

A review form for your Housing Benefit and Council Tax Reduction



Benefits Office
 P.O. Box 148
 Town Hall
 St Nicholas Street
 Scarborough
 YO11 2ZH
 Telephone: 0300 131 2 131

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

Please complete this form in black ink

Ref. No.

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Part 1 About you and your partner

Issued:	By:
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Do you have a partner who normally lives with you?

By partner, we mean someone of the opposite sex you are married to or live with as if you are married or someone of the same sex that you have a civil partnership with or live with as if you were in a civil partnership.

No Yes If you have a partner, you must answer all the questions about them.

You

Your partner

Last name		
Other names		
Title Mr, Mrs, Ms or other		

Address
 Please give the address that you want to claim for, including any flat or room number

Postcode

Is this your main address/residence?
 No Yes
 If no, please give details at Part 12

Date of birth

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National Insurance number
 You must provide one document each showing your National Insurance Number

Letters	Numbers	Letter	Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Your daytime phone number and/or email address
 This may help us to deal with your claim more quickly.

Part 2 About your household

Please give details of everybody who normally lives with you, other than your partner. This includes children, grown up children and any other adults living with you. You will need to confirm their incomes later in this form.

Name	Relationship to you	Date of Birth

If anyone has moved in or out of your household or there has been a change in their income please complete Part 9 giving full details.

Part 3 About earnings

Do you, your partner or any member of your household do any paid work for an employer?

No Yes Complete this section

Please give details of EVERYONE who works in your household. If you need more room please use Part 9. You will need to provide 2 monthly or 5 weekly consecutive payslips for each worker. These can be emailed to benefits.office.sca@northyorks.gov.uk We are unable to return original documents.

Name of employed person	Amount	Frequency Paid	Name of employer	Weekly hours worked
	£			
	£			
	£			
	£			
	£			

Part 4 Self-employed income

Are you, your partner or any member of your household self-employed? We will need to see the latest accounts.

No Yes Complete this section

Name

Name

We will need to see the latest accounts.

Part 5 About other income

Do you, your partner or any member of your household receive any other income?

No Yes Complete this section

Please note that certain types of income are disregarded but we still need to be told about them.

Please give details of all other income received by your household and how often it is received e.g. weekly, 4 weekly, monthly etc. Income includes things like Pension Credit, Income Support, Jobseeker's Allowance, DLA, PIP, Child Tax Credit, Working Tax Credit, Universal Credit, other state benefits, private pensions and any other income etc.

Name	Income type	Amount	Frequency paid
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	

Part 6 About capital/savings

We need to know about any money, savings and property (other than the home you live in) in this country or abroad that you and/or your partner have.

Please give details of all bank/building society/post office accounts, current and savings accounts (whether overdrawn or not), shares and other investments.

Name	Account type eg ISA/current	Name of bank/building society	Balance
			£
			£
			£
			£
			£
			£
			£

If you need more room please use Part 9. We will contact you if we require any evidence of your capital.

If you have property/land, please confirm the current value and provide proof:

£

Part 7 Expenses

You

Your partner

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

No

Yes

If yes, we need to see proof.

How much?

£

How often?

No

Yes

How much?

£

How often?

Do you or your partner pay any childcare costs?

For example, to a child-minder nursery or after-school club

No

Yes

No

Yes

Tell us the name and registration number of the childminder

We will need to see your last 5 weeks payments or request a Childcare Disregard form.

Part 8 About your rent

If you pay rent, how much rent are you charged and how often?

Amount

£

How often - weekly,
monthly four weekly

What is the name and address of your landlord/Agent?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Part 11 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