7 2 a) 2 2. 1. 2. 2. 1. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Yes, please list with actual mounts (if specified)	A claim form Benefit and	n for Housing Council Tax	NORTH YORKSHIRE COUNCIL
Accommodation: cleaning lighting gardening £ lifts heating power £ TV aerial/ satellite dish Lighting gardening £ Lighting gardening Lighting gardening	hot water fuel for cooking		relevant proofs within one that your application arrives o so benefit will NOT be granted	Benefits Office P.O. Box 148 Town Hall St Nicholas Street Scarborough YO11 2ZH Telephone: 0300 131 2 131
£ £	£	Please complete this form in k	black ink Ref. No.	
caretaker/warden general counselling (non-resident) & support		Part 1 About yo	u and your partner	Issued: By:
Meals: breakfast mid-day meal evening mea £ Your details I am completing this landlord/owner compare representations.	f housing consisting	someone of the same sex that yo	f the opposite sex you are married to on the opposite sex you are married to one with a civil partnership with or live with a partner, you must answer all the one with a partner, you must answer all the or with	ith as if you were in a civil partnership
form in my capacity as: registered charity local author (o.g. NV	ity agent agent	Last name	10u	Tour partiter
Landlord reference (from remittance, advice notice, if known) Name (e.g. NY	Contact telephone number	Other names Title Mr, Mrs, Ms or other		
Address Postcode		Address Please give the address that you want to claim for, including any flat or room number		
Bank details (where payment has been Bank sort code	Bank account number			Postcode
Agreed to go direct) Name of account holder		Is this your main address/ residence? If no, please give details at Part 12	No Yes	
If agent please give landlords details	Contact telephone number	Date of birth	/ /	/ /
Name Address Postcode		National Insurance number You must provide one document each showing your National Insurance Number	Letters Numbers Letter You can find this on payslips or letters from the cannot process your benefit if we do not the cannot process.	·
Please sign below to confirm that the above details are correct and, II TO YOU FOR THIS TENANT, that in accepting this and any future payme REPAY to North Yorkshire Council any overpayment of benefit which n considered reasonable for you to have been aware of the change.	ent for this tenant, YOU ARE AGREEING TO	Tell us any other names you have used Your daytime phone number		
	Dated	. ca. aa, tiile pilolie lidilibel		
Signature	/ /	and/or email address This may help us to deal with		
APRIL 2023 24		your claim more quickly		

About you and your partner - continued Part 1

I am - a housing association ten	ant	Name of Housing Association		
- buying or own my home		- living in	board and lodging	gs or hostel
- renting from a charity or v organisation	voluntary	- living in rent	a caravan and pay	ring ground
- renting from a private lan	dlord	- liable to	pay Council Tax	
Did you move into this property to receive care, support or supervision?	No Yes		organisation we n	ssociation, charity nay contact you
	You	ı	Your	partner
When did you move into your home? (or expected move date)	/	/	/	/
When did your tenancy start?	/	/	/	/
If you have moved in the last 12 months, tell us your last address	Postcode		Postcode	
What date did you vacate this address?	/	/	/	/
Did you rent your previous property?	No Yes		No	Yes
Did you own your last home?	No Yes		No	Yes
If yes, is it up for sale?	No Yes	we may contact for more details		Yes
If no, has it been sold?	No Yes	we may contact for more details		Yes
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 last 2 years?	No We will we you about		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 arrive in the UK? The UK is England, Northern Ireland, Scotland and Wales	/	/	/	/

Housing Benefit Landlord Form



To the claimant

Please ask your landlord to complete this form if you do not have a current tenancy agreement.

PLEASE RETURN IT AS SOON POSSIBLE.

Benefits Office P.O. Box 148 Town Hall St Nicholas Street Scarborough YO11 2ZH

Telephone: 0300 131 2 131 Ref. No.

To be completed	by the	landlord	or agen	t of
the property				

Please complete both sides of this form to confirm rent details for housing benefit purposes.

Name(s) of tenant(s)	Address of property (to include flat/room number/name)	

for this property is			(weekly, monthly etc.)
Is this inclusive of water rates ?	No	Yes	If Yes, how much are the water rates? (weekly equivalent)

the water rates?	
(weekly equivalent)	
Date of last rent	

How often is this paid?

be paid on? (day)			increase?	
What is the start		/	☐ What date is	t

What date is the	
tenancy due to end?	

When did the tenant	/	/	
move into this	/	/	
<pre>property? (exact date</pre>)		

pre-

tenancy due to end?
How much notice is

How much notice is	
your tenant required	
to give you prior to	
vacating your premise	es?

What ty	oe of tenancy	
is this?		

The total gross rent £

The rent is due to

date of the tenancy?

1989 tenancy	assured
	shorthold
	other (please

bed & breakfast	Г

regulated	tenanc

guest house	

state)			
what are the a	rrangements	(if any)	to revi

If the tenancy/occupation is for 6 months or less, the tenancy or continue to occupy the property?

Are you related to the claimanet's household	e claimant or anyone in the d?	No Yes	
If Yes, please give fur	ther details.		

Part 16 Declaration

Please read this declaration carefully

WARNING

It is an offence to give false information

This is my claim for Housing Benefit/Council Tax Reduction

- I declare that the information given on this form is true and complete to the best of my knowledge.
- I authorise the Council to make any necessary enquiries to verify the information on this form.
- I will inform the Benefits Office in writing immediately should my/our income or circumstances change. I understand that failure to declare a change in circumstances is a criminal offence and I may be prosecuted (Theft Act 1968, Social Security Acts or Fraud Act 2006).
- I understand that a delay in telling you of any change in circumstances may mean that I have to repay any benefit which has been overpaid.
- I understand that the details I have provided on my claim will be held in a computer system registered under the Data Protection Acts.

Data Protection Statement

The Council processes your personal information in accordance with the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given.

We may pass on your personal information to law enforcement and counter fraud agencies who may use your personal data for the purposes of crime prevention and/or detection.

For further information on how we process your personal information, please refer to our Privacy Notice: www.northyorks.gov.uk/privacy

I have read and understood the above declaration and

Partner's signature

Date

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

Signature of person claiming				
Date	/	/		
I have read and understood the I declare that the information			correct and complete.	

Part 1 About you and your partner - continued

	You	Your partner
When did you last claim?	/ /	/ /
What address did you last claim for?	Postcode	Postcode
Are you or your partner in hospital at the moment?	No Yes	No Yes
When did you go in	/ /	/ /
When do you expect to come out?	/ /	/ /
Does anyone get Carer's Allowance for looking after yo or your partner?	No Yes	No Yes
Has anyone been granted an underlying entitlement to Carer's Allowance for looking after you or your partner, but does not receive the payment?	No Yes Name and address of carer	No Yes Name and address of carer
You do not have to provide this information but you may be entitled to more benefit if you do. It would be advisable to provide their award letter if possible.	Postcode	Postcode
Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?		act you for further information
Please tick if you or your partr	er are:	
- a student	part full time	part full time
- a student nurse		
- an apprentice		
- on youth training		
- in legal custody		
- severely mentally impaired		continued

About you and your partner - continued Part 1 Your partner You Please tick if you or your partner are: - registered blind - long term sick or disabled and incapable of work We will contact you if we need any more information About children in your household Part 2 If you are sending a separate sheet of paper, tick this box First child Second child Third child Last name Other names Date of birth What is the child's sex? The child's relationship to you Do you receive child benefit No Yes No No for this child? Is the child registered blind No No No or getting Disability Living Allowance? Yes Yes Yes Do you pay any child-No No No minding, costs for this child? Yes Yes Yes For example, to a child-minder, nursery or after school club If Yes, please provide proof of the last 5 weeks payments or request a Childcare disregard form. Tell us the name and registration number of the minder How much do you pay How much do you pay How much do you pay a week? a week? a week? £ We need to see proof We need to see proof We need to see proof

Part 1	5 Pro	nts che	PCKIIST -	continued
	<i>9 1 1 0</i>		76MI36	COMMINACA

lave you included proof of non- No Yes ependant income?
A non-dependant is any other adult ving in the household other than pint tenant/owner or landlord)
his means all income proofs such as latest 5 consecutive

This means all income proofs such as latest 5 consecutive weekly wage slips or 2 consecutive monthly salary slips, benefit award letters, pension proofs etc. **If no details are provided the maximum non-dependant deduction will be made and this may result in you receiving less benefit.**

Have you included proof of rent?	No		Yes		
----------------------------------	----	--	-----	--	--

This means your current tenancy agreement. If you do not have a rent agreement your landlord will be required to complete one of our **landlord forms** as confirmation of your rent liability, start date of tenancy, date you moved in, amount of rent charged and details of any services included in with your rent. A landlord form is attached to the back of this form, or further copies are available from the Benefits Office.

Please note if you have a tenancy agreement which has now expired your landlord will also be required to complete one of our **landlord forms**.

Have you included proof of identity and National Insurance	No	Yes	
number?			

We are now required to verify the identity and National Insurance number of all benefit claimants (and that of your partner if you have one). Please provide proof of identity for yourself and your partner (one proof needs to show your National Insurance number), this may be any of the following documents (two per person):

Bank statement, benefit payment book, birth certificate (if it shows your current name), Certificate of Employment HM Forces/Merchant Navy, credit cards, divorce/annulment papers, driving licence, Home Office Standard Acknowledgement letter, Identity Cards issued by EC/EA member state, letter from solicitor/probation worker/Inland Revenue, Life Assurance/Insurance policies, marriage certificate, medical card, National Insurance number card, passport, UK Residence Permit, utility bill (latest), wage slips from current employer.

Please note: This identity check is a one off check and you do not need to provide proof of identity again if you have previously done so.

If you have any queries please contact the Housing Benefits Office on 0300 131 2 131. Telephone lines open between 9.00 am - 5.00 pm Monday, Tuesday and Thursday; 9.30 am - 5.00 pm Wednesday and 9.00 am - 4.30 pm Friday.

WARNING - If this information is not supplied within one month it will be assumed that you no longer wish to claim benefit.

This means that you must provide all relevant proofs within one month of the date that your application arrives at our office. If you fail to do so benefit will NOT be granted.

Part 14 <i>Have you</i>	completed this form yourself? No Yes
If someone else has filled in This includes an agent, appo	this form for you, they must fill in the details below. intee, relative or friend.
Name and address of the person filling in the form (or voluntary organisation or Agency details)	
	Postcode
Relationship to you or your partner	
partite	Signature/Stamp
	Date
	/ /
Part 15 <i>Proofs ch</i>	ecklist
<u>.</u>	uired before benefit can be granted
claim form if you don't have th	bu have shown us the proofs we need, but don't delay sending back the ne proofs handy. Send the form back straight away as we normally grant ryour application is received. Then send the proof as soon as you have it
Have you included proof of earnings?	No Yes
	ry 2 weeks or latest 2 consecutive salary slips if you are paid either s.
If you do not receive pay slips Earnings form (available from	your employer will need to complete and return a Certificate of the Benefits Office).
	eed to see your latest set of self-employed accounts. If these are not started your business please complete one of our Self-Employed the Benefits Office).
Have you provided proof of a other income?	all No Yes
Have you included proof of savings and capital investme	ents? No Yes
	the Bank or Building Society (current & deposit accounts), TESSAs, ISAs, nds, stocks, shares, unit trusts, investments, other property/land etc.
also include any held by a part	avings accounts and accounts used for paying bills or similar. Savings will cner. Please note bank statements need to show a minimum of your latest actions. We require this information even if the account is overdrawn.

Part 2 About children in your household - continued

	Fourth child	Fifth child	Sixth child
Last name			
Other names			
Date of birth	/ /	/ /	/ /
What is the child's sex?			
The child's relationship to you			
Do you receive child benefit for this child?	No Yes	No Yes	No Yes
Is the child registered blind or getting Disability Living	No	No	No
Allowance?	Yes	Yes	Yes
Do you pay any child- minding costs for this child?	No	No	No
For example, to a child-minder, nursery or after school club	Yes	Yes	Yes
	Tell us the name and registration number of the minder	Tell us the name and registration number of the minder	Tell us the name and registration number of the minder
	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
	£	£	£
	We need to see proof	We need to see proof	We need to see proof
Do you receive any maintenance for any of	No		
your children?	Yes		
If Yes, please state how muc			
How often is this paid? (e.g.			
How is this paid? (e.g. cash,			

Part 11 *Providing information to others* About other people who live with you Part 3 This form is confidential. Any information you give us on this form will be kept strictly private. However, if you wish information about your claim for benefit to be given to someone else, for Do any adults normally live Go to Part 4. example a relative, Citizen Advice, other voluntary organisation or landlord, please provide with you and your partner? their name and address. By adults we mean people over Tell us about all the adults, except your partner, who usually live 16 who no one gets Child with you. If you want to tell us about more than 3 people, use a Name and address Benefit for. separate piece of paper. If you are sending a separate sheet of paper, tick this box. Second person Third person First person Postcode Last name Claimant's Signature I authorise you to discuss Other names my claim with the above named Date of birth Claimant's Signature I authorise you to obtain Their relationship to you my rent details from my For example, aunt, brother, current landlord daughter, father, grandson, grandmother, stepdaughter, Part 12 Further details joint-owner or friend. The date they moved in? If you wish to provide further information that may be relevant to your claim, please include a separate sheet, if necessary. You do not have to provide the following information, but you may be entitled to more benefit if you do so. Do they get Income Support or income-based Jobseeker's Have you included a Allowance? Yes Yes separate sheet? If Yes, we need to see proof Part 13 Backdating Do they get Disability Living Allowance, Personal **Independence Payment or are** We can usually award benefit from the Monday after the day we received your claim. Sometimes they registered blind? we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you If Yes, we need to see proof want us to consider paying your benefit from an earlier date, tell us from when you want benefit and why you did not claim earlier. Please make this request on a separate sheet or contact us on 0300 131 2 131 for a backdate form. Are they a full-time student, a student nurse, a care worker, an apprentice or on youth Do you wish to apply for a training? If yes, from what date? backdate? If Yes, we need to see proof If Yes, have you included a No Do they have any capital separate sheet giving your (including stock/shares, reasons for requesting a property, savings etc)? backdate? If Yes, please provide proof of the gross interest

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Part 9 About your rent - continued				Part 3 About other people who live with you - continued						
	separate bill	in with your rent	state amount payable			First person	Second person	Third person		
- emergency alarm system			£		Do they pay rent to you or your partner?	No	No	No		
- window cleaner			£			Yes	Yes	Yes		
- TV aerial or satellite dish			£		Are they in legal custody at the moment?	No	No	No		
Does your rent include a	No	Yes				Yes	Yes	Yes		
payment for meals?	breakfast	Ll lunch	evening meal			When are they expected to come out?	When are they expected to come out?	When are they expected to come out?		
- if Yes, which meals are provide	ed?					/ /	/ /	/ /		
 are the meals prepared and served at the address where you live? 	No	Yes			Are they severely mentally impaired?	No	No	No		
you live.						Yes	Yes	Yes		
Part 10 <i>Payment o</i>	of Housin	a Renef	ii+		Are they in hospital at the moment?	No	No	No		
				, mount have a		Yes	Yes	Yes		
	unt (we canno	t, however,	y account. This means that you pay benefit into a Post Office a			When did they go in?	When did they go in?	When did they go in?		
PLEASE NOTE THE CLAIMANT			DLDER			/ /		/ /		
Application for payment of Ho	ousing Benefit	to claiman	by BACS			When are they expected to come out?	When are they expected to come out?	When are they expected to come out?		
Name of Bank/Building Society						/ /	/ /	/ /		
Branch					Do they normally work for 16 hours or more a	No	No	No		
Sort Code					week?	Yes	Yes	Yes		
Account Number						Tell us their earnings before deductions for	Tell us their earnings before deductions for	Tell us their earnings before deductions for		
Roll Number (if applicable)						things like tax and National Insurance	things like tax and National Insurance	things like tax and National Insurance		
Name(s) of account holder(s)						£	£	£		
						We need to see proof of their income.	We need to see proof of their income.	We need to see proof of their income.		
Signature					Any other income? ie tax credit. Please specify					
		18				7				

Part 4 About income support, pension credit (guarantee credit) and income-based jobseeker's allowance Part 9 About your rent - continued You Your partner - separate toilets Are you or your partner getting No No **Income Support, Pension Credit** - separate dining room (Guarantee Credit) or income-When did you start When did you start Yes based Jobseeker's Allowance at getting it? getting it? - other rooms (please specify) the moment? **Total number** Income Support/Pension Income Support/Pension Please tick which benefit you How do you pay for the following Credit (Guarantee Credit) Credit (Guarantee Credit) claim. services? Slot meter Separate bill In with State amount payable Income based Income based your rent Jobseekers allowance Jobseekers allowance £ - heating Are you or your partner No No waiting to hear about a £ - hot water claim for Income Support, Yes Yes **Pension Credit (Guarantee** - gas or electricity for cooking £ Credit) or income-based When did you claim? When did you claim? Jobseeker's Allowance? £ - power £ - lighting Part 5 About your work - cleaning, heating or lighting of £ shared areas e.g. stairs, hallways You Your partner £ - cleaning your home Do you do paid work? No No £ - laundry service Yes Yes - laundry facilities for you to use £ If Yes, please fill in this section - if No, please go to Part 6 - any other service -£ (please say what it is) Your main job is? Name and address of your in with employer separate bill state amount payable your rent - council tax £ - water rates £ Postcode Postcode - lift £ How many hours do you normally work per week? - gardening £ Every

- personal or nursing care

caretaker/warden (resident)

£

£

£

Every

How often are you paid?

For example are you paid cash,

How are you paid?

cheque, bank giro?

Part 5 About your work - continued Part 9 About your rent - continued You Your partner Yes No What is your hourly rate Do you have central heating? £ £ of pay? When was your last pay rise? house detached semi-detached terraced Please tick all the boxes that Date of next pay increase describe your home: (if known) detached semi-detached room/s Are you getting Statutory Sick No maisonette No Yes Yes bungalow bungalow in house **Pay or Statutory Maternity Pay** from your employer at the moment? Are you getting any other sick No flat over hotel/ flat in Yes Yes flat in block hostel shop quest house pay or maternity pay from your house employer at the moment? Do you pay into a private or No Yes Yes No other specify company pension scheme? If Yes, we need to see proof. How much? How much? £ £ How many floors are there in the property you live in? How often? How often? Every basement ground first third Every second On which floor is your home? We must see proof of any earnings before we can decide how much benefit you other specify can get. Read the checklist at Part 15 to see what you can use as proof. If you get tips or bonuses tell us about these in Part 12. left centre right front centre rear Part 6 About any other work If single room, give location (looking from the road outside) You Your partner How many rooms are there in the Do you or your partner do any No building? Enter zero for none. Go to Part 7 Go to Part 7 No other work at all? In the whole house or For sole use of you and Shared with anyone This could be a second job, Answer the Answer the your household else flat Yes voluntary work or any other following questions following questions work, even if it is not paid work. - living rooms - living room/kitchen What kind of work do you do? (please indicate if this is paid - bedrooms voluntary work). - bedsitting room You Your partner What is the name and - bedsitting room/kitchen address of the person you do this work for? - kitchens - bathrooms/shower rooms Postcode Postcode 16 9

Part 6 About any other work - continued Part 9 About your rent - continued If No, in what capacity do you know When did you start this work? you landlord? Do you get paid? If Yes, what is the relationship? Yes Yes If you only get expenses or tips, still tick 'Yes' and give details Are you, your partner, or any of you No How much? How much? or your partner's children related £ £ to your agent? How often? How often? If No, in what capacity do you know Every Every your agent? How are you paid? If Yes, what is the relationship? For example are you paid cash, cheque, bank giro? Did you give notice to the landlord at No Yes We must see proof of any earnings before we can decide how much benefit you your old address before you moved? can get. Read the checklist at Part 15 to see what you can use as proof. What date did you tell your old landlord you would be moving? Are you self-employed? No Yes Yes How much notice did you give? How many hours do you normally work? What date did you stop paying rent at your old address? We must see proof of self-employed income before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof. ABOUT THE RENT YOU PAY YOUR NEW LANDLORD What is the total amount of rent you Part 7 About any other income are charged? How often do you have to pay? -Do you or your partner Tell us about you and your Yes Go to Part 8 weekly/monthly/etc. receive any other income? partner's other income. We need to see proof. Is your rent registered as a fair rent? No Please note that certain types of income attract a disregard Your Partner How often Start Date Payment Date of Next You is it paid? Method Increase If Yes, date registered **Family Benefits** - child benefit £ £ Do you have any free weeks £ - fostering allowance £ when you do not pay rent? £ £ - maternity allowance If Yes, how many weeks are free? £ £ - child tax credit Landlord Yourself Who is responsible for internal **State Benefits** decoration? £ £ - working tax credit No Yes, all Yes, part Does your landlord provide any - contribution based £ £ furniture? job seekers allowance No Yes Amount £ £ - bereavement allowance Does your rent include an amount for a garage? £ £ - return to work credit 15

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Part 9 About your rent Rent section for tenants.		Part 7 About any other income - continued							
Do you rent your home?	Yes		State Benefits, continued	You	Your Partne	r How often is it paid?	Start Date	Payment Method	Date of Ne Increase
If No, please go to Part 11	les		- in work credit	£	£				
Do you rent from a Housing No Association?	Yes If yes, do your benefit	t direct to them?	- incapacity benefit	£	£				
Name and address of your landlord			- contribution based employment & support allowance	£	£				
If you wish your landlord or agent to discuss details of your claim			- income based employment & support allowance	£	£				
with us, please complete Part 11		Postcode	- disability living allowance:	£	£				
	tel/email		mobility component - disability living allowance: care component	£	£				
If your landlord has appointed an agent to act on his behalf,			- personal independence payment	£	£				
please confirm their name and address			- attendance allowance	£	£				
	tel/email	Postcode	- carer's allowance	£	£				
			- severe disablement allowance	£	£				
Do you share the rent payment No with anyone else other than	Yes		- industrial death benefit	£	£				
your partner?		What is your share?	- industrial injuries disablement benefit	£	£				
If Yes, how many people share the rent with you?		£	- universal credit	£	£				
Do you or your partner have No		need to contact you for	Pensions		,,				
a carer who lives somewhere else, but provides care over night in your home?		- state retirement	£	£					
			- pension credit		1				
What date did your tenancy begin?	/ /		(savings credit)	£	£				
			- private pension/ GROSS	£	£				
Have you a written shorthold tenancy agreement?	Yes		annuity/ works pension NET	£	£				
If Yes, what length of time is the			- widows pension	£	£				
tenancy for?			- war widows pension	£	£				
What notice do you have to give			(*breakdown required) - war disablement pension						
your landlord if you move? (e.g. 1 week, 4 weeks etc.)			(*breakdown required)	£	£				
Have you ever owned this			Other Income						
property?	Yes		 new deal/other government training scheme 	£	£				
If Yes, please confirm when sold		We may contact you for further information	- maintenance payments you receive	£	£				
Are you, your partner, or any No Ye	Yes		- payments from boarders	£	£				
of you or your partner's			Any Other Income or Benefits	5					
children related to your landlord?			- (please specify)						
	14				11				

Part 7 About any other income - continued Part 8 About your capital/savings/accounts - continued You Your partner Name of bank Your balance Your partner's balance Have you or your partner Yes No Yes applied for any benefits which - money or property held in Yes No have not yet been awarded? trust - income bonds or capital No Yes If Yes, which benefit(s)? bonds No Yes - any other money Money you pay out. Yes Do you or your partner make Which issue? Purchase date No. of units any parental contributions to a If Yes, please provide proof. If Yes, please provide proof. student? National Savings Certificates No Yes (please continue on separate sheet if needed) Part 8 About your capital/savings/accounts No. of Partner's holding Your holding No. of invested in? shares invested in? shares Please include land, property (other than the home you live in) and investments and "current accounts" used for paying bills and everyday use. Stocks and shares. No Yes We need to know about any money, savings and property in this country or abroad that you or your (please continue on separate partner have sheet if needed) Do you or your partner have any of the following? Property and land owned by No (we require this information even if the account is overdrawn) Yes you and your partner other You must answer No or Yes to every item Name of bank Your balance Your partner's than the home you live in Capital value Capital value on the list balance £ £ - bank accounts -No Yes including current accounts Rent received per week Rent received per week No Yes £ £ - on-line only bank account Yes No **Address** - building society accounts -No Yes including current accounts No Yes Postcode Postcode - post office accounts No Yes If you have a mortgage or - national savings bank accounts No Yes loan for this, how much is left to repay? - premium bonds No Yes We will contact you if we need more information - unit trusts, ISA's, PEPs, or Yes No Have you or your partner Yes other investments received a Second World War - money from a redundancy No Yes **Prisoner of War compensation** payment payment? - money from the sale of your No Yes We will contact you if we need house more information - money you have saved for No Yes something