

Council Tax Support and Housing Benefit Claim Form

Don't delay - claim today!



Please return this form as quickly as possible, even if you do not have everything we ask for, to make sure that you do not lose any benefit.

You can send the rest to us later.

Filling in the form

- Use blue or black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape. Please initial any alterations.
- Answer 'Yes' or 'No' questions by ticking 3 the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. If you do not answer a question we will have to send the form back, and this will delay the claim.
- If someone else fills in the form for you, there is a declaration for them to sign in Part 16. You must sign Part 16 as well.
- Your award will normally start from the Monday after we receive the form. In the form, we ask for proof of your income and capital. If you don't yet have all the proof we need, send the form in now and send the proof later.
You have one month from the date we receive the form to send in the proof.
- You must tell us immediately if your circumstances change. See page 2 for a list of changes that may affect your claim.

How to contact us in writing:

- Benefit Section, Dacorum Borough Council, The Forum, Marlowes, Hemel Hempstead, Herts, HP1 1DN
- Or in person by visiting the Customer Service Centre at The Forum
Monday to Thursday 8.45am – 5.15pm, Friday 8.45am – 4.45pm.
Phone: 01442 228000 and ask for "Benefits"
Email: benefits@dacorum.gov.uk

If you cannot get out easily and need help filling in the form, we can come out and help you.
Please contact us on the number above.

For office use only

Date of issue

Issued by

Date Received

Notes for filling in the claim form

About this form

This Council Tax Support and Housing Benefit claim form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of award. You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Second Adult Rebate

Second Adult Rebate is Council Tax Support you can get if you are a pensioner, share your home with someone who is not your partner, is on a low income, is 18 or over, and does not pay you rent. If you are claiming Second Adult Rebate, only fill in Parts 1, 3, 13 and 15.

Evidence

We need to see evidence of some of the things you tell us about. The checklist at the end of the form will help you. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay your award until we have seen the evidence we have asked for.

How we collect and use information

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

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

- make sure the information is accurate; and
- 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 us to.

The Council is the data controller for the purposes of General Data Protection Regulations/ UK Data Protection Bill. If you want to know more about what information we have about you, or the way we use it, please visit www.dacorum.gov.uk/privacypolicies

Changes you must tell us about Tell the Council's Benefit Department straight away if;

- any of your children leave school or leave home; or
- anyone moves in or out of your home (including lodgers, joint tenants and subtenants); or
- your income or the income of anyone living with you, including benefits, changes; or
- your capital, savings or investments change; or
- 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 gets, changes or leaves a job; or
- you or your partner are going to be away from home for more than a month; or
- you receive any decision from the Home Office; or
- anything you have told us about changes; or
- you move house; or
- you or any one in your household receives or ceases to receive DLA or PIP.

If you don't tell us about these changes, you may lose money you are entitled to or you may be paid too much benefit or support.

You must make sure that you tell us about these changes. Don't rely on someone else to pass on the message. **It is an offence not to tell us about any change of circumstance that affects your award. We may take court action against you. If we pay you too much support, in most cases, you will have to pay it back.**

Council Tax Support and Housing Benefit Claim Form

Part 1 About you and your partner

Do you have a partner who normally lives with you?

A partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same sex partners the same legal status as a married couple.) Even if your partner only comes home at weekends, or part of the week, you must include them

No

Yes

If you have a partner, you must answer all the questions about them, as well as yourself.

You

Your partner

Surname or family name

First name(s)

Any other surnames or family names you have used, such as before marriage or in a previous marriage

Title (Mr, Mrs, Ms and so on)

Address

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

Postcode

Postcode

What date did you move in to this address? (first spent the night there)

 / /
 / /

Your daytime phone number

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

What is this number?

Please tick.

Home Work Mobile Textphone

Home Work Mobile Textphone

E-mail address

We want to deal with your claim as quickly as we can and if we have your e-mail address we may contact you this way.

Date of birth

 / /
 / /

National Insurance number

You can find this on payslips or letters from Department of Works and Pensions or the tax office. We can decide your claim only if we see evidence that this is your National Insurance number (see part 13).

Letters Numbers Letter

Letters Numbers Letter

If you do not have a National Insurance number, or cannot find it, tick this box.

If your partner does not have a National Insurance number, or cannot find it, tick this box.

We must see evidence of you and your partner's identity and National Insurance number.
Read the checklist in part 17.

Are you or your partner in hospital at the moment?

You

No

Yes When did you go in?
 /

Your partner

No

Yes When did they go in?
 /

When will you come out (if you know this)?
 /

When will they come out (if they know this)?
 /

Do you or your partner get Disability Living Allowance?

No Yes

No Yes

Do you or your partner get Personal Independence Payment?

No Yes

No Yes

Do you or your partner get Attendance Allowance?

No Yes

No Yes

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

No Yes

No Yes

(If anyone claims Carer's Allowance for looking after you in the future please let us know)

Have you or your partner ever claimed Carer's Allowance? Still tick 'Yes' if you claimed but were not paid any money.

No Yes

No Yes

Do you or your partner have a vehicle from a mobility scheme?

No Yes

No Yes

Are you or your partner a student?

No Yes
 Do you study full time or part time?

No Yes
 Do they study full time or part time?

Full time Part time

Full time Part time

Tick if you or your partner are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

Is anyone in the household pregnant? If 'Yes', who?

No Yes

Due Date /

Are there any children in your household? By children we mean under 16 or aged 16 to 20 and in full-time education or approved training.

No Go to Part 3.

Yes If there are more than 4 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

	First child	Second child	Third child	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<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"/> / <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"/>	<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"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>			
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>			
Does this child get Personal Independent Payment?	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"/>
Do you pay a registered childminder, nursery or after-school club any childminding costs for this child?	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"/>
	<small>If yes, please tell us the name and registration number of the childcare provider.</small>	<small>If yes, please tell us the name and registration number of the childcare provider.</small>	<small>If yes, please tell us the name and registration number of the childcare provider.</small>	<small>If yes, please tell us the name and registration number of the childcare provider.</small>
	<input type="text"/>	<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?	How much do you pay a week?	
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	

Part 3 About other people who live with you

Do any adults usually live with you and any partner you have? No Go to Part 4.
 Yes Answer all questions in this section.

By adults we mean people over 16 who nobody gets Child Benefit for. Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than 3 people, use a separate sheet of paper.

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

First person

Second person

Third person

Surname or family name

Other names

Date of birth

 / /
 / /
 / /

National Insurance Number

Their relationship to you or your partner Some examples are

aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.

When did they move in?

 / /
 / /
 / /

Do they receive any State Benefits?

No
 Yes Tell us which.

No
 Yes Tell us which.

No
 Yes Tell us which.

Do they normally work?

No
 Yes Please tell us their gross earnings and number of hours they work

No
 Yes Please tell us their gross earnings and number of hours they work

No
 Yes Please tell us their gross earnings and number of hours they work

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No
 Yes Tell us which.

No
 Yes Tell us which.

No
 Yes Tell us which.

Are they severely mentally impaired?

No
 Yes

No
 Yes

No
 Yes

Are they in legal custody at the moment?

No
 Yes When are they expected to be released?

 / /

No
 Yes When are they expected to be released?

 / /

No
 Yes When are they expected to be released?

 / /

Are they in hospital at the moment?

No
 Yes When did they go in?

 / /

When will they come out (if you know this)?

 / /

No
 Yes When did they go in?

 / /

When will they come out (if you know this)?

 / /

No
 Yes When did they go in?

 / /

When will they come out (if you know this)?

 / /

Are any of the people who live with you married to each other, civil partners of each other, or living together as if they are married or civil partners?

No
 Yes Tell us their names.

is the partner of

And

is the partner of

Part 4 About Income Support, income-based Jobseeker's Allowance, Pension Credit (Guaranteed Credit) and Employment and Support Allowance (income-related)

	You	Your partner
Are you or your partner getting Income Support, income based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income related) at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start getting it? <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px; display: flex; justify-content: space-around;">/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they start getting it? <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px; display: flex; justify-content: space-around;">/ /</div>
Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or Employment and Support Allowance (income-related)?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px; display: flex; justify-content: space-around;">/ /</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px; display: flex; justify-content: space-around;">/ /</div>

Part 5 About benefits, tax credits and state pensions

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? Read the list of benefits and credits below and tell us about any that you or your partner are getting now or have claimed.

No Go to Part 6.
 Yes Tell us about the benefits below.

	You			Your partner		
	Yes	How much do you get?	How often is it paid?	Yes	How much do they get?	How often is it paid?
Pensions						
State Retirement Pension		£			£	
Pension Credit (Savings Credit)		£			£	
Widow's Allowance or Bereavement Allowance		£			£	
Widowed Parent's Allowance or Widow's Pension		£			£	
War Widow's or War Dependant's Pension		£			£	
War Disablement Pension		£			£	
Industrial Injury/Disablement Pension		£			£	
Exceptionally Severe Disablement Allowance		£			£	
Benefits and Allowances						
Contribution-based Job Seeker's Allowance		£			£	
Child Tax Credit		£			£	
Working Tax Credit		£			£	
Employment Training Allowance		£			£	
Child Benefit		£			£	
Incapacity Benefit		£			£	
Employment and Support Allowance - contribution based		£			£	
Attendance Allowance		£			£	
Disability Living Allowance:						
Mobility Component		£			£	
Care Component		£			£	

	You		Your partner	
Personal Independence Payment	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Carer's Allowance	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Severe Disablement Allowance	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Maternity Allowance	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Fostering Allowance	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Universal Credit	<input type="checkbox"/>	£	<input type="checkbox"/>	£
Any other benefit, pension or money from the government	<input type="checkbox"/>	£	<input type="checkbox"/>	£

Are you repaying a Social Fund loan or overpayment for any of these benefits? No Yes If yes, which one?

Have you or your partner deferred (put off) receiving a pension? No Yes If yes, please give details

Part 6 Income other than earnings

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 Go to Part 7.

Yes Complete the questions as below.

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the Macfarlane Trust.

	You			Your partner		
	Yes	How much do you get?	How often is it paid?	Yes	How much do they get?	How often is it paid?
Private Pension 1 paid by <input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Private Pension 2 paid by <input type="text"/>	<input type="checkbox"/>	Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please attach separate sheet if you have more than 2 pensions <input type="checkbox"/>	<input type="checkbox"/>	Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	Date of next increase	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pension Protection Fund Payments	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Annuities	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Youth Training Scheme payment or Training Credits	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Maintenance for you	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Maintenance for your child - including CSA	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Student grant or loan	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Payments from boarders	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Weekly amount from letting or sub-letting part of a property	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Payments from a charity	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>
Any other income e.g. Redundancy or Loan Protection Payments (please give name)	<input type="checkbox"/>	£	<input type="text"/>	<input type="checkbox"/>	£	<input type="text"/>

We must see evidence of any money or pension coming in before we can decide how much Support you can get. Read the checklist at Part 17 to see what you can use as evidence.

You

Your partner

Do you or your partner work for an employer?

No Go to Part 8.

Yes Answer the questions in this section.

No Go to Part 8.

Yes Answer the questions in this section.

Do you work for more than one employer?

No

Yes

No

Yes

Tell us about all the employers on a separate sheet of paper and send it with this form. Include all the information asked for below.

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

What kind of work do you do?

What is your employer's name and address?

 Postcode

 Postcode

When did you start this job?

 / /
 / /

How much do you get paid before tax and National Insurance are taken off?

£

£

How often do you get paid?

 Every

 Every

How are you paid?
For example, in cash, by cheque or straight into a bank or building society account.

How many hours a week do you usually work?

Give details of any regular overtime, bonuses, commission or tips.

Are you getting Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer at the moment?

No

Yes

No

Yes

When did it start?

 / /
 / /

Do you pay into a private or company pension scheme?

No

Yes How much?

£

How often?

 Every

No

Yes How much?

£

How often?

 Every

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive of your most recent pay slips before we can decide how much Support you can get. Read the checklist at Part 17 to see what you can use as evidence.

You

Your partner

Are you a company director?
If you answered 'Yes', you will need to provide your payslips.

No Yes

No Yes

Are you or your partner self-employed?

No Go to Part 9.
Yes Answer the questions on this page.

No Go to Part 9.
Yes Answer 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.
We will write to you about this.

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Are there any other partners in the business?

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?

No Yes How much?

No Yes How much?

 £

 £

How often?

How often?

 Every

 Every

Do you pay into a private pension scheme?

No Yes How much?

No Yes How much?

 £

 £

How often?

How often?

 Every

 Every

We must see evidence of your earnings before we can decide how much Support you can get. Read the checklist at Part 17 to see what you can use as evidence.

You

Do you or your partner do any other work?
This could be voluntary work, therapeutic work or any other work.

No Go to Part 10.
Yes Answer the questions on this page.

What other work do you do?

What is the name and address of the person you do this work for?

Postcode

When did you start this work?

 / /

How many hours a week do you usually work?

Do you get paid for this work? No

Yes How much?

£

How often?

Every

Your partner

No Go to Part 10.

Yes Answer the questions on this page.

Postcode

 / /

No

Yes How much?

£

How often?

Every

We must see evidence of any earnings before we can decide how much Support you can get. Read the checklist at Part 17 to see what you can use as evidence.

Part 10 About bank accounts, savings, investments and property

You

Do you or your partner have any bank accounts, savings, property or investments in the UK or abroad?

No Go to part 11
Yes Answer all the questions in this part.

Your partner

No
Yes

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, Premium Bonds, National Savings Certificates, stocks, shares and property.

Please answer these questions for yourself and your partner. Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.

Do you have bank, building society or post office accounts? (including current accounts)
If yes, please tell us the balance of your accounts

No
Yes

Account number/name/other details

	Your balance/value	Partner's balance/value
--	--------------------	-------------------------

£		£
£		£
£		£
£		£
£		£
£		£
£		£
£		£
£		£
£		£

We may ask to see evidence of all capital, savings and investments. Read the checklist at Part 17 to see what you can use as evidence.

Do you have stocks, shares, unit trusts?
If yes, list the names of investments and number of shares held.

No
Yes

Name

Number held

Do you have National Savings Certificates?
If yes, list the issue, purchase date and number of units.

No
Yes

Do you have other investments, redundancy payments, premium bonds, Tessa, ISAs, SAYE, cash etc?
If yes, please give details.
(Please also use this space if you need to tell us more about any of the above savings.)

No
Yes

Have you or your partner received any backdated benefit or deferred payments, such as State pension, which you have added to your savings?

No Yes If 'Yes' please give details.

Do you or your partner own or partly own any property or land except the home you live in, either in the UK or abroad?
Tick 'Yes', even if you have a mortgage or loan for the property or land. This includes jointly owned properties.

No Yes What is the address?

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

Have you or your partner received a compensation payment relating to the Second World War?

No Yes

Do you rent your home?

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

No Go to **Part 15**.

Yes Answer all the questions in this section.

How much is the rent for your home?

£ every

(For example, every week/fortnight/4 weeks/month.)

What date did your tenancy start?

/ /

May we discuss your claim or benefit award with your landlord or another named third party?

No

Yes

I authorise the Council to discuss my claim or benefit award with my landlord or _____

Signed _____ Date _____

What is your landlord's name and address?

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

Postcode

If your landlord has an agent, tell us their full 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?

No

Yes What is the relationship?

is my landlord's or agent's

Related means a parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, step-son, step-daughter, brother, sister, or if any of the preceding persons is one member of a couple, the other member of that couple;

Are you or your partner a director, shareholder or employee of your landlord?

No

Yes

Have you or your partner owned your current home in the last 5 years?

No

Yes

Does anyone else share the rent with you and your partner?

No

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

How much of the rent do you pay?

£ every

(For example, every week/fortnight/4 weeks/month.)

Are you a care leaver or formally looked after by social services?

No

Yes

Who is liable for council tax at this address?

Has your rent been registered as a fair rent by a rent officer?

No Yes

Are there any weeks when you do not have to pay rent?

No Yes How many in a year?

Are you behind with your rent?

No Yes By how many weeks?

Does your rent include money for the following?

Meals No Yes

Which meals are included? All Breakfast Evening

Water authority charges No Yes

Heating No Yes

Lighting No Yes

Hot water No Yes

Fuel for cooking No Yes

What is it?

Is anything included or separate from your rent that you have not already told us about?

Please tick to show if the property is let as:

- furnished This means completely furnished.
- partly furnished This means some furniture, but not all.
- minimally furnished This means just two or three items.
- unfurnished This means no furniture at all.

Part 12 About where you live

What sort of building do you live in? Tick one box only.

- | | | | | | |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Flat in a house | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and lodgings | <input type="checkbox"/> |
| Terraced house | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or rooms | <input type="checkbox"/> | Residential nursing home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Detached Bungalow | <input type="checkbox"/> | Ground rent | <input type="checkbox"/> | | |

Other (please say what)

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are these other rooms?	<input type="text"/>		

Do you have a bedroom which is used overnight by someone who cares for you or your partner but does not live at your address?

No

Yes

Their name and address

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

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, tick 'Yes', even if you do not pay rent for it.

No

Yes

What is the address?

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

Part 13 How you will be paid and the choices you have.

We will write to you about your benefit award.

Enter your email address if you want to be contacted in this way

- If you pay rent to a **private landlord** we will pay any benefit directly to you. If you feel this will cause you difficulties, please call 01442 228000 for advice. Email: housing.benefits@dacorum.gov.uk
- If you are awarded Council Tax Support, we will pay this into your Council Tax Account.

If you do not have a bank or building society account you must set one up. You can get advice about opening and running a bank or building society account from any bank or building society of your choice. If you have any difficulties in opening one of these accounts please contact us on **01442 228000** for advice. Under the Local Housing Allowance Scheme you will have your Housing Benefit paid directly to you (unless you are considered by us to have difficulty in managing your financial affairs). You will be informed in writing when this will take effect.

Please remember it is your responsibility to pay your landlord.

To accept direct payments of Housing Benefit into your account please complete the following:

Name and address of the bank

Account number

--	--	--	--	--	--	--	--	--	--

Sort code

--	--	--	--	--	--

Roll No.

--

Full Name (in CAPITAL LETTERS)

--

Your Signature

--

Account Name

--

Date

	/		/	
--	---	--	---	--

Part 14 Backdating

We can usually award benefit from the Monday after the day we get your claim. Sometimes, we can pay Housing Benefit and Council Tax Support from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your Housing Benefit and Council Tax Support from an earlier date, tell us when you want Housing Benefit and Council Tax Support to be paid from and provide reasons why you didn't claim earlier in the box below. If you are a working age customer, you can request your Housing Benefit claim to be backdated for up to one month and your Council Tax Support award for up to one month.

Tell us the date you want to claim benefit from

	/		/	
--	---	--	---	--

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Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

Part 16 Declaration

Even if someone else has partly or fully filled in this form for you, you **MUST** sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct. Please read this declaration carefully before you sign and date it.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Support or both, or to assess any discount or grant for Council services. You may check the information with other sources as the law allows.
- You may use any information I have provided for this and any other claim for social security benefits that I have made or may make. This includes any Discretionary Housing Payment. You may give some information to other government organisations, such as government departments and local councils, if the law allows this. The council may share data with the government in order to combat fraud and reduce error and this includes the use of tracing agents.

I know I must let the Council's Benefit Section know immediately in writing about any change in my circumstances or the circumstances of anyone living with me, which might affect my claim. If I do not, you may take action against me. This may include court action.

I declare that this is my claim for Housing Benefit and/or Council Tax Support and the information I have given on this form is correct and complete. I authorise the Council to make any necessary enquiries to check that the information is true and correct.

I have read and understood this declaration, and my responsibilities in reporting any changes in my circumstances to the Council.

Signature of person claiming

Date

Partner's signature

Date

If this form has been partly or fully filled in by someone who is not the person claiming, please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. If I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that the declaration applies to me.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

If you know or suspect someone is committing benefit fraud, you can report them direct without having to give your name or details by:

- writing to the Council
- phoning: 01442 228291 – or National Hotline number 0800 854 440;
- e-mailing to FraudHotline@dacorum.gov.uk; or going on our website: www.dacorum.gov.uk

Part 17 Checklist

Please tick to tell us what evidence you are sending with this form. We must see original documents, not copies. If you bring them to our Office, we will take the details we need and give you the documents back straight away.

If you do not provide all the evidence we need, we might not be able to pay you any support. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the evidence.** Please tell us now in Part 15 if you cannot supply the evidence within one month.

- **Evidence of identity** – This is usually anything that has your full name and date of birth on it
- **Evidence of your National Insurance Number** – This could be any document that has your National Insurance Number on it
- **Evidence of your rent** – This means a tenancy agreement or a rent account showing payments that you have made.
- **Evidence of savings, investments and property** – This means all of your bank accounts, savings accounts, shares, premium bonds or other investments or property. We will need to see the last 2 months statements for any accounts.
- **Evidence of earnings for all adults in the property** – We need to see your payslips (your last 5 if you are paid weekly, your last 3 if you are paid every 2 weeks or your last 2 if you are paid monthly). If you are self-employed, you will need to complete an additional form. Please contact us so that we can send you one.
- **Evidence of other income** – this means money from pensions or gifts of money that people have given to you.
- **Evidence of benefits, Tax Credits or Pension Credit** – any letters from the DWP or HMRC confirming how much you get.
- **Evidence of other money you pay out** – this means receipts from registered child carers or financial help you give to a student.
- If you would like us to discuss your claim with someone else who is helping you, you will need to complete a third party authorisation form. Please contact us so that we can send you one.

Part 18 Ethnic Background

The government has asked us to gather information about our customer's ethnic background. It's your choice whether to fill in this section. Please show which of the following groups you and your partner (if any) consider you belong to by ticking one box for you and one for your partner.

	You	Your partner
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other white	<input type="checkbox"/>	<input type="checkbox"/>
Mixed		
White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed	<input type="checkbox"/>	<input type="checkbox"/>
Chinese		
	<input type="checkbox"/>	<input type="checkbox"/>
Other		
	<input type="checkbox"/>	<input type="checkbox"/>

	You	Your partner
Asian		
Asian British	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black British		
	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other black	<input type="checkbox"/>	<input type="checkbox"/>

Anything else you want to tell us about that may affect your claim