

Part 1 About you and your partner - continued

I am - a housing association tenant Name of Housing Association

- buying or own my home - living in board and lodgings or hostel

- renting from a charity or voluntary organisation - living in a caravan and paying ground rent

- renting from a private landlord - liable to pay Council Tax

Did you move into this property to receive care, support or supervision? No Yes If your landlord is a Housing Association, charity or voluntary organisation we may contact you for more details

	You	Your partner
When did you move into your home? (or expected move date)	<input type="text"/>	<input type="text"/>

	You	Your partner
When did your tenancy start?	<input type="text"/>	<input type="text"/>

	You	Your partner
If you have moved in the last 12 months, tell us your last address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

	You	Your partner
What date did you vacate this address?	<input type="text"/>	<input type="text"/>

	You	Your partner
Did you rent your previous property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
Did you own your last home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
If yes, is it up for sale?	No <input type="checkbox"/> Yes <input type="checkbox"/> we may contact you for more details	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
If no, has it been sold?	No <input type="checkbox"/> Yes <input type="checkbox"/> we may contact you for more details	No <input type="checkbox"/> Yes <input type="checkbox"/>

	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 last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this

	You	Your partner
What is your nationality?	<input type="text"/>	<input type="text"/>

	You	Your partner
If your nationality is not British, on what date did you last arrive in the UK?	<input type="text"/>	<input type="text"/>

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

To be completed by the landlord or agent of the property

Ref. No.

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

Name(s) of tenant(s)	<input type="text"/>	Address of property (to include flat/room number/name)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

The total gross rent for this property is	£ <input type="text"/>	How often is this paid? (weekly, monthly etc.)	Every <input type="text"/>
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Is this inclusive of water rates?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes, how much are the water rates? (weekly equivalent)	£ <input type="text"/>
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The rent is due to be paid on? (day)	<input type="text"/>	Date of last rent increase?	<input type="text"/>
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What is the start date of the tenancy?	<input type="text"/>	What date is the tenancy due to end?	<input type="text"/>
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When did the tenant move into this property? (exact date)	<input type="text"/>	How much notice is your tenant required to give you prior to vacating your premises?	<input type="text"/>
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What type of tenancy is this?	pre-1989 tenancy <input type="checkbox"/>	assured shorthold <input type="checkbox"/>	bed & breakfast <input type="checkbox"/>
	regulated tenancy <input type="checkbox"/>	guest house <input type="checkbox"/>	other (please state) <input type="text"/>

If the tenancy/occupation is for 6 months or less, what are the arrangements (if any) to review the tenancy or continue to occupy the property?

Are you related to the claimant or anyone in the claimant's household? No Yes

If Yes, please give further 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
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 above declaration and
I declare that the information I have given on this form is correct and complete.

Partner's signature

Date

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 you 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

No Yes

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.

Name and address of carer

 Postcode

Name and address of carer

 Postcode

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

No Yes

We may contact you for further information

Please tick if you or your partner are:

- a student

part time full time

part time full time

- a student nurse

- an apprentice

- on youth training

- in legal custody

- severely mentally impaired

continued.....

Part 1 About you and your partner - continued

	You	Your partner
Please tick if you or your partner are:		
- registered blind	<input type="checkbox"/>	<input type="checkbox"/>
- long term sick or disabled and incapable of work	<input type="checkbox"/>	<input type="checkbox"/>

We will contact you if we need any more information

Part 2 About children in your household

If you are sending a separate sheet of paper, tick this box

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive child benefit for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is the child registered blind or getting Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay any child-minding, costs for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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How much do you pay a week?

£

We need to see proof

How much do you pay a week?

£

We need to see proof

How much do you pay a week?

£

We need to see proof

Part 15 Proofs checklist - continued

Have you included proof of non-dependant income? No Yes

(A non-dependant is any other adult living in the household other than joint tenant/owner or landlord)

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 number? No Yes

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 Have you completed this form yourself?

No Yes

If someone else has filled in this form for you, they must fill in the details below. This includes an agent, appointee, relative or friend.

Name and address of the person filling in the form (or voluntary organisation or Agency details)

Relationship to you or your partner

Signature/Stamp

Date

Part 15 Proofs checklist

The following proofs are required before benefit can be granted

We cannot pay benefit until you have shown us the proofs we need, but don't delay sending back the claim form if you don't have the proofs handy. Send the form back straight away as we normally grant benefit from the Monday after your application is received. Then send the proof as soon as you have it (within one calendar month).

Have you included proof of earnings? No Yes

This means your **latest 5 consecutive wage slips** if you are paid weekly, or your **latest 3 consecutive wage slips** if you are paid every 2 weeks or **latest 2 consecutive salary slips** if you are paid either monthly or paid every 4 weeks.

If you do not receive pay slips your employer will need to complete and return a **Certificate of Earnings form** (available from the Benefits Office).

If you are self-employed we need to see your latest set of self-employed accounts. If these are not available, or you have recently started your business please complete one of our **Self-Employed Income forms** (available from the Benefits Office).

Have you provided proof of all other income? No Yes

Have you included proof of savings and capital investments? No Yes

This means money you hold in the Bank or Building Society (current & deposit accounts), TESSAs, ISAs, national savings, premium bonds, stocks, shares, unit trusts, investments, other property/land etc.

Please provide proof of your savings accounts and accounts used for paying bills or similar. Savings will also include any held by a partner. Please note bank statements need to show a minimum of your **latest 2 consecutive months transactions. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive child benefit for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is the child registered blind or getting Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay any child-minding costs for this child? <small>For example, to a child-minder, nursery or after school club</small>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see proof	We need to see proof	We need to see proof
Do you receive any maintenance for any of your children?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If Yes, please state how much?			<input type="text"/>
How often is this paid? (e.g. weekly, fortnightly, monthly etc)			<input type="text"/>
How is this paid? (e.g. cash, cheque, into bank etc)			<input type="text"/>

Part 9 About your rent - continued

	separate bill	in with your rent	state amount payable
- emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
- window cleaner	<input type="checkbox"/>	<input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
- TV aerial or satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	£ <input style="width: 100px;" type="text"/>
Does your rent include a payment for meals?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
- if Yes, which meals are provided?	breakfast <input type="checkbox"/>	lunch <input type="checkbox"/>	evening meal <input type="checkbox"/>
- are the meals prepared and served at the address where you live?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Part 10 Payment of Housing Benefit

Tenants are paid directly into a bank or building society account. This means that you must have a bank or building society account (we cannot, however, pay benefit into a Post Office account). Please complete the following information.

PLEASE NOTE THE CLAIMANT MUST BE THE ACCOUNT HOLDER

Application for payment of Housing Benefit to claimant by BACS

Name of Bank/Building Society

Branch

Sort Code - -

Account Number

Roll Number (if applicable)

Name(s) of account holder(s)
.....

Signature

Part 3 About other people who live with you - continued

	First person	Second person	Third person
Do they pay rent to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When are they expected to come out? <input style="width: 100px;" type="text"/>	When are they expected to come out? <input style="width: 100px;" type="text"/>	When are they expected to come out? <input style="width: 100px;" type="text"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When did they go in? <input style="width: 100px;" type="text"/>	When did they go in? <input style="width: 100px;" type="text"/>	When did they go in? <input style="width: 100px;" type="text"/>
	When are they expected to come out? <input style="width: 100px;" type="text"/>	When are they expected to come out? <input style="width: 100px;" type="text"/>	When are they expected to come out? <input style="width: 100px;" type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us their earnings before deductions for things like tax and National Insurance <input style="width: 100px;" type="text"/>	Tell us their earnings before deductions for things like tax and National Insurance <input style="width: 100px;" type="text"/>	Tell us their earnings before deductions for things like tax and National Insurance <input style="width: 100px;" type="text"/>
	£ <input style="width: 100px;" type="text"/> We need to see proof of their income.	£ <input style="width: 100px;" type="text"/> We need to see proof of their income.	£ <input style="width: 100px;" type="text"/> We need to see proof of their income.
Any other income? ie tax credit. Please specify	<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>

Part 4 About income support, pension credit (guarantee credit) and income-based jobseeker's allowance

	You	Your partner
Are you or your partner getting Income Support, Pension Credit (Guarantee Credit) or income-based Jobseeker's Allowance at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/>
Please tick which benefit you claim.	<input type="checkbox"/> Income Support/Pension Credit (Guarantee Credit) <input type="checkbox"/> Income based Jobseekers allowance	<input type="checkbox"/> Income Support/Pension Credit (Guarantee Credit) <input type="checkbox"/> Income based Jobseekers allowance
Are you or your partner waiting to hear about a claim for Income Support, Pension Credit (Guarantee Credit) or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? <input type="text"/> / <input type="text"/> / <input type="text"/>

Part 5 About your work

	You	Your partner
Do you do paid work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please fill in this section - if No, please go to Part 6		
Your main job is?	<input type="text"/>	<input type="text"/>
Name and address of your employer	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
How many hours do you normally work per week?	<input type="text"/>	<input type="text"/>
How often are you paid?	Every <input type="text"/>	Every <input type="text"/>
How are you paid? For example are you paid cash, cheque, bank giro?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 9 About your rent - continued

- separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
- separate dining room	<input type="text"/>	<input type="text"/>	<input type="text"/>
- other rooms (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number	<input type="text"/>	<input type="text"/>	<input type="text"/>

How do you pay for the following services?

	Slot meter	Separate bill	In with your rent	State amount payable
- heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- gas or electricity for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- cleaning, heating or lighting of shared areas e.g. stairs, hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- cleaning your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- laundry facilities for you to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- any other service - (please say what it is)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
	<input type="text"/>			

	separate bill	in with your rent	state amount payable
- council tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- lift	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- gardening	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- personal or nursing care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- caretaker/warden (resident)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
- general counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Part 9 About your rent - continued

Do you have central heating? No Yes

Please tick all the boxes that describe your home:

house	detached	semi-detached	terraced	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
detached bungalow	semi-detached bungalow	maisonette	room/s in house	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
flat over shop	flat in block	flat in house	hotel/guest house	hostel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other specify

How many floors are there in the property you live in?

On which floor is your home?

basement	ground	first	second	third
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other specify

If single room, give location (looking from the road outside)

left	centre	right	front	centre	rear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many rooms are there in the building? Enter zero for none.

	In the whole house or flat	For sole use of you and your household	Shared with anyone else
- living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
- living room/kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedsitting room	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bedsitting room/kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
- kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bathrooms/shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 5 About your work - continued

	You	Your partner
What is your hourly rate of pay?	£ <input type="text"/>	£ <input type="text"/>
When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of next pay increase (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting Statutory Sick Pay or Statutory Maternity Pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, we need to see proof. How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you 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.

Part 6 About any other work

	You	Your partner
Do you or your partner do any other work at all? This could be a second job, voluntary work or any other work, even if it is not paid work.	No <input type="checkbox"/> Go to Part 7 Yes <input type="checkbox"/> Answer the following questions	No <input type="checkbox"/> Go to Part 7 Yes <input type="checkbox"/> Answer the following questions
What kind of work do you do? (please indicate if this is paid voluntary work).	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>

Part 6 About any other work - continued

When did you start this work? / / / /

Do you get paid? No Yes No Yes

If you only get expenses or tips, still tick 'Yes' and give details

How much? £

How often? Every

How much? £

How often? Every

How are you paid?

For example are you paid cash, cheque, bank giro?

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.

Are you self-employed? No Yes No Yes

How many hours do you normally work?

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.

Part 7 About any other income

Do you or your partner receive any other income? No Go to Part 8 Yes Tell us about you and your partner's other income. We need to see proof.

Please note that certain types of income attract a disregard

	You	Your Partner	How often is it paid?	Start Date	Payment Method	Date of Next Increase
Family Benefits						
- child benefit	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- fostering allowance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- maternity allowance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- child tax credit	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Benefits						
- working tax credit	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- contribution based job seekers allowance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- bereavement allowance	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- return to work credit	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 9 About your rent - continued

If No, in what capacity do you know you landlord?

If Yes, what is the relationship?

Are you, your partner, or any of you or your partner's children related to your agent? No Yes

If No, in what capacity do you know your agent?

If Yes, what is the relationship?

Did you give notice to the landlord at your old address before you moved? No Yes

What date did you tell your old landlord you would be moving? / /

How much notice did you give?

What date did you stop paying rent at your old address?

ABOUT THE RENT YOU PAY YOUR NEW LANDLORD

What is the total amount of rent you are charged? £

How often do you have to pay? - weekly/monthly/etc.

Is your rent registered as a fair rent? No Yes

If Yes, date registered / /

Do you have any free weeks when you do not pay rent? No Yes

If Yes, how many weeks are free?

Who is responsible for internal decoration? Landlord Yourself

Does your landlord provide any furniture? No Yes, all Yes, part

Does your rent include an amount for a garage? No Yes Amount £

Part 9 About your rent

Rent section for tenants.

Do you rent your home? No Yes
If No, please go to **Part 11**

Do you rent from a Housing Association? No Yes If yes, do you want us to pay your benefit direct to them? No Yes

Name and address of your landlord
If you wish your landlord or agent to discuss details of your claim with us, please complete **Part 11**

Postcode
tel/email

If your landlord has appointed an agent to act on his behalf, please confirm their name and address

Postcode
tel/email

Do you share the rent payment with anyone else other than your partner? No Yes

If Yes, how many people share the rent with you? What is your share? £

Do you or your partner have a carer who lives somewhere else, but provides care over night in your home? No Yes If yes, we may need to contact you for further information

What date did your tenancy begin? / /

Have you a written shorthold tenancy agreement? No Yes

If Yes, what length of time is the tenancy for?

What notice do you have to give your landlord if you move? (e.g. 1 week, 4 weeks etc.)

Have you ever owned this property? No Yes

If Yes, please confirm when sold We may contact you for further information

Are you, your partner, or any of you or your partner's children related to your landlord? No Yes

Part 7 About any other income - continued

State Benefits, continued

	You	Your Partner	How often is it paid?	Start Date	Payment Method	Date of Next Increase
- in work credit	£	£				
- incapacity benefit	£	£				
- contribution based employment & support allowance	£	£				
- income based employment & support allowance	£	£				
- disability living allowance: mobility component	£	£				
- disability living allowance: care component	£	£				
- personal independence payment	£	£				
- attendance allowance	£	£				
- carer's allowance	£	£				
- severe disablement allowance	£	£				
- industrial death benefit	£	£				
- industrial injuries disablement benefit	£	£				
- universal credit	£	£				

Pensions

- state retirement	£	£				
- pension credit (savings credit)	£	£				
- private pension/annuity/ works pension	£	£				
- widows pension	£	£				
- war widows pension (*breakdown required)	£	£				
- war disablement pension (*breakdown required)	£	£				

Other Income

- new deal/other government training scheme	£	£				
- maintenance payments you receive	£	£				
- payments from boarders	£	£				

Any Other Income or Benefits

- (please specify)

Part 7 About any other income - continued

	You		Your partner	
Have you or your partner applied for any benefits which have not yet been awarded?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If Yes, which benefit(s)?	<input type="text"/>			
Money you pay out. Do you or your partner make any parental contributions to a student?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	If Yes, please provide proof.		If Yes, please provide proof.	

Part 8 About your capital/savings/accounts

Please include land, property (other than the home you live in) and investments and "current accounts" used for paying bills and everyday use.

We need to know about any money, savings and property in this country or abroad that you or your partner have

Do you or your partner have any of the following?
(we require this information even if the account is overdrawn)

You must answer No or Yes to every item on the list

			Name of bank	Your balance	Your partner's balance
- bank accounts - including current accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- on-line only bank account	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- building society accounts - including current accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- post office accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- national savings bank accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- premium bonds	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- unit trusts, ISAs, PEPs, or other investments	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- money from a redundancy payment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- money from the sale of your house	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- money you have saved for something	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 8 About your capital/savings/accounts - continued

			Name of bank	Your balance	Your partner's balance
- money or property held in trust	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- income bonds or capital bonds	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- any other money	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

			Which issue?	Purchase date	No. of units
National Savings Certificates (please continue on separate sheet if needed)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

			Your holding invested in?	No. of shares	Partner's holding invested in?	No. of shares
Stocks and shares. (please continue on separate sheet if needed)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

			Capital value	Capital value
Property and land owned by you and your partner other than the home you live in	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			Rent received per week	Rent received per week
			<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"/>
<input type="text"/>	<input type="text"/>

If you have a mortgage or loan for this, how much is left to repay?
We will contact you if we need more information

Have you or your partner received a Second World War Prisoner of War compensation payment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
We will contact you if we need more information		