

Housing benefit and council tax reduction application form

Please use a **BLACK PEN** and **CAPITAL LETTERS** when filling out this form

Name:

Address

Postcode:

NOTE:

To help us process your application quickly, please make sure that your form is fully completed, signed and that you enclose all supporting documents (please see Checklist at Part 16).

When providing proof of your Identity, we can only accept **ORIGINAL** documents. Please do not send valuable documents such as passports in the post, bring to one of our offices, address details are in the column to the right.

Please return this form to us straight away, even if you do not have all of the documents to support your claim. If you delay sending this form to us, it can affect the start date for benefit entitlement purposes.

If any of the information cannot be sent in with the form, please tell us why in the notes section on part 13, page 25.

If you or your partner, (if you have one), do not have a National Insurance Number, you will need to apply for one, by completing a DCI 1LA form at the local Job Centre.

We will contact you if we need further information to process your application.

For OFFICIAL USE only

Date Requested
Date Issued
Originating Office.....
Claim Reference.....

Where can you take your form or get help?

Kingswood One Stop Shop
Civic Centre
High Street
Kingswood
BS15 9TR

Yate One Stop Shop
Kennedy Way
(access via West Walk)
Yate
BS37 4DQ

Patchway One Stop Shop
Rodway Road
Patchway
BS34 5PE

Opening Hours
Monday to Wednesday
8.45am to 5.00pm
Thursday and Friday
8.45am to 4.30pm

Or you can post your form
and supporting documents to:

South Gloucestershire Council
Department for Chief Executive
and Corporate Resources
PO Box 1953, Bristol BS37 0DB
Some Housing Associations
can accept your form on our
behalf. Contact your Housing
Office to find out.

For OFFICIAL USE only

Date received

Please answer each question, unless the notes advise you to go to a particular section on the form. When providing evidence of your proof of identity, please supply ORIGINAL documents for you (and your partner if you have one.)

Proof of National Insurance Number (for new claims only)	• Such as P45 or P60 from last employer • Printed wage slips • Letter from DWP/Job Centre • Letter from Revenues and Customs • Occupational pension slip • NINO Card
Proof of Identity (for new claims only)	In addition to one item from the list above, at least one further item for each of you; • Up-to-date photographic driving licence • Passport • Utility bill, bank statements • We can also accept birth or marriage certificates divorce papers, medical card
Pensions or Allowances (for example Disability Living Allowance)	• Current award letters from DWP or other pension provider • Tax credits letters from Revenues and Customs • Bank statements showing awards
Proof of Earnings including Self-Employed earnings	• Latest payslips MUST be consecutive. (5 weekly or 3 fortnightly or 2 monthly payslips) • Detailed letter from your employer • Certificate of Earnings • Most recent accounts • Self-employed earnings form for self-employed earners – ask us for this if you need one
Proof of Bank Accounts, Savings and Investments	• Bank, Building Society and Post Office account statements/pass-books for the last 2 months (fully itemised and up to date) • For all other investments and capital, please provide certificates or other supporting documentation
Proof of all income for Non Dependants	
Proof of Payments to a Registered Child Minder	• Last two months receipts and child minder's Local Authority registration number • Childcare Costs form (ask us for this if you need one)
Proof of Student status & course details	
Proof of Rent	• Proof of Rent form completed by your landlord (page 29 of this form) • Tenancy Agreement

Are you: (Please tick one box)

Private Tenant

B&B/Hostel Tenant

Owner Occupier

Housing Association Tenant

Other

Second Adult Rebate

Second Adult Rebate

You may get Second Adult Rebate if you are of State Pension Credit age and you share your home with a person who is:

- not your partner or civil partner
- aged 18 or over
- not paying you rent
- not paying Council Tax themselves
- on a low income

Second Adult Rebate **If claiming second Adult Rebate complete parts 1,3,14,15 and 16**

PART 1: **About you and your partner** (If you have one)

Do you have a partner who normally lives with you?

Yes **No**

By partner, we mean a person you are married to, or a person you live with as if you are married to them, a civil partner or person you live with as if you are civil partners.

YOU

YOUR PARTNER (if you have one)

Last Name

First Names

Any other names

Title (Mr, Mrs, Miss etc)

Address

Date you & your partner
moved to this address

Date of Birth

National Insurance Number

Daytime Telephone Number

Mobile Number

Your email address

If you have moved in the last
12 months, tell us your last
address

Tell us whether you were the home owner, tenant or lodger at this old address

Have you or your partner claimed Housing Benefit before?

Yes

No

Yes

No

If you are claiming 2nd Adult Rebate please go to part 3

Note: please provide proof of National Insurance Number and Identification as per the checklist on page 2

YOU**YOUR PARTNER** (if you have one)

If yes when did your claim end?

What was the address you claimed for?

What is your nationality?

Have you or your partner come to live in England, Scotland, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

Yes

No

Yes

No

Are you eligible to claim benefit in the U.K?

Yes

No

Yes

No

What date did you last come to live in the U.K?

Are you or your partner in hospital?

Yes

No

Yes

No

If Yes, when did you go in?

When do you expect to come out of hospital?
(if you know this)

Do you or your partner receive Disability Living Allowance (DLA)?

Yes

No

Yes

No

If yes, which component is received? (please tick)

DLA Care Lower rate

Yes

No

Yes

No

DLA Care Middle rate

Yes

No

Yes

No

DLA Care Higher rate

Yes

No

Yes

No

DLA Mobility Lower rate

Yes

No

Yes

No

DLA Mobility Higher rate

Yes

No

Yes

No

Note: If necessary, we will write to you for further information

YOU**YOUR PARTNER** (if you have one)

Do you or your partner receive Personal Independence Payments (PIP)?

Standard rate Daily Living Element	Yes	No	Yes	No
------------------------------------	-----	----	-----	----

Enhanced rate Daily Living Element	Yes	No	Yes	No
------------------------------------	-----	----	-----	----

Standard rate Mobility Element	Yes	No	Yes	No
--------------------------------	-----	----	-----	----

Enhanced rate Mobility Element	Yes	No	Yes	No
--------------------------------	-----	----	-----	----

Do you or your partner receive Attendance Allowance?	Yes	No	Yes	No
--	-----	----	-----	----

Does anyone get Carers Allowance for looking after you or your partner?	Yes	No	Yes	No
---	-----	----	-----	----

Are you or your partner registered blind?	Yes	No	Yes	No
---	-----	----	-----	----

Are you or your partner expecting a baby?	Yes	No	Yes	No
---	-----	----	-----	----

If yes what is the expected date of delivery

Are you or your partner a student?	Yes	No	Yes	No
------------------------------------	-----	----	-----	----

What level of qualification (degree, HND, NVQ etc) are you studying for?

How many hours a week do you study?

Are you or your partner in prison (legal custody)?	Yes	No	Yes	No
--	-----	----	-----	----

If yes, when did this start?

What date will you / they be released?

Do you or your partner have an overnight carer	Yes	No	Yes	No
--	-----	----	-----	----

Name of the carer

Note: If necessary, we will write to you for further information

PART 2: About children

Tell us about your (and your partner's) children. Only include those children who normally live with you and who are:

- under 16
- 16 or 17 and registered for work or youth training
- aged 16 or over, but still under 20 years old and in education doing a course not higher than GCSE, SCE, A-level, Higher level GNVQ (advanced) or equivalent.

Are there any children in your Household?

No Go to part 3 **Yes** Answer below

	Child 1	Child 2	Child 3
Last Name			
First Names			
Date of Birth			
Gender			
How is the child related to you?			
Who gets the Child Benefit?			
Do they receive Disability Living Allowance, PIP or are they registered blind?	Yes No	Yes No	Yes No
Do you pay child care costs for this child?	Yes No	Yes No	Yes No
What is the child carer registration number?			
How much do you pay for their childcare each week?	£	£	£

Note: we must see evidence of your child benefit and childcare costs, please see the checklist on page 2 to see what you can use

Child 4**Child 5****Child 6**

Last Name

First Name

Date of Birth

Gender

How is the child related to you?

Who gets the Child Benefit?

Do they receive Disability Living Allowance, PIP or are they registered blind?

Yes

No

Yes

No

Yes

No

Do you pay child care costs for this child?

Yes

No

Yes

No

Yes

No

What is the child carer registration number?

How much do you pay for their childcare each?

£

£

£

If you want to tell us about more than 6 children please add them in the notes section on page 25 and tick this box

If you have more than one child care provider per child please state the registration number(s) and the weekly child care cost for each child on page 25.

Note: we must see evidence of your child benefit and childcare costs, please see the checklist on page 2 to see what you can use

PART 3: About other people who live with you

Do any adults live with you and your partner?

By adults we mean people who are over 16 and that nobody gets Child Benefit for.

Some examples are daughter, brother, friend, joint tenant, joint owner.

No Go to part 4 **Yes** Answer below

	First Person		Second Person		Third Person	
Last Name						
First Names						
Date of Birth						
Gender						
National Insurance number						
Their relationship to you or your partner?						
Do they normally receive:						
Income Support	Yes	No	Yes	No	Yes	No
Income-Based Job Seekers Allowance	Yes	No	Yes	No	Yes	No
Income-Related Employment Support Allowance	Yes	No	Yes	No	Yes	No
Guarantee pension credit	Yes	No	Yes	No	Yes	No
Are they a full time student, student nurse, care worker, apprentice or on youth training?	Yes	No	Yes	No	Yes	No
Are they in prison /legal custody?	Yes	No	Yes	No	Yes	No

Note: you will need to supply evidence if they are receiving any of the above incomes or are a student – please see checklist on page 2 for what we can accept

First Person**Second Person****Third Person**

If yes when did they go in?

When is their date of release?

Are they in hospital at the moment?

Yes

No

Yes

No

Yes

No

If yes when did they go in?

When will they come out?

Do they work?

Yes

No

Yes

No

Yes

No

If yes how many hours?

If yes tell us their earnings

£

£

£

Do they have any other income/benefit?

Yes

No

Yes

No

Yes

No

If yes what is it?

Weekly amount

Note: you will need to supply evidence if they are receiving any of the above income please see checklist on page 2 to see what we can accept.

Are any of the people normally living with you:

Married

Yes

No

Living together as if married

Yes

No

In a Civil Partnership

Yes

No

Living together as if in a Civil Partnership

Yes

No

If yes, who?

and

and

If you want to tell us about more than 3 people please add them in the notes section on page 25 and tick this box

PART 4: State benefits and pensions

Are you or your partner receiving or waiting to hear about any benefits you have claimed.

No Go to part 5 **Yes** Answer below

	Yes	No	Waiting to hear	You	Your Partner	When did you claim
Income Support						
Income-Related Job Seekers Allowance						
Income-Related Employment Support Allowance						
Guarantee Pension Credit						
Child Benefit						
Child Tax Credit						
Working Tax Credit						
Contribution-Based Job-Seekers Allowance						
Contribution-Based Employment Support Allowance						
Pension Credit Savings Credit						

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to part 5 Yes Tell us below

	Yes	No	Your Amount	Your Partners Amount	Waiting to hear
Carers Allowance					
Guardians Allowance					
Incapacity Benefit					
Industrial Death Benefit					
Industrial Injuries Benefit					
Maternity Allowance					
Retirement Pension					
Severe Disablement Allowance					
Universal Credit					
War Disablement Benefit					
War Pension					
War Widows Pension					
Widows or Widowers Benefits					

Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept

PART 5: Working for an employer

Are you or your partner working for an employer

No Go to part 6 **Yes** Answer questions

FIRST JOB

YOU

YOUR PARTNER (if you have one)

What is your employers
name and address?

When did you start this job?

How often do you get paid?

weekly 2 weekly monthly 4 weekly

weekly 2 weekly monthly 4 weekly

How much do you get paid?
(Before deductions)

£

£

How are your wages paid?
(ie, BACS, cash, cheque)

How many hours a week do
you work?

Do you get Statutory Sick
Pay (SSP)?

Yes No

Yes No

If yes how much?

When did this payment start?

Do you get Statutory
Maternity Pay (SMP)?

Yes No

Yes No

If yes how much?

When did this payment start?

Do you get Statutory
Paternity Pay (SPP)?

Yes No

Yes No

If yes how much?

When did this payment start?

Do you get
Adoption Pay?

Yes No

Yes No

If yes how much?

Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept

Second Job

What is your employers
name and address?

When did you start this job?

How often do you get paid?

weekly 2 weekly monthly 4 weekly

weekly 2 weekly monthly 4 weekly

How much do you get paid?
(Before deductions)

£

£

How are your wages paid?
(ie, BACS, cash, cheque)

How many hours a week do
you work?

Are you currently getting
any other pay?

Yes

No

Yes

No

If yes how much?

And what for?

PART 6: About being self employed

**Are you or your
partner self employed?**

Yes

No

Are you or your partner a Company Director?

Yes

No

If yes, Company Name

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 proof of your income. We will write to you about this.

On what date did your
self-employment begin?
How many hours per week
do you normally work?

What kind of work do you do?

Note: we must see evidence of any income that you have declared above - please see the checklist on page 2 to see what we can accept

PART 7: **About other money**

Do you or your partner have any money coming in that you have not already told us about?

Yes You Your partner **No** You Your partner

This includes; maintenance or child support for you, your partner or your children, payments from a Charity or Trust Fund, Training Allowances, Student Grant or Student Loan, Educational Maintenance Allowance, Private Pensions and Annuities.

Money Coming In

Where does this money
come from?

Who gets it?

How much do you get?

£

How often?

Where does this money
come from?

Who gets it?

How much do you get?

£

How often?

Lodgers, Boarders and Sub-Tenants

Do you or your partner get rent from people living with you who are not members of your family?

Yes No

What are their names?

How much rent do you receive?

£

How often?

If you have additional income - please tell us in part 13 on page 25

Money Going Out

Do you or your partner pay towards your son or daughter going to university or college?

Yes No Yes No

If Yes how much and who is it for?

Note: we must see evidence of money coming in and money going out before we decide how much you are entitled to

PART 8: **About bank accounts, savings and investments and trust funds**

Please list below details of all accounts you and your partner hold (even if overdrawn)

Bank, Building Society & Post Office Accounts

(you must provide details of all accounts you and your partner hold)

	YOU	YOUR PARTNER
Who is the Account held with? eg Barclays, Halifax, Post Office		
Name of account holder(s)		
Account Number		
Current Balance	£	£
Who is the Account held with? eg Barclays, Halifax, Post Office		
Name of account holder(s)		
Account Number		
Current Balance	£	£
Who is the Account held with? eg Barclays, Halifax, Post Office		
Name of account holder(s)		
Account Number		
Current Balance	£	£

Note: we must see evidence of all your savings declared above – please go to checklist on page 2 to see what we can accept

YOU**YOUR PARTNER**

Who is the Account held with? eg Barclays, Halifax, Post Office

Name of account holder(s)

Account Number

Current Balance

£

£

If you or your partner have more accounts please add them in the notes section on page 25 and tick this box

Premium Bonds

Yes

No

Yes

No

If yes what is the value?

National Saving Certificates

Yes

No

Yes

No

If yes provide

Issue Number

Value

How many

Stocks, shares, bonds or unit trust

Yes

No

Yes

No

If yes provide

Company name

How many

Do you or your partner have any other capital, savings or investments?

Yes

No

Yes

No

If yes please use this space to tell us about them

Note: we must see evidence of all your savings declared above – please go to checklist on page 2 to see what we can accept

Do you or your partner own or partly own any property, land or timeshare (not the home you live in) that is in this country or abroad? You must tell us even if you have a mortgage or loan for the property or land

Yes No

What is the address?

How much is it worth?

If you have a loan or mortgage how much is left?

Does anyone live there? Yes No

If yes, who?

Do they pay rent to you or your partner? Yes No

If yes how much?

£

Do you receive any other income from this property/land or timeshare? Yes No

If yes, please give details

PART 9: **About where you live**

Are you a joint owner or joint tenant?

Yes No

If yes who with?

Do you own your home or have a mortgage?

Yes **If yes please go to part 13** No

If you are applying for help towards your rent; have you owned (or co-owned) the property you are claiming for, within the last 5 years?

Yes No

Note: we will write to you if we need further details about the information you have put here

PART 10: **About rent**

If you own your property or are claiming Second Adult Rebate please go to part 13

When did you move to this address?

When did you start renting your home?

If you have not moved in yet, what date will you move in?

Note: you must tell us when you have moved in, in writing

How much is the rent charged for your home?

£

Is this?

Weekly

Two weekly

Four weekly

Monthly

What sort of tenancy do you have?

For example assured, regulated, assured shorthold

Note: if you do not know it should tell you on your rent agreement

When you moved in, was the property?

Furnished

Partly furnished

Minimally Furnished

Unfurnished

Does anyone else share the rent with you and your partner

Yes

No

If yes, what are their names?

Has your rent changed within the last 6 months?

Yes

No

**Note: we must see evidence of your rent before we decide how much you are entitled to.
Please refer to the checklist on page 2 to see what evidence we can accept.**

When is your next rent increase due?

Has your rent been registered by the Fair Rent Service?

Yes No Don't Know

Do you have any weeks when you do not have to pay any rent?

Yes No

If yes, how many?

Are you in arrears with your rent?

Yes No If yes, by how much?

Who pays the Council Tax for your home? You/Partner Landlord

Does your rent include money for the following?

Meals	Yes	No	Which meal(s)		
Council Tax	Yes	No	how much	£	every
Water rates	Yes	No	how much	£	every
Heating	Yes	No	how much	£	every
Lighting	Yes	No	how much	£	every
Hot water	Yes	No	how much	£	every
Laundry	Yes	No	how much	£	every
Cleaning	Yes	No	how much	£	every
Gardening	Yes	No	how much	£	every
Fuel for Cooking	Yes	No	how much	£	every
Garage or Parking Space	Yes	No	how much	£	every
Personal care or support	Yes	No	how much	£	every

Any other Service charges in your rent

Yes No

If yes please give details of type of charge, amount and frequency

**Note: we must see evidence of your rent before we decide how much you are entitled to.
Please refer to the checklist on page 2 to see what evidence we can accept.**

What sort of building do you live in? (tick one)

Detached House	Flat in a House	Hotel
Semi-Detached House	Flat in Block	Board & Lodgings
Terraced House	Flat over Shop	Hostel
Studio Flat	Room	Bungalow
Maisonette	Shared Room	Caravan
Mobile Home	House Boat	
Any other (please give details)		

Tick which floor you live on

Where do you live?

Other information

Other

Third

Second

First

Ground

Basement

Front	Is there central heating?	Yes	No
Middle	Have you got use of a garage?	Yes	No
Back	Who decorates your home?	You	Landlord
Whole house			

Number of rooms (You must complete each box)

In the property

That you share with others

Just for you and your family

Bedrooms

Bed Sit Rooms

Living Rooms

Bathroom

Toilets

Kitchens

Other rooms

Note: we must see evidence of your rent before we decide how much you are entitled to. Please refer to the checklist on page 2 to see what we can accept.

PART 11: **About you and your landlord**

What is the name and address of your landlord?
By landlord we mean the person or organisation
who owns the property you live in

What is your landlord's phone number?

If you rent from a private landlord please tell
us where they live, if different from above

If your landlord uses an agent please tell us
the agent's full name and address

What is the agent's phone number?

Are you, your partner or children related to
your landlord, agent or their partners? Yes No

Related includes related through marriage even if the marriage has ended,
some examples are ex-father-in-law, ex sister-in-law etc

If Yes what is their relationship?

Does the landlord live in the same property
as you? Yes No

Have you or your partner ever owned this property? Yes No

If Yes,

What date did you or your partner's ownership end?

Reason for change of ownership?

PART 11A: Method of payment

Local Council Tax Reduction will be awarded to your Council Tax account and you will be sent a new bill.

Housing Benefit

If you rent from a **Housing Association** you have a choice of either payment going to your bank or building society account or your landlord's bank or building society account but you must let us know which option you choose below.

I am a Housing Association Tenant and I would like payments to go **to my landlord**,
their bank details are on page 35.

I am a Housing Association Tenant and I would like payments to go **to me**,
my bank details are on page 35.

If you rent from a **Private Landlord** housing benefit will be paid into your bank or building society account under the Local Housing Allowance scheme, **please enter your bank details on page 35**. If you do not have a bank account we can advise you how you can open one.

Private Tenants only:

We must make payments to your landlords if you have 8 weeks or more rent arrears and we can make payments to your landlord if you are unable to manage your finances or it would help you to get or keep this tenancy (please indicate if this applies to you) **(Note: For direct payments to your landlord detach the form on Page 35 and ask them to complete and return)**

I have 8 weeks rent arrears or more

It would help me to get or keep this tenancy

I am unable to manage my finances
(please complete part 11C and supply evidence)

Note: For direct payments to your landlord detach the form on Page 35 and ask them to complete and return

PART 11B: **Landlord declaration form**

Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you straight away if my circumstances change.
- If I do not tell you about a change in my circumstances I may be prosecuted
- If you pay me too much Benefit because I did not tell you about a change in my circumstances I may have to pay back the extra benefit.

You

Your signature

Full Name (in CAPITALS)

Date

Your Partner (if you have one)

Your partner's signature

Full Name (in CAPITALS)

Date

Your landlord must sign this agreement to accept Housing Benefit payments, this is only where:

- you have 8 weeks or more rent arrears
- you are unable to manage your finances

Landlord

I agree to accept Housing Benefit payments for the above named tenant and I understand that by law:

- I must tell you straight away if I find out about any change in circumstances for my tenant
- I can be prosecuted if I accept Housing Benefit that I know I am not entitled to
- You can stop paying Housing Benefit to me if I do not tell you about any changes in circumstances
- If you pay me too much Housing Benefit for any tenant I must repay it
- You can take overpaid Housing Benefit from the payment I receive for other tenants and this will not affect their rent

Landlord's signature

Date

Note: If you want us to pay Benefit directly to your landlord you both must sign this declaration

PART 11C: Vulnerability

We need to know if you are potentially vulnerable so we can take into account your circumstances when we deal with your benefit claim. We may be able to pay your Housing Benefit direct to your Landlord.

By paying my housing benefit direct to my landlord it would help me with this tenancy

I do not consider myself to be vulnerable

I have learning difficulties that make it difficult for me to manage my finances

I have a mental health problem or medical condition that makes it difficult for me to manage my finances

I have problems speaking and understanding English and there is no one to help me

I have a disability or health problems which makes it difficult to manage my finances

I am coping with addiction e.g. alcoholism, gambling or substance abuse

I am fleeing domestic violence

PART 12: Sharing information agreement

Sharing information with your landlord may help us deal with your claim more quickly. We may need to ask your landlord for some details before we can make a decision such as the start date of your tenancy. The Data Protection Act 2018 requires us to have your permission to contact your landlord, except where fraud is suspected.

If you give us permission, we will be able to tell your landlord:

- You have claimed Benefit
- We have made a decision on your claim
- We have made a payment to you

We will not tell your landlord:

- Your personal or household circumstances
- Your financial circumstances

You can withdraw your permission at any time

If you do not want us to talk to your landlord, it will not affect your claim.

If you are happy for us to discuss it with your landlord please sign below.

I give South Gloucestershire Council permission to share information about my claim for Housing Benefit with my landlord or their nominated representative.

Signature

Date

Should you wish to know more about how we look after your personal information please visit www.southglos.gov.uk/privacy

PART 13: **Anything else you need to tell us?**

Please use this space to tell us anything else you think we need to know, for example, request for Dual Housing Benefit. You can use a separate sheet of paper if you need to.

If you have used extra sheets to tell us information,
please enter the number of additional sheets here and attach them to this form.

PART 14: Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they may sign the form, but they do not have to do so.

Please read this declaration carefully before you sign and date it.

- I declare that the information I have given on this form is true and complete.
- I know that I must let you know straight away, in writing, about any changes in my circumstances, which may affect my claim.
- I understand that if I give information that is incorrect or incomplete you could take action, including prosecution, against me.
- I understand that you may use the information I have given on this form to prevent and detect fraud and that information may be shared with other bodies responsible for auditing and administering public funds.
- I agree that you can make any enquiries about me, where appropriate, that you think are necessary.
- I agree that you will use the information provided to process my claim for Housing Benefit or Local Council Tax Reduction.
- I understand that if I receive too much Housing Benefit, I may be required to pay it back.
- I understand that I must pay Council Tax instalments in accordance with the most recent bill issued.
- I understand that you may use information I have provided in connection with this and any other claim for social security benefits that I have made or may make in the future.
- I understand that if benefit is paid direct to my landlord and a dispute arises over the amount paid, you may have to disclose details of my claim and any subsequent correspondence to my landlord, their representative and a court or appeal tribunal.
- I understand that you may let me know about other Benefits that I may be able to claim.
- I have read and understood the above declaration.

Signature of person claiming

Partner's signature

Date

Date

If this form has been filled in by someone other than the person claiming benefit please tell us why you are completing the form on their behalf.

Name of person who filled in the form

Signature

Date

Telephone

Data Protection and Information Sharing Notice:

No personal information you have given us will be passed on to third parties for commercial purposes. The Council's policy is that all information will be shared among officers and other agencies where the legal framework allows it. We are the data controller for the information on this form for the purposes of the Data Protection Act. We occasionally use Market Research companies to undertake surveys on our behalf to help us improve service delivery. If you do not wish your information to be used in this way please tick this box

PART 15: **Backdating**

In most cases, we will award Housing Benefit entitlement from the Monday following receipt of your application form. Sometimes we can award Housing Benefit from an earlier date if you have a good reason for not making your claim earlier. If you would like us to consider awarding Housing Benefit from an earlier date, please complete the sections below telling us why there has been a delay in sending us your application form and from which date you are asking us to backdate your Housing Benefit to.

Please note that we are not able to backdate an award of Council Tax Reduction under any circumstances.

Date you want to claim Housing Benefit from

Please tell us why you were not able to apply earlier:

PART 16: Checklist

Please tell us what evidence you are sending in with this form. When providing proof of your identity, we must sight **ORIGINAL** documents, not photocopies. We do not return documents unless they are valuable, e.g. bank statements, share certificates etc, or if you have asked us to send them back to you.

Have you answered every question? Have you enclosed the following ORIGINAL documents for you and your partner (if you have one)?	Yes	To Follow
Proof of National Insurance Number (for new claims only) P45 or P60 from last employer. Printed wage slips. Letter from DWP/Job Centre. Letter from Revenues and Customs. Occupational pension slip. NINO card.		
Proof of Identity (for new claims only) - In addition to one item from the list above, at least one further item for each of you. Up-to-date driving license, Passport, Utility bill, bank statements. (We can also accept birth or marriage certificates, divorce papers, medical card).		
Pensions and Allowances - Current award letters from DWP or other pension provider. Tax credits letters from HMRC.		
Proof of earnings including self employed earnings Pay slips MUST be consecutive (5 x weekly or 3 x 2-weekly or 2 x monthly latest pay slips) detailed letter from your employer, certificate of earnings, most recent accounts, bank statements, Proforma for Self-Employed Earners - (ask us for this if you need one)		
Proof of Savings and Investments - Bank, Building Society and Post Office account statements/pass-books for the last 2 month's (For all other investments and capital, please provide certificates or other documentation)		
Proof of all income for all Non Dependants		
Proof of Child Benefit and any other income and/or savings for all Dependants		
Proof of payments to a Registered Childminder - Last two months receipts and childminder's Local Authority registration number		
Proof of student ID and course details		
Proof of rent A current tenancy agreement, letter from your landlord/agent, fully completed and recently updated rent book/card. <i>(The document needs to confirm your rent and any service charges you pay, the date you moved in, and whether you are a joint tenant. It also needs to be signed by you and your landlord)</i>		

Note: make sure you have signed the declaration on page 26

Proof of rent form

If you do not have a current tenancy agreement, letter from your landlord/agent or a fully completed and recently updated rent book/card your landlord can complete this form as proof of rent. Please detach and return this form to: **South Gloucestershire Council, Department for Chief Executive and Corporate Resources, PO Box 1953, Bristol BS37 0DB**

Name of Tenant

Address of Property

Date Tenancy Began

Date tenant moved in

Amount of rent charged

Monthly

Four weekly

Weekly

Fortnightly

Date of last rent increase?

Does this tenant have eight weeks or more rent arrears? Yes No If yes How many weeks?

Are any of the following services included in the rent you charge? If yes, how much do you charge for each service (if applicable)?

Type of Service included	Yes	No	How much?
Heating			
Lighting			
Hot water			
Water charges			
Council Tax			
Fuel for cooking			
Cleaning of rooms and windows			
Emergency Alarm			
Counselling and support			
Medical/Personal care			
TV/Satellite/Cable			
Garage			
Washing machine for use by tenant			
Laundry done for tenant			
Other (give details)			

Do you provide meal(s)? Yes No Which meal(s)?

Proof of rent form *contd.*

All details are to be completed by the Landlord

Full name of Landlord

Business Address of Landlord

Home Address (if no business address)

Relationship to tenant or anyone in household

All details to be completed by Landlord's Managing Agent (if applicable)

Name of Agent

Business Address of Agent

Relationship to tenant or anyone in Household

Landlord's name

Declaration

I declare that, to the best of my knowledge and belief, the information I have given on this form is true and complete. I understand that to give false information may result in action being taken against me.

Signed

Full Name

Address

Date

Benefits services equalities survey

Please take a few moments to answer the following questions. This information will be used to review the services provided by South Gloucestershire Council to ensure that we deliver the best possible service to our customers.

Ethnic Origin	Asian/Asian British - Bangladeshi	Black/African/Caribbean/ Black British - Other	White - Irish
	Asian/Asian British - Indian	Gypsy or Traveller of Irish Heritage	White - Other
	Asian/Asian British - Pakistani	Mixed Multiple ethnic groups - White & Asian	White - Polish
	Asian/Asian British - Chinese	Mixed/Multiple ethnic groups - White & Black African	Other ethnic group
	Asian/Asian British - Other	Mixed/Multiple ethnic groups - White & Black Caribbean	Prefer not to say
	Black/African/Caribbean/ Black British - African	Mixed/Multiple ethnic groups - Other	
	Black/African/Caribbean/ Black British - Caribbean	White-English/Welsh/Scottish /Northern Irish/British	

Gender	Female	Male	Prefer not to say
--------	--------	------	-------------------

Do you consider yourself to be disabled?	Yes	No	Prefer not to say
--	-----	----	-------------------

If yes please tell us if this affects the way that you use Council Services.

Sexual Orientation	Bisexual Gay Man	Gay Woman/Lesbian Heterosexual	Other Prefer not to say
--------------------	---------------------	-----------------------------------	----------------------------

Religion/Belief	Buddhist	Jewish	No Religion
	Christian	Muslim	Any other religion (please state)
	Hindu	Sikh	Prefer not to say

Transgender	Is your gender identity the same as the gender you were assigned at birth?	Yes	No
	Do you live & work full time in the gender role opposite to that assigned at birth?	Yes	No

Thank you for taking the time to complete this part of the form. This data will be used for statistical purposes and may be shared with other departments throughout the Council. Your answers will be treated with the strictest confidence and kept separate from the main benefit form, where you have provided your name and address. Your responses will be collected and used fairly and lawfully, to comply with the Data Protection Act 1998

General Information

Please tear off and keep the following pages for your own information

General information

What happens next?

When you have filled in the form make sure you have read and understood the declaration in Part 14 and sign it. You can post the form to us or take it to any of our One Stop Shops (details on page 1).

We will work out your entitlement and write to you telling you how much you will get, when it will start and how long it will last. It is important that you check all the details and if you disagree with anything you should write to us within one month of the date of our letter so that we may look at your claim again.

If you are entitled to Housing Benefit, we will send it to your bank or building society account, (if you do not have one contact us and we will be able to advise you).

If you pay Council Tax, we will use your entitlement to reduce your charge and then send you a new Council Tax bill.

You have a right to an explanation of how we have worked out your entitlement. You can ask us to look at your case again and to appeal to the Tribunal Appeals Service if you're still not satisfied.

Evidence to support your claim

You will need to provide evidence to support you're the answers given on your application form; details of acceptable evidence can be found at Part 2 and Part 16 of this form.

Even if you are not able to provide all of the supporting information at this stage, please do not delay sending your application form to us. As the information becomes available, please send it to us promptly. You will have ONE CALENDAR MONTH in which to provide the information required to support your application.

Send your completed form to **South Gloucestershire Council. PO Box 1953. Bristol. BS37 0DB** or hand it in at one of the One Stop Shop sites (see addresses on front page of this form) and let us know if you will need to provide further information to support your application.

Checking your entitlement

We will check your benefit from time to time. We may write to you, visit you or phone you to make sure you are getting the right award. If you do not respond to our enquiries we may suspend or cancel your entitlement.

Changes in your circumstances

You must tell us about any changes in writing immediately. If you do not tell us of any changes that occur, you may lose your entitlement. If your Housing Benefit changes as a result, then any overpaid Benefit will be recovered. If your Local Council Tax Reduction is amended you will receive a revised bill.

Changes you must tell us about include:

- If any of your children leave school or home.
- If anyone moves in or out of your home, including lodgers and subtenants.
- If you or anyone living with you starts work.
- If your income or the income of anyone living with you, including benefits, changes.
- If your or your partner's savings or investments go up or down.
- If you have a child.
- If you move (this includes moving to another flat or room at the same address).
- If you or your partner go into hospital or prison.
- If your rent changes.
- If anything you have told us about changes.

This is not a full list - if you are not sure ask us for advice.

It is a criminal offence to deliberately not tell us about any change in your circumstances. Remember - you will have to repay any overpaid housing Benefit.

General information *contd.*

You can contact us

In writing, to: South Gloucestershire Council
Department for Chief Executive
and Corporate Resources
PO Box 1953
Bristol BS37 0DB

By Telephone: **01454 868002**

By Email: **housingbenefit@southglos.gov.uk**

Visiting our website:
www.southglos.gov.uk

Visit a **One Stop Shop** and speak
to a customer service officer at:

Kingswood One Stop Shop

Civic Centre
High Street
Kingswood
Bristol BS15 9TR

Yate One Stop Shop

Kennedy Way
(access via West Walk)
Yate BS37 4DQ

Patchway One Stop Shop

Rodway Road
Patchway BS34 5PE

Opening Hours

Monday to Wednesday

8.45am to 5.00pm

Thursday and Friday

8.45am to 4.30pm

Further advice available at:

Pension Service

Telephone: 0800 731046

Website: www.gov.uk/contact-pension-service

Department for Work & Pension

Telephone: 0800 0556688

Website: www.gov.uk/browse/benefits

Citizen's Advice Bureau

Telephone: 03444 111 444

Website: www.citizensadvice.org.uk

South Gloucestershire Welfare Advice Partnership

Website: www.southglos.gov.uk/advice-and-benefits/welfare-rights-and-financial-advice/advice-agencies-and-welfare-advice-partnership

South Gloucestershire Council can now make Housing Benefit payments directly into your or your landlord's bank/building society account via the BACS system.

Advantages of being paid by BACS are:

- BACS allows us to make payments more quickly and securely
- You have the money available to you on the day it arrives in your account
- You will not have to wait for your cheque to clear
- The possibility of cheques being delayed, lost or stolen is removed
- You will save yourself the time and trouble of paying cheques in the bank
- You will continue to receive a schedule detailing payments

In order that your landlord receives payments by BACS ask them to detach this page and complete their details before returning it to the address listed below or alternatively they can fax it back on 01454 868420.

If you have indicated that you want payments to go into your account then please enter your details below and return the whole form to the address given.

Your Full Name or Company Details:

Name of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Building Society Account Roll Number

Your Full Postal Address

Your
Address:

Post Code:

Telephone number:

Email:

Landlord Reference (if Known)

Name & Address of your Bank or Building Society

Name of Bank/Building Society:

.....

Address:

Post Code:

Banks/Building Societies may refuse to accept BACS payments for some types of accounts; please check to make sure that your account can receive BACS payments.

Please return this form to:

**South Gloucestershire Council
Department for Chief Executive
and Corporate Resources
PO Box 1953
Bristol BS37 0DB**

Signed

Date

ENGLISH If you would like this information in a different format, for example: Braille, audio tape, large print, computer disk, BSL or community languages, please contact: 01454 868009.
ALBANIAN Në qofte se kete informacion do ta donit ne nje format të ndryshem, për shembull, ne alfabetin per te verberit ,audio kasete, me shkroja të medhaja, disk kompjuterik apo në gjuhen e komunitetit ju lutem kontaktoni Tel: 01454 868009.
BENGALI আপনি যদি এই তথ্যাবলী বিভিন্ন রূপে চান, উদাহরণস্বরূপ : ব্রেইল, অডিও টেপ, বড় প্রিন্ট, কম্পিউটার ডিস্ক বা গোষ্ঠীগত ভাষাগুলিতে, তাহলে অনুগ্রহ করে এর সাথে যোগাযোগ করুন টেলি : 01454 868009.
CHINESE 如果你需要以不同形式取得這資料,例如盲人凸字,聲帶,大號字,電腦碟或社區語言,請聯絡: 電話: 01454 868009.
GUJARATI જો તમારે આ માહિતી અન્ય રીતે મેળવવી હોય, ઉદાહરણ તરીકે: બ્રેઇલ, સાંભળવાની ટેપ, મોટા મુદ્રણ, કોમ્પ્યુટર ડીસ્ક અથવા અન્ય ભાષાઓમાં, તો મહેરબાની કરીને 01454 868009 ઉપર ફોન કરો.
HINDI यदि आपको यह जानकारी किसी और रूप में चाहिये जैसे कि: ब्रेल, ऑडियो टेप पर, बड़े प्रिन्ट में, कम्प्यूटर डिस्क पर य समुदायिक भाषाओं में, तो कृपया संपर्क करें टैलिफोन नम्बर: 01454 868009.
KURDISH ئەگەر تۆ ھەر ئەھەى ئەم زانیاریانەت بە شیوازی تر ھەیتت بۆ نموونە: نووسینی چاپی بۆ کوێران, شریت, نووسینی گەورە, دیسکی کۆمپیوتەر, یان بە زمانە کۆمەڵایەتیەکان تکایە پەییوەنی بکە بەم ژمارەوه 01454 868009.
POLISH Niniejsze informacje dostępne są również w innym formacie, na przykład wydrukowane pismem Braille'a, wydrukowane dużą czcionką, zapisane na dysk komputerowy lub przetłumaczone na języki obce. W celu uzyskania kopii zadzwoń na numer: 01454 868009.
PORTUGUESE Se quiser esta informação num formato diferente, por exemplo em Braille, audiocassete, letra de tamanho grande, disco para computador ou numa língua comunitária, por favor telefone para 01454 868009.
PUNJABI ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਢੰਗ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਉਦਾਹਰਣ ਦੇ ਤੌਰ ਤੇ, ਬਰੇਲੀ, ਸੁਨਣ ਵਾਲੀ ਟੇਪ, ਵੱਡਾ ਛਪਾ ਜਾਂ ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਕਿਸੇ ਹੋਰ ਕੰਮਿਊਨਿਟੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 01454 868009 ਤੇ ਸੰਪਰਕ ਕਰੋ।
SOMALI Hadii aad rabto warkan oo si kale u yaala, sida isagoo ku duuban cajalad maqal ah ama cajalada koombiyuutarka ama ku qoran far waaweyn ama farta indhooleyaasha (Braille) ama ku qoran afkale fadlan lasoo xidhiidh Tel: 01454 868009.
URDU اگر آپ کو یہ معلومات مختلف شکلوں مثلاً بریل، آڈیو ٹیپ، بڑے لفظوں، کمپیوٹر ڈسک یا دوسری زبانوں میں چاہئے تو براہ کرم ٹیلیفون نمبر 01454 868009 پر رابطہ کریں
VIETNAMESE Nếu quý vị muốn lấy tài liệu này trong một hình thức khác, ví dụ, bằng chữ nổi, thu băng, in nét lớn hay đĩa compitơ, hay bằng bất cứ một ngôn ngữ cộng đồng đồng nào, xin liên lạc với số điện: 01454 868009.