

For office use only – please complete	
Issuing Office / Officer	
Claim number	
Date form issued/requested	
In response to	

OFFICE USE ONLY

Date Received

Title:

Full name:

Address:

.....

..... Postcode:

Telephone Number: Home: Work:

Mobile:

Email Address:

A Claim for Housing Benefit, Council Tax Reduction and Second Adult Rebate

CONFIDENTIAL

READ THIS FORM CAREFULLY. PLEASE ANSWER ALL SECTIONS IN BLACK INK.

This form should be returned **immediately** even if you do not have all the required documents. If the form is not fully completed it will be returned to you. **YOU WILL BE REQUIRED TO PROVIDE ORIGINAL EVIDENCE OF INCOME, ETC BEFORE YOUR CLAIM CAN BE PAID.**

Please tick **one** box only.

- Are you:**
- Renting from us, Gravesham Borough Council?
 - Renting from a private landlord?
 - Renting from a Housing Association?
 - An owner occupier?
 - Living in a hostel?
 - A boarder?
 - Living in supported accommodation?
 - A co-ownership tenant?
 - Other?
 - If 'other' please say what

Is this your first application for this address? Yes No

Only claiming Second Adult Rebate?

IF YOU DELAY IN RETURNING YOUR FORM YOU MAY LOSE BENEFIT

IF YOU HAVE ANY QUERIES PLEASE PHONE 01474 33 77 10

BENEFIT SECTION OPENING TIMES

In person: Monday to Friday 8.45am to 4.30pm
Telephone: Monday to Friday 8.45am to 5pm

Benefit entitlement / Council Tax Reduction will normally start on the Monday following receipt of your claim.

Notes to help you with this form

These notes will help you fill in this form and give you a better understanding of Housing Benefit and Council Tax Reduction.

Who can claim Housing Benefit or Council Tax Reduction?

Anyone who is on a low income and/or is unemployed and has to pay rent and/or Council Tax

If you are single and have other adults living with you who are on a low income, you may get Second Adult Rebate instead of Council Tax Reduction. Please complete sections 1, 4, 8, 14, 16 and 17 only.

Filling in the form

Please answer all the questions.

We have to ask lots of questions to make sure that you get all the benefits you are entitled to. If you need help filling in this form or you need any advice, please contact Customer Services on **01474 33 77 10**.

If the form is not filled in properly there will be a delay in your benefit / reduction being paid.

Returning the form to us

If you delay returning your completed form to us you may lose benefit / reduction.

As well as this form we must see proof of your income, savings, and so on. These must be original documents – photocopies cannot be accepted. Please make sure that anything you provide has your name and current address on it.

If you need advice, please contact Customer Services on **01474 33 77 10**.

What if something changes?

Your benefit will be worked out using the information you have given on this form. If anything changes, for example your income goes up or down, or someone leaves or joins your household, you must tell us immediately in writing. If you are unsure whether a change will affect your claim please tell us anyway.

WARNING: if you do not give the correct information, or fail to tell us about a change in your circumstances, you may be committing fraud and this may lead to you being prosecuted.

All correspondence should be addressed to:

Benefits Section, Gravesham Borough Council, Civic Centre, Windmill Street, Gravesend, Kent DA12 1AU

Appeals

If you think the decision is wrong about the amount of benefit / reduction you have been awarded, you can ask us to check it to see if it is correct. Details of how and when to do this will be sent with your decision notice.

Application Checklist

Please note we must see **original** documents, not copies.

If you do not provide all of the proof we need we might not be able to pay you any benefit. We will need the same proof for you and your partner, if you have one. We also need proof of income and savings for any other adults living in your home.

If you cannot send the proof we need at the moment, **do not delay**, send the form back to us now and we will write and ask you for the proof later.

Please do not send valuable items through the post, you can bring them into the Civic Centre. If you require additional advice please phone us on **01474 33 77 10**.

Please tick all evidence that you are providing

Proof of identity We need to see at least **two** of these documents for each person.

- Birth certificate Marriage certificate Medical card Passport (current and valid)
 Driving licence UK residence permit EEC identity card Other – please state _____

National Insurance Number (NINO) We need to see one of these documents for each person.

- National Insurance Number card Benefit entitlement letter Pension Service letter
 Payslip with your NINO from current employer Other – please state _____

Evidence of your address We need to see **one** of these documents

- Recent gas or electricity bill or TV Licence showing the address for which you are claiming.
 Other – please state _____

Proof of capital, savings and investments

- Up to date bank / building society statements or passbook Post Office books ISAs
 Certificates for premium bonds Stocks Shares Unit Trusts
 National Savings / Index-linked Savings Certificates Other savings – please state. _____

Please indicate how many bank/building society accounts you and your partner hold.

Proof of earnings

- Consecutive payslips for you and your partner
 If paid weekly, the last five (5) payslips If paid monthly, the last two (2) payslips
 If paid fortnightly, the last three (3) payslips
 If self employed, accounts for the previous financial year or a summary of your trading accounts for the last six months.
 Other – please state _____

Proof of other income

- Pension slips from a former employer Tax Credit letter Board and lodging payments
 Rent payments from another property Student grant / loan War Pension letter
 Court letter showing how much maintenance you are getting. Other income – please state _____

Proof of benefits, allowance or pensions

- Letter from the Pension Service Child Benefit letter Letter from Job Centre Plus
 Other benefits – please state _____

Proof of private rent and tenancy We need to see **one** of these documents

- Your tenancy agreement Rent receipts Letter from your landlord
 Other rent proof – please state _____

Proof of other money paid out

- Receipts from registered child minders Proof of student support payments.

Proof about other people who live with you

- Such as proof of their earnings, savings, benefit payments, etc.

Part 1 About you and your partner

YOU MUST COMPLETE THIS SECTION

Do you have a partner who normally lives with you? Yes No

If 'No', answer all the questions about you. If 'Yes', you must answer all the questions about you and your partner. By partner we mean someone you are married to, have a civil partnership with or live with as if you were married.

	You	Your partner
Title (Mr/Mrs/Miss/Ms/Other)		
Surname or family name		
First Names in Full		
Former Names or "Known As" Names		
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"/>
National Insurance Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<i>If you do not know your National Insurance Number, please, tick this box.</i> <input type="checkbox"/>	<i>If you do not know your National Insurance Number, please, tick this box.</i> <input type="checkbox"/>
Date you moved in to your present home	<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"/>
Are you and your partner	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other

We must see proof of your identity and National Insurance Number.

Have you or your partner claimed Housing Benefit or Council Tax Reduction before? No Yes Please tell us about it below

When did you last claim? / /

Which council did you claim from?	
What name did you use for the claim?	
What address did you claim for?	
Postcode	Postcode

If you have moved from this address, have you told the Council that paid your benefit? No Yes

If you or your partner have moved home in the last 12 months, tell us your last address (if it is different from above)	
Postcode	Postcode

Part 1 About you and your partner continued

Do you or your partner have to pay rent for both your previous address and new address at the same time? We need to see proof.

No Yes

No Yes

Was the previous address:

Rented Owned Other?
 If 'other' please state what

Rented Owned Other?
 If 'other' please state what

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ARE YOU OR YOUR PARTNER? (please tick YES or NO for each of the following)

	You		Your partner	
A Full Time Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An apprentice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On youth training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severely mentally impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registered Blind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration Number	
Receiving Attendance Allowance or Disability Living Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unable to work because of sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
In hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
Discharge date if known	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
Planning to return home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' when	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
On remand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
In legal custody	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
Planning to return home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE PROOF

Part 1 About you and your partner continued

Are you or your partner currently receiving support from Social Services, Shelter, MIND, Crisis, Invicta Advocacy Network, Rethink, our Housing Needs Team or another agency. Yes No

If 'yes', please provide proof of the support you are receiving from the relevant agency.

DO YOU OR YOUR PARTNER?

Have a vehicle from a Mobility Scheme? Yes No Yes No

Have you or your partner deferred payment of an occupational pension? Yes No Yes No

Does anyone claim Carer's Allowance for looking after you or your partner? Yes No Yes No

If 'yes' please tell us the person's name

Name	Name
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Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead? Yes No Yes No

IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE PROOF

Part 2 Immigration Status

Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last 2 years? **YOU** Yes No **YOUR PARTNER** Yes No Go to part 3

If 'yes', what date did you arrive? **YOU** / /
YOUR PARTNER / /

Please give your reasons for coming to the UK

What is your nationality?	Your partner's nationality?
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You must provide proof that you are permitted to remain in this country. It may be necessary for us to contact the Home Office to verify this information. If you or your partner are working you may need to provide your Worker Registration documents.

Part 3 About Children

We need to know about any children in your household you receive **child benefit** for.

Are there any children in your household? Yes No Go to **Part 4**

Surname	First Names	Age	Date of Birth	Male/ Female (M/F)	Is your child	
					Disabled Yes/No	Blind Yes/No

Do you or your partner receive Disability Living Allowance for any of the children named above? Yes No

If 'yes', please tell us the name of the child and provide proof.

Have you been advised that Child Benefit is due to stop for any of the children you have mentioned above? Yes No

If 'yes', please tell us the name of the child and when it is going to stop.

Child's name Date child benefit is stopping / /

Please provide the letter you have received confirming the date child benefit is due to stop.

CHILDCARE COSTS

Do you, or your partner, pay any childminding costs to a registered childminder, a nursery or an after-school club? Yes No

If 'yes', please supply the following:

(i) Name of Registered Childminder/Nursery

(ii) Address of Registered Childminder/Nursery

(iii) Provide current certificate or complete OFSTED registration number held by Childminder/Nursery

(iv) Receipts from your childcare provider to show how much you have paid in childcare costs in the last 4 weeks.

STUDENT GRANT PAYMENTS

Do you or your partner pay any money to a son or daughter aged under 25 who is a student? Yes No

If 'yes', how much do you pay?

£ delete)	weekly, monthly, 4 weekly, (please
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You must provide proof of these payments or indicate them on any bank statements which you are supplying.

Part 4 About other people who live with you

Are there any other people living with you that you have not already told us about on this form? Yes No Go to Part 5

This should include joint tenants and members of their household.

If 'yes', please tell us about them below.

Surname	First Names	National Insurance Number	Relationship to you	Date of Birth	If working state gross weekly pay	Other income details

Evidence of income from whatever source must be provided

Are any of the people mentioned above living together as a couple? Yes No

If 'yes', please give details

	Is the partner of	
	Is the partner of	
	Is the partner of	

Is anyone in your home in full-time education or on a training course? Yes No

If 'yes', who is this? You Your partner Any other person

Name of person

Type of course

Is it a Youth Training course? Yes No

What is the name of the College, Training Centre or placement?

How many hours per week is the course for?

You must provide proof from the College, Training Centre or Training provider.

Are you or your partner a company director? Yes No Yes No

If 'yes' please give the name of the company.

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We need to see proof of the income you are paid by the company and any shares you hold in the company.

Do you or your partner do any kind of unpaid work? Yes No Yes No

If 'yes' please provide proof e.g. letter from your employer

Part 5 Benefits and Allowances

Do you or your partner get any of the following? Please tick the appropriate boxes.

	You		Your partner	
Income Support or income-based Job Seekers Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attendance Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', how much per week?	£ <input type="text"/>		£ <input type="text"/>	
Disability Living Allowance care component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', how much per week?	£ <input type="text"/>		£ <input type="text"/>	
Disability Living Allowance mobility component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', how much per week?	£ <input type="text"/>		£ <input type="text"/>	
Have you or your partner had any redundancy money in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'yes', please provide proof of how much is received and the date you received it from.

New benefits or income

Are you or your partner waiting to hear about any benefit or income you have applied for?

Yes No Yes No

If 'yes' please tell us which benefit or income and the date you or your partner claimed it.

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

You will need to provide the award letter when you receive it.

Does anyone owe money to you, your partner?

Yes No Yes No

What is the money for?

<input type="text"/>	<input type="text"/>
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How much?

£ <input type="text"/>	£ <input type="text"/>
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Who is it owed to?

<input type="text"/>	<input type="text"/>
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Are you expecting to get any money in the next 12 months?

<input type="text"/>	<input type="text"/>
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For example, a redundancy payment or a payment instead of notice for holiday.

If 'yes', tell us about it below.

What is the money for?

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

How much?

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

You will need to provide proof of the money you or your partner are owed e.g. letter from former employer, solicitor, etc.

Part 5 Benefits and Allowances continued.....

Please list all income for you and your partner below.

Read the list of incomes below and tell us about any you or your partner are receiving now or have claimed.

Please state the amount you are entitled to receive before deductions and how often you receive it. i.e. weekly, 4 weekly, monthly, etc.

- Adoption Pay
- Armed Forces Independence Payment
- Bereavement Allowance
- Carer's Allowance
- Cash payments
- Charitable or voluntary payment or any other income you receive on a regular basis
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment and Support Allowance
- Former Work Pension
- Fostering Allowance
- Any other benefit or income not listed above
- Guardian's Allowance
- In Work Credit
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Disablement Pension
- Industrial Injuries Disablement Benefit
- Maintenance or Child Support for you, your partner or any of the children stated on this form
- Maternity Allowance
- Money from a Trust Fund
- Occupational Pensions
- Payment from boarders
- Pension Credit (including Savings Credit)
- Personal Independence Payment
- Private Pensions
- Rental Income
- Severe Disablement Allowance
- State Retirement Pension
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Student grant or loan
- Tips or bonuses you receive on a regular basis
- Training Allowance
- Universal Credit
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Widowed Parent's Allowance
- Working Tax Credit

If you do not tell us about all your income, you may have to pay back some or all of the benefit later, and you may be committing fraud.

Type of income you receive	Received by who	Amount received	How often
<i>Example: work pension</i>	<i>partner</i>	<i>£56.86</i>	<i>monthly</i>

We must see evidence of any income coming in before we can decide how much benefit you can get.

Part 6 Work and earnings

Are you or your partner currently working or receiving statutory sick pay?

YOU **YOUR PARTNER**
 Yes Yes
 No Go to part 7 No Go to part 7

	You	Your partner
How many jobs do you have?		
What kind of work do you do?		
Payroll/Employee/staff number		
Name of Employer		
Address of Employer		
When did you start this job?		
How many hours do you work per week?		

Is the job permanent? Yes No Yes No

If no, when will it end? / / / /

Total gross pay before deductions, including overtime (indicate whether weekly, monthly or other). £ Weekly/monthly/other		£ Weekly/monthly/other
Bonus, commission or tips not included in your gross pay. £ Weekly/monthly/other		£ Weekly/monthly/other

Are you paying into a private pension scheme? Please provide proof. Yes No Yes No

How are your wages paid? e.g. cash, cheque, direct to bank account.		
How often do you get paid? e.g., calendar monthly, 4 weekly or weekly.		

If you or your partner have more than one job please give full details in the space provided on page 23 of this form

We must see proof of yours and your partner's earnings – including overtime, bonuses and sick pay – before we can decide how much benefit you can get. We will need your latest 5 consecutive payslips if you are weekly paid, 2 if you are monthly paid or 3 if you are fortnightly paid. If you have more than one job we need proof for each of them.

Part 6 Work and earnings continued

SELF EMPLOYMENT

	You		Your partner
Are you or your partner self employed?	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
	No <input type="checkbox"/> Go to part 7		No <input type="checkbox"/> Go to part 7

If you or your partner are self employed please complete the boxes below.

	You		Your partner
What kind of work do you do?			
Business Name			

When did the business start?	<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"/>
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What is the business address?	
Postcode	Postcode

Do you have any business partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'yes' tell us their names and address	
Postcode	Postcode

How many hours a week do you usually work?	
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Do you get a New Enterprise Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'yes' how much and how often? £	£
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Do you pay into a private pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--

If 'yes' how much and how often? £	£
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You must provide your latest available trading accounts. If you do not have these, you must provide a detailed breakdown of all income and expenditure for the last six months trading. Alternatively, you can complete a self employed earnings form which you can obtain from the Benefits Section.

Part 7 About capital, savings and investments

Do you or your partner have any bank, building society or Post Office accounts? If 'yes', please give details below

Yes No

Name of Bank	Whose name is the account in?	What is the account number?	Account balance
<i>Example: NatWest current account</i>	<i>Partner's name</i>	<i>12345678</i>	<i>Overdrawn</i>

Do you or your partner have any stocks or shares? If 'yes', please give details below

Yes No

Name of company	Number of shares	Held by	Dividends received
<i>Example: BT</i>	<i>225</i>	<i>Me</i>	<i>Yes / No</i>
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Do you or your partner have any National Savings/ Index-linked Savings Certificates or Premium Bonds? If 'yes', please give details below

Yes No

Name	Issue type	Amount invested	Date of issue	Held by
<i>Example: Premium Bonds</i>		<i>£100</i>	<i>19 July 1978</i>	<i>Partner</i>

Do any of your savings or investments include:

• Money from the sale of a house, or Yes No

• Money from a charity? Yes No

Do you have any savings that are held in cash? Yes No

If 'yes', please give details and amounts on a separate sheet.

We must see evidence of all savings and investments before we can decide how much you can get. You must provide evidence showing all transactions for at least the last two complete months.

Part 7 About capital, savings and investments continued

Do you or your partner own or partly own any property, land, timeshare, other than the home you live in, either in the UK or abroad?

No

Yes

What is the address?

Postcode

If you have a mortgage or loan for the above property how much is left to repay?

£

If you receive any rental income from this property please state how much and how often it is received.

£

We may ask you for further details regarding this

Part 8 Details about your home

Are you a joint owner or a joint tenant?

Yes

No

If 'yes', please tell us the full names of the other joint owners or tenants.

	Person 1	Person 2	Person 3
Name			
Relationship to you (for example, father or mother)			

Are you living away from home at the moment? No

Yes Tell us about it below

Why are you not living at home?

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When did you last live at home?

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
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When do expect to go back home?

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
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What is the address of where you are living at the moment?

Postcode

Have you sublet your home?

No

Yes Who lives there now?

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Do you use your home for business?

No

Yes

Do you own your home or have a mortgage?

Yes Go to **Part 11**

No Go to next question

Part 8 Details about your home continued

How many rooms are there in the building?

Please state the number of:

	In the whole house or flat	Used by your household only	Shared with other households
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Separate toilet			
Other rooms			
TOTAL			

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

If 'yes', we may write to you for more information

Do you rent your home from Gravesham Borough Council? Yes Go to **Part 11**
No Go to next question

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

- | | | | | | |
|----------------------|--------------------------|------------------------|--------------------------|------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Semi-detached house | <input type="checkbox"/> | Terraced house | <input type="checkbox"/> |
| Detached bungalow | <input type="checkbox"/> | Semi-detached bungalow | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |
| Flat in house | <input type="checkbox"/> | Flat in block | <input type="checkbox"/> | Flat over shop | <input type="checkbox"/> |
| Board and lodgings | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Bedsit, rooms or studio flat | <input type="checkbox"/> |
| Hotel | <input type="checkbox"/> | Caravan, mobile home | <input type="checkbox"/> | Houseboat | <input type="checkbox"/> |
| Other – give details | <input type="checkbox"/> | | | | |

If you rent a room, what is your room number, if you have one?

Where in the property is your room located? Front Centre Rear

Other (please state)

How many floors are there?

Is your landlord resident in this property? No Yes

Was anyone in your household previously responsible for paying rent on this property? No Yes

If 'yes', please say who.

Do you and your household occupy only part of the building? No Yes Where in the building do you live?

Part 8 Details about your home continued

Which floor do you live on? All floors Basement Ground floor
 1st floor 2nd floor 3rd floor
 Other, please describe

Does your home have central heating? No Yes

Does your home have a garden? No Yes

Does your home have a garage? No Yes

Do you have to rent the garage as part of your tenancy agreement? No Yes

Does your home have a parking space? No Yes

Is your home let as: Fully furnished Minimally furnished
 Partly furnished Unfurnished

Who is responsible for internal decorating? Landlord You Not known

Who has to pay the Council Tax bill for your home? Landlord You Not known

Part 9 Tenancy details

Is your tenancy (please tick all relevant boxes)

Housing Association Joint tenancy Assured Shorthold tenancy

Date your tenancy/rent started / /

Length of current tenancy agreement

Date you moved in / /

Name of your Landlord

Residential address of your Landlord

Name of Managing Agent

Address of Managing Agent

Are you, your partner or your children related to the Landlord? Yes No

If 'yes', how are you related?

We must see proof of your tenancy and rent before we can decide how much Housing Benefit you can get.

Have you or your partner previously lived in the property prior to being charged rent? We will contact you for more details. No Yes

Do you or your partner live in your home as a condition of your job? No Yes

If you are aged under 22 and live on your own, have you ever been looked after by Social Services? If 'yes', we may write to you for more information. No Yes

Part 10 Rent details

How much rent do you pay and how often?

£ delete)	weekly, monthly, 4 weekly (please
--------------	-----------------------------------

Does anyone else share the rent with you and your partner? Yes Tell us the details below No

How much rent do they pay and how often?

(For example, every week, every fortnight, every four weeks, monthly)

--

Has a Fair Rent been registered for your home? Yes No Not known

If 'yes' please send us the notice of registration

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

If 'yes', how many in a year?

Please provide proof from your landlord to confirm the dates.

Are you behind with your rent? Yes No

If 'yes', by how much. £

Please provide proof of your rent arrears.

Are water charges included in your rent? Yes No Not known

If 'yes', how much is this?

£	weekly, monthly, 4 weekly (please delete)
---	---

If water charges are paid separately by you, please supply your current bill

Are any of the following included in your rent? Please tick all that apply.

	Yes	No	Amount if known (£)
Heating			
Lighting			
Hot Water			
Power for cooking			
Cleaning of room(s)			
Porter/Caretaker			
Gardening			
Garage or parking space			
Communal Cleaning			
Support Services			
Other services – please state			
Council Tax			
Meals *			

If 'yes' to Meals, which of the following applies:

Full Board

Breakfast only

Part Board

Part 11 Backdating

We can usually award benefit / reduction from the Monday after the day we receive your claim. Sometimes we can pay benefit / reduction from an earlier date if you have good reason for not claiming earlier. If you want us to consider paying your benefit / reduction from an earlier date, tell us when you want benefit/ reduction from and why you did not claim earlier.

Date you want to claim benefit / reduction from

For this earlier period, were your circumstances the same as on this form? No Yes

Your reason(s) must cover the period from the date you want your claim backdated to until the date you ask us to backdate it. Please ensure you sign and date this entry.

Important Note:

The period for which backdated benefit / reduction can be awarded is limited to 6 months before the date of claim for people of working age, and 3 months for people who have attained the qualifying age for state pension credit.

Signature

Date

Part 12 Discretionary Housing Payments – Extra Help

We can give help in addition to Housing Benefit where we consider you need additional help to meet the shortfall in your housing costs. These payments are called Discretionary Housing Payment and will usually be made for a limited period of time as they are subject to a cash limited budget.

To qualify for this help:

You must receive Housing Benefit, and/or

The Housing Benefit you receive must be less than the rent you are charged. The rent in these cases will not include charges such as water charges, fuel costs and food, and

We must be satisfied that you require extra help with your housing costs.

You cannot apply for a Discretionary Housing Payment until your Housing Benefit has been worked out.

If you wish to make a claim, please contact our Customer Services Section by telephone on 01474 33 77 10 or by visiting our Enquiry Section at the Civic Centre.

Part 13 Payment choices

If you are awarded Council Tax Reduction, we will credit this to your Council Tax account.

If you are a Council tenant, we will pay your Housing Benefit direct to your rent account.

Tenants of registered social landlords and registered charities (please sign and date below)

If you are the tenant of a registered social landlord (for example a housing association) or registered charity you can normally choose to have your benefit paid direct to your landlord.

If you want us to pay your Benefit to your landlord tick here then read and sign the declaration below.

Please pay my benefit to my landlord. I understand that:

- I must always tell you about any changes in my circumstances;
- If I do not tell you about any changes of circumstances and my benefit is overpaid as a result, I will have to pay back the overpayment even if payments were not paid to me directly; *and*
- I may be prosecuted if I do not tell you about any changes to my circumstances.

Signature

Date

Local Housing Allowance claims

Tenants of private landlords making a new claim or changing address

If you live in privately-rented accommodation (that is where the landlord is not a registered social landlord or charity) and make a claim or change address you will have your benefit paid to you by BACS payment into a suitable account. In these circumstances your benefit is worked out under the Local Housing Allowance rules.

Please ensure you complete your bank or building society account details below so that we can pay your benefit by BACS.

Name of bank or building society	
Address	
What name is the account in?	
Account number	
Sort code	
Roll number <i>Building society accounts</i>	

If you think that having your Local Housing Allowance paid direct to you will cause serious difficulties, we may, in limited circumstances, be able to pay it to your landlord. Before we can do this we will need to decide if you are having or are likely to have problems paying your rent and managing your money.

If you want us to consider making payments to your landlord please tick here and we will send you a further form to complete. We will still normally make the initial payments of benefit to you while we are deciding whether we can pay your landlord your benefit.

Remember to provide evidence of all your accounts.

Part 14 Authority to speak to a third person

You may give us permission to discuss this claim with a friend or family member.

Please tell us their name and their relationship to you and also their contact details.

Name	<input type="text"/>	Relationship	<input type="text"/>
Contact details i.e. telephone number	<input type="text"/>		

What information do you want them to have access to? All Household Income
Capital Rent Claim processing Payment made or due to be paid

Please note they may be asked security questions

You will need to renew this authority with each new form you complete if you want the arrangement to continue.

This does not give them the authority to act for you. Only an appointee or your power of attorney can act on your behalf.

Part 15 Sharing Information with your Landlord or Agent

Where we have decided to pay your landlord or the appointed agent direct, we can discuss with them any issues relating to the payments that they receive or any overpayment that we are asking them to repay. **We can do this without your written consent.**

Sometimes sharing information with your landlord or an appointed agent can help speed up the processing of your claim, which reduces the risk of you falling behind with your rent. However, because the information we hold about you is confidential, we need your permission to do this.

Landlord or Agents generally ask:-

- Whether or not you have made a claim
- If we are making payments to you
- If we require any additional information and if so what the information is.

Sometimes the delay can be because we require information from them, especially if it relates to the property or information about your tenancy.

We will need your consent to disclose this information.

If you are happy for us to discuss information about your claim with your landlord or appointed agent then please sign the declaration below.

I give permission to share my information about the progress of my Housing Benefit claim with my landlord or their representative/agent.

Signature

Date

If you later decide that you are not happy for your landlord or appointed agent to have access to this information, then you must write to us to withdraw your consent.

Part 16 Declaration (please sign and date)

Please read these statements carefully and sign below. If you have a partner, they must also read the completed claim form and sign the declaration. We cannot deal with your claim if you haven't signed it.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have given you to process my claim for Housing Benefit, Council Tax Reduction or Second Adult Rebate. You may verify some of the information with other departments within the council. You may use the information provided in order to update other departments within the Council, such as Council Tax, Housing etc.
- I authorise you to make any necessary enquiries to check the information in this form. This includes contacting my bank, building society, employer, pension provider, Her Majesty's Revenue and Customs, Department for Works and Pensions (DWP) and other local authorities.
- You may use information I have given you in connection with this and any other claim for Social Security benefits that I have or may make. You may give some information to other government organisations and credit reference agencies to prevent and detect fraud and error.
- My personal information may be shared with the Council housing section or third parties, to provide information on financial assistance for repairs, improvements such as energy efficiency and any grant applications to make my home suitable to meet my needs.
- That the Council will award a Single Person Discount to my Council Tax account if I declare I am the sole occupant over 18 and liable to pay Council Tax. I understand that I must inform the Council promptly if my circumstances change and if I do not then it may lead to a penalty of £70 or criminal prosecution.

I understand that I have a legal responsibility tell the Benefits Section at Gravesham Borough Council straightaway if I have a change in my circumstances which might affect my claim. If I do not let them know or if I give incorrect or incomplete information, I understand it may result in legal action being taken against me, which may lead to a prosecution or a penalty.

I declare that the information I have given on this form is correct and complete. I understand that I must tell you immediately of any changes in circumstances even if I am not sure if a change may affect my claim.

Your signature

Your partner's signature

Date

Date

If you have completed this form for someone else please complete and sign the declaration overleaf.

STOP BENEFIT FRAUD!

HELP US TO HELP YOU!

Phone 01474 33 72 31

E-mail: fraud@gravesham.gov.uk

Online at: www.gravesham.gov.uk

All information is treated in confidence

Forms filled in by someone who is not the person claiming

Are you the person claiming?

No

Yes Go to **part 17**

If 'no', please tell us the reasons you are filling in this form for the person claiming by ticking the appropriate box.

Ill health

Disability

Cannot read or write

English is not their first language

Other

If 'other', please give details.

Please read and sign the following declaration.

I have asked the person claiming all the questions on the form and I have written their true responses on the form.

I understand that it is an offence to deliberately give false information.

Signature:

Name
(please print):

What is the person's relationship to you?

For office use only: If you filled in this form and are a GBC employee, tick this box

Part 17 Equality

The Race Relations Amendment Act (2000) says that we need to make sure that we deal with everyone equally and fairly. It would help us to know your ethnic background, so that we can make sure our services meet your needs. We will only use this information as the law allows.

Please choose one from section 1 to 5, and then tick the box that best describes your cultural background.

1 White

British

Irish

Any other white background

(Please tell us)

4 Black or black British

Caribbean

African

Any other black background

(Please tell us)

2 Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background

(Please tell us)

5 Other ethnic groups

Chinese

Afghan

Kurdish

Roma

Any other background

(Please tell us)

3 Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

(Please tell us)

Information

We normally start paying benefit / reduction from the Monday after we receive your claim form. You may ask us to backdate a late claim if you have a good reason for not sending in a form earlier. If you think you have a good reason, please complete Part 11. You will have to show that no one else could have helped you (for example, your partner) throughout the whole period that you are claiming for.

We keep the information you give us on computer. This information will be held securely and we use this only for the purposes allowed under the Data Protection Act.

The information collected, on this form and from supporting evidence, by Gravesham Borough Council will be used to process your Housing Benefit and Council Tax Reduction claims.

Gravesham Borough Council is proactive in preventing fraud and error in the benefit system. In order to do this the Council will use the information you supply when claiming benefits and discounts and match this data with other data holders. This includes Internal Departments, The Department for Work and Pensions (DWP), Her Majesties Revenues and Customs (HMRC), other Local Authorities and credit reference agencies.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. Fraud Investigations could possibly include checks on declared cohabiters.

We will not disclose information about you to anyone outside Gravesham Borough Council or use the information about you for other purposes unless law permits us to.

Anything else you need to tell us

Please use this space 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 any separate sheets of paper with this form, tell us how many.

Local Housing Allowance

This is a standard allowance, which will apply to most claimants who are private tenants. The allowance is set by the Rent Service and is based on the size of your household and the area in which you live. The details of the allowances are publicised on our website www.gravesham.gov.uk.

The way your Local Housing Allowance is calculated has changed. Check our website for more information www.gravesham.gov.uk.

Local Housing Allowance: Payment Safeguard

If you are the tenant of a private landlord, we will normally pay Housing Benefit direct to you – not your landlord.

However, every council has Safeguard guidelines to protect vulnerable tenants. Each case is looked at individually.

We may pay your landlord direct if:

- We think that you are likely to have difficulty in managing your affairs
- We think that it is likely that you won't pay your rent
- You are in arrears by eight weeks or more, or are having deductions made from your Income Support, Jobseeker's Allowance, Employment and Support Allowance, or Pension Credit, to pay off rent arrears. But we will only pay your landlord direct if it is in your best interest.

Examples of where the payment safeguards may apply:

If you

- Have learning disabilities
- Are addicted to drugs, alcohol, or gambling
- Have mental illnesses that seriously impair your ability to manage on a day-to-day basis
- Are fleeing domestic violence
- Have left care recently
- Have severe debt problems
- Have had recent county court judgements
- Have a proven, and substantial, history of rent arrears
- Are an undischarged bankrupt

This is not a full list, and we will look at other circumstances in which you may have difficulty managing your money.

For further information please contact Housing Benefit Customer Services on **01474 33 77 10**

What to do next

Please check that the information you have given is correct.

- 1 Have you answered all the necessary questions?
- 2 Have you and your partner signed and dated the form?
- 3 Have you included all the evidence we need to prove your identity, national insurance number, earnings, income, benefits, savings and rent. Please remember you need to provide this information for your partner and anyone else living in your household.

Need information in a different language or format?

Contact Customer Services:

Telephone 01474 33 70 00

Fax 01474 33 76 80

Minicom 01474 33 76 17 or

Email customer.services@gravesham.gov.uk