

## HOUSING BENEFIT AND COUNCIL TAX BENEFIT CLAIM FORM

PLEASE COMPLETE USING INK AND CAPITAL LETTERS



Name
Address

Memo
------

Ref No. \_\_\_\_\_

Please tick (✓) one box:

I am a       Council Tenant       Housing Association Tenant       Private Tenant  
                   Owner/Occupier       Boarder/Lodger

Please complete and return this form to us immediately. We can normally only pay Benefit from the Monday *AFTER* we receive the completed claim form. If you do not have all the information we ask for to hand, you must still make the claim straight away. You can bring us the other information as soon as possible. You can hand the form in at either of the offices below or alternatively post it in the return envelope provided.

**IF YOU ARE JUST CLAIMING SECOND ADULT REBATE, ONLY FILL IN PART 1, PART 4 AND PART 19 OF THIS FORM**

**Finance Department  
Barrhead Council Offices  
211 Main Street  
Barrhead  
G78 1XA**

**Finance Department  
Council Headquarters  
Eastwood Park  
Rouken Glen Road  
Giffnock  
G46 6UG**

To contact us by phone: **0141 577 3002**

To contact us by E-Mail: [benefits@eastrenfrewshire.gov.uk](mailto:benefits@eastrenfrewshire.gov.uk)

### FOR OFFICIAL USE ONLY

Initial Date of Contact	Date All Info Received
Form Issued	Start Date of Claim
Form Received	Date Processed
Date Pending	Processed by
Checked By	

## Part 1 About you and your partner

**Do you have a partner who normally lives with you?**

By partner, we mean a person you are married to or a person you live with as if you are married to them, or a civil partner or a partner you live with as if you were civil partners.

No

Yes

**If you have a partner, you must answer all the questions about them.**

**You**

**Your Partner**

**Last name**



**Other names**



**Title** Mr, Mrs and so on.



**Address**

Do not tell us your partner's address if it is the same as yours.







Postcode

Postcode

**Date of birth**

 /  / 
 /  / 

**National Insurance number**

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

Letters   Numbers       Letter

Letters   Numbers       Letter

**Tell us any other names you have used**



**Your daytime phone number**



**E-mail address**



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

No  Yes

No  Yes

If yes, when did you claim?

 /  / 
 /  / 

Which Council did you claim from?



What name did you claim under?



What address did you claim from?







Postcode

Postcode

**Have you told the Council that paid your Benefit that you have moved?**

No  Yes

No  Yes

**Part 1 About you and your partner – continued**

	<b>You</b>	<b>Your Partner</b>
<b>If you have moved home in the last 2 years, tell us your last address</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Were you the home owner, private tenant, a council tenant or a boarder at this address?	Postcode <input type="text"/>	Postcode <input type="text"/>

	<input type="text"/>	<input type="text"/>
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<b>Have you or your partner come to live in Great Britain in the last 5 Years?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this
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<b>Are you or your partner in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If yes, when did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Name of Hospital	<input type="text"/>	<input type="text"/>
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When do you expect to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Does anyone get Invalid Care Allowance for looking after you or your partner?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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<b>Have you or your partner applied for Invalid Care Allowance and been refused because you receive another state benefit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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	<b>You</b>	<b>Your Partner</b>		<b>You</b>	<b>Your Partner</b>
<b>Please tick if you or your partner are:</b>	<input type="checkbox"/>	<input type="checkbox"/>	• severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
• a student	<input type="checkbox"/>	<input type="checkbox"/>	• registered or certified blind	<input type="checkbox"/>	<input type="checkbox"/>
• a student nurse	<input type="checkbox"/>	<input type="checkbox"/>	• long term sick or disabled and incapable of work	<input type="checkbox"/>	<input type="checkbox"/>
• an apprentice	<input type="checkbox"/>	<input type="checkbox"/>	• a carer	<input type="checkbox"/>	<input type="checkbox"/>
• on youth training	<input type="checkbox"/>	<input type="checkbox"/>			
• in legal custody	<input type="checkbox"/>	<input type="checkbox"/>			

**We will contact you if we need any more information.**

<b>Are you living away from home at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us why you are not living at home.
	<input type="text"/>

When did you last live at home?	<input type="text"/> / <input type="text"/> / <input type="text"/>	When do you expect to go back home?	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Tell us the address of where you are living at the moment.	<input type="text"/> <input type="text"/>
	Postcode <input type="text"/>

If your home has been sub-let, tell us who lives there now.	<input type="text"/>
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## Part 2 Student Applications

**Are you or your partner a student?**

**No**  Go to **Part 3**.      **Yes**  Tell us more about your course below.

**If you receive Income Support, do not complete this section.**

If you or your partner are full time students attending college/university, please answer the following questions and provide proof of your income e.g. Letter of Award of grant or bursary, and loan.

	<b>You</b>	<b>Your Partner</b>
<b>What is the name of your College/University?</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>What is the name of your course?</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>When did the course begin?</b>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>
<b>What are the Term Dates for the <u>current</u> academic year?</b>	1st Term <input style="width: 100%; text-align: center;" type="text" value=" / /"/>	1st Term <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
2nd Term	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>
	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
3rd Term	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>
	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>	to <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
<b>Is this your Final Year?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
<b>What is the amount of your bursary?</b>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>What is the amount of your grant?</b> <small>We need to see your award letter</small>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>What is the amount of your student loan?</b>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>

## Part 3 About children

You may be able to get extra benefit if you have children who normally live with you, you get Child Benefit for them, and they are:

- under 16
- aged 16 to 19 and in education up to SCE Higher, GCE A-level or SVQ (level 3).
- aged 16 or 17 and registered for work or youth training

**Do you want to claim for any children?**

**No**  Go to **Part 4**.

**Yes**  Tell us about the children you want to claim for. If you want to claim for more than 3 children, use a separate sheet of paper.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.

	First child	Second child	Third child
<b>Last name</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Other names</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Date of birth</b>	/ /	/ /	/ /
<b>The child's relationship to you</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>The child's relationship to your partner</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Usual address if different from yours</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Name of School attended</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Child Benefit number</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Who gets the Child Benefit for them?</b> We need to see proof of this.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Is the child registered blind or getting Disability Living Allowance?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will need to see evidence of this	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will need to see evidence of this	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> We will need to see evidence of this
<b>Do you pay any childminding costs for this child?</b> For example, to a childminder, nursery or after school club.	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
Tell us the name of the minder.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tell us their registration number.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How much do you pay a week?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>

**We must see original proof of everything above before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 4 About other people who live with you

**Do any adults usually live with you and your partner?**

(By adults we mean people over 16 who no-one receives child benefit for)

No  Go to **Part 5**.

Yes  Give details below

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.

Now tell us about all the people who normally live with you and your partner.

**Are any of the people who normally live with you married to each other or living together as if they are married?**

No

Yes  Tell us their names: \_\_\_\_\_ is the partner of



and

is the partner of



**First person**

**Second person**

**Third person**

**Last name**




**Other names**




**Date of birth**

 /  / 
 /  / 
 /  / 

**Their relationship to you**

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




**Do they get Income Support, Income-Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Pension Credit?**

No  Yes

No  Yes

No  Yes

How much?

 £ \_\_\_\_\_ a week

 £ \_\_\_\_\_ a week

 £ \_\_\_\_\_ a week

**Do they get Disability Living Allowance or Attendance Allowance?**

No  Yes

No  Yes

No  Yes

How much?

 £ \_\_\_\_\_ a week

 £ \_\_\_\_\_ a week

 £ \_\_\_\_\_ a week

**Are they registered blind?**

No  Yes

No  Yes

No  Yes

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

No  Yes

No  Yes

No  Yes

Tell us which




**Are they severely mentally impaired?**

No  Yes

No  Yes

No  Yes

**Part 4 About other people who live with you – continued**

	<b>First person</b>	<b>Second person</b>	<b>Third person</b>
<b>Are they in legal custody at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Which prison/remand centre	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<b>Are they in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Name of Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<b>Do they normally work for 16 hours or more a week?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us their earnings before any deductions	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

**We need to see proof of their earnings**

<b>Do they have any other income at all?</b> This includes any Benefits or allowances you have not told us about on this form. Please include interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Name of First Other Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before any deductions	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Name of Second Other Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before any deductions	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Name of Third Other Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before any deductions	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

**We need to see proof of all income for each person mentioned in Part 4 of this form. Failure to provide this will result in a reduction of the amount of benefit paid to you**

## Part 5 About being self-employed

**Are you or your partner self-employed?**

**No**  Go to **Part 6**.

**Yes**  Answer the questions on this page.

You must send us your audited accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. You must supply a written forecast/projection of expected earnings from an accountant. A self-employed questionnaire will be issued to you at a later date.

**You**

**Your Partner**

**What kind of work do you do?**



**When did the business start?**



**What is the business address?**

  
  
 Postcode

  
  
 Postcode

**Are there any other partners in the business?**

**No**  **Yes**

**No**  **Yes**

Tell us their name and address.

  
  
 Postcode

  
  
 Postcode

**How many hours a week do you work?**



**Do you get a Business Start-Up Allowance or New Deal payment?**

**No**  **Yes**

**No**  **Yes**

How much?

 £

 £

How often?

 Every

 Every

**Do you pay into a private pension scheme?**

**No**  **Yes**

**No**  **Yes**

How much?

 £

 £

How often?

 Every

 Every

**We must see original proof of everything above before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**



## Part 6 About working for an employer

**Do you or your partner work for an employer?**

**No**  Go to **Part 7**.

**Yes**  Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.

	You	Your Partner
<b>What kind of work do you do?</b>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<b>What is your employer's name and address?</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/> Postcode	<input style="width: 100%; height: 25px;" type="text"/> Postcode
<b>When did you start this job?</b>	<input style="width: 100%; height: 25px;" type="text"/> / /	<input style="width: 100%; height: 25px;" type="text"/> / /
<b>Are you employed for a limited period?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
When will you finish?	<input style="width: 100%; height: 25px;" type="text"/> / /	<input style="width: 100%; height: 25px;" type="text"/> / /
<b>How often do you get paid?</b>	<input style="width: 100%; height: 25px;" type="text"/> Every	<input style="width: 100%; height: 25px;" type="text"/> Every
<b>How much do you get paid?</b>	<input style="width: 100%; height: 25px;" type="text"/> £	<input style="width: 100%; height: 25px;" type="text"/> £
<b>How do you get paid?</b> Eg in cash, by cheque, straight into a Bank Building Society account	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<b>When was your last pay rise?</b>	<input style="width: 100%; height: 25px;" type="text"/> / /	<input style="width: 100%; height: 25px;" type="text"/> / /
<b>When will your next pay rise be?</b>	<input style="width: 100%; height: 25px;" type="text"/> / /	<input style="width: 100%; height: 25px;" type="text"/> / /
<b>How many hours a week do you work?</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<b>Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
<b>Are you getting any other sick pay or maternity pay from your employer at the moment?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
<b>Do you pay into a private or company pension scheme?</b>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
How much?	<input style="width: 100%; height: 25px;" type="text"/> £	<input style="width: 100%; height: 25px;" type="text"/> £
How often?	<input style="width: 100%; height: 25px;" type="text"/> Every	<input style="width: 100%; height: 25px;" type="text"/> Every
What is your payroll, employee or staff number?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

**We must see original proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 10.**

## Part 7 About any other work

**Do you or your partner do any other work at all?**

This could be second employment or voluntary work, even if it is not paid work.

No  Go to **Part 8**.

Yes  Answer the questions on this page.

	You	Your Partner
<b>What kind of work do you do?</b>	<div style="border: 1px solid black; height: 70px;"></div>	<div style="border: 1px solid black; height: 70px;"></div>
<b>What is the name and address of the person you do this work for?</b>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px; text-align: center;">Postcode</div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px; text-align: center;">Postcode</div>
<b>When did you start this work?</b>	<div style="border: 1px solid black; padding: 5px;">/ /</div>	<div style="border: 1px solid black; padding: 5px;">/ /</div>
<b>Do you get paid?</b> If you only get expenses or tips, still tick 'Yes' and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	<div style="border: 1px solid black; padding: 5px;">£</div>	<div style="border: 1px solid black; padding: 5px;">£</div>
How often?	<div style="border: 1px solid black; padding: 5px;">Every</div>	<div style="border: 1px solid black; padding: 5px;">Every</div>

**We must see original proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 8 About Income Support, Income-Based Jobseeker's Allowance, Income Related Employment and Support Allowance and Guaranteed Pension Credit

	You	Your Partner
<b>Are you or your partner getting Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guaranteed Pension Credit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they start getting it?	<div style="border: 1px solid black; padding: 5px;">/ /</div>	<div style="border: 1px solid black; padding: 5px;">/ /</div>
<b>Are you or your partner waiting to hear about a claim for Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guaranteed Pension Credit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you claim?	<div style="border: 1px solid black; padding: 5px;">/ /</div>	<div style="border: 1px solid black; padding: 5px;">/ /</div>
<b>At which Benefit Agency/ Employment Services Job Centre are you claiming Job Seekers Allowance?</b>	<div style="border: 1px solid black; height: 40px;"></div>	

## Part 9 About state benefits and pensions

**Are you or your partner getting or waiting to hear about any benefits or pensions listed below?**

**No**  Go to **Part 10.**      **Yes**  Tell us about the benefits below.

If you are getting or have claimed any benefit that is not listed, tell us about it at the bottom of the list

**PLEASE ENTER GROSS AMOUNT**

	<b>You</b>			<b>Your Partner</b>		
	Waiting to hear?	How much?	How often?	Waiting to hear?	How much?	How often?
	(✓)		Weekly / 2 weekly 4 weekly / monthly	(✓)		Weekly / 2 weekly 4 weekly / monthly
1. Long Term Incapacity Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
2. Incapacity Benefit Short Term - Lower Rate	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
3. Incapacity Benefit Short Term - Higher Rate	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
4. Pension Savings Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
5. Retirement Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
6. Widows Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
7. Widowed Parents Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
8. Industrial Injury/Death Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
9. Bereavement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
10. Job Seekers Allowance (Contributions Based)	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
11. Disability Living Allowance - mobility component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
12. Disability Living Allowance - care component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
13. Attendance Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
14. Severe Disablement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
15. Carers Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
16. Maternity Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
17. Child Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
18. Working Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
19. Working Tax Credit - Disability	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
20. Child Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
21. War widows pension awarded prior to 1973	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
22. War widows pension awarded after 1973	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
23. War disablement pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
24. Work Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
25. Employment Support Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
26. ....	<input type="checkbox"/>	£		<input type="checkbox"/>	£	

**We must see original proof of everything above before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 10 About other money coming in

### Section A

**Do you or your partner have any works pensions, superannuations, service pensions, annuities and home income plans.** (This includes any pensions received from deceased partner's employer).

No  Go to **Section B.** Yes  Answer the questions on this page.

#### Pension 1

Name of Company paying Pension

When did this pension start?

/  /

/  /

How much do you get?

£

£

How often?

Every

Every

#### Pension 2

Name of Company paying Pension

When did this pension start?

/  /

/  /

How much do you get?

£

£

How often?

Every

Every

### Section B

**Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?** This includes **Maintenance** or **Child Support** and any cash payments from boarders, lodgers or subtenants or any other source of income, such as gifts or loans. You do not need to tell us about payments from the Independent Living Fund, the Eileen Fund or the McFarlane Trust.

No  Go to **Part 11.** Yes  Answer the questions below.

#### Other money 1

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start to receive this income?

/  /

When is the income likely to increase?

/  /

#### Other money 2

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start to receive this income?

/  /

When is the income likely to increase?

/  /

**Does anyone owe money to you, your partner or any children you are claiming for?**

No  Yes

How much?

£

What for?

**We must see original proof of your income before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 11 About Bank, Building Society, Post Office Accounts, Savings and Investments

**Do you, and/or your partner have any Bank Accounts?**

No  Yes

Tell us about ALL your Bank Accounts even empty or overdrawn ones. If you have more than 2 Bank Accounts tell us about the others on a separate sheet of paper and send it with this form.

**If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.**

Name of Bank	Account Number
Whose name is the account in?	How much is in the account?
	£
Name of Bank	Account Number
Whose name is the account in?	How much is in the account?
	£

**Do you, and/or your partner have any Building Society Accounts?**

No  Yes

Tell us about ALL your Building Society Accounts even if you do not use them regularly. If you have more than 2 Building Society Accounts tell us about the others on a separate sheet of paper and send it with this form.

**If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.**

Name of Building Society	Account Number
Whose name is the account in?	How much is in the account?
	£
Name of Building Society	Account Number
Whose name is the account in?	How much is in the account?
	£

**Do you, and/or your partner have any Post Office Accounts?** This includes Savings Accounts and Girobank Accounts.

No  Yes

Tell us about ALL your Post Office Accounts. If you have more than 2 Post Office Accounts tell us about the others on a separate sheet of paper and send it with this form.

**If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.**

Type of Account	Account Number
Whose name is the account in?	How much is in the account?
	£
Type of Account	Account Number
Whose name is the account in?	How much is in the account?
	£

**We must see original proof of everything above before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 11 About Bank, Building Society, Post Office Accounts, Savings and Investments – continued

**Do you, and/or your partner have any Premium Bonds?**

No  Yes

£

**Do you, and/or your partner have any National Savings Certificates?**

No  Yes

If you have more than 2 issues of National Savings Certificates tell us about the others on a separate sheet of paper and send it with this form.

**If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.**

Issue Number	Value	How Many
	£	
	£	

**Do you, and/or your partner have any stocks, shares, bonds or Unit Trusts?**

No  Yes

Company Name	How Many

**Do you, and/or your partner have any other Capital, Savings or Investments?**

For example: Cash, TESSAS, PEPS, ISAS, Compensation or any other money you have not told us about on this form.

No  Yes

**Do you, and/or your partner own any property, land or timeshare other than the home you live in, either in the UK or abroad?**

No  Yes

Tick **YES** even if you have a mortgage or loan for the property, land or timeshare.

If **yes**, please give address

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

If the asset is a house, is it occupied by an elderly or disabled relative?

No  Yes

If **yes**, how much rent do they pay?

£

How often?

**Have you or your partner received a Far Eastern Prisoner of War Payment?**

No  Yes

**We must see original proof of everything above before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 12 About money paid out

The amount of any parental contributions made towards student grants. Please provide proof of payment.

Total amount you and/or your partner pay into private pension or stakeholder pension. Please provide proof of payment.

## Part 13 About rent

**Do you rent your home?** No  Go to **Part 16.** Yes

**Is your home rented from The Council?** No  Yes

**When did you start renting your home?**

**When did you move to this address?**

If you have not moved in yet, tell us when you expect to move in.

**Council Tenants go to Part 17. Private Tenants - answer the questions below.**

**How long is the tenancy for?**  to

**Is this property let as: (please tick one)**

Furnished <input type="checkbox"/>	Minimally furnished <input type="checkbox"/>
Partly furnished <input type="checkbox"/>	Unfurnished <input type="checkbox"/>

**How much is your rent?** £  every   
(week / fortnight / 4 weeks / month)

**Does anyone else share the rent with you and your partner?** No  Yes  Tell us their names and relationship to you/your partner

**How much of the rent do you pay?** £  every   
(week / fortnight / 4 weeks / month)

**Has your rent changed in the last 12 months?** No  Yes  Send us proof of the date it changed, and by how much it changed.

**When is the next rent increase due?**

**Has your rent been registered as a fair rent by the rent officer?** No  Yes

**Do you have any weeks when you do not have to pay rent?** No  Yes  How many?

**Are you behind with your rent?** No  Yes  By how many weeks?

**We must see original proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as proof.**

## Part 13 About rent – continued

### Who pays the Council Tax on your home?

Tell us who pays the Council Tax.

### What is your landlord's name and address?

By *landlord* we mean the person or organisation who owns the property you live in.

  
  
  
 Postcode

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

By *agent* we mean the person or organisation you actually pay your rent to.

  
  
  
 Postcode

### Are you, your partner or children related to your landlord or agent or the owner of the property, or to your landlord's partner or the agent's partner, or the owner's partner?

*Related* includes related through marriage, even if the marriage has ended.

No  Yes  What is the relationship?

### Housing Association Tenants

Housing Benefit can be paid directly either to your landlord or to yourself.

### Private tenants

From the 7 April 2008 the Department for Work and Pensions have commenced a new system for Private Sector tenants. This system is called Local Housing Allowance (LHA) and this affects Private Sector tenants who make new claims, have a change in circumstance or have a change of address.

Under the new system, we will work out your Housing Benefit using a standard allowance based on the size of your household and the area in which you live. We will publish these allowances beforehand, so that you can find out how much rent Housing Benefit could pay when you make a new claim or before you rent a new property.

The new system also changes the way that Housing Benefit is paid to private tenants. You will no longer be able to choose to have a payment made to your landlord. We recommend that you get your money paid direct into your bank/building society account. However, if you feel there is a reason why you cannot manage your own rent payments and wish payments to go to your landlord, you should contact us to explain your reasons why. We will then send you a Direct Payments to your Landlord form. Please contact the Benefits Office on tel. no. 0141 577 3002 for further details.

### PAYMENT METHOD

For LHA payments we recommend that you get your money paid direct into your bank account. If we cannot pay into your account, we will send you a cheque. Unfortunately Post Office card accounts will not accept payments.

You are asked to note that, under the terms of the Housing Benefit legislation, any tenant who owes their landlord rent arrears amounting to 8 weeks or more loses the right to receive payments. In such cases the Council is required to make the payment direct to the landlord.

Do you wish your payment to be made to  
(Please tick ✓ appropriate box)

Yourself

Landlord

Do you wish your payment to be made by  
(Please tick ✓ appropriate box)

Cheque

Paid to Bank/Building Society Account

### If payment is to be made to a Bank/Building Society Account please give details below:

Name of your Bank/Building Society

Address of your Bank/Building Society

  
 Postcode

Name of account holder(s)

Account number

Bank/Building Society Sort Code

**If payment has to be made to your landlord you must complete Part 15 of this form.**



## Part 13 About rent – continued

**Do you pay for any of these things separately, or are they included in the rent ?**

Meals	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
	Which meals are included?	<input type="text"/>
Heating	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Lighting	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Hot Water	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Fuel for cooking	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Laundry	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Gardening	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Garage or parking space	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
	Do you have to rent the garage as part of your tenancy agreement?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>
Personal care and support	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
Service charges For example, for cleaning or lighting in shared areas, an alarm system, a warden or lift maintenance.	<b>Pay separately</b> <input type="checkbox"/>	<b>Included in the rent</b> <input type="checkbox"/>
	How much?	£ <input type="text"/>
	What for?	<input type="text"/>

## Part 14 About where you live

### What sort of building do you live in?

Detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bedsit or rooms	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**Is there more than one floor?** No  Yes  How many floors are there?

Which floors do you live on?

**Do you and your household occupy only part of the building?** No  Yes  Where in the building do you live?

At the front  In the middle  At the back

<b>How many rooms are there in your home?</b>	In the whole house?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms / Shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Do you use your home for business?** No  Yes

**Do you have a main home somewhere else?** No  Yes  What is the address?

Postcode

How much do you pay for this home? £

**Does your home have Central Heating?** No  Yes  **Does your home have a garden?** No  Yes

**Has your home been built or adapted for people with disabilities?** No  Yes

## Part 15 Paying benefit to your landlord

If you want us to pay your benefit straight to your landlord you must sign this declaration.

Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you about any change in my circumstances;
- if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change in circumstances.

**Signature**  **Date**  /  /

**Now ask your landlord to sign this agreement** - A LANDLORDS SIGNATURE IS NOT REQUIRED IF YOU ARE A HOUSING ASSOCIATION TENANT

**Landlord's name**

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

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

**Signature**  **Date**  /  /

### Sharing information with your landlord

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

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

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

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

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

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

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

- **your personal or household circumstances; or**
- **your financial circumstances.**

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

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

**Signature**  **Date**  /  /

**Address**

## Part 16 Anything else you need to tell us

Please tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

**If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.**

## Part 17 Checklist

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies.

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

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

Please do not send valuable items through the post. If you can, bring them into your Local Council Office. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

### Proof of identity

Birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card, benefit book or recent gas or electricity bill  
We need to see at least 2 of these documents for each person.

### Proof of National Insurance Number

Such as National Insurance Number card, payslips, letters from Department for Work and Pensions or Pension Service

### Proof of capital, savings and investments

All of your bank, building society, post office books or 2 statements, certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings.

### Proof of earnings

Your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a written forecast/projection of expected earnings from an accountant.

### Proof of other income

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

### Proof of benefits, allowances or pensions

Award notices or letters from Department for Work and Pensions or Pension Service confirming how much you get. Please do not send order books through the post.

### Proof of other money paid out

Letters about student grants, agreements or receipts from registered child carers.

### Proof of private rent and tenancy

Tenancy agreement, rent book or rent receipts.

## Part 18 Backdating

We usually pay benefit from the Monday after the day we receive your claim. 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 did not claim earlier**

## Part 19 Declaration

**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 give information that is incorrect or incomplete, you may take legal action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check the information with other sources as allowed by law.
- 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 organisations, such as government departments, Local Authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

**I know** I must let the council know IMMEDIATELY about any changes in 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**



**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.

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 who filled in the form**

**Signature of the person**

**Relationship to the person claiming**

**Date**

**Benefit Fraud is estimated to cost the British public around £2 billion every year. If you know anyone who is stealing from the benefit system, phone our confidential hotline or see our web page. We can save the money for those who need benefits. 0800 0130729 [www.eastrenfrewshire.gov.uk/benefitfraud](http://www.eastrenfrewshire.gov.uk/benefitfraud)**

## How we collect and use information

The information collected on this form and from supporting evidence, by East Renfrewshire Council will be used to process your Housing Benefit and Council Tax Benefit claims. The information may be passed to the Department for Work and Pensions or Pension Service, Employment Service and Inland Revenue as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and Local Authorities.

We will not disclose information about you to anyone outside East Renfrewshire Council nor use information about you for any other purposes unless the law permits us to.

East Renfrewshire Council is the Data Controller for the purposes of the Data Protection Act 1988. If you want to know more about what information we have about you, or the way we use the information, you can ask at the address on the front of this form.

**FOR OFFICIAL USE ONLY Please complete with either Y, N or N/A**

Have items of evidence as specified in the framework been supplied?	
Has each item been authenticated, photocopied or recorded and signed?	
If evidence specified in the framework is not available has confirmation from alternative source been obtained and details recorded on file?	
Have all cross checks been completed?	

Signature of Benefit Assessment Officer

Date

Proof of Identity	
Proof of Earnings	
Proof of Benefits, Allowances or Pensions	
Proof of Capital, Savings and Investments	
Proof of other Income	
Proof of money paid out	
Proof of Private Rent and Tenancy	
Non-Dependants Income	
Notes	

Benefits Officer's Signature

Date



## NOTES

## NOTES

## NOTES

## NOTES