

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

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

Local Connects Offices addresses and opening times;

Buckley Connects
Buckley Library
The Precinct
Buckley
Mon - Fri 9.30am - 5pm.

Connahs Quay Connects
Wepre Drive
Connahs Quay
Mon - Fri 9am - 5pm.

Flint Connects
Church Street
Flint
Mon - Fri 8.30am - 5pm.

Holywell Connects
Old Town Hall
High Street
Holywell
Mon - Fri 9am - 5pm.

Mold Connects
Mold Library
Earl Road
Mold
Mon - Fri 9.30am - 5pm.

For Official Use Only

| | | | |
|---------------------------------|----------------------|----------------|--|
| Title | Customer Name | Form Filename | Flintshire English HBCTR Application (1.0).wdf |
| <input type="text"/> | <input type="text"/> | Form Reference | ./. |
| DOB | NINO | Notes | |
| <input type="text"/> | <input type="text"/> | | |
| TEL | | | |
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| Customer Address | | | |
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| Date Form Started | 10/6/2016 3:26:48 PM | | |
| 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"/> | | |
| none | | | |

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 and Council Tax. 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 entitled to Housing Benefit / Council Tax Reduction. To be considered for a DHP please write to us explaining the circumstances.

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

P 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 **P** 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.

How we collect and use information

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

We will provide information about eligibility for free school meals to appropriate Education staff and relevant schools.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and the HM Revenue & Customs, as allowed by the law.

We may share the information provided with other parts of the Council to enable the discharge of Council functions.

We 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.

These third parties include government departments, local authorities and private sector companies such as banks and organisations that may lend you money.

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

Contact details for the Data Controller (for the purposes of the Data Protection Act 1998):

Flintshire County Council is the Data Controller (for the purposes of the Data Protection Act 1998).

If you want to know more about what information we have about you, or the way we use that information, please ask us.

If you do not agree to us using the information as indicated above, or if you want to know more about what information we have about you, or the way we use that information, please contact us.

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:

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

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?

| You | | Your partner | |
|-----------------------------|------------------------------|-----------------------------|------------------------------|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Are you or your partner getting or waiting to hear about any other claims for benefits or pensions?

| | | | |
|-----------------------------|------------------------------|-----------------------------|------------------------------|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
|-----------------------------|------------------------------|-----------------------------|------------------------------|

Including Child Tax Credits, Working Tax Credits, State Retirement Pension and Universal Credit.

Are you or your partner self-employed

| | | | |
|-----------------------------|------------------------------|-----------------------------|------------------------------|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
|-----------------------------|------------------------------|-----------------------------|------------------------------|

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"/> |
|-----------------------------|------------------------------|-----------------------------|------------------------------|

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

Your partner

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?

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

Your daytime phone number

What is this number?

You do not have to tell us this, but it may help us to deal with your claim more quickly.

Home Work

Mobile Textphone

Home Work

Mobile Textphone

Your email address

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

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

By providing your email address you will be registered for My Accounts in order for you to view your Benefit claim and any notifications. You will be provided with full details of your username/password and how to access My Accounts, this will make your notifications more secure and will also ensure that you receive your notifications quicker.

Date of birth

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, or cannot find it, tick this box.

If your partner does not have an NI number, or cannot find it, 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.

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 Please tell us about this below:

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? **P**

No
 Yes We will write to you about this.

No
 Yes We will write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?

The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner in hospital at the moment?

No
 Yes Please tell us about it below.

No
 Yes Please tell us about it below.

When did you go in?

When will you come out, if you know this?

You

Your partner

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? **(P)**

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

No Yes Tell us if this is full or part time.Full-time Part-time No Yes Tell us if this is full or part time.Full-time Part-time

What are the dates of your course?

Start: End: Start: End:

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)**

(P)No Yes No Yes

■ on work based training **(P)**

(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)**

(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)**

(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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Postcode <input type="text"/> | Postcode <input type="text"/> | Postcode <input type="text"/> | Postcode <input type="text"/> |

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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? | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

If 'Yes', which school?

| | | | | |
|------|----------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------|----------------------|----------------------|----------------------|----------------------|

| | | | | |
|---------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Address | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Postcode <input type="text"/> | Postcode <input type="text"/> | Postcode <input type="text"/> | Postcode <input type="text"/> |

| | 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 |
| Do you only pay for child care during school term time? | 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"/> |

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.

Please enter your annual gross income (as assessed by HM

Your or your partner's NASS or SSAT reference number if you have one

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?

| | 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. (You do not have to tell us this but it may help us deal with your claim more quickly.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|----------------------|----------------------|----------------------|

| | | | |
|---|----------------------|----------------------|----------------------|
| Their relationship to you or your partner | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|----------------------|----------------------|----------------------|

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend

| | | | |
|---|---|---|---|
| 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"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> Which one? | Yes <input type="checkbox"/> Which one? | Yes <input type="checkbox"/> Which one? |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---|---|---|---|
| Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment? | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> Which one? | Yes <input type="checkbox"/> Which one? | Yes <input type="checkbox"/> Which one? |
| 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"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <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"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> Tell us which | Yes <input type="checkbox"/> Tell us which | Yes <input type="checkbox"/> Tell us which |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---|-----------------------------|-----------------------------|-----------------------------|
| If a full-time student, what are the dates of their course? | Start: <input type="text"/> | Start: <input type="text"/> | Start: <input type="text"/> |
| | End: <input type="text"/> | End: <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"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> Tell us about it below. | Yes <input type="checkbox"/> Tell us about it below. | Yes <input type="checkbox"/> Tell us about it below. |

| | | | |
|-----------|------------|------------|------------|
| How much? | [] a week | [] a week | [] a week |
|-----------|------------|------------|------------|

| | | | |
|-----------------------------------|------------------------------|------------------------------|------------------------------|
| Does this include money for food? | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

| | | | |
|--------------------------------------|------------------------------|------------------------------|------------------------------|
| Does this include money for heating? | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Are they severely mentally impaired? (P)

| | | |
|------------------------------|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Are they in legal custody at the moment? (P)

| | | |
|--|--|--|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> When are they expected to come out? | Yes <input type="checkbox"/> When are they expected to come out? | Yes <input type="checkbox"/> When are they expected to come out? |

| | | |
|-----|-----|-----|
| [] | [] | [] |
|-----|-----|-----|

Are they in hospital at the moment? (P)

| | | |
|--|--|--|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> Tell us about it below. | Yes <input type="checkbox"/> Tell us about it below. | Yes <input type="checkbox"/> Tell us about it below. |

| | | | |
|----------------------|-----|-----|-----|
| When did they go in? | [] | [] | [] |
|----------------------|-----|-----|-----|

| | | | |
|--|-----|-----|-----|
| When are they due to come out (if you know)? | [] | [] | [] |
|--|-----|-----|-----|

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

| | | |
|--|--|--|
| No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> Tell us their earnings before any deductions. | Yes <input type="checkbox"/> Tell us their earnings before any deductions. | Yes <input type="checkbox"/> Tell us their earnings before any deductions. |

| | | |
|------------|------------|------------|
| [] a week | [] a week | [] a week |
|------------|------------|------------|

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
 Yes Tell us about it below.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

1 Where does this income come from?

How much is it before deductions? **P**

 a week

 a week

 a week

2 Where does this income come from?

How much is it before deductions? **P**

 a week

 a week

 a week

3 Where does this income come from?

How much is it before deductions? **P**

 a week

 a week

 a week

We need to see proof of their income.

We need to see proof of their income.

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 *partners*.

No
 Yes Tell us the partner's name.

No
 Yes Tell us the partner's name.

No
 Yes Tell us the partner's name.

Forename(s)

Surname

You

Your partner

Do you or your partner get Disability Living Allowance?

P No
Yes

No
Yes

How much? How often?

How much? How often?

| | | |
|----------------|--|--|
| Care component | | |
|----------------|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|--------------------|--|--|
| Mobility component | | |
|--------------------|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

Do you or your partner get Personal Independence Payment?

P No
Yes

No
Yes

How much? How often?

How much? How often?

| | | |
|------------------------|--|--|
| Daily living component | | |
|------------------------|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|--------------------|--|--|
| Mobility component | | |
|--------------------|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

Do you or your partner get Attendance Allowance?

P No
Yes

No
Yes

Does anyone get Carer's Allowance for looking after you or your partner?

P No
Yes We will write to you about this.

No
Yes We will write to you about this.

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
Yes We will write to you about this.

No
Yes 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 Go to **Part 5**.
Yes Answer the questions below.

No Go to **Part 5**.
Yes Answer the questions below

Which one?

Which one?

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Getting now

Getting now

Waiting to hear

Waiting to hear

When did you start getting it?

When did your partner start getting it?

P We must see evidence of your benefits, allowances or pension 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

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

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? **P**

- No
 Yes
 How much? How often?

- No
 Yes
 How much? How often?

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

- No
 Yes
 How much? How often?

- No
 Yes
 How much? How often?

P 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

Your partner

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)**.

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

Postcode

Is this work classed as permitted work?

No Yes

No Yes

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?

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 weeks' pay, or if you do not have any wage slips please print off the Certificate of Earned Income form (see Benefits Forms section) and ask your employer to complete it.

Your wage details

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

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

Your partner's wage details

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

| 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?

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?

You

Your partner

Job 2

What kind of work do you do?

What is your employer's name and address?

Postcode

Postcode

Is this work classed as permitted work?

No Yes

No Yes

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?

No Yes When will you finish?

How often do you (your partner) get paid?

Job 3

What kind of work do you do?

What is your employer's name and address?

Postcode

Postcode

Is this work classed as permitted work?

No Yes

No Yes

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?

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 weeks' pay, or if you do not have any wage slips please print off the Certificate of Earned Income form (see Benefits Forms section) and ask your employer to complete it.

Your wage details - Job 2

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

| 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:

| 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:

| 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:

| 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

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

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

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?

Are you (your partner) getting any other sick pay or maternity pay 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 Go to **Part 8**.
 Yes Answer the questions on this page.

No Go to **Part 8**.
 Yes Answer the questions on this page.

If you work for more employers, tell us about the other employers on the **Extra Page (page 34)**.

What other work do you (your partner) do?

What is the name and address of the person you (your partner) do this work for?

Postcode

Postcode

When did you (your partner) start this work?

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

Do you (your partner) get paid?
 If you only get expenses or tips, still select 'Yes' and give details.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

How much do you get before any deductions? **P**

How often are you paid?

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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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? | <input type="text"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <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"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> |
| War Disablement Benefit | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> |
| War Pension or War | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> |
| Widow's or Widower's Benefit | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> |
| Working Tax Credit | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> | Waiting to hear | <input type="checkbox"/> | How much? | <input type="text"/> |
| | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> | Getting now | <input type="checkbox"/> | How often? | <input type="text"/> |

Are you or your partner getting or have claimed any other benefits that are not listed above? **P** No
 Yes

If **Yes**, tell us about it on the **Extra Page (Page 36)**

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 occupational pensions, work pensions and private pensions, maintenance or child support for you, 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?

| | 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"/> |

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

No

Yes Tell us about it below **P**

How many sources of owed money?

| | Other money 1 | Other money 2 | Other money 3 |
|--------------------|----------------------|----------------------|----------------------|
| What for? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Who is it owed to? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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?

| | Other money 1 | Other money 2 | Other money 3 |
|-----------|----------------------|----------------------|----------------------|
| What for? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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**.

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

Are you a council tenant?

No Answer the questions below.

Yes Go to **Part 11**.

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

Other - give details

Does your home have central heating? No

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 |
|----------------------|----------------------|----------------------|
| <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 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

How much?

How often?

What for?

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 home, 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**.

Yes **(P)**

Is this property up for sale? No
Yes

Is this property occupied? No
Yes

OR

Which estate agent is the property up for sale with?

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 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 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 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 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 |
|----------------------|--|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> (P) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> (P) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> (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:

Part 16 Additional Questions

Under certain circumstances it may be possible to arrange for someone to visit you on your home to assist you with the completion of this application.

Do you require a home visit? No Yes

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 34)?
- 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 | <input type="text"/> | | |
| Name of second applicant | <input type="text"/> | | |
| Address for which claim is being made | <input type="text"/> | | Type of occupancy |
| | | | <input type="text"/> |
| Postcode | <input type="text"/> | Our Submission Reference: | |
| | | <input type="text"/> | |

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.

- | | |
|--|---|
| <input type="checkbox"/> I / We have declared all of my/our income and capital | <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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). | <input type="checkbox"/> I / We declare the information I / We have given on this form is correct and complete. |
| <input type="checkbox"/> 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. | |

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)

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 36.

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:

Benefit Section
Flintshire County Council
County Hall
Mold
CH7 6NR

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](#)



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

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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

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There are no more form pages.