

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

OFFICE USE ONLY Date Received
----------------------------------

Title: .....  
 Full name: .....  
 Address: .....  
 .....  
 ..... Postcode: .....

Daytime Telephone Number:  Home / Work / Mobile

Email Address:

# A Claim for Housing Benefit and Council Tax Reduction

**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. **HOWEVER YOU WILL BE REQUIRED TO PROVIDE ORIGINAL EVIDENCE OF INCOME, ETC BEFORE WE CAN PAY YOUR CLAIM.**

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?
  - Living in temporary accommodation?
  - .....
  - A co-ownership tenant?
  - Other?
  - If 'other' please say what

.....  
 Is this your first application for this address? Yes  No

**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 a liability to pay rent and/or council tax

### Filling in the form

Please answer all the questions.

We are required 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.**

Documentation in support of your claim can be provided separately. We will contact you for any further information we require to support your claim. We must see 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 us on **01474 33 77 10**.

### What happens when 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 our decision is wrong about the amount of benefit / reduction you have been awarded, you can ask us to look at this again. Details of how and when to do this will be sent with your decision notice.

## Application Checklist

Please note we can only accept **original** documents.

**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.**

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 **one** of these documents for each person in your household.

- 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 them, or a civil partner or a person you live with as if you are civil partners.

	You	Your partner
Title (Mr/Mrs/Miss/Ms/Other)		
Surname or family name		
First names in full		
Please tell us of any other names you have used before		
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 the only person in the property over the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' from what date? <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 <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below
When did you last claim?	<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"/>
Which council did you claim from?		
What name did you use for the claim?		
What address did you claim for?		
Postcode		

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

If you or your partner have moved home please tell us your last address	
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? (If yes, we need to see proof)

Yes  No  Yes  No

Was the previous address: Rented  Owned  Other? If 'other' please state what

Rented  Owned  Other? If 'other' please state what

--	--

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"/>
Are you or your partner a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' please give the name of the company.				
An apprentice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A youth trainee	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, Personal Independence Payment	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	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
In hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
Discharge date if known	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
Planning to return home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' when	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
On remand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
In legal custody	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes' from when	□ □ / □ □ / □ □		□ □ / □ □ / □ □	
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, or the carer element of Universal Credit, for looking after you or your partner? Yes  No  Yes  No

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

Name	Name
------	------

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

	<b>YOU</b>	<b>YOUR PARTNER</b>
Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man from another country?	Yes <input type="checkbox"/> No <input type="checkbox"/> Go to part 3	Yes <input type="checkbox"/> No <input type="checkbox"/> 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?
---------------------------	-----------------------------

	<b>YOU</b>	<b>YOUR PARTNER</b>
Do you or your partner have Indefinite Leave to Remain in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner applied for settled status under the EU Settlement Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### If yes, please provide proof of the Home Office decision

If no, please give your reasons below. If you need more space please use the box on page 23.

**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.**

### 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?  weekly, monthly, 4 weekly, (please delete)

**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 and number of hours worked	Other income details

### Evidence of income from any source must be provided.

If anyone listed above is working, we must see their last five weekly, three fortnightly or two monthly wage slips. If you do not provide these, it may affect the amount that we can pay you.

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


Do any of the people mentioned above pay you rent? If yes, please confirm how much you receive.

Name	How much?	How often?

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.**



## 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"/>	
Personal Independence Payment daily living 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"/>	
Personal Independence Payment 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"/>
----------------------	----------------------

/   /

/   /

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

Does anyone owe money to you or your partner?

Yes

No

Yes

No

What is the money for?

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

How much?

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

Who is it owed to?

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

Are you expecting to get any money in the next 12 months?

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

For example, a redundancy payment or a payment instead of notice for holiday. If 'yes', tell us about it below. You will need to provide proof of the money you or your partner are owed.

What is the money for?

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

How much?

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

## 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 we can pay you.**

## Part 6 Work and earnings

Do you or your partner do any work, regardless of the hours worked or whether you are paid?

Yes  No  Go to part 7

	You	Your partner
What kind of work do you do?		
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, when will it end?	<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"/>
Payroll/Employee/staff number		
Total gross pay before deductions, including overtime (indicate whether weekly, monthly or other).	£ Weekly/monthly/other	£ Weekly/monthly/other
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 expect your earnings to change please tell us when and why.		
Are you paying into a private pension scheme? Please provide proof.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you getting Statutory Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', when do you expect to return to work?	<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"/>
Do you or your partner have any other jobs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'yes' please give full details in the space provided on page 23 of this form

**You must tell us straight away if your earnings change, this includes any periods of overtime or if you earn more or less than usual.**

If you have recently started work and do not have any payslips, please ask for a Certificate of Earnings from Employment. Your employer will need to complete this form and return it to us.

# Part 6 Work and earnings continued .....

## SELF EMPLOYMENT

	<b>You</b>		<b>Your partner</b>
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"/>
------------------------------	---	---

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"/>
------------------------------------	--	--

If 'yes' tell us their names and address

Postcode		Postcode

How many hours a week do you usually work?

Do you get a New Enterprise Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--	--

If 'yes' how much and how often?

£		£
---	--	---

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?

£		£
---	--	---

**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 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			
<b>TOTAL</b>			

**Do you have a bedroom which is used overnight by someone who cares for you, your partner, dependant child or non dependant but does not live at your address?** Yes  No

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

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

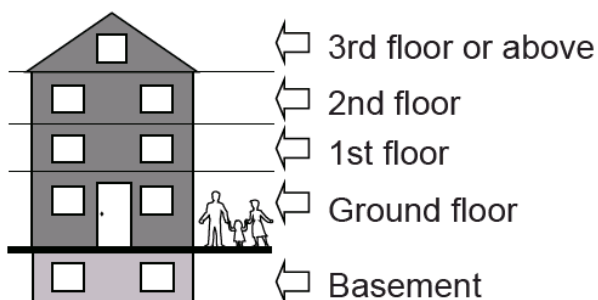
**If you rent a bedsitting room, where are the cooking facilities and what do they include, such as a cooker, microwave, etc?**

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

Other (please state)

**How many floors are there?**

**Using the diagram as a guide, on which floor is your home?**



## Part 8 Details about your home continued .....

Is your landlord resident in this property? Yes  No

Was anyone in your household previously responsible for paying rent on this property? Yes  No   
If 'yes', please say who.

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

Does your home have Central Heating  Garden  Garage/Parking Space

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 / owner of the property you are renting? 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 we can pay you.

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

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

If you are aged under 25 and live on your own, have you ever been looked after by Social Services? If 'yes', we may write to you for more information. Yes  No

Have you previously lived in a hostel for homeless people for at least three months? Yes  No



## Part 10 Rent details

How much rent do you pay and how often?

£  weekly, monthly, 4 weekly (please delete)

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 pay 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? Yes  No

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:

#### Housing Benefit/Council Tax Reduction

The period for which backdated benefit/reduction can be awarded is limited to one month before the date of claim for people of working age, and three 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 Payments 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 Desk 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 in my 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.**

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

If your rent arrears total 8 weeks or more then we will make the initial backdated award payable to your landlord.

## 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

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	<input type="text"/>	Date	<input type="text"/>
Your Partner's Signature	<input type="text"/>	Date	<input type="text"/>

**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 01634 33 23 89**

E-mail: [investigation.team@medway.gov.uk](mailto:investigation.team@medway.gov.uk)

Online at: [www.gravesham.gov.uk](http://www.gravesham.gov.uk)

All information is treated in confidence

## Forms filled in by someone who is not the person claiming

The section below must be filled in **if someone has filled in the application form for you.**  
This includes an agent, appointee, relative or friend.

I have filled in this form on behalf of

As they cannot fill in the form because

My name is (block capitals)

My relationship to the person applying


As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Signature:

Date

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 Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

(Please tell us)

### 3 Other ethnic groups

- Chinese
- Afghan
- Kurdish
- Roma
- Any other 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 electronically. 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](http://www.gravesham.gov.uk).

The way your Local Housing Allowance is calculated has changed. Check our website for more information [www.gravesham.gov.uk](http://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

or

**Email** [customer.services@gravesham.gov.uk](mailto:customer.services@gravesham.gov.uk)