

Flintshire County Council
Housing Benefit and Council Tax Reduction
Scheme / Free School Meals Application Form

Mae'r ddogfen hon ar gael yn Gymraeg. / This document is available in Welsh.

For Official Use Only

Title	Customer Name	Form Filename	Flintshire English HBCTR Application (1.3).wdf
<input type="text"/>	<input type="text"/>	Form Reference	<input type="text"/>
DOB	NINO	Notes	<div></div>
<input type="text"/>	<input type="text"/>		
TEL	<input type="text"/>		
Email	<input type="text"/>		
Customer Address	<div></div>		
Date Form Started	07/08/2023 10:53:47 AM		
Date of E-signing	<input type="text"/>		
Date Submitted	<input type="text"/>		
Data Validation Ref	<input type="text"/>		
Occupancy type	<input type="text"/>		
Advisor Name (who started form)	<input type="text"/>		
Advisor Department	<input type="text"/>		
Self-Service	<input type="text"/>		

Please read these guidance notes before completing your application for Housing and Council Tax Reduction.

How to use this online form

This form uses the latest internet technology to make it quick and easy for you to complete and submit an online Housing Benefit and Council Tax Reduction application. The form will help and guide you through your application and make sure it is filled in correctly. Once opened on the internet, you can fill in and save the form off-line. Reconnection to the internet is only required when submitting the completed form.

You can move back and forth through pages by using the "**Next**" and "**Back**" buttons, or directly to pages using the "Select Page" menu.

Submitting the form: When the form has been completed and you have checked that it is free of errors, pressing the Submit button will send the data over the internet to the Benefits department, so that we can begin processing your form immediately.

For further help in using this form click on the "help info" button on the control panel on the left.

You may need to **save your form** if you wish to continue the application later. To do this, click the "**Save**" button and take note of the 10-digit reference number. To recover your form, click the "**Load**" button, or click on the following link: <https://secure.flintshire.gov.uk/Benefits/process-unregisteredusers.asp>

Before you start this application, you will need details to hand about your income, banking and rent.

What is Housing Benefit?

Housing Benefit is help towards your rent. You do not have to be unemployed or getting Income Support to get Housing Benefit. If you have a low income, you may be entitled to some help with your rent. The amount of benefit you get generally depends on your income and any other money or investments you have, and the income and savings of others who live in your home.

What is Local Housing Allowance?

The Government has changed the way we work out and pay Housing Benefit for some private tenants from April 2008 by introducing a new Local Housing Allowance. Entitlement will be based on the Rent Officer's view of the general levels of rent in the area rather than on the rental value of a specific property. By 'private tenant', we mean somebody who rents their home from a private landlord.

What is Council Tax Reduction?

Council Tax Reduction is help towards paying your Council Tax. If you have a low income, you may be entitled to some help with your Council Tax. Council Tax Reduction can pay all or part of your Council Tax. The amount of benefit you get generally depends on your income and savings and the income and savings of anyone else who lives in your home.

Discretionary Housing Payments

Discretionary Housing Payments (DHPs) are payments we choose to make to provide extra help with payment of rent. We have a limited fund for providing these payments and once this has been spent, no more DHPs can be awarded.

Discretionary Housing Payments can only be awarded if you are entitled to Housing Benefit or Universal Credit Housing Element. To be considered for a DHP, please complete the application form on our website.

Note: If you only require help towards paying your rent / Housing Benefit, please contact the Benefits Service to request a form

Providing documents and information with your claim



Proof

We will need to see proof of some of the things you write about on the form. The form indicates what should be provided (where you see the  symbol).

In some situations we may need to ask you for additional information and proof. There is a checklist on Page 35 of the form to help you. This list is created by the form itself, and depends on the answers you give. If you are not sure if we need to see proof of something, get in touch with us.

Do not send valuable items such as bank books or passports in the post. Take them to your Local Connects Office and they will get the information they need and give them back to you. We cannot pay you benefit until we have seen the proof we need. If you do not have all the evidence you need, submit the form anyway as Housing Benefit / Council Tax Reduction is normally granted from the Monday following the date you submit the form. You will then be given one calendar month to provide the evidence. Alternatively, please contact us and a home visit can be arranged in certain circumstances.

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide, to process your claim for Housing Benefit and Council Tax Reduction. This is required under Housing Benefit and Council Tax Reduction regulations.

All information will be held securely on our system.

Flintshire County Council may pass the information to other agencies or organisations such as the Department for Work and Pensions (D.W.P) and the HM Revenue & Customs (H.M.R.C), as allowed by the law.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

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

Information received from HMRC and/or DWP that indicate a change of circumstances may result in your benefits being adjusted automatically by our system.

Flintshire County Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website -<http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

Changes you must tell us straight away

You must tell the Benefit section immediately of any changes in circumstances affecting you, your partner or anyone else living in your home. For example:

- any of your children leave school or leave home or stop receiving child benefit for them
- anyone moves into or out of your home, including lodgers and sub-tenants
- your income or the income of anyone living with you, including benefits and tax credits, changes
- your capital or savings change
- 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, or changes or leaves a job
- your rent changes
- you move
- you or your partner are going to be temporarily absent from your home
- you or anyone living with you starts work
- you receive any decision from the Home Office, **or**
- anything you have told us about changes.

This is not a full list. If you are not sure, ask us for advice. You must tell us about any changes within one month of the change.

If you do not tell us about any changes, you may lose money you are entitled to or you may get too much benefit.

You must make sure that you tell us about any changes immediately, either in writing to: Benefit Section, Flintshire County Council, County Hall, Mold. CH7 6NR; or by phone to 01352 704848; or use our online form found in the Benefit section of our website. Do not rely on someone else to pass the message on.

It is an offence not to tell your council about any changes that may affect your benefit. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.

You must answer all of these questions before continuing with the application form.

Are you or your partner receiving or have applied for Universal Credit? No ☐ Yes ☐

What date did you apply for Universal Credit?

You must provide your Universal Credit award letters.

You may not be entitled to Housing Benefit, please check your eligibility for Universal Credit at the following link: www.gov.uk/universalcredit

Are you living in Supported Accommodation? No ☐ Yes ☐

Are you:

a housing association or social landlord tenant? ☐ an owner- occupier? ☐ a private tenant? ☐ a council tenant? ☐

How many bedrooms are there in the property?

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

By *partner* we mean someone you are married to or have a Civil Partnership with or lives with you as if you were married.

Do any adults usually live with you and your partner? No ☐ Yes ☐

By *adults* we mean people over 16 who nobody gets Child Benefit for.

Are there any children in your household? No ☐ Yes ☐

Please select one of the following:

- ☐ I want to claim Housing Benefit and Council Tax Reduction only
- ☐ I want to claim Housing Benefit only
- ☐ I want to claim Council Tax Reduction only
- ☐ I want to claim Free School Meals only

	You	Your partner
Are you or your partner getting or waiting to hear about a claim / application for any of these incomes? -	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

- Income Support
- Income-based Jobseeker's Allowance (**NOT contributions-based**)
- Income-related Employment and Support Allowance (**NOT contributions-based**)
- Pension Credit?

	You	Your partner
Are you or your partner getting or waiting to hear about a claim / application for any other benefits or pensions? Examples include -	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

- Child Tax Credits
- Working Tax Credits
- **Contribution-based** Jobseeker's Allowance
- **Contribution-based** Employment and Support Allowance
- State Retirement Pension
- Carer's Allowance
- Universal Credit etc.

	You	Your partner
Are you or your partner self-employed	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
Do you or your partner work for an employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
Do you or your partner do any other work at all?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Flintshire County Council

Housing Benefit and Council Tax Reduction Scheme / Free School Meals Application Form

Please tell us how you found out about claiming Housing and/or Council Tax Reduction?

Flintshire Council Council Website ☐

Leaflets / Posters ☐

Other Agencies (CAB, Job Centre etc.) ☐

A Council department informed you ☐

Radio Advert ☐

Word of mouth ☐

Claimed previously ☐

Other ☐

Please tell us which

Please specify

We will use this information to monitor and promote how customers find out about and access our service

You do not have to answer this question but it would be a great help to us if you do

Part 1 About you and your partner

You

Surname or family name

First and middle names

Any other names you have used

Title

Address, including room number if you have one

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

Postcode

What date did you move to this address?

What date did your tenancy start?

Your mobile phone number

Your daytime phone number

What is this number?

Home

☐

Work

☐

Mobile

☐

Textphone

☐

Your email address

Please tick this box if you do NOT have an email address:

☐

Date of birth

Your partner

Postcode

Postcode

Postcode

Postcode

Enter dates directly by entering numbers separated by '/' or use the calendar menu.

Home

☐

Work

☐

Mobile

☐

Textphone

☐

Please tick this box if your partner does NOT have an email address:

☐

You

Your partner

National Insurance (NI) number**P**

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

If you do not have an NI number, tick this box.

☐

If your partner does not have an NI number, tick this box.

☐**P**

We need to see proof of your identity and NI number. See the checklist on Page 36.

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

No ☐Yes ☐ Please tell us about it below.No ☐Yes ☐ Please tell us about it below.

When did you last claim? (approximately)

Which council did you claim from?

If you claimed from Flintshire County Council, what was your claim reference number?

What name did you use for the claim?

What address did you claim for?

Postcode

Postcode

If you have moved from this address, have you told the council you claimed from?

No ☐Yes ☐No ☐Yes ☐

If you or your partner have moved home in the last 12 months, tell us your last address.

Postcode

Postcode

Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at that address.

Please tell us about this below:

Have you previously lived in a Hostel for homeless people for three months or more, before receiving assistance to be resettled in the community?

No ☐Yes ☐

Have you or a member of your immediate family ever served in the Armed Forces?

No ☐Yes ☐

	You	Your partner
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 5 years?	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.
Have you or your partner previously lived in any of the following countries:	<div>Antigua and Barbuda <input type="checkbox"/></div> <div>Bahamas <input type="checkbox"/></div> <div>Barbados <input type="checkbox"/></div> <div>Belize <input type="checkbox"/></div> <div>Dominica <input type="checkbox"/></div> <div>Grenada <input type="checkbox"/></div> <div>Guyana <input type="checkbox"/></div> <div>Jamaica <input type="checkbox"/></div> <div>Saint Lucia <input type="checkbox"/></div> <div>St Kitts and Nevis <input type="checkbox"/></div> <div>St Vincent and the Grenadines <input type="checkbox"/></div> <div>Trinidad and Tobago <input type="checkbox"/></div>	<div>Antigua and Barbuda <input type="checkbox"/></div> <div>Bahamas <input type="checkbox"/></div> <div>Barbados <input type="checkbox"/></div> <div>Belize <input type="checkbox"/></div> <div>Dominica <input type="checkbox"/></div> <div>Grenada <input type="checkbox"/></div> <div>Guyana <input type="checkbox"/></div> <div>Jamaica <input type="checkbox"/></div> <div>Saint Lucia <input type="checkbox"/></div> <div>St Kitts and Nevis <input type="checkbox"/></div> <div>St Vincent and the Grenadines <input type="checkbox"/></div> <div>Trinidad and Tobago <input type="checkbox"/></div>
Did you move to the UK from the country above between 1940 and 1980?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK?	<input type="text"/>	<input type="text"/>
The UK is England, Northern Ireland, Scotland and Wales.		
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you go in?	<input type="text"/>	<input type="text"/>
When will you come out, if you know this?	<input type="text"/>	<input type="text"/>

Do you or your partner pay towards the upkeep of a student? **(P)**

No ☐

Yes ☐

How much?

How often?

No ☐

Yes ☐

How much?

How often?

Are you or your partner a student?

By student we mean anyone who is attending a course of study at an educational establishment, including student nurses. **(P)**

No ☐

Yes ☐ Tell us if this is full or part time.

Full-time ☐

Part-time ☐

Start:

End:

No ☐

Yes ☐ Tell us if this is full or part time.

Full-time ☐

Part-time ☐

Start:

End:

What are the dates of your course?

Type of course?

Type of grant?

How much of your income is taken into account when working out your grant?

a year

a year

Are you on sick leave from the course?

No ☐

Yes ☐

No ☐

Yes ☐

Are you or your partner:

■ an apprentice

(P)

No ☐

Yes ☐

No ☐

Yes ☐

■ on work based training

(P)

No ☐

Yes ☐

No ☐

Yes ☐

■ in legal custody

No ☐

Yes ☐

No ☐

Yes ☐

■ severely mentally impaired

No ☐

Yes ☐

No ☐

Yes ☐

■ registered blind or have regained sight in the last 28 weeks

(P)

No ☐

Yes ☐

No ☐

Yes ☐

■ long-term sick or disabled

No ☐

Yes ☐

No ☐

Yes ☐

■ subject to a care order

No ☐

Yes ☐

No ☐

Yes ☐

Do you or your partner have a vehicle from a Mobility Scheme? **(P)**

No ☐

Yes ☐

No ☐

Yes ☐

We will contact you if we need any more information.

Are there any children in your household?

No☐Go to **Part 3**.

Yes☐If there are more than four children, use the Extra Information page (**Page 34**). Tell us all the information we ask for on this page.

How many children?

	First child	Second child	Third child	Fourth child
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First and middle names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<div><input type="text"/> Postcode<input type="text"/></div>	<div><input type="text"/> Postcode<input type="text"/></div>	<div><input type="text"/> Postcode<input type="text"/></div>	<div><input type="text"/> Postcode<input type="text"/></div>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Does your child attend school/college/other form of full time education?

No☐Yes☐

No☐Yes☐

No☐Yes☐

No☐Yes☐

If 'Yes', which school/college/other form of education?

Name

Address

Postcode

Postcode

Postcode

Postcode

	First child	Second child	Third child	Fourth child
Is the child registered blind or regained sight in the last 28 weeks? P	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child get Disability Living Allowance? P	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child get Personal Independence Payment? P	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Daily living	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder/nursery.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
How much do you pay a week? P	<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week
How often do you pay for child care?	School term time only <input type="checkbox"/> School holidays only <input type="checkbox"/> All Year <input type="checkbox"/>	School term time only <input type="checkbox"/> School holidays only <input type="checkbox"/> All Year <input type="checkbox"/>	School term time only <input type="checkbox"/> School holidays only <input type="checkbox"/> All Year <input type="checkbox"/>	School term time only <input type="checkbox"/> School holidays only <input type="checkbox"/> All Year <input type="checkbox"/>

You can receive Free School Meals if you are a pupil receiving Income Support or income-based Jobseeker's Allowance in your own right.

Are you a pupil receiving Income Support or Income-based Jobseeker's Allowance?

No☐

Yes☐

Please give the name of your school and the address.

Your child is entitled to Free School Meals if you / your partner receive one of the following incomes:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- the Guarantee Credit element of State Pension Credit
- Support from the National Asylum Support Service (NASS)
- Support from the local authority Social Services Asylum Team (SSAT)
- Child Tax Credit provided you are not entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue & Customs) that is £16,190 or less - this figure changes each year
- Working Tax Credit for four weeks after your employment finishes

	You	Your partner
Please select the type of income you and / or your partner receive.	<div></div>	<div></div>
Please enter your annual gross income (as assessed by HM	<div></div>	<div></div>
Your or your partner's NASS or SSAT reference number if you have one	<div></div>	<div></div>

- ☐ Please tick this box to declare that the information is accurate
- ☐ Please tick this box to give permission to the Benefits Service to check your eligibility for Free School Meals.

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

Do any adults usually live with you and your partner?

By adults we mean people over 16 who nobody gets Child Benefit for.

No ☐ Go to **Part 4**.

Yes ☐ Fill in this section.

How many adults?

I can confirm that I have permission from the persons listed below to provide their personal information on this application form

☐

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First and middle names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tell us their National Insurance number. (This may help us to deal with your claim more quickly)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit (Guarantee Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>
Do they get Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which one? <input type="text"/>
How much?	<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week
Are they registered blind or have regained sight in the last 28 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on work based training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>
If a full-time student, what are the dates of their course?	Start: <input type="text"/> End: <input type="text"/>	Start: <input type="text"/> End: <input type="text"/>	Start: <input type="text"/> End: <input type="text"/>

	First person	Second person	Third person
Do they pay rent or money for board and lodgings to you or your partner? (P)	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
How much?	<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired? (P)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment? (P)	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/>
Are they in hospital at the moment? (P)	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
When did they go in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they due to come out (if you know)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they normally work for 16 hours or more a week? (P)	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.
Tell us their weekly earnings before any deductions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average weekly hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hourly rate of pay	<input type="text"/>	<input type="text"/>	<input type="text"/>

	First person	Second person	Third person
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
1 Where does this income come from?	<div></div>	<div></div>	<div></div>
How much is it before deductions? P	<div></div> a week	<div></div> a week	<div></div> a week
2 Where does this income come from?	<div></div>	<div></div>	<div></div>
How much is it before deductions? P	<div></div> a week	<div></div> a week	<div></div> a week
3 Where does this income come from?	<div></div>	<div></div>	<div></div>
How much is it before deductions? P	<div></div> a week We need to see proof of their income.	<div></div> a week We need to see proof of their income.	<div></div> a week We need to see proof of their income.
Are they married to, or have a Civil Partnership with, or are living together as if they were married to any of the people who normally live with you? We call these people <i>partners</i> .	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the partner's name.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the partner's name.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the partner's name.
Forename(s)	<div></div>	<div></div>	<div></div>
Surname	<div></div>	<div></div>	<div></div>

	You	Your partner
Do you or your partner get Disability Living Allowance?	P No <input type="checkbox"/> Yes <input type="checkbox"/> How much? How often? <div>Care component</div> <div>Mobility component</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? How often? <div></div> <div></div>
Do you or your partner get Personal Independence Payment?	P No <input type="checkbox"/> Yes <input type="checkbox"/> How much? How often? <div>Daily living component</div> <div>Mobility component</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? How often? <div></div> <div></div>
Do you or your partner get Attendance Allowance?	P No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner? Who is getting Carer's Allowance for you? What is the person's address? Relationship to you?	P No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. <div></div> <div></div> <div></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. <div></div> <div></div> <div></div>
Have you or your partner ever been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?	P 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.

About Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance & Pension Credit

	You	Your partner
Are you or your partner getting or waiting to hear about a claim for Income Support, Income - based Jobseeker's Allowance, Income - related Employment and Support Allowance or Pension Credit?	No <input type="checkbox"/> Go to Part 5 . Yes <input type="checkbox"/> Answer the questions below. Which one? <div></div> Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> When did you start getting it? <div></div>	No <input type="checkbox"/> Go to Part 5 . Yes <input type="checkbox"/> Which one? <div></div> Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> When did your partner start getting it? <div></div>

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

No ☐ Go to **Part 6**.

Yes ☐ Answer all of the questions on this page.

No ☐ Go to **Part 6**.

Yes ☐ Answer all of the questions on this page.

You must send us your trading 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 evidence of your income.

Please complete the online Self Employed Income form, you can find this in the 'Benefits Forms' section on our website.

What kind of work do you do?**When did the business start?****What is the business name and address?**

Postcode

Postcode

Are you a sole trader?No ☐Yes ☐No ☐Yes ☐**Are you a director of a limited company?**No ☐Yes ☐No ☐Yes ☐**Is this work classed as permitted work?**No ☐Yes ☐No ☐Yes ☐**Do you have any business partners?**No ☐Yes ☐ Tell us their name and address.No ☐Yes ☐ Tell us their name and address.

Postcode

Postcode

How many hours a week do you usually work?**Do you get a Business Start-Up Allowance?** PNo ☐Yes ☐No ☐Yes ☐

How much?

How often?

How much?

How often?

Do you pay into a private pension scheme? PNo ☐Yes ☐No ☐Yes ☐

How much?

How often?

How much?

How often?



We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist on Page 36 to see what you can use as evidence.

You

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 the **Extra Page (Page 34)**.

How many employers?

What kind of work do you do?

What is your employer's name and address?

Postcode

No ☐ Yes ☐

Is this work classed as permitted work?

When did you start this job?

What is your payroll, employee or staff number?

Are you (your partner) employed for a limited period?

No ☐ Yes ☐ When will you finish?

How often do you (your partner) get paid?

Using your latest payslips (must be consecutive), please complete the boxes below – last 2 months pay, last 3 fortnightly or last 5 week's pay.

Please complete as much as you can of this section.

Your wage detailsIf you do not have all your payslip information available, please check this box: ☐

Have you received any payslips?

No ☐Yes ☐

Is this a new job?

No ☐Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

If yes, when will you receive your first payslip?

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your partner's wage detailsIf you do not have all your partner's payslip information available, please check this box: ☐

Have you received any payslips?

No ☐Yes ☐

Is this a new job?

No ☐Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

If yes, when will you receive your first payslip?

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How are you (your partner) paid?

For example, in cash, by cheque or straight into a bank or building society account.

When was your (your partner's) last pay rise?

When will your (your partner's) next pay rise be?

Your partnerNo ☐ 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 the **Extra Page (Page 34)**.

Postcode

No ☐ Yes ☐No ☐ Yes ☐ When will you finish?

You**Your partner****Job 1**

How many hours a week do you (your partner) usually work with this job?

If you (your partner) work unusual hours, please enter an average value here, and give details.

What is your (your partner's) hourly rate and pay frequency?

Job 2

What kind of work do you do?

What is your employer's name and address?

Postcode

No ☐ Yes ☐

Is this work classed as permitted work?

When did you start this job?

What is your payroll, employee or staff number?

Are you (your partner) employed for a limited period?

How often do you (your partner) get paid?

How many hours a week do you (your partner) usually work with this job?

If you (your partner) work unusual hours, please enter an average value here, and give details.

What is your (your partner's) hourly rate and pay frequency?

Job 3

What kind of work do you do?

What is your employer's name and address?

Postcode

No ☐ Yes ☐

Is this work classed as permitted work?

When did you start this job?

What is your payroll, employee or staff number?

Are you (your partner) employed for a limited period?

How often do you (your partner) get paid?

How many hours a week do you (your partner) usually work with this job?

If you (your partner) work unusual hours, please enter an average value here, and give details.

What is your (your partner's) hourly rate and pay frequency?

Using your latest payslips (must be consecutive), please complete the boxes below - last 2 months pay, last 3 fortnightly or last 5 weeks' pay.

Please complete as much as you can of this section.

Your wage details Job 2

If you do not have all your payslip information available, please check this box: ☐

Have you received any payslips? No ☐ Yes ☐

Is this a new job? No ☐ Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

If yes, when will you receive your first payslip?

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date

Your wage details Job 3

If you do not have all your payslip information available, please check this box: ☐

Have you received any payslips? No ☐ Yes ☐

Is this a new job? No ☐ Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

If yes, when will you receive your first payslip?

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date

Your partner's wage details Job 2

If you do not have all your partner's payslip information available, please check this box: ☐

Have you received any payslips? No ☐ Yes ☐

Is this a new job? No ☐ Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

If yes, when will you receive your first payslip?

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date

Your partner's wage details Job 3

If you do not have all your partner's payslip information available, please check this box: ☐

Have you received any payslips? No ☐ Yes ☐

Is this a new job? No ☐ Yes ☐

If no, please print off the Certificate of Earned Income form and ask your employer to complete it. (see Benefits Forms section).

Frequency	Payslip date	Gross pay	Tax	Tax Period	National Insurance	Pension	Other Deductions	Net Pay	Gross Pay to Date

How are you/your partner paid? (Job 2)

For example, in cash, by cheque or straight into a bank or building society account.

When was your/your partner's last pay rise? (Job 2)

When will your/your partner's next pay rise be? (Job 2)

How are you/your partner paid? (Job 3)

For example, in cash, by cheque or straight into a bank or building society account.

When was your/your partner's last pay rise? (Job 3)

When will your/your partner's next pay rise be? (Job 3)

You**Your partner**

Are you (your partner) getting company sick pay or company maternity from your employer at the moment?

(P)No ☐Yes ☐ When did this start?No ☐Yes ☐ When did this start?

Are you (your partner) getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?

(P)No ☐Yes ☐ When did this start?No ☐Yes ☐ When did this start?

Do you (your partner) pay into a private or company pension scheme?

(P)No ☐Yes ☐

How much?

How often?

No ☐Yes ☐

How much?

How often?

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist on Page 36 to see what you can use as evidence.

Do you (your partner) get tips or bonuses?

No ☐Yes ☐

How much?

How often?

No ☐Yes ☐

How much?

How often?

If you are unable to provide wage slips you should print the Certificate of Earnings form found in our Benefits section of our website. You and your employer should complete and return it to us.

	You	Your partner
Do you (your partner) do any other work at all? This could be voluntary work or any other work, even if it is not paid work.	No <input type="checkbox"/> Go to Part 8 . Yes <input type="checkbox"/> Answer the questions on this page. If you work for more employers, tell us about the other employers on the Extra Page (page 34) .	No <input type="checkbox"/> Go to Part 8 . Yes <input type="checkbox"/> Answer the questions on this page.
What other work do you (your partner) do?	<div></div>	<div></div>
What is the name and address of the person you (your partner) do this work for?	<div></div> <div></div> <div>Postcode <div></div></div>	<div></div> <div></div> <div>Postcode <div></div></div>
When did you (your partner) start this work?	<div></div>	<div></div>
How many hours a week do you (your partner) usually work?	<div></div>	<div></div>
Do you (your partner) get paid? If you only get expenses or tips, still select 'Yes' and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
How much do you get before any deductions? P	<div></div>	<div></div>
How often are you paid?	<div></div>	<div></div>

P

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist on Page 36 to see what you can use as evidence.

Are you or your partner getting or waiting to hear about benefits you have claimed?

No ☐ Go to **Part 9**.Yes ☐ Tell us of the full rate of the benefits before any deductions.No ☐ Go to **Part 9**.Yes ☐ Tell us of the full rate of the benefits before any deductions.

	You				Your partner			
Adoption Pay	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Bereavement Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Carer's Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Child Benefit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Child Tax Credit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Contribution - based JSA	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Contribution - based ESA	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Fostering Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Guardian's Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Incapacity Benefit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Industrial Death Benefit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Industrial Injuries Disablement Benefit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Maternity Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Pension Credit (inc Savings Credit)	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Severe Disablement Allowance	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
State Retirement Pension	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Statutory Maternity Pay	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Statutory Paternity Pay	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>
Universal Credit	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>	Waiting to hear <input type="checkbox"/>	How much? <input type="text"/>	Getting now <input type="checkbox"/>	How often? <input type="text"/>

	You			Your partner				
Statutory Sick Pay	Waiting to hear	<input type="checkbox"/>	How much?		Waiting to hear	<input type="checkbox"/>	How much?	
	Getting now	<input type="checkbox"/>	How often?		Getting now	<input type="checkbox"/>	How often?	
War Disablement Benefit	Waiting to hear	<input type="checkbox"/>	How much?		Waiting to hear	<input type="checkbox"/>	How much?	
	Getting now	<input type="checkbox"/>	How often?		Getting now	<input type="checkbox"/>	How often?	
War Pension or War	Waiting to hear	<input type="checkbox"/>	How much?		Waiting to hear	<input type="checkbox"/>	How much?	
	Getting now	<input type="checkbox"/>	How often?		Getting now	<input type="checkbox"/>	How often?	
Widow's or Widower's Benefit	Waiting to hear	<input type="checkbox"/>	How much?		Waiting to hear	<input type="checkbox"/>	How much?	
	Getting now	<input type="checkbox"/>	How often?		Getting now	<input type="checkbox"/>	How often?	
Working Tax Credit	Waiting to hear	<input type="checkbox"/>	How much?		Waiting to hear	<input type="checkbox"/>	How much?	
	Getting now	<input type="checkbox"/>	How often?		Getting now	<input type="checkbox"/>	How often?	

Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No ☐

If 'No' you do not have to fill in this page.

Yes ☐

Answer the questions on this page.
You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust or the Skipton Fund.

This includes work pensions, private pensions, deferred pensions, and any other pensions, child maintenance or child support, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub-tenants.

A) Are you already getting some other money?

No ☐

Yes ☐

How many sources of other money?

If you want to tell us about more than three other incomes you are already getting, use the Extra Page (Page 36)

	Other money 1	Other money 2	Other money 3
What type of income is this?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much? P	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When is the income likely to go up?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer name or pension provider name (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>

B) Does anyone owe money to you or your partner?

No ☐

Yes ☐ Tell us about it below **P**

How many sources of owed money?

If you want to tell us about more than three sources of owed money, use the Extra Page (Page 36)

	Other money 1	Other money 2	Other money 3
What for?	<div></div>	<div></div>	<div></div>
How much?	<div></div>	<div></div>	<div></div>
Who is it owed to?	<div></div>	<div></div>	<div></div>

C) Are you expecting to get any money in the next 12 months?

No ☐

For example, a redundancy payment or a payment instead of notice or holiday.

Yes ☐ Tell us about it below **P**

How many sources of expected money?

If you want to tell us about more than three sources of expected money, use the Extra Page (Page 36)

	Other money 1	Other money 2	Other money 3
What for?	<div></div>	<div></div>	<div></div>
How much?	<div></div>	<div></div>	<div></div>

P We must see evidence of any money coming in before we can decide how much benefit you can get. Read the evidence checklist on Page 36 to see what you can use as proof.

Do you own your home or have a mortgage?

No

☐

Go to the next question.

Yes

☐

Go to **Part 12**.

Have you ever owned/partly owned or had a mortgage on this property?

No

☐

Please give further details e.g. dates owned

Yes

☐

Are you a council tenant?

No

☐

Answer the questions below.

Yes

☐

Go to **Part 11**.

Answer the questions at the top of page 5 before starting this page.

Who has to pay the Council Tax bill for your home?

You and / or your partner

☐

Your landlord

☐

Someone else

☐

Tell us who it is.

What is the Council Tax reference number?

What sort of building do you live in?

Choose one box only

Detached house

☐

Flat in a house

☐

Caravan, mobile home

☐

Semi-detached house

☐

Flat in a block

☐

Houseboat

☐

Terraced house

☐

Flat over a shop

☐

Board and lodgings

☐

Maisonette

☐

Bedsit or rooms

☐

Hotel

☐

Detached bungalow

☐

Studio flat

☐

Residential nursing home

☐

Semi-detached bungalow

☐

Hostel

☐

Residential care home

☐

Does your home have central heating?

No

☐

Other - give details

☐

Yes

☐

Does your home have a garden?

No

☐

Yes

☐

Does your home have a garage?

No

☐

Yes

☐

Does your home have a parking space?

No

☐

Yes

☐

Has your home been built or adapted for people with disabilities?

No

☐

Yes

☐

How many floors are there?

Do you and your household occupy only part of the building you have ticked?

No

☐

Yes

☐

Where in the building do you live?

At the front

☐

In the middle

☐

At the back

☐

Which floors do you live on?

For example, ground floor, first floor.

How many rooms are there in the building? (enter zero for none)

In the whole building

Just for you and your household

That you share with other people

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms (please specify)

Do you use your home for business purposes?

No ☐

Yes ☐

Do you have a main home somewhere else?

If your main home is somewhere else in the UK or abroad, select the 'Yes' option, even if you do not pay rent for it.

No ☐

Yes ☐ Tell us about it below.

What is the address?

Postcode

Do you pay rent on your main home?

No ☐

Yes ☐ How much?

P

How often?

Are you living away from home at the moment?

No ☐

Yes ☐ Tell us about it below.

Why are you not living at home?

When did you last live at home?

When do you expect to go back home?

What is the address of where you are living at the moment?

Postcode

Have you sublet your home?

No ☐

Yes ☐ Who lives there now?

Are you charged rent for you home?

Choose 'Yes' if you would pay rent but you already get Housing Benefit.

No ☐ Go to **Part 12**.

Yes ☐ Answer the next question.

Answer the questions at the top of page 5 before starting this page.

Do you pay rent to the council?

No ☐ Answer the questions below.

Yes ☐ Go to **Part 12**.

What is your landlord's full name and business address?

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

Surname

Forename

Postcode

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

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

Postcode

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

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No ☐

Yes ☐ What is the relationship?

is my landlord's or agent's

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, then tell us when you have actually moved in.

What sort of tenancy do you have? P

For example, shorthold, assured tied rent or something like this.

How long is the tenancy for? P

to

What is the property let as?

Choose the option that applies.

- Furnished ☐
- Partly furnished ☐
- Hardly any furniture ☐
- Unfurnished ☐

How much rent do you pay and how often?**P**

How often?

Does anyone else share the rent with you and your partner?No ☐Yes ☐ How many?

Tell us their names and their relationship to you and your partner.

Surname

First Name

Relationship

How much of the rent do they pay and how often?

How often?

Has your rent changed in the last 12 months?**P**No ☐Yes ☐ Send us proof of the date it changed and how much it changed.**Do you know when your next rent increase is due?**No ☐Yes ☐ On what date?

We must see evidence of your rent and tenancy before we can decide how much benefit you can get.
Read the checklist on Page 36 to see what you can use as proof.

Has your rent been registered as a fair rent by a rent officer?**P**No ☐Yes ☐ Please send us the notice of registration form **RO5**.**Do you have any weeks when you do not have to pay rent?****P**No ☐Yes ☐ How many in a year? **Are you behind with your rent?****P**No ☐Yes ☐ By how many weeks?

Does your rent include money for the following?

Meals	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
For which meals? (Please choose.)					
				Breakfast <input type="checkbox"/>	
				Lunch <input type="checkbox"/>	
				Evening meal <input type="checkbox"/>	
Water authority charges	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					
Heating	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					
Lighting	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					
Hot water	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					
Fuel for cooking	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					
Laundry	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Cleaning rooms or windows	(P)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? <input type="text"/>	How often? <input type="text"/>
Is the charge for : your sole use <input type="checkbox"/> communal use <input type="checkbox"/>					

Gardening

(P) No ☐Yes ☐How much? How often? Is the charge for : your sole use ☐ communal use ☐

Garage or parking space

(P) No ☐Yes ☐How much? How often?

Do you have to rent the garage as part of your tenancy agreement?

No ☐Yes ☐

Personal care and support

(P) No ☐Yes ☐How much? How often? **Do you pay any service charges separate from your rent?**

eg: for cleaning or lighting in shared areas, an alarm system, a warden, meals, or lift maintenance?

(P) No ☐Yes ☐Who do you pay? How much? How often?

What does it pay for?

If you pay for a personal care, support or supervision package, did you move to this address in order to receive care?No ☐Yes ☐

Please confirm who this was arranged by

(P)

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist on Page 36 to see what you can use as evidence.

We need to know if you / your partner have any bank accounts, savings, investments or property in the UK or abroad.

This includes cash, current and savings accounts with a bank or building society, Post Office accounts, Premium bonds, National Savings Certificates, and stocks and shares. Please include any accounts that has a £0.00 balance or overdrawn.

Apart from your the address your are claiming for on this application, do you or your partner own any other property or land in this country or abroad?

No ☐

If it is mortgaged or loan, still choose **Yes**.

Address

Yes ☐ **P**

Postcode

Is this property up for sale?

No ☐ Yes ☐

Is this property occupied?

No ☐ Yes ☐

Which estate agent is the property up for sale with?

OR

By who?

If you own land, what is its current value?

Bank accounts

No ☐ Yes ☐ How many accounts? **P**

	Name of bank	Account number	Sort Code	Whose name is in the account in?	How much is in the account?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building society accounts No ☐ Yes ☐ How many accounts? **P**

	Name of building society	Account number	Sort Code	Whose name is in the account in?	How much is in the account?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post Office accounts No ☐ Yes ☐ How many accounts? **P**

	Type of account	Account number	Sort Code	Whose name is in the account in?	How much is in the account?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit trusts, ISAs, PEPs, TESSAs or other investments No ☐ Yes ☐ How many accounts? **P**

	Type of account	Account number	Sort Code	Whose name is in the account in?	How much is in the account?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Premium bonds

No ☐Yes ☐ How many?

Total amount

P

Income bonds or capital bonds

No ☐Yes ☐ How many accounts?

Total amount

P

Money or property held in trust

No ☐Yes ☐ How many accounts?

Total amount

P

Any other savings or investments

No ☐Yes ☐ How many accounts?

Total amount

P

Type of other savings or investment

P

We must see evidence of any savings, investments or property before we can decide how much benefit you can get. Read the checklist on Page 36 to see what you can use as evidence.

Do you have any shares?

No ☐Yes ☐

Approximate value

Name of the company the shares are held in

Number of shares held

(P)

(P)

(P)

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

(P)

No ☐Yes ☐

Do any of your savings or investments include:

(P)

- money from the sale of a house, or
- money from a charity?

No ☐Yes ☐

You must provide as much proof as possible, however we may need to write to you.

Do any of your savings or investments include any amount of deferred pension?

No ☐Yes ☐

Please provide details of accounts including the amount of deferred pension and the date received.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment, or

No ☐Yes ☐

Who received the payment? (P)

You ☐Your partner ☐

- a compensation payment made to victims of atrocities that happened during the Second World War?

No ☐Yes ☐

Who received the payment? (P)

You ☐Your partner ☐

We need to know this to make sure we do not count it as part of your savings.

Have you, your partner or any of your children you are claiming for, received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? (P)

No ☐Yes ☐

- If you are awarded Council Tax Reduction, we will pay this direct to your Council Tax account.
- If you are awarded Housing Benefit, you may be able to choose where to have your money paid. We can arrange to pay your money:

If you would like your payments to go direct to your landlord please complete the Direct Payment to Landlord form found in the Benefit Forms section on our website.

Payment direct into your account

For your convenience and security we recommend that payment is made direct into your bank/ building society account. You can obtain advice on opening and running an account from any bank or building society of your choice. You can also get independent advice from the Citizens Advice Bureau.

You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. You can use most of these machines for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged.

You can check your Housing Benefit payments online by logging into 'My Accounts' in the Housing Benefit section of our website. However, you will need to email; benefits@flintshire.gov.uk to request a username and password.

Part A: Selecting your preferred payment option

for Private Tenants

You agree to be paid direct into an account. ☐ Please complete **Part B** on this page

You would like any award to be paid direct to your landlord: ☐ Please complete Pages 40 - 46

for Housing Association Tenants

You agree to be paid direct into an account. ☐ Please complete **Part B** on this page

You would like payment to be made direct to your landlord. ☐

If you have told us you would like us to pay any award directly to your landlord, please read this information:

If there is a reason why you cannot manage your own rent payments we may be able to pay your landlord directly.

You should read the guidance notes and then print out and complete the Application for Payment of Local Housing Allowance direct to your Landlord before you return it to us. The guidance and form can be found on pages 40 - 46.

You will also need to print out and the Authorisation for Payment of Local Housing Allowance direct to your Landlord on page 46, your landlord will then need to complete this form before you return it to us. If you have any problems printing documents, please contact the benefits service: **01352 704848** (Open Monday to Friday 8.30am - 5pm).

Part B: Account Details

Please provide details of your account below:

Bank/Building Society Name

Branch

Account Holder Name(s)

Account Number

Sortcode

Roll Number (Building Society only)

We can usually award Housing Benefit / Council Tax Reduction from the Monday after the date we receive your claim.

Sometimes we can pay you from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying you from an earlier date, tell us when you want payment from and why you did not claim earlier.

Do you wish to apply from an earlier date? No ☐ Yes ☐

Date you want to apply from

Tell us below why you have not claimed before (please provide as much information as possible, together with any documentary evidence to support this).

We will write to you if we need further information.

Part 15 Sharing Information With Your Landlord

FOR PRIVATE TENANTS ONLY

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

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

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

- you have claimed or renewed your claim for Housing Benefit, or
- we need more information to make a decision on your claim, and what that information may be, or
- we have made a decision on your claim.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

Do you give us permission to discuss your claim with your landlord? No ☐

Yes ☐

Other people you trust

Sometimes you may want someone else to contact us about your claim, such as a family member or someone else acting for you. We can only discuss your claim with another person if you have given us permission to do so. If you would like someone else to speak to us on your behalf please tell us about them below.

I give Flintshire County Council Benefit Section permission to discuss my claim with the person named below:

Full name:

Your confirmation ☐

Relationship to you:

Date:

Contact number

Please use the space below to tell us any other information about your claim that you think we should know about:

Please use the space below to tell us any observations regarding this form and how you feel it can be improved:

- Have you completed the claim form?
- If required in the main form, have you provided extra information on the extra form page (Page 36)?
- Have you connected to the internet and submitted your form to us?

We must see proof of the information you have provided for us in the claim form. You must provide original documents, NOT photocopies.

The following list is created as you fill in the form. It shows the categories of evidence you must provide along with your claim. More details about what is acceptable as evidence are listed over the following pages (click the "Next" button to view this information). Please check that you have included all the evidence we need to process your claim - you can print this page if you wish.

All evidence listed below must be provided within one calendar month of your form being submitted.

-(Part 1) : Proof of your identity and National Insurance number. We need to see two original documents, one of which should have the National Insurance number.

Name of applicant

Name of second applicant

Address for which
claim is being made

Type of occupancy

Our Submission Reference:

Postcode

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 below. In signing the form they are confirming that they have read the form and that all the details about them are correct.

By completing this declaration, you are agreeing that you have read, understood and confirmed your agreement to the following terms.

☐ I / We have declared all of my/our income and capital

☐ I / We authorise the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Flintshire County Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this).

☐ If I / We give information that is incorrect or incomplete, or I / We fail to report a change in circumstances which may effect the claim, I / We may be prosecuted under the Social Security Administration Act 1992 (as amended) or the theft act 1968.

☐ I / We **know** I / We must let the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR know **immediately** and in writing of any change in circumstances which may affect the claim. I / We accept that it is our responsibility to do so and that, if unsure of whether a change in circumstances affects the benefits or not, I / We will contact the Benefit Section at Flintshire County Council, County Hall, Mold, CH7 6NR, to check.

☐ I / We **declare** the information I / We have given on this form is correct and complete.

**Claimant /
Applicant
Confirmation**

Check

☐

Sign

Date

**Partner /
Alternative
Applicant
Confirmation**

Check

☐

Sign

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.

I **declare** that as far as possible, I have confirmed with the claimant that the answers I have written on this form are correct.

Name of the person who filled in the form

Confirmation

Date

☐

Relationship to the person claiming

Telephone number

If possible (this helps us if we have a query)

Was the claimant present when completing the form? No ☐ If no, why was claimant not present? Yes ☐

As detailed throughout the form you are required to provide supporting evidence for your claim, further details of what you need to provide are found in the Evidence Checklist on Page 37.

You may also be required to print, complete and return Extra Forms found at the end of the form.

Please send accompanying evidence, and additional forms to:

Victoria Forms Demo Address
Demo Address Line 1
Your Council Address Here

If you are concerned about sending documents through the post you can visit one of our Local Connects Offices where staff will be able to verify the documents and return them to you.

You are at the end of the main form. Please go back through it and check your answers click on the Show Errors button to highlight any omissions or mistakes.

Once the form has been checked and is free of errors, click on the Submit button the form data will then be sent to our server.

You should also read the checklist for details of supplying evidence to support your claim.

Have you included all the evidence we need to process your claim?**Proof of your National Insurance number**

You must send us an original document to confirm your and your partner's National Insurance number.

You can find your National Insurance number on your:

- P45;
- P60;
- Wage or salary slips;
- Tax letter;
- Letters from the Department for Work and Pensions or Pension Service; or
- National Insurance card.

Proof of your and your partner's identity

You must prove your and your partner's identity before we can pay you any benefit. You must send us one form of identity as well as proof of your National Insurance number.

Here are some examples of the original documents that we will accept as proof.

- Birth certificate (full or short)
- Certificate of employment in HM Forces
- Certificate of employment in the Merchant Navy
- Divorce or annulment papers
- Driving licence
- Home Office standard acknowledgement letter (SAL 1 or 2)
- Identity card issued by a European Community (EU), or European Economic Area (EEA) member state
- Letter from your solicitor, social worker, probation officer or the Inland Revenue
- Life assurance policies
- Marriage certificate
- Medical card
- Passport (current and valid)
- UK Residence permit
- Wage slips from current employer

Evidence of residency

- Such as a gas bill, telephone bill (landline), electric bill or TV licence

Proof of who lives in your home**For children**

- Child Benefit advice letter telling you that child benefit will be paid into your bank account.
The advice letter must show the current rates of payment.
- Disability Living Allowance advice letter informing that payments are credited to a bank account.
The advice letter must show the current rates of payment.

For anybody else who lives with you as part of your family (but not a sub-tenant or lodger)

- Wage slips to show their earnings before deductions.
- Proof of any other income they may receive including benefits, private pension details and confirmation of interest they have received from their savings and investments.
- Proof that they are a student, on a government training scheme or an apprentice.

Evidence of income**Benefits and allowances**

- The DWP Benefit Award letter telling you that benefit will be paid into your bank account.
— The award letter must show the current rates of payment.
- Current bank statements showing that the benefit has been paid into your bank account.
- We need to see your latest award letter confirming that you get Working Tax Credit or Child Tax Credit.

Pensions

- The Pension letter.
- Current bank statements showing that the pensions (private or State Retirement Pension) have been paid into your bank account.
- A private or occupational pension advice slip or letter.

Other income

- An award letter if benefit has just been awarded.
- Court order award notices or Child Support Agency letters giving details of maintenance.
- Letters from absent parents confirming maintenance they pay to you if no court order has been made.
- Insurance policy or home income plan details.
- If you own another property and it is up for sale please provide the Estate Agent details and advert.

You must provide original documents as proof. We do not accept photocopies.

Proof of investments and savings

- Current bank or building society statements (do not forget to include this especially if your wages or benefits are paid into this account). We cannot deal with your claim without these details. You only need to provide proof of your bank accounts and savings if you have more than £6,000 and are of working age, or £10,000 or more if you are a pensioner.
 - The statements must cover at least the last two months.
- Documents showing proof of ownership, for example statements showing assets for certificates, bonds, unit trusts, stocks and shares, Premium Bonds, saving certificates and so on.

Proof of earnings**Working for an employer**

- Proof of all earnings including:
 - deductions from earnings for a private pension scheme;
 - deductions from earnings for a superannuation scheme;
 - details of Statutory Sick Pay or Statutory Maternity Pay included in the pay; and
 - details of the number of hours worked.
- Proof of earnings must be one or more of the following.
 - The last five pay slips if you are paid every week
 - The last three pay slips if you are paid every fortnight
 - The last two pay slips if you are paid every month.

If you don't have any of the above, print the certificate of earnings form found in the Benefits Forms section of our website. You and your employer must fill in this form and return it to us. If you have just started your job and have not yet been paid, send in a letter from your employer with details of your expected earnings.

If your contributions to your private or occupational pension are shown on your pay slip, we will accept this as proof. If you have made your own arrangements for a private or occupational pension, proof of your contributions must be the latest statement from your pension provider.

Self-employed

- Your most recent accounts
- Partnership agreement if you have one
- Details of payments made to a private or occupational pension
- Tax assessments

If you don't have any of the above, please go to the Benefits Forms section on our website and complete the online Self Employed Income form.

Proof of rent

If you rent your home from the council, you do not have to provide proof of the rent you have to pay to the council.

If you are renting your home from a private landlord or housing association, you will need to send us one or more of the following as proof.

- A fully signed tenancy agreement or a letter from your landlord, or contact us and we will send a form to your landlord for completion.
- Your rent books or receipts and a letter from your landlord or agent confirming the details of your tenancy
- The notice of registration form (RO5), if you have a protected or regulated tenancy

Sub-tenants, boarders and lodgers

If you are renting part of your home to a sub-tenant, boarder or lodger you will need to send us a letter confirming how much you charge and when they moved in. You will also need to send us one of the following as proof that you are being paid rent.

- The tenancy agreement
- The rent books or receipts.

Students

Most full-time students do not qualify for Housing Benefit. By full time we mean more than 16 hours of guided learning each week. The exceptions to this rule include students who are:

- disabled;
- over 60;
- those receiving Child Benefit for their children; or
- under 19 and following a course of further education up to age 19.

You will need to send us original documents to prove your income from loans, grants, bursaries, deed of covenant and so on. We will require the Maintenance Loan and Grant Student Finance letter for proof of your student income.

Full-time students are 'disregarded' for Council Tax. This means that they do not have to pay Council Tax. If only full-time students live in your property, you will not have to pay any Council Tax. Please contact your local council's Revenue Services for more details.

You must provide original documents as proof. We do not accept photocopies.

Please make sure you have completed and submitted your form. Click the link below to complete an Ethnic Survey:

Flintshire Ethnic Survey

The council is committed to an Equal Opportunities Policy to promote equality and fair treatment in the provision of its services. In order to monitor the effectiveness of this policy, all customers completing a Benefit application form are asked to complete this form. **This is voluntary and does not affect your application in any way.**

About yourself

I am:

Male

Female

Age:

16 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 and over

First language:

English

Welsh

British Sign Language

Other (please give details)

Religious Categories:

Budhist

Christian

Jewish

Hindu

Muslim

Sikh

None

Other (please give details)

Disability: The Disability Act 1995 defines a disability as:
'a person has a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'
Do you consider yourself to have a disability? Yes No

How would you describe your ethnic origin?

White

You

Your partner

British		
Irish		
Other white		

Please specify: (You)

Please specify: (Your partner)

Mixed

You

Your partner

White and black Caribbean		
White and black African		
White and Asian		
Other mixed		

Please specify: (You)

Please specify: (Your partner)

Asian

You

Your partner

Asian British		
Bangladeshi		
Indian		
Kashmiri		
Pakistani		
Other Asian		

Please specify: (You)

Please specify: (Your partner)

Black

You

Your partner

Black British		
Caribbean		
African		
Other black		

Please specify: (You)

Please specify: (Your partner)

You

Your partner

Chinese		
---------	--	--

You

Your partner

Other		
-------	--	--

Please specify: (You)

Please specify: (Your partner)



Guidance Notes: Application for payment of Local Housing Allowance direct to your Landlord

Please read this information sheet before printing and completing the Extra Form

The Local Housing Allowance (LHA) is a new way of paying Housing Benefit to people living in private rented sector accommodation.

LHA is usually paid to the tenant, and tenants cannot simply request that payment is made direct to their landlord.

There are circumstances where we must pay LHA directly to the landlord, and these are:

- The tenant is 8 full weeks or more in arrears with their rent
- The tenant is having deductions made from their Income Support or Jobseekers Allowance to pay for rent arrears

We can also make a decision to pay the LHA directly to the Landlord where we consider the tenant is unlikely to pay their rent, or they are unable to pay their rent because they are vulnerable or have severe financial difficulties:

What do we mean by unlikely to pay the rent?

- A tenant has rent arrears and has consistently failed to pay.
- A tenant has previously absconded from a property leaving rent arrears.

What do we mean by financial difficulties?

- Those who are unable to open a bank / building society account.
- Those with severe debt problems.
- People who are bankrupt.

What do we mean by vulnerable?

By vulnerable we mean someone who may have difficulty managing his or her money and this may include persons:

- with medical conditions
- with learning difficulties
- with physical disabilities
- mental health problems
- that are illiterate or unable to speak English
- who live alone with no support
- receiving assistance from a homeless charity
- with alcohol / substance / gambling addiction
- that are homeless
- that are receiving funding from the Supporting People Grant.

The above list is not exhaustive and there may be other reasons why a tenant is considered to be vulnerable.

What evidence is required?

In all cases we must have written evidence and the evidence required will depend on the person's circumstances.

People who can give evidence include:

- | | | | |
|------------------------------------|---------------------------|-----------------------|------------|
| • Family and friends of the tenant | • Money and Debt Advisers | • Jobcentre Plus | • Hospital |
| • The landlord | • Social Services | • The Pension Service | • Court |
| • Welfare groups | • GP | • Support workers | |
| • Care workers | • Probation officers | • Community nurses | |

This list is not exhaustive and we may require permission from tenants to contact third parties on their behalf.

Making a decision

Once we have collected evidence we will decide as quickly as possible whether payment of the LHA should be made to the landlord or the tenant.

We may pay LHA to the landlord while we are making our decision. We will inform tenants if they are considered vulnerable, and we will write to the tenant or their representative and explain the decision.

Reviewing decision

Where a decision is made to pay the landlord we will set an appropriate review date to see if the circumstances of the claimant have changed in the future, which might mean that they can receive direct payment of their LHA.

In most cases, we will work with the tenant to help them manage their finances and receive direct payments of the LHA.

This will include:

- Assisting the tenant to obtain a bank account
- Referring the tenant to the appropriate agency for financial advice and assistance with severe debt issues.

Appeals

If the tenant or landlord disagrees with our decision they can appeal. The rules for this are the same as the rules for Housing Benefit. Ask for more information about this. Details about how to get in touch with us are at the end of this leaflet.

Further Information

If you would like more information please:

Telephone: 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.

Email: benefits@flintshire.gov.uk

Visit: Local Connects Office in Mold, Buckley, Connahs Quay, Flint or Holywell.

This form should be printed and completed before being returned to us.



Application for payment of Local Housing Allowance direct to your Landlord

What is this form for?

- The Local Housing Allowance (LHA) is normally payable to the tenant.
- However there are special circumstances when we can pay the LHA directly to the landlord.
- The information given in this form will help us to decide if we should pay the LHA directly to the landlord in your case.
- You may not need to complete all the questions in the form but please try to give as much information and evidence as possible

Who should complete this form?

Where possible the tenant should complete the form but it can also be completed by;

- Family or friends
- The main carer
- A support worker
- An advice or welfare agency
- The landlord or letting agent
- A person who works for another service within the Council

The tenant must always sign the form and be fully aware that it may lead to payment of the LHA being paid direct to the landlord.

If the tenant has not signed the form, please explain why in the declaration at the end of the form.

What should be sent with this form?

Written evidence to support the information in this form, this can be from various sources (see information sheet), depending on the person's circumstances, for example:

- Welfare groups
- Social Services
- Department for Works and Pensions (DWP)
- General Practitioner (GP)
- Hospital
- Courts?
- Care workers
- Probation Officers
- The tenants' family and friends
- Landlord or letting agent?

Please note this list is not exhaustive and evidence from other sources may also be accepted.

1 Tenant's name:

Housing Benefit
reference no:

2 Tenant's address:

Telephone:

3 Name, address and telephone number of person completing the form - if not tenant.

4 If the tenant is not completing the form please tell us your relationship to the tenant and the reason you are completing the form on his/her behalf.

Details about the tenant's circumstances

5 Tell us about any learning difficulties that may cause you problems in paying your rent.

6 Tell us about any medical conditions or disabilities that may cause you difficulties in paying your rent.

7 Tell us about any mental health problems that may cause you difficulties in paying your rent.

8 Are you dealing with an addiction to drugs, alcohol or gambling? *If yes please give details*

9 Have you had any difficulties managing your affairs because you need help to understand the English language? *If yes please give details.*

10 Have you recently experienced changes in your lifestyle that mean you are temporarily unable to deal with your financial affairs?

11 Do you have rent arrears?

No ☐ Yes ☐ If **yes**, please tell us:

How much are your arrears?

The period they cover: **From**

To

Details of action your landlord may have to recover the rent arrears:

12 Have you had any previous problems paying your rent?
If yes, please give details.

13 Are you having deductions made from your Income Support or Jobseeker's Allowance to pay rent arrears?

No ☐ Yes ☐ If **yes**, please provide proof.

14 Do you currently receive any ongoing support from an agency, organisation, friend or family member to help you organise your rent payments and finances?

No ☐ Yes ☐ If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

Details of help provided:

15 Is there anyone else who can help you to manage your financial affairs?

No ☐ Yes ☐ If **yes**, please tell us:

Name of person / organisation:

Telephone number:

Address:

16 How long do you think direct payments will need to be made to your landlord?

13 weeks ☐

26 weeks ☐

52 weeks or more ☐

17 Tenant's declaration:

Please sign and date the form below. If you have a partner they should also sign below

- The information given in this form is true and correct
- I agree for my Local Housing Allowance to be paid directly to my landlord, up to the amount of my contractual rent
- I will contact the Housing Benefit department should I feel able to receive my benefit directly
- I have read and understood the declaration

Your signature

Your partner

Date

Please remember to include documentary evidence where possible to support your request

18 Declaration for person completing the form, if not the tenant:

- The information is true and correct.
- I have read and understand the declaration?
- I believe it to be in the best interest of the tenant to pay the Local Housing Allowance, up to the amount of the contractual rent directly to the landlord.

Your signature

Name

Date

Further information

If you would like any help or advice with this form, please

Telephone: 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm.

Email: benefits@flintshire.gov.uk

Visit: Local Connects Office in Mold, Buckley, Connaught Quay, Flint or Holywell.

This form should be printed and completed by your landlord before being returned to us.



Authorisation for the Council to Pay Local Housing Allowance Direct to the Landlord

This section is to be completed by the landlord

Please note payments to Landlords cannot commence until this form duly completed has been received by the Benefit Department

Landlord:

Name

Address

Tel:

Tenant:

Name

Address

I am willing to accept payment of the above Local Housing Allowance subject to the conditions stated below:

Conditions

1. Should an overpayment of Local Housing Allowance occur, the Authority has the right to recover the overpayment from either the tenant or the person to whom the benefit has been paid (i.e. landlord). The Authority will examine each case in order to decide from whom recovery will be sought. If the Authority deems the overpayment to be recoverable from the landlord, then the debt must be repaid.
2. The landlord as well as the tenant must notify the Council whenever there is a change to the tenancy including the tenant leaving the accommodation, or and additional person living there.
3. The Council's Benefit Department cannot become involved in any dispute between the landlord and the tenant over outstanding charges.
4. The Council retains the right to withhold the Local Housing Allowance or pay it to the claimant should it so decide.
5. The Council cannot divulge any information about the claimant to the landlord.
6. I have read and understand the above conditions, therefore please pay the Local Housing Allowance direct to the following account;

What name or name is the account in?

Full name of Bank or Building Society

Sortcode

Account number

Roll number (Building Society Accounts only)

Landlord's Signature:

Date:

When completed and printed out please return to:

Flintshire County Council
Benefit Department
County Hall
Mold
Flintshire
CH7 6NA

Telephone: 01352 704848. This helpline is open Monday to Friday 8.30am - 5pm

Email: benefits@flintshire.gov.uk

There are no more form pages.