

/ /

Are you still waiting to hear about your claim for Income Support or income-based Jobseekers Allowance?

Yes  No

Do you or your partner get any income from self-employment?

Yes  No

If 'Yes', when did the business start?

/ /

What is the business name and address?

Postcode

Are there any partners in the business?  
Use the box to give their names and addresses

Yes  No

Do you get a Business Start-up Allowance or any other grant?

Yes  No

How much?

£

How often

Every

Do you or your partner work for an employer?

Yes  No

If yes, who do you work for?

## Your partner

Yes  No

/ /

Yes  No

Yes  No

/ /

Postcode

Yes  No

Yes  No

£

Every

Yes  No

**Please provide evidence of your application for Income Support or income-based Jobseekers Allowance. If your claim for income support or income-based Jobseekers Allowance has not yet been processed a receipt of your application should be obtainable from Jobcentre Plus**

If you or your partner are self-employed we will ask you for business accounts or a record of your trading, normally covering a minimum period of the preceding 6 months, in order to determine the income we can use.

If you have more than one job please provide details in Part 10.

Wage slips should clearly show your employer's name and address.

What is your employer's address?

Postcode

What kind of work do you do?

--

When did you start this job?

/	/
---	---

Is this a permanent job?

Yes  No

If No, when will you finish?

/	/
---	---

How often do you get paid?

--

How much do you get paid?

£	week/month
---	------------

When was your last pay rise?

month	year
-------	------

How many hours do you normally work each week?

--

Do you regularly work paid overtime?

Yes  No

If Yes, how many hours do you normally work over your contracted hours?

--

Do you pay into a private or company pension scheme?

Yes  No

If so, how much do you pay?

£
---

If so, how often?

--

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer/s at the moment?

Yes  No

### Your partner

Postcode

--

/	/
---	---

Yes  No

/	/
---	---

--

£	week/month
---	------------

month	year
-------	------

--

Yes  No

--

Yes  No

£
---

--

Yes  No

### Notes

**Please provide 2 most recent and consecutive monthly payslips or 5 most recent consecutive weekly payslips or 3 most recent consecutive fortnightly payslips.**

Payslips must clearly show your employer's name and address, your national insurance number, the pay and tax period, your gross and net earnings to date, your tax and national insurance contributions to date and your current tax code.

If you do not have complete evidence of these, send what you have but also ask your employer to complete the Employers Earnings Certificate at the end of this form.

**Please provide evidence of your contributions into private schemes as we may be able to deduct some or all of these contributions from your calculated income.**

Part 4 About your employment (continued)

Are you receiving any company sick pay or maternity pay from your employer/s at the moment?

**You**

Yes  No

Please tell us when you started receiving it

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you do any other work at all?

Yes  No

If yes, what kind of work do you do?

\_\_\_\_\_

What is the name and address of the person you do this work for?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

When did you start this work?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you get paid?

Yes  No

How much and how often?

£ \_\_\_\_\_ Every \_\_\_\_\_

How much and how often?

£ \_\_\_\_\_ Every \_\_\_\_\_

**Your partner**

Yes  No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No

£ \_\_\_\_\_ Every \_\_\_\_\_

£ \_\_\_\_\_ Every \_\_\_\_\_

**Notes**

**Please state if you do voluntary work or other unpaid work**

If you only receive expenses or tips you must still declare this and provide details at the end of the form or on a separate sheet if necessary

If payslips are not available written confirmation of your income will be required from your employer.

**Benefits may include (please note this list is not exhaustive):**

- Attendance Allowance/Disability Living Allowance/Personal Independence Payment
- Bereavement Benefits
- Contribution based Jobseekers Allowance
- Carers Allowance
- Child Tax Credit
- Employment Support Allowance
- Guarantee Credit/Savings Credit
- Guardian's/Fostering Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Benefit
- Maternity Allowance
- Occupational Pension
- Private Pension
- Return to work credit
- Severe Disablement Allowance
- State Retirement Pension
- Statutory Maternity Pay
- Statutory Sick Pay
- Universal Credit
- War Disablement Benefit/War Pensions
- Working Tax Credit
- Any other Benefit not listed

**Part 5 About your benefits, tax credits or pensions**

If you have insufficient space please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

Are you getting any benefits, tax credits or state pensions?

Yes  No

The name of the benefit

\_\_\_\_\_

How much and how often?

£ \_\_\_\_\_ Every \_\_\_\_\_

How much and how often?

£ \_\_\_\_\_ Every \_\_\_\_\_

Yes  No

\_\_\_\_\_

£ \_\_\_\_\_ Every \_\_\_\_\_

£ \_\_\_\_\_ Every \_\_\_\_\_

Part 5 About your benefits, tax credits or pensions (continued)

The name of the benefit

How much and how often?

The name of the benefit

How much and how often?

Are you waiting to hear about any benefits you have recently claimed?

If so please provide the name(s) of the benefit(s) you are waiting to hear about?

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

Please provide evidence of benefits applied for or received. Evidence would include DWP letters, HMRC award notices, bank statements etc.

Part 6

About any other money

If you have insufficient space please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form?

What is the money for?

Who gets it?

Who pays this money?

How much and how often is this paid?

What is the money for?

Who gets it?

Who pays this money?

How much and how often is this paid?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
£	Every	£	Every
£	Every	£	Every

This includes maintenance for yourself or your partner  
 Any regular payments  
 Redundancy Pay  
 Earnings Replacement Policies  
 Social Services payments  
 Trust Fund payments

**You must tell us about any money you get from people living in your house such as:**  
 Boarders  
 Lodgers  
 Sub-tenants

You are responsible for ensuring that all income you receive is declared upon this form. If you are unsure whether a particular type of income affects your entitlement to benefit or reduction please declare it anyway, regardless of whether or not it has been specifically referred to in the notes.

## Part 7

## About bank accounts, savings and investments

If you have insufficient space please provide the additional details in Part 10 or, if there is insufficient space in Part 10, on a separate piece of paper. If you are enclosing a separate piece of paper which provides further information relating to the following part of the form, please write the word YES in the box.

Do you, your partner, or any children you are claiming for have any bank, building society or Post Office accounts?

Yes

No

Who is the account with?

Account number

Current balance

Whose name is the account in?

Who is the account with?

Account number

Current balance

Whose name is the account in?

Who is the account with?

Account number

Current balance

Whose name is the account in?

Who is the account with?

Account number

Current balance

Whose name is the account in?

## Notes

**Please tell us about any bank, building society, or Post Office accounts you and your partner hold/s or are a joint signatory to, whether overdrawn or not.** This includes accounts you or your children may hold or where you are a joint-signatory with a parent or other relative for example

We will need to see the two most recent and consecutive statements for each and every account you and/or your partner hold/s

**You will be asked later in this form to nominate an account in which to receive any Housing Benefit to which you are entitled.**

If you have an overdrawn balance you might consider opening a basic bank account in which to receive your Housing Benefit and from which you can pay your rent.

Do you, your partner or any children you are claiming for have any savings accounts?

Yes  No

Name of bank

Account number

Current balance

Whose name is the account in?

Name of bank

Account number

Current Balance

Whose name is the account in?

Name of bank

Account number

Current balance

Whose name is the account in?

Name of bank

Account number

Current balance

Whose name is the account in?

## Notes

Please tell us about any accounts held by a household member, whether it is held solely in your/their name or as a joint signatory.

Please ensure that you have asked your building society or Post Office to update your passbook to its current balance.

You should provide details of all accounts you hold even if you no longer use them or haven't done so for some time.

**Do you, your partner, or any children you are claiming for have any premium bonds?**

Yes  No

If so, what is the value?

£

In whose name are they held?

**Do you, your partner, or any children you are claiming for have any National Savings Certificates?**

Yes  No

If so, what is the value?

£

In whose name are they held?

**Do you, your partner, or any children you are claiming for have any stocks, shares, bonds or unit trusts?**

Yes  No

If so, what is the value?

£

In whose name are they held?

**Do you, your partner, or any children you are claiming for have any other capital, savings or investments?**

Yes  No

If so, what are they?

What is the value?

£

In whose name are they held?

## Notes

**Please provide evidence of the premium bonds held**

£

**Please provide evidence of the National Savings Certificates held**

£

**Please provide the share certificate(s) and the latest share statement**

£

**Please provide evidence of any other capital. For example TESSA's, ISA's, Personal Equity Plans, Trust Funds.** Note that this list is not exhaustive so please ensure you declare all capital regardless of whether it has been specifically mentioned in the notes.

£



Part 7 About bank accounts, savings and investments (continued)

Do you, or your partner, or any other member of your household, own or part own the property in which you live?"

Yes  No

Do you, or your partner, or any other member of your household, own or part own any property other than the property in which you live?

Yes  No

If so, who owns it?

If so, what is the address of the property?

Postcode

Is this property up for sale?

Yes  No

What is the current market value of the property?

£

What, if any, is the outstanding mortgage?

£

Do you, your partner, or any children you are claiming for receive rent for the property?

Yes  No

If so, what rent is received?

£  week/month

If so, is the tenant a relative?

Yes  No

What is the relationship of the tenant to the property owner?

Do you rent your home from a Trust?

Yes  No

If so, are you, your partner or any child you are claiming for a trustee, or beneficiary of the trust?

Yes  No

Do you, your partner, or any child that you are claiming for rent a property other than your main home?

Yes  No

If so, what is the address of the property?

Postcode

If so, when did you start renting the property?

/  /

## Notes

Housing Benefit can only provide assistance with rental liabilities, so you will not be entitled to Housing Benefit if you own your property, however you may still be entitled to Council Tax Reduction. There are special rules which apply to shared ownership schemes where Housing Benefit may only be claimed for that portion of your housing costs which relate to rent.

A trust is an arrangement under which property is transferred to one or more people known as trustees. Trustees are required to look after the property or deal with it for the benefit of someone else, 'the beneficiary', or for some other purpose such as that of a charity

If the property is up for sale, please forward the marketing agreement between you and your Estate Agent

If you own a property outside of the UK we may write and ask you for further information

**Do you want to claim help with your Council Tax liability?**

Yes  No

**If you have provided details of your claim for Universal Credit in part 5, and your Universal Credit award includes an assessment of housing costs, please go straight to part 10.**

**Do you want to claim help with your rent liability?**

Yes  No

Most working age customers now need to claim help with their rent through Universal Credit. You can however still claim Housing Benefit if you are of State Pension age. You may also be able to claim Housing Benefit if you are working age and:

- are resident in specified accommodation - Specified accommodation is where you are living in a refuge or Local Authority hostel, or if your landlord is 'not for profit' and/or a registered social landlord, and you are receiving care or support as part of your tenancy to address a recognised need.
- are resident in temporary accommodation – Temporary accommodation is where the use of the property has been secured by the council and the tenancy was offered to you in accordance with a statutory homelessness duty.

If you are of working age and live in specified or temporary accommodation, you can still claim Universal Credit for your living costs but you will also need to claim Housing Benefit to cover your rent.

If you (or your partner, if you have one) are of working age and you are living in specified or temporary accommodation, or you (and your partner, if you have one) are of pensionable age, please continue to the next question as you may still be eligible to claim Housing Benefit.

Otherwise, please go straight to part 10 as this form will only be able to provide you with assistance with your Council Tax. You will need to make a separate online claim for Universal Credit for help with your housing costs at [www.gov.uk/apply-universal-credit](http://www.gov.uk/apply-universal-credit).

**Do you want to claim help with ground rent?**

Yes  No

**Are you living away from home at the moment?**

Yes  No

**If so, tell us why you are not living at home and where you are living at the moment**

**When did you last live at home?**

/ /

**When do you expect to go back?**

/ /

**Council tax is the means by which local people help meet the cost of local public services. It is a tax on residential properties known as dwellings. Local Councils are responsible for the billing and collection of the tax. The level of tax depends on its banding and location.**

Your council tax liability may change depending on the people who live with you in your home. If you live alone or live with people who are disregarded for Council Tax you may qualify for a discount. See Council Tax leaflet 'Do you qualify for a discount?' for details.

You can only claim Council Tax Reduction against your main home.

If you have difficulty paying your Council Tax you should contact us before you get into arrears. We may be able to help.

**If you are living away from home we may write to ask you for further information**

Part 8 About where you live (continued)

Do you have a bedroom which is used overnight by someone who cares for you or your partner but has their home elsewhere?

Yes  No

Do you have a disabled child who requires a separate bedroom from the other children who live in your home?

Yes  No

When did you start renting your home?

What sort of tenancy do you have?

How long is the tenancy for?

How much rent do you pay and how often?

Do you have any weeks when you do not have to pay rent?

Yes  No

If so, how many weeks?

Does anyone else share the rent with you and your partner?

Yes  No

If so, who shares the rent with you?

Do you have to pay rent on this home because of your job?

Yes  No

Has your rent changed in the last 12 months?

Yes  No

When is the next rent increase due?

Do you pay water charges direct to the water authority?

Yes  No

Please tick to show if the property is let as:

Furnished

Partly furnished

Minimally furnished

Do you have a garden? Yes  No

Does your home have central heating? Yes  No

Does your home have a garage for you to use? Yes  No

If so, can you choose whether or not to rent the garage? Yes  No

Does your rent include charges for:

Meals Yes  No

If so, how much

Breakfast  Full Board  Part Board

Water Rates Yes  No

If so, how much?

Heating Yes  No

If so, how much?

Lighting Yes  No

If so, how much?

Notes

**Hot water** Yes  No

If so, how much? £

**Fuel for cooking** Yes  No

If so, how much? £

**Laundry** Yes  No

If so, how much? £

**Gardening** Yes  No

If so, how much? £

**Garage or parking space** Yes  No

If so, how much? £

**Personal care or medical care or other support** Yes  No

If so, how much? £

**Do you pay for any service charges separate from your rent?** Yes  No

If so, how much? £

If so, how often?

**Please tick to indicate what sort of building you live in?**

Detached house

Semi – detached house

Terraced house

Maisonette

Bungalow

Flat in a house

Flat in a block

Flat over a shop

Bedsit or studio

Hostel

Hotel

Board and Lodgings

Caravan, mobile home or houseboat

Residential nursing home

Residential care home

**Is your home self contained?** Yes  No

**Is there more than one floor in your home?** Yes  No

**If so, how many floors are there?**

**How many rooms are there in the accommodation?**

	Sole Use	Shared Use	Entire Property
Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsitting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-contained rooms (studios)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you and your household occupy only part of the accommodation?**

Yes  No

**If so, which floor do you live on?**

**If so, where in the building do you live?**

At the front

In the middle

At the back

**Notes**

**Please state the number of each type of room within the accommodation**

**By self-contained we are asking whether you have sole use of all the rooms in the property or whether any rooms such as the kitchen, bathroom and/or living room are shared with anyone who is not part of your household. Note that if you rent a flat, a communal hallway alone, would not prevent your property from being self-contained.**

What is your landlord's name?

What is your landlord's address?

  
  
  

Postcode

If your landlord has an agent, please tell us their full name and address.

  
  
  

Postcode

Are you, your partner or children that you are claiming for related to your landlord or agent, or to the landlord's partner or the agent's partner?

If so, what is the relationship?

Are you or your partner responsible for your landlord's child or children?

If so, what is the relationship?

Are you or your partner an employee or director of the company you rent your home from?

Is it a condition of your or your partner's employment that you reside at this property?

Do you or your partner or any children you are claiming for rent your home from a trust of which you are a beneficiary?

Did you or your partner previously own this property?

If so, when did you own it?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

## Notes

If you answer yes to any of these questions you may not be entitled to Housing Benefit (but may still be entitled to Council Tax Reduction). We may need to write to you for further information if any of the questions in the second column of this page apply to you.

If you previously owned the property we will write to you for further details

## Part 9

## Payment

Please tell us which bank or building society accounts you would prefer us to pay your benefit to.

Who is the account with?

Branch

Sort code

Account number

Roll Number (see notes section\*)

Name(s) in which the account is held

If you are opening a new account please indicate when you expect it to be active

If you pay rent to a Housing Association or registered social landlord would you like your Housing Benefit to be paid direct to them?

Yes

No

## Notes

**You should nominate a bank or building society in which to receive your benefit. If you leave this section blank any benefit due to you may be delayed. In all instances we will need sort code and account numbers. \*A roll number is also necessary if you wish to have your benefit paid into a Building Society account.**

Payment of Housing Benefit is to help you meet the cost of your rent. If you do not pay your rent your landlord may take legal action to evict you from your home.

Payments of Housing Benefit will be issued to you in arrears.

We will normally pay you 2 weekly or monthly depending on the frequency of your rent. If your landlord is a housing association we will usually pay every four weeks.

If you need help or advice opening a basic bank account you should contact Customer Services on 01635 519258.

Awards of Council Tax Reduction will be made directly to your Council Tax account and you will receive a new bill where appropriate detailing your amended liability.

You should note that changes in your entitlement to Council Tax Reduction throughout the year may affect your Council Tax liability and you may receive more than one bill during the year.

If your Council Tax account is in arrears or you are having difficulty paying your Council Tax you should contact Customer Services to discuss your circumstances.

## Part 10

## Anything else you need to tell us about

Use this section to tell us anything else you think we should know about and/or as a continuation from any of the earlier parts of this form. If you do not have enough space continue on a separate sheet. If you are sending a separate sheet please write Yes in this part.

**Backdated Benefit or Reduction** - We can usually award benefit or reduction from the Monday after the day we receive your claim. Sometimes we can pay from an earlier date if you have good reason for not claiming earlier. If you want us to consider paying Housing Benefit and/or Council Tax Reduction from an earlier date, you can use the box below to tell us when you want your entitlement to start from and why you did not claim earlier.

**Are you or your partner a West Berkshire Councillor, an employee of West Berkshire Council or related to either of the above?**

Yes  No

**If so, please give details, stating their names and relationship to you**

Please indicate how many separate sheets giving additional information you are enclosing

**Even if someone else has filled in this form for you, you must sign this declaration if you can.**

**If you have a partner, they must sign this declaration as well.**

**Please read this declaration carefully before you sign and date it.**

I understand that:

- If I/we give information that is incorrect or incomplete, you may take action against me/us.

This may include court action.

- You will use the information I/we have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources within the council, rent offices, other councils or any other agency or organisation permitted by law.

- You may use any information I/we have provided in connection with this and any other claim for social security benefits that I/we have made or may make. You may give some information to other government organisations, if the law allows this.
- You may inspect my/our home at any reasonable time.
- **I/We understand that I/we must notify the Benefits section immediately, in writing, of any changes in my/our circumstances.**
- **I/We declare the information I/we have given is correct and complete**

<b>Signature of person claiming</b>	<b>Partner's signature</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<b>Date</b> <input style="width: 150px; height: 30px;" type="text"/>	<b>Date</b> <input style="width: 150px; height: 30px;" type="text"/>
<b>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.</b>	
<input style="width: 98%; height: 100px;" type="text"/>	
<b>Name of the person who filled in this form</b>	<b>Relationship to the person claiming</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<b>Signature of the person who filled in this form</b>	<b>Date</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 150px; height: 30px;" type="text"/>

**Warning:** Any person who provides false statements, information or documents at the time of, or in support of, their claim or who continues to receive Housing Benefit or Council Tax Reduction, when they knowingly fail to inform West Berkshire Council Benefits section of any relevant changes in circumstances which occur after the benefit claim is made, is liable to prosecution.



# Certificate of Earnings

To be completed by Employers



To the Employer: West Berkshire District Council would be grateful if you could complete and return this form. We need details of the last five weekly earnings, or three fortnightly, or the last two months.

Full name of employee

Occupation

Date started

Employee's address

  
  
  


Hours worked each week

National Insurance No.

Work / Payroll No.

Postcode

	Week/month ended (write date)	No. of hours worked	Gross Pay £	Income tax	National Insurance	Pension fund	Other deductions	Net pay £
1								
2								
3								
4								
5								

If you have given this employee a pay rise in the last 6 months, please give us the date and the amount of the rise

/	/	
£		
/	/	

Date

Amount

Date of next rise

Employer's Official Business Stamp

Signed

Position

Name

Date

# Certificate of Earnings

To be completed by Employers



To the Employer: West Berkshire District Council would be grateful if you could complete and return this form. We need details of the last five weekly earnings, or three fortnightly, or the last two months.

Full name of employee

Occupation

Date started

Employee's address

  
  
  


Hours worked each week

National Insurance No.

Work / Payroll No.

Postcode

	Week/month ended (write date)	No. of hours worked	Gross Pay £	Income tax	National Insurance	Pension fund	Other deductions	Net pay £
1								
2								
3								
4								
5								

If you have given this employee a pay rise in the last 6 months, please give us the date and the amount of the rise

/	/	
£		
/	/	

Date

Amount

Date of next rise

Employer's Official Business Stamp

Signed

Position

Name

Date





**Please specify meals included**

Yes  No

If Yes, please specify

Breakfast Yes  No

Lunch Yes  No

Evening Meal Yes  No

Full board Yes  No

**What type of accommodation is the tenant paying for**

Room with shared facilities Yes  No

If Yes, where is the room located in the property?

Front  Middle  Back

**We need to know which floor your tenant's home is on?**

Basement  Ground  First

Second  Third  Other

If No, is the property a:

Detached house

Semi-Detached house

Terraced house

Flat in a house

Studio flat

Flat in a block

Bedsit

Flat over a shop

Maisonette

Caravan/mobile home

Hostel

Other

Please specify

**How many floors are there in the whole building**

**What type of tenancy does the tenant hold?**

**Is the accommodation rented as:**

Fully furnished

Partly furnished

Minimally furnished

**Who is responsible for decorating?**

You

Tenant

**Does the tenant have use of a garage?**

Yes  No

If Yes, is it by their choice?

Yes  No

**Is the tenancy solely in the name of the tenant on page 1 of this form?**

Yes  No

If No, please give names of other tenants

**Are you or your partner related to the tenant, tenant's partner, or any member of the tenant's family?**

Yes  No

If Yes, what is the relationship?

**Are you the owner of the property?**

Yes  No

If No, please give the name and address of the owner and your interest in the property

Postcode

Landlord/Landlady/Agent's name

Landlord/Landlady/Agent's address

**Declaration**

**I/We declare this information is correct and complete.**

Landlord/Landlady/Agent's signature

Date

# Certificate of Payment to a Childminder



Surname

Other Names

Title, Mr, Mrs, Ms, Miss

Address

  
  
  

Postcode

Do you work for an average of 16 hours per week

Yes

No

Please tell us the name(s) of the child(ren) who go to your childminder.

Eligible childcare is - Playschools, Nurseries, Ofsted Registered Child Minders or, in some circumstances, an out of hours club run by a school or local authority

*This section to be completed by childminder*

## Confirmation by childminder

I confirm that I look after the child(ren) named on the left.

For each child confirm the average amount that you are paid each week

£

£

£

£

£

£

Your name

Your address

Signed

Date

Ofsted Number





## Information about your claim

We can normally pay you Housing Benefit or Council Tax reduction from the Monday following receipt of your claim. If you think you may qualify from an earlier date you should tell us why in the space provided in part 10.

In order to work out how much Housing Benefit and/or Council Tax Reduction you may qualify for, you will need to provide proof of your income and circumstances as you have stated in the application. On the right is a check list to help you identify acceptable evidence.

We need the same proof for your partner, if you have one, and for any other adults living in your home. If you do not currently have the proof do not delay returning this form as you may lose benefit and/or reduction. Proof may be provided at a later date as it becomes available.

If you do not provide all the proof within one month of making your claim, we might not be able to pay you any Housing Benefit or Council Tax Reduction.

We must see original documents. We cannot accept copies.

If you cannot send the proof we need straight away, send the form back to us now and send the proof to us as soon as you can. We can start to process your claim but we will not be able to finalise entitlement or pay you any benefit until you have supplied all the information we need.

We may write to you to supply additional information in support of your claim.

If you are self-employed we may send you a supplementary form to complete and return to us.

**You must tell us about changes of circumstances that are likely to affect your entitlement to Housing Benefit or Council Tax Reduction, as soon as it occurs.**

**Failure to notify changes of circumstances promptly to the Council's Benefits Section is the biggest single cause of overpayments. Nearly all overpayments, however caused, are recoverable.**

## Check List

### ***Proof of identity***

At least two items confirming the identity of both you and your partner (if you have one), one of which must be your National Insurance number, other items may include birth certificates, marriage certificates, passport, driving licence or utility bill.

### ***Proof of residency and rent***

You must provide your current tenancy agreement or a statement completed by your Landlord/Landlady/Agent.

### ***Household composition***

You must provide evidence of all occupiers. Items of evidence should include birth certificates, child benefit letters, inclusion in child tax credit assessments, and official letters to the occupiers at the claim address.

### ***Earnings – employed earners***

The most recent and consecutive 2 months pay slips or 5 weekly pay slips or 3 fortnightly pay slips prior to your application or a certificate of earnings form completed by your employer (available in this form).

### ***Earnings – self employed***

Accounts or records of your self-employment. We may write to you for additional information.

### ***Benefits and Tax Credits***

You must provide evidence of all benefits and tax credits applied for or received. This would include the most recent letters or application receipts from Jobcentre Plus, The Pensions Service, Disability Benefits Centre, Her Majesty's Revenues and Customs.

### ***Other income***

You must provide evidence of student loans, grants, maintenance received, payments in kind and income from boarders or sub-tenants, or any other income.

### ***Capital***

You must provide the last two complete month's statements for each and every account you and your partner (if you have one) hold. You must provide current share certificates and evidence of savings. We may ask for further relevant information.

### ***Childcare costs***

If you wish to claim for help with childcare costs you must ask your OFSTED registered child-care provider to complete the form Certificate of Payment to a Childminder (available in this form).