

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

Title:

Full name:

Address:

.....

..... Postcode:

OFFICE USE ONLY
Date Received

Daytime Telephone Number: Home / Work / Mobile

Email Address:

Council Tax Reduction Second Adult Rebate only

Please note Second Adult Rebate is only available for people of qualifying age for Pension Credit. Second Adult Rebate is help towards your Council Tax where you have other adults living with you who are on a low income. A 'second adult' is a person who lives in your home and is 18 years old or over, but who is not your partner and is not liable to pay Council Tax. Examples include grown up children, relatives or friends who share your home on a non-commercial basis.

Whether or not you qualify for Second Adult Rebate depends on the circumstances of the second adult(s). It does not depend on your own income and capital.

You must provide proof of the following with this application:

- your National Insurance Number
- your identity
- all income for each second adult
- income and interest from savings received by each second adult

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 cannot provide the proof we need at the moment, **do not delay**, return 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**.

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.

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

Notes to help you with this form

Filling in the form

Please answer all the questions.

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

Returning the form to us

If you delay returning your completed form to us you may lose 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 Housing Benefit Customer Services on **01474 33 77 10**.

What happens when something changes?

Your reduction will be worked out using the information you have given on this form. If anything changes, for example your second adult's 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 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.

Please check that the information you have given is correct.

Before returning the form to us please check the following

- 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 and, National Insurance Number?
- 4 Have you included all the evidence we need to prove the income, benefits, and savings for all second adults declared on this form?.

Need information in a different language or format?

Contact Housing Benefit Customer Services:

Telephone 01474 33 77 10

Minicom 01474 33 76 17 or

Email hbcustomer.services@gravesham.gov.uk

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 or a person you live with as if you are married to 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

/ /

/ /

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"/>
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If you do not know your National Insurance Number, please, tick this box.

If you do not know your National Insurance Number, please, tick this box.

Date you moved in to your present home

/ /

/ /

Are you the only person in the property over the age of 18?

Yes

No

If 'Yes' from what date?

/ /

Are you and your partner

Single

Married

Divorced

Separated

Widowed

Other

Single

Married

Divorced

Separated

Widowed

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

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

Part 2 About other people who live with you

Please give the details asked for below about each person aged 18 or over living with you.

	Adult 1	Adult 2	Adult 3
First name			
Surname/family name			
Relationship to you			
Date of birth (dd/mm/yyyy)			
National Insurance Number			
Do they pay you rent?			
Hours worked			
Please list all types of income, for example earnings, pensions and benefits	Gross weekly amounts (before deductions)	Gross weekly amounts (before deductions)	Gross weekly amounts (before deductions)
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
	£	£	£
Annual interest on savings – state NONE if no savings	£	£	£

If there are more than three people aged 18 or over living with you please attach a separate sheet of paper to tell us all the information we ask on this page.

Evidence of income from whatever 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 lead to us paying you less.

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	

Part 3 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"/>
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Contact details i.e. telephone number

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

Please note they will 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.

Information

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 Council Tax Reduction Second Adult Rebate claim.

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.

Part 4 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 Council Tax Reduction 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 to 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"/>

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	<input type="text"/>
As they cannot fill in the form because	<input type="text"/>
My name is (block capitals)	<input type="text"/>
My relationship to the person applying	<input type="text"/>

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

Signature:	<input type="text"/>	Date	<input type="text"/>
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For office use only: If you filled in this form and are a GBC employee, tick this box