

Housing Benefit, Council Tax Benefit and Second Adult Rebate Claim Form



INVESTOR IN PEOPLE

	Date Issued
	1st Contact
	Claim Number

If you have any special needs that mean you cannot get to our offices or you need help in filling in this form, please ring 01643 703704 and ask for the Benefits Section.

To start your claim from the earliest possible date, you must return this form to us immediately, even if you do not have all the proof we ask for.

You need to send us the missing proof within **one month** or we will have to cancel your claim.

- You should not delay filling in and sending us this claim form.
- You could lose benefit if you do not do this immediately.
- We will only process this claim if you provide us with original documents or proof.
- **We cannot accept photocopies.**
- You must answer all questions.

How to fill in the form **PLEASE FILL IN THIS FORM IN BLACK INK**

- There are notes to help you throughout the form.
- It will take longer to deal with your claim if you do not fill in the form properly.
- **For a copy of this claim form in large print, braille, tape/CD format or in another language, please telephone 01643 703704 or email: customerservices@westsomerset.gov.uk**
- If you need any advice about claiming benefit or have any difficulty filling in the form or providing proof, please contact us on the above phone number. You are also welcome to call at the Customer Centre in Summerland Road, Minehead as well as West Somerset House, Williton. If you are unable to visit us, we can arrange for a visiting officer to come and see you in your home.
- Alternatively, you can make a claim on line at www.westsomersetonline.gov.uk

PLEASE RETURN THIS FORM TO:-

West Somerset House
Killick Way
Williton
Taunton
Somerset
TA4 4QA

OR:-

Customer Centre,
1-3 Summerland Road,
Minehead
Somerset
TA24 5BP

For Office Use Only

ENQUIRIES

By Phone: 01643 703704

By Fax: 01984 633022

By Email: benefits@westsomerset.gov.uk

Website: www.westsomersetonline.gov.uk

Benefit Fraud Hotline

01984 635236

Benefit Fraud email: fraud@westsomerset.gov.uk

Notes

Please read these notes before you fill in the form. If you do not have all the information we ask for, you should still fill in the form and send it to us immediately. Send us the rest of the information within one month. If we do not receive it within one month, we will have to cancel your claim.

When your benefit will start

Your Housing Benefit will usually start from the Monday after we receive your form. If you are a new tenant, we can pay it from the start of your tenancy, but only if we get your form on or before the Sunday after your tenancy starts. We cannot normally pay Housing Benefit for any time before you move in. Council Tax Benefit has similar rules.

Which part of the form should I fill in?

You must fill in **all** sections of the form to claim Housing Benefit and Council Tax Benefit.

However, if you are getting **income related Employment & Support Allowance, Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)** you only need to fill in sections 1, 2A, 3, 4, 11, 12, 13, 14 and 15. If you have just applied for, or are waiting to hear about, any of these benefits then you must fill in all sections.

Backdating

Housing Benefit and Council Tax Benefit will normally start from the Monday after we receive your claim form. It may be possible to backdate your claim if you can show there is a good cause why you did not claim earlier. If you have a good reason, please tell us this in Section 12, giving the date you would like to claim benefit from.

How we will pay your benefit

If you are a new private tenant, we will pay your Housing Benefit every two weeks for the period that has just passed (arrears) by BAC's. We will transfer your Council Tax Benefit direct to your Council Tax Bill.

In most cases, we will automatically work out both your Council Tax Benefit and Second Adult Rebate and, if you qualify for both, we will pay you the higher of these two benefits. Your Council Tax Benefit or Second Adult Rebate will be paid straight to your Council Tax account.

Second Adult Rebate

This different form of Council Tax Benefit is available to you if you do not have a partner (or your partner is not counted for Council Tax purposes) and you do not qualify for the Council Tax single person discount because you share your home with another person who:

- is aged 18 or over
- is on a low income
- does not pay rent
- to claim Second Adult Rebate you only need to complete sections 1, 4, 12, 13 & 15.

Under 25 year olds

If you are under 25 and single, your Housing Benefit may be reduced. This will not apply if you:

- have a partner
- receive Child Benefit for a child in your care
- have another adult living with you who does not pay you rent, for example a relative or friend
- get certain disability benefits

Before you sign a tenancy agreement, you should contact us to discuss this.

Savings and Investments

If you or your partner (or both of you) have savings and investments of more than £16,000, we cannot pay you benefit unless you are receiving the guaranteed part of Pension Credit. However, we do not count some Prisoner of War and World War II atrocities compensation payments.

Local Scheme

The National Benefits scheme ignores £10 a week of any War Widow's, War Widower's or War Disablement Pension. We have a local scheme that ignores the full War Widow's, War Widower's or War Disablement Pension. We meet the cost of the extra benefits. However you must include the pensions on the claim form.

National Insurance Numbers

You must tell us the National Insurance numbers of you and your partner (if you have one) and supply proof of them.

How we collect and use information

We collect information to work out Housing Benefit and Council Tax benefit. Other council departments may use the information. We may check the details that you provide, or that someone else gives us about you with other details we hold. We will store the information in line with the Data Protection Act 1998.

We may also get information about you from other people, or give information to them, to:

- check the accuracy of information
 - prevent or detect crime
 - protect public funds in other ways, as allowed by law.
- These other people include Government departments, agencies the Government employ for research, and local authorities.

We will not give information about you to anyone outside the council, unless the law allows us to.

We are registered for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information, you can write to us at the address on the front of this form.

Section 1

About you

Are you applying for help with your rent? No Yes

Are you applying for help with your Council Tax? No Yes

Are you applying for Second Adult Rebate? No Yes

Throughout the form we ask questions about you and your partner. By partner, we mean someone that you are married to or live with as if you are married, or a civil partner or someone you live with as if you are civil partners.

Address you want to claim benefit for

Date moved in:

	You	Your partner
Title (Mr, Mrs, Ms, Miss)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Previous name or any other name you are known by	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> Age <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> Age <input style="width: 20%;" type="text"/>
National Insurance number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Daytime phone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
You do not need to tell us this but it may speed up your claim if we need to contact you.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mobile phone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-mail address	<input style="width: 100%;" type="text"/>	
Are you getting Employment and Support Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, is it: contributory <input type="checkbox"/> income related <input type="checkbox"/>	
Are you getting Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)? If yes, which?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <input style="width: 100%;" type="text"/>	
Have you applied for Income Related Employment and Support Allowance Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)? If yes, which?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <input style="width: 100%;" type="text"/>	
When did you apply?	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>

Even if you are waiting to hear about your claim for Employment & Support Allowance, Jobseeker's Allowance or Pension Credit (Guarantee Credit) do not delay in sending in this form or you could lose benefit.

Your home

Have you or your partner moved into your home in the last 12 months? No Go to the next page.
Yes Please tell us about this here.

	You	Your partner
What was your last address?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
When did you leave there?	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Was the property owned by you	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
or rented by you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Your home - continued

Did you claim Housing Benefit or Council Tax Benefit there?

Please tell us which council you claimed benefit from

You

No Yes

Your partner

No Yes

Your identity

We need to see proof of identity for both you and your partner. For both of you, you must provide at least **two** of the items listed below to prove your identity, one of which must contain your National Insurance number. If you do not have a National Insurance number, please contact the Benefits Section for advice. The phone number is on the front of this form.

Have you given this information to us within the last 12 months?

Yes Go to 'Your nationality' below.

No Please complete this part.

All documents provided must be originals. We cannot accept photocopies.

You

Your partner

Which document are you providing to confirm your National Insurance number?

Which other document are you providing to confirm your identity?

- Birth certificates full or short
- Driving licence
- Passport (current and valid)
- Utility bill (gas, water or electricity bill that you have paid in the last three months)
- Bank statements dated within the last four weeks of this claim
- Marriage certificate
- Letter from solicitor, social worker, probation officer or Inland Revenue
- Medical card
- Life assurance or insurance policies
- Divorce or annulment papers
- UK residence permit
- Home Office Standard Acknowledgement Letter (SAL1 or 2)
- HM Forces certificate of employment

Where to find your National Insurance number:

- P45 (given to you when you leave a job)
- P60 (your annual tax statement if you are working)
- Wage slips from your current employer
- A letter from the Department for Work and Pensions (DWP)
- National Insurance number card (RD3)
- A letter from the Tax Office (Inland Revenue)
- Child or Working Tax Credit letter, or a bank statement if your benefit is paid straight into your account
- Bank statement if you are self-employed and paying class 2 contributions by direct debit

Your nationality

Have you or your partner come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No Go to section 2.

Yes Please tell us about this here.

If you or your partner have been granted refugee status, 'exceptional leave to remain', are seeking asylum, or have been granted asylum, please send us the immigration papers. We need to see these to work out whether you or your partner are entitled to claim public funds and may contact you further about this. We may also contact the Home Office to check this information.

You

Your partner

What is your nationality?

What date did you last arrive in the UK?

Are you seeking asylum in the UK?

No Yes

No Yes

Section 2

You and your partner's health

The answers you give to the following questions will make sure that you get the right amount of benefit because of disability. You must provide proof of what you get, for example an award letter, bank or post office account statement.

All documents provided must be originals. We cannot accept photocopies.

Part A

	You	Your partner
Do you get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much: for care?	£ <input type="text"/>	£ <input type="text"/>
for mobility?	£ <input type="text"/>	£ <input type="text"/>
Do you get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you get Constant Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you claimed for any of these benefits and are waiting to hear about the outcome?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Which benefit have you applied for?	<input type="text"/>	<input type="text"/>
What date did you apply for the benefit?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been registered blind in the last 28 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When do you expect to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part B

	You	Your partner
Have you been too ill to work for more than 28 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give the date you last worked.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you get Mobility Supplement paid with your War Disablement Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been given, or do you get an allowance for, a motability vehicle or any other vehicle?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone receive Carer's Allowance for looking after you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tell us who gets the allowance.	<input type="text"/>	
What is their address?	<input type="text"/>	
Have you claimed Carer's Allowance but have been refused because you get another benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which benefit do you get instead?	<input type="text"/>	<input type="text"/>

Section 3

About your children

Please give details about any children who live with you and for whom you or your partner get Child Benefit. If other children live with you permanently and you or your partner do not get Child Benefit for them, they should be included in section 4 on the next page.

Have you or your partner applied for, or are getting Child Benefit?

No

Go to section 4.

Yes

Please tell us about this here.

You must send proof that Child Benefit is being paid for the children who live with you. This can be your award letter or bank statement if Child Benefit is paid into your bank or savings account.

All documents provided must be originals. We cannot accept photocopies.

First names	Last name	Date of birth	Male or female	Date Child Benefit Started (if in last 12 months) Ends (if in next 12 months)
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /

Do any of these children get Disability Living Allowance?

No

Yes

Who?

Are any of the children registered blind?

No

Yes

Who?

Have any of the children been registered blind in the last 28 weeks?

No

Yes

Who?

You **may** be able to get more benefit if you have a child who is looked after by a **registered** childminder or who goes to a nursery, playscheme or after-school club.

Do you or your partner make payments for child care?

No

Go to section 4.

Yes

Please tell us about this here.

We need to see five receipts if you pay weekly, or two if you pay monthly, and your contract if you have one. If the amount you pay varies during term time, holidays or due to your shift rota, please give full details over a three-month period and provide proof of payment.

What is the name and address of your registered childminder, or the nursery, playscheme or after-school club?

What is their registration or reference number?
This will be on your contract.

What is the name of the child or children being cared for?

How much do you spend each week on child care?

£

Does the amount you pay vary, for example, during term time, holidays or according to your shift rota?

No

Yes

Section 4

Other people living in your home

Other than those named in sections 1 and 3, and joint tenants, does anyone else live in your home? No Go to section 5.
 Yes Please tell us about them here.

Please fill in:

- **Part A** for people who are members of your family, or someone who lives with you and for whom you do not charge rent (we call these non-dependants); and
- **Part B** on the next page for people who pay rent to live in your home, such as boarders, lodgers or tenants.

Part A Non-dependants

You must send proof of income for anyone living in your home. This can be proof of the benefits they are getting, up-to-date payslips (five if they are paid weekly or two if they are paid monthly), or a letter from their employer giving full details. If you cannot send proof, you may not get all the benefit you are entitled to. If there are more than three people, please use the space in section 12 to provide details.

All documents provided must be originals. We cannot accept photocopies.

	Person one	Person two	Person three
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship to you (such as son, daughter, friend, none and so on)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get income related Employment and Support Allowance, Income Support, Pension Credit (Guarantee Credit) or income-based Jobseeker's Allowance? If so which?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What are their earnings before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any other income, such as State Retirement Pension, Working Tax Credit, Pension Credit or works pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What do they get?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much are they receiving?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any interest on their savings?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do they get each year?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they:			
a student, student nurse, in full-time education, an apprentice, on Youth Training, in hospital, prison or a place of detention, a care worker or severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please say which.	<input type="text"/>	<input type="text"/>	<input type="text"/>
We may contact you for more details.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of the above married to each other or living together as if they are married?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us their names.	<input type="text"/>	is the partner of	<input type="text"/>

Part B Boarders, lodgers or tenants

Full name	Date of birth	How much are they charged?	How often?
	/ /	£	
	/ /	£	

Do you give them meals? No Yes

Is a charge for heating included in their rent? No Yes

Section 5 Students

Are you or your partner a student? No Go to section 6.
Yes Please tell us about this here.

Please read the notes at the end of this form before filling in this section. We need to see the following as proof of your income.

- Your grant award or certificate for the current academic year.
- Details of any student loans you have taken out during the current academic year.
- Details of any financial support you receive from your parents or guardians. Please ask them to confirm in writing how much they give you, how often and how long the payments will last.

All documents provided must be originals. We cannot accept photocopies.

	You	Your partner
Are you a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you studying:	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>
What course of study are you following (further education course, HND, BSc, MSc)?	<input type="text"/>	<input type="text"/>
Which college do you go to?	<input type="text"/>	<input type="text"/>
When does the current academic year start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When does the current academic year end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many years does the course cover?	<input type="text"/> years	<input type="text"/> years
What is your current year of study?	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>
Do you receive a student maintenance grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you receive sponsorship?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you have a scholarship?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you receive financial support from your parents or guardians?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Are you eligible for a student loan during this academic year?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>

Section 6

Pension

Do you pay into a private pension scheme? No Go to section 7.

Yes Please tell us about this here.

How much do you pay?

£

£

How often

(weekly, fortnightly, four-weekly, monthly)?

We will need to see a letter from your pension company confirming the pension scheme and evidence of the amount you pay, such as payments on your bank statement.

Section 7

Your earnings

Are you or your partner working (including voluntary work), receiving Statutory Sick Pay or Statutory Maternity/Paternity Pay? No Go to section 8.

Yes Please tell us about this here.

We need to see proof of your and your partner's earnings, Statutory Sick Pay or Statutory Maternity Pay and may contact your employer to check the details you give. If you are self-employed, the list of the proof we need is on the next page. If you work for an employer, we accept the following proof.

- Five of your most recent payslips if you are paid weekly, three if you are paid fortnightly or two if you are paid four-weekly or monthly. **However, we cannot accept brown-envelope payslips (hand-written payslips).**
- Please ask your employer to fill in the attached Certificate of Earnings form (found at the back of this form) if you do not have any payslips or get brown-envelope payslips (hand-written payslips).
- A letter from your employer on headed paper giving details of your expected earnings if you have only just started a new job. You will need to send payslips when you receive them to confirm your earnings.
- If you have told us that your wages are paid into an account, please remember to tell us about this account in Section 10 (Accounts, savings and investments).

All documents provided must be originals. We cannot accept photocopies.

Working for an employer

Are you working?

No Yes

No Yes

Who do you work for?

What is the company's address?

Company phone number

What is your job title?

What is your payroll number (this will be on your payslip)?

How many hours do you normally work each week?

hours

hours

How often are you paid (weekly, fortnightly, four-weekly, monthly)?

When did you start this job?

/ /

/ /

How is your wage paid (by cheque, cash, into your bank account)?

How much are you paid?

£

£

When is your next pay rise due?

/ /

/ /

Do you work regular overtime or get regular bonuses, tips or commission?

No Yes

No Yes

How much do you get?

£ each

£ each

	You	Your partner
If this job is for a fixed period, please tell us the date it will end.	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you get Statutory Sick Pay or Statutory Maternity Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
When did it start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you have more than one job?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is the name and address of your second employer?	<input type="text"/>	<input type="text"/>
How many hours do you normally work each week?	<input type="text"/> hours	<input type="text"/> hours
How often are you paid (weekly, fortnightly, four-weekly, monthly)?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>

If you or your partner have more than two jobs, please provide details in section 12.

Self-employed

Are you or your partner self-employed? No Go to section 8.
 Yes Please tell us about this here.

We need to see the following as proof of your income.

- Your latest accounts (**Income and Expenditure Account or Trading, Profit and Loss Account and Balance Sheet**).
- The business's bank statements for the **last three months** and the original letter from the Department for Work and Pensions detailing any Government Business Allowance.
- If you have a business partner, the **partnership agreement** and information to confirm the percentage of the business income you receive.
- **If you have only started trading in the last three months, or do not have any accounts, please complete the self employed proforma at the back of this form.**

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name of your business?	<input type="text"/>	<input type="text"/>
What is the address of the business?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How much do you earn each week?	£ <input type="text"/>	£ <input type="text"/>
How many hours do you normally work each week?	<input type="text"/> hours	<input type="text"/> hours
Do you have a business partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a Government Business Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is this the only work you do?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Section 8

Benefit income

Do you or your partner receive any of the benefits listed below or are waiting to hear about a benefit that you have claimed for?

No Go to section 9a.

Yes Please tell us about this here.

You must send us up-to-date proof of all your benefits. This could be a letter showing how much you get, an up-to-date payment slip or a bank statement showing the payment being made into your account.

All documents provided must be originals. We cannot accept photocopies.

You must fill in **all** boxes. Please write 'none' if you do not receive the benefit.

Benefits received	You	Your partner	How often?
Contribution-based Jobseeker's Allowance	£	£	
Employment and Support Allowance-contribution based	£	£	
If new award, what date did your ESA(CB) start	/ /	/ /	
Child Tax Credit	£	£	
Pension Credit (Savings Credit)	£	£	
Incapacity Benefit short-term lower rate	£	£	
short-term higher rate	£	£	
long-term rate	£	£	
Working Tax Credit	£	£	
Severe Disablement Allowance	£	£	
Industrial Injuries Disablement Benefit	£	£	
Carer's Allowance	£	£	
Maternity Allowance	£	£	
Widow's Pension	£	£	
Widowed Mother's Allowance	£	£	
Widowed Parent's Allowance	£	£	
Bereavement Allowance	£	£	
War Widow's Pension	£	£	
Pre-1973 War Widow's Pension	£	£	
War Disablement Pension	£	£	
Fostering Allowance	£	£	
Guardian's Allowance	£	£	
Statutory Paternity Pay	£	£	
Statutory Adoption Allowance	£	£	
State Retirement Pension	£	£	

Have you or your partner chosen to defer receipt of your State Retirement Pension?

No Yes We will write to you about this

Are any of the benefits you receive **reduced** because you are paying back a social fund loan or overpayment?

You
No Yes

Your partner
No Yes

Which benefit has been reduced?

Have you claimed a benefit that you are waiting to hear about?

No Yes

No Yes

Which benefit have you applied for?

What date did you apply for the benefit?

 / /

 / /

Section 9a

Other income you receive

Do you or your partner receive any of the income types listed below?

No

Go to Section 9b at the bottom of the page.

Yes

Please tell us about this here.

Please provide proof of how much you get and how often. If you are not sure what proof you can provide, please contact the Benefits Section for advice. The phone number is on the front of this form. You do not need to tell us about any payments you receive from the Eileen Trust, Independent Living Fund or the MacFarlane Trust.

All documents provided must be originals. We cannot accept photocopies.

You must fill in **all** boxes. Please write 'none' if something does not apply to you or your partner.

	You	Your partner	How often?
Works, occupational or service pension	£	£	
When was your last increase?	/ /	/ /	
Who pays you this pension?			
Private or other pension	£	£	
When was your last increase?	/ /	/ /	
Who pays you this pension?			
Are you over 60 and have chosen to receive your works pension at a future date?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Pension Protection Fund	£	£	
Maintenance for children	£	£	
Maintenance for yourself	£	£	
Home income plan or annuity	£	£	
Loan protection policy	£	£	
Mortgage protection policy	£	£	
Charitable or voluntary payments	£	£	
Councillor allowances	£	£	
Income from property or land you own	£	£	
Career development loan	£	£	
Income from a trust fund	£	£	
Part-time firefighter, auxiliary coastguard, territorial army or reserve forces income	£	£	
Any other income	£	£	
Please say where this income comes from.			

Section 9b

Payments you make

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

No

Go to section 10.

Yes

We will write to you about this.

Section 10 Accounts, savings and investments

We need to know about savings and investments you have in any bank, building society and post office accounts. We also need to know about any savings you have invested in bonds, savings certificates, stocks and shares, unit trusts and so on. Please send proof of all your accounts, savings and investments. We accept the following.

- Bank, building society and post office statements or passbooks, even if the account is overdrawn. These must cover at least the last two months. **We cannot accept balance slips showing the current amount.**
- A letter from your bank or building society. This should show the type of account held, the account number, the current balance and details of any transactions for the previous two months.
- For investments or other savings, such as unit trusts, savings certificates, stocks and shares, bonds and so on, we need original documents showing proof that you own them.

All documents provided must be originals. We cannot accept photocopies.

Part A

	You		Your partner					
Cash savings	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>		
Premium Bonds	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>		
Post office accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			£ <input type="text"/>	£ <input type="text"/>			£ <input type="text"/>	£ <input type="text"/>
ISA Cash	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			£ <input type="text"/>	£ <input type="text"/>			£ <input type="text"/>	£ <input type="text"/>
ISA Shares	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			£ <input type="text"/>	£ <input type="text"/>			£ <input type="text"/>	£ <input type="text"/>

Do you or your partner have any money in bank or building society accounts? No Yes
(Please include current accounts).

If 'Yes', please tell us how much you have by filling in the boxes below.

Name of Bank/Building Society	Account No.	Name on Bank Statement	Joint Account (Please tick)	You	Your partner
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
			<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>

Do you or your partner have any stocks, shares, bonds, unit trusts or National Savings Certificates?

No Go to part B below.

Yes Please tell us about them here.

Stocks, shares, bonds and unit trusts

Name of company		Number held	
Name of company		Number held	
Name of company		Number held	

National Savings Certificates

Issue number		Number of Units	
Issue number		Number of Units	
Issue number		Number of Units	

Part B

Have you bought payments under an annuity?

No Yes

No Yes

Are you entitled to any money from a trust?

No Yes

No Yes

Do you have any business interest which you have not told us about on this form?

No Yes

No Yes

If you have answered 'Yes' to any of these questions, we will contact you for more details.

Do you have any other kind of savings or investments?

No Yes

No Yes

How much is held?

Please provide proof.

£

£

Where is this money saved or invested?

Do you or your partner own any other property or land besides the one you are claiming for? This includes properties in this country and abroad.

No Go to section 11.

Yes Please answer these questions.

What is the full address of the property or land?

Does anyone else own this property or land with you and your partner?

No Yes Give us details in Section 12

Is the property or land up for sale?

No Yes

When did you put it on the market?

Please provide proof that property is on the market.

/ /

What is its current value?

£

Is the property or land mortgaged?

No Yes

How much do you owe on the mortgage?

£

How much are the monthly mortgage payments?

£

Please provide proof.

Is this property occupied?

No Yes

Please give the occupants' names and relationship to you (such as parent, ex-partner, tenant, none and so on).

If a member of your family, is this person

Over 60?

Disabled?

All documents provided must be originals. We cannot accept photocopies.

Section 11

About your rent

If you are claiming Council Tax only, go to Section 12

We need to see **original proof** of the rent you have to pay. We accept the following proof.

- Your tenancy agreement
- If you do not have a tenancy agreement, please ask your landlord or agent to fill in the attached proof of rent form.

If your rent is registered with the Rent Officer, we also need to see your current registration document.

Your tenancy

You must provide details of your landlord and agent if you have one.

	Your landlord	Your agent
First names	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
When did you start renting your home? (start of your tenancy)		<input type="text"/> / <input type="text"/> / <input type="text"/>
What date did you move into the property?		<input type="text"/> / <input type="text"/> / <input type="text"/>
If you have not moved in yet, tell us when you expect to move in. (as you will normally not receive Housing Benefit until you move in)		<input type="text"/> / <input type="text"/> / <input type="text"/>
Has your rent been registered as a fair rent by the Rent Officer?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a shorthold tenancy?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If No, what type of tenancy do you have?	<input type="text"/>	
How long is your tenancy for? 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> assured <input type="checkbox"/> other (please state)		<input type="text"/>
Does anyone else share the rent with you and your partner? i.e. joint tenants		No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tell us their names.	<input type="text"/>	<input type="text"/>
How much notice do you have to give to give up your tenancy?		<input type="text"/>
How much is your rent, including service charges?		£ <input type="text"/>
How often is your rent due? weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> four-weekly <input type="checkbox"/> other		<input type="text"/>
Could you afford the house when you moved in		No <input type="checkbox"/> Yes <input type="checkbox"/>
What was the date of your last rent increase?		<input type="text"/> / <input type="text"/> / <input type="text"/>
If you are behind with your rent, please tell us how many weeks you are behind.		<input type="text"/> weeks
Do you have any rent-free weeks?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is any part of your home used for business purposes?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home a shared ownership (known as part-rent part-buy)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home a co-ownership (a financial arrangement with a housing association)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Has anyone who used to live with you died within the last 12 months?		No <input type="checkbox"/> Yes <input type="checkbox"/>

The property you live in/claiming benefit for

Is your home:

- | | | | | | |
|-------------|--------------------------|---|--------------------------|-------------------------|--------------------------|
| a house? | <input type="checkbox"/> | a flat in a block? | <input type="checkbox"/> | a room or rooms? | <input type="checkbox"/> |
| a bungalow? | <input type="checkbox"/> | a flat in a house? | <input type="checkbox"/> | sheltered or supported? | <input type="checkbox"/> |
| a bed-sit? | <input type="checkbox"/> | a flat over a shop? | <input type="checkbox"/> | a maisonette? | <input type="checkbox"/> |
| other? | <input type="checkbox"/> | Please say what it is. <input type="text"/> | | | |

What type of property do you live in?

- Terraced Semi-detached Detached

How many floors does the whole building have?

If you rent a room, flat or bed-sit, **you must complete this section, or your claim could be delayed.**
If not, go to below.

Which floor is your home on?

2nd Floor	<input type="checkbox"/>	Other (please specify) <input type="text"/>
1st Floor	<input type="checkbox"/>	
Ground Floor	<input type="checkbox"/>	
Basement	<input type="checkbox"/>	

What is your room/bedsit number

If you are facing the front of the building, is your home:

- at the front? in the centre? at the back?

How many flats or bed-sits are there in the building?

How much furniture is provided by your landlord? Is it:

- fully furnished? partly furnished? barely furnished? unfurnished?

- | | | |
|---|-----------------------------|------------------------------|
| Is your landlord responsible for decorating inside your home? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Does your home have central heating? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Do you have a garage? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Do you have parking? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Do you have a garden? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Can you choose whether to rent the garage? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Please tell us the number of rooms in the property.

	Living rooms	Bedrooms	Bed-sits	Kitchens	Bathrooms	Separate Toilets	Other rooms (specify)
How many of these rooms are there in the building?							
How many are only used by you and your family?							
How many of these rooms do you share with other people?							

Services

Please tell us if any of the following services are included in your rent.

Water rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Window cleaning	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Cleaning inside the room or flat	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Cleaning, lighting or heating shared areas	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Laundry equipment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Laundry or bed linen washed for you	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Garage	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Emergency alarm system	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Counselling and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Nursing and personal care	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Other service (please say what it is)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Breakfast	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Lunch	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Evening meal	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>

We may write to you to get more information about these.

Are you renting your home from a housing association?

Yes Go to the next page.

No Please answer the following.

- Are you or your partner related to your landlord, or your landlord's partner or your agent or your agent's partner? No Yes

Please say how you are related (such as ex-partner, parent, brother, brother-in-law, stepbrother and so on).

- Are any of your children or your partner's children related to your landlord or landlord's partner or your agent or agent's partner? No Yes

Who?

What is their relationship?

- Has your landlord ever lived in your property? No Yes
- Do you currently live at the property with the landlord? No Yes
- Are you or your partner a director of, or employed by, the company which is your landlord? No Yes
- Is your ex-partner or your partner's ex-partner a director of, or employed by, the company which is your landlord? No Yes
- Is any of your household a director of, or employed by, the company which is your landlord? No Yes
- Do you pay rent to a trust where either you or your partner are trustees? No Yes
- Do you pay rent to a trust where either your ex-partner or your partner's ex-partner is a trustee? No Yes
- Do you pay rent to a trust where any member of your household (including children) is a trustee? No Yes
- Have you or your partner ever owned or part-owned the property you are renting? No Yes
- Do you have to rent your home as a condition of your employment? No Yes
- Are you living in accommodation that is maintained by a religious order? No Yes

If you have answered 'Yes' to any of the above questions, please provide further details in section 12. We may contact you further about this.

If you are **under** 22 years of age, please answer these questions.

Have you previously been in Social Services care under a court order? No Yes

Have you previously been given accommodation by Social Services? No Yes

If you have answered 'Yes' to either of these questions, we may contact you for more information.

Section 13

Equal Opportunities

We need to monitor the ethnic groups who apply for benefit to ensure that we are meeting the needs of our customers. It would be helpful if you could complete the following information. **The completion of this section is voluntary.**

What is your ethnic group? (Please tick the appropriate box)

A White

English

Irish

Welsh

Scottish

Other European country

B Asian or British Asian

Indian

Pakistani

Bangladeshi

Any other Asian Background

C Chinese or other Ethnic Group

Chinese

Any other, please state

D Mixed

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed Background

E Black or Black British

Caribbean

African

Any other Black Background

Forms filled in by someone other than the person claiming.

Please tell us why you are filling in this form for someone else.

I confirm that I have read each question to the person claiming benefit and I have accurately recorded the answers given.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Benefit or Second Adult Rebate. You may check some of the information with other sources within West Somerset Council, rent offices, the Valuation Service and other Councils.
- You may use any information I have provided in connection with this claim and any other benefit claim that I have made or may make with the Department for Work and Pensions or Pension Service. You may give some information to other government organisations, if the law allows this.

I know I must let the council know about any changes in my circumstances, which might affect my claim, immediately in writing.

I declare the information I have given on this form is correct and complete.

Your signature

Date

/ / /

Your partner's signature

Date

/ / /

Warning: Any person making a false statement or withholding information may be prosecuted.

If we need to contact you, other than by letter, please state preferred method of contact

Email: Yes No Phone: Yes No

Mobile: Yes No Text message: Yes No

Checklist

Please check that you have answered all the questions that apply to you and that you have remembered to sign the form. If you do not have the proof we need at the moment, **send the form back to us now and send the proof later.** We can start to process your claim, but we will not be able to pay you any benefit until we have all the proof. Please tick to tell us what you are sending with this form.

● Have you answered all the questions?

You

Yes

Your partner

Yes

Yes

● Have you signed the form?

Enclosed

To follow

Enclosed

To follow

● Proof of identity and National Insurance number

● Proof of your rent

● Proof of all benefits

● Proof of wages

● Proof of all your accounts and savings

● Proof of all income for anyone else living in your home

Remember, if you do not provide all the information we have asked for on this form, we might not be able to pay you any benefit. Please ring us on 01643 703704 if you need help with the form or want to know what proof you need to send.

Proof of rent form - Private tenants

West Somerset Council, West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA Tel: 01643 703704

Fax: 01984 633022 Email: benefits@westsomerset.gov.uk Website: www.westsomersetonline.gov.uk

**Your landlord must answer all these questions.
If we believe the tenant has filled this in, we will not accept it.**

What is your tenant's name and address?

Tenant's Name
Tenant's Address:

If you are an agent,
what is the landlord's name & address?

Name:
Address:

Tel No.

Does your tenant live in a:

- detached house? semi-detached house? terraced house?
 detached bungalow? semi-detached bungalow? terraced bungalow?
 flat in a block? flat over shops? flat in a house?
 maisonette? room or rooms in part of a house? self-contained bedsit?
 hostel? registered residential care home? registered nursing home?

Other? Please give details

If your tenant lives in a room is it:

at the front of the building? In the middle of the building? at the back of the building?

How many floors are there in the building? Room Number

Which floor does your tenant live on?

All floors Basement Ground 1st 2nd 3rd 4th Other (say which)

Please give details about the following types of room in the property

	Bedrooms	Bedsitter's	Living rooms	Dining rooms	Kitchens	Bathrooms	Separate Toilets	Other (please describe)
Number of rooms for their use only								
Number of rooms they share with other people								
Number of rooms in the whole property								

Are you related to your tenant? Yes No

If 'yes' what is the relationship

Has your tenant's rent been registered as a 'fair rent' by the Rent Officer? Yes No

Have you let the property to your tenant under an 'assured' tenancy agreement? Yes No

Have you let the property to your tenant under an 'assured shorthold' tenancy agreement? Yes No

Please give the length of the tenancy

Please detach and send to your landlord if you do not have proof of your current rent liability

Does your tenant share the rent with anyone else?

Yes No

If 'yes' give their names.

Has your tenant been housed as a homeless person by the council?

Yes No

When did the tenant move in? / /

When did the agreement start? / /

How much is your tenant's rent and how often should it be paid?

£

every

Is the property furnished?

Yes No

If 'yes', is it: fully furnished?

partly furnished?

hardly furnished?

Who is responsible for decorating the inside of the property?

You

Your tenant

Does the property have central heating or partial central heating?

Yes No

Does your tenant have any 'rent free' weeks?

Yes No

Has your tenant's rent gone up in the last 12 months?

Yes No

If 'yes' when did it go up?

Does your tenant's rent include money for any of the following?

Council Tax

Yes No

Amount

£

Laundering

Yes No

Amount

£

Water charges

Yes No

Amount

£

Personal Care

Yes No

Amount

£

Heating

Yes No

Amount

£

Counselling and support

Yes No

Amount

£

Hot water

Yes No

Amount

£

Cleaning of room

Yes No

Amount

£

Lighting

Yes No

Amount

£

Laundry facilities

Yes No

Amount

£

Cooking

Yes No

Amount

£

Shared heating

Yes No

Amount

£

Shared lighting

Yes No

Amount

£

Shared cleaning

Yes No

Amount

£

TV

Yes No

Amount

£

Meals

Yes No

Amount

£

Garage

Yes No

Amount

£

Parking space

Yes No

Amount

£

Garden

Yes No

Amount

£

If 'yes', how many meals does your tenant get?

Three meals a day

Two meals a day

Breakfast only

Your signature

Date

Statement of Self-Employed Income

This form is to be used where a customer has self employed income
It is important that all questions are answered in full.

1. Personal Details

Name
Address
Contact number

2. About your business

(a) Name and address of business	(b) Type of business
(c) Date business commenced / /	(d) Average number of hours worked per week
(e) Name and address of your accountant	

3. If you contribute to personal pension, please state

(a) Amount paid £	(b) Frequency of payment (eg weekly, monthly etc)
----------------------	---

4. Self-Assessment - Income Tax

Please send your latest self assessment tax return form. If this is not available please state the reason

--

Please complete this statement of accounts in respect of the last 12 months trading. If you have not been trading for 12 months, enter the figures for the whole period since your business commenced to present date.

Specify exact period covered From: ____ / ____ / ____ To: ____ / ____ / ____

Income

Sales or Takings	£
Value of stock	£
Gross Profit	£

Expenses (Business Expenses only)

Payments for stock	£
Wages (paid to wife/husband/partner)	£
Wages paid to other	£
Rent	£
Business Rates	£
Heating	£
Lighting	£
Advertising	£
Printing / Stationery	£
Postage	£
Telephone	£
Motor expenses	£
Business insurance	£
Bank charges	£
Interest payments of business loans	£
Repair / Replacement of business asset	£
Bad debts	£
Depreciation	£
Business entertainment	£
Other (please specify)	£
	£
	£

Is it reasonable to assume that the trading figures for the next 3/6 months will be similar to those quoted above? YES NO

If no, please explain the likely difference on a separate sheet.

Do any of the above figures include amounts in respect of any personal use? YES NO

If yes, please give details and amounts

Declaration

I declare that the information given on this form is true and complete to the best of my knowledge. I authorise you to make any enquiries to verify the information given on this form. I understand that giving false information may result in prosecution.

Signed _____	Dated _____
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For Office Use

Gross Amount	Income Tax	National Insurance	Net Weekly Earnings
£	£	£	£

Employer's confirmation of earnings

West Somerset Council, West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA Tel: 01643 703704
Fax: 01984 633022 Email: benefits@westsomerset.gov.uk Website: www.westsomersetonline.gov.uk

To be filled in by the employee

Name	<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"/>
Address	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>	Occupation	<input type="text"/>
		Payroll number	<input type="text"/>

To be filled in by the employer

Please help your employee by filling in the information we ask for below and overleaf. Gross earnings should include any bonus, overtime, Statutory Sick Pay, Statutory Maternity Pay, commission and so on. Please return this form to your employee or to the above address.

Please state how you pay your employee by ticking the appropriate boxes

Weekly	<input type="checkbox"/>	Please give details of last 5 pay periods	Cash	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	Please give details of last 3 pay periods	Cheque	<input type="checkbox"/>
Four weekly	<input type="checkbox"/>	Please give details of last 2 pay periods	Direct bank transfer	<input type="checkbox"/>
Calendar monthly	<input type="checkbox"/>	Please give details of last 2 pay periods		

Normal hours worked each week: hours Tax code:

Date employment commenced: / /

Please turn over

Employer's confirmation of earnings

West Somerset Council, West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA Tel: 01643 703704
Fax: 01984 633022 Email: benefits@westsomerset.gov.uk Website: www.westsomersetonline.gov.uk

To be filled in by the employee

Name	<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"/>
Address	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>	Occupation	<input type="text"/>
		Payroll number	<input type="text"/>

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Calendar monthly	<input type="checkbox"/>	Please give details of last 2 pay periods		

Normal hours worked each week: hours Tax code:

Date employment commenced: / /

Please turn over

Pay period ending	Gross pay	Income tax	National Insurance (NI)	Tax Credit award	Superannuation and pension	Net pay	Number of hours worked
1	£	£	£	£	£	£	
2	£	£	£	£	£	£	
3	£	£	£	£	£	£	
4	£	£	£	£	£	£	
5	£	£	£	£	£	£	

Gross pay so far for the current year: Period from / / to / /

Gross pay £ Tax £ NI £ Pension £ Net pay £

Are these normal earnings? Yes No Reasons:

Employer's name and address:

Telephone number:

Employer's authorisation stamp:

Declaration: The information given is true and complete.

Your signature:

Position in firm: Date / /

Pay period ending	Gross pay	Income tax	National Insurance (NI)	Tax Credit award	Superannuation and pension	Net pay	Number of hours worked
1	£	£	£	£	£	£	
2	£	£	£	£	£	£	
3	£	£	£	£	£	£	
4	£	£	£	£	£	£	
5	£	£	£	£	£	£	

Gross pay so far for the current year: Period from / / to / /

Gross pay £ Tax £ NI £ Pension £ Net pay £

Are these normal earnings? Yes No Reasons:

Employer's name and address:

Telephone number:

Employer's authorisation stamp:

Declaration: The information given is true and complete.

Your signature:

Position in firm: Date / /

Change of Circumstances

When your Housing Benefit or Council Tax Benefit claim starts, your claim will continue until your circumstances change. A change could be something affecting you, your partner or anybody else who lives with you and it could increase or reduce your benefit entitlement or stop you being entitled to Housing Benefit or Council Tax Benefit altogether.

If your circumstances change, it is your legal responsibility to advise us of this so that your benefit can be amended.

What changes do you need to tell us about?

If you are not in receipt of Pension Credit, the sort of changes you must tell us about that could affect your benefit include:

Changes in income or capital

- Any increase or decrease in wages, works pensions, maintenance etc
- If any sort of income starts, stops or the amount you get goes up or down
- If you or your partner start or stop working
- Any changes to the amount of your capital or savings

Changes in other benefits

- If you start or stop getting Income Support
- If you start or stop getting Jobseeker's Allowance
- If any other benefit starts or stops or the amount changes i.e. ESA, Pension Credits
- If Working Tax Credit or Child Tax Credit starts or stops, or if the amount changes

People who live with you

- If someone comes to live with you
- If someone living with you leaves
- If anyone who lives with you starts or stops working
- If there is any change in the income of someone who lives with you
- If a child leaves school

Changes in rent (private and housing association tenants only)

- If your landlord puts your rent up or down
- If the services included in your rent change
- If the part of the property you live in changes. For example, you may move to a different room in the same property or take on extra rooms

Changes in where you live

- If you or your partner move address
- If you or your partner go into hospital or residential care

If you are getting Pension Guarantee Credit you only have to tell us about the following changes:

- If you move
- If anyone else moves into or out of your home
- If your rent goes up or down
- If you are likely to be away from your home for 13 weeks or more
- If there is a change in the income of any of your non-dependants
- If you stop getting Pension Credits
- If you are getting Pension Savings Credit you need to tell us about the above changes plus any of the following changes:
 - If your total savings go above £16,000
 - If there are any changes in the amount of Child Benefit or Child Tax Credit you receive

What information do you need to provide?

When reporting your change it is important that you also provide any evidence needed to process your change.

Only original documents can be accepted as evidence as we cannot accept photocopies.

The evidence you need to provide will depend on the change in your circumstances. If you need any help with what you need to provide please contact us.

If you do not provide the information required we will have to contact you again and will not be able to process the change until we have got the information needed.

Please return this form with proof of the change to West Somerset House, Killick Way, Williton, Taunton, Somerset, TA4 4QA or visit our Customer Centre at 1-3 Summerland Road, Minehead, Somerset, TA24 5BP. If you need any advice please call us on 01643 703704, or email "benefits@westsomerset.gov.uk"

Change of Circumstance Form

You can report a change in circumstances by completing this form and returning it to the Benefits Service with any required evidence to process the change.

Claim Reference Number

Full Name

Address

Postcode

Telephone Number

Effective Date of Change

Details of the change

Signature

Date

Useful addresses and phone numbers

- **West Somerset Advice Bureau**
Market House Lane
Minehead
Somerset
TA24 5NW
Phone: 01643 704624
Email: enquiries@westsomersetadvice.gov.uk
- **Citizens Advice Bureau**
Sussex Lodge
44 Station Road
Taunton
Somerset
TA1 1NS
Phone: 01823 282235
Email: advice@tauntoncab.org.uk
- **Citizens Advice Bureau**
28 Gold Street
Tiverton
Devon
EX16 6PY
Phone: 01884 234926
- **Jobcentre Plus**
17 The Avenue
Minehead
Somerset
TA24 5XZ
Phone: 0845 604 3719
- **Jobcentre Plus**
Castle Walk
Taunton
Somerset
TA1 4PN
Phone: 0845 604 3719
- **Department for Work and Pensions**
Income Support Jobseeker's Allowance
and Employment and Support Allowance
claims only
PO Box 93
Plymouth
PL1 3LE
Phone: 0845 603 6095
- **The Pension Service**
PO Box 8
Swansea
SA80 8AH
National Helpline: 0845 606 0265
- **Pension Credit Helpline**
Phone: 0800 991 234
- **Tax Credits Helpline**
Phone: 0845 300 3900
- **Shelter Somerset**
Aspley House
Tower Street
Taunton
Somerset
TA1 4BH
Phone: 0800 169 0317
Email: taunton@shelter.org.uk
- **Age UK**
Beck House
Beck's Square
Tiverton
EX16 6PJ
Phone: 01884 242052
- **Age UK**
The Market House
Fore Street
Taunton
Somerset
TA1 1JD
Phone: 01823 423496 / 0845 643 4621
- **Age UK Helpline**
Phone: 0800 169 6565
- **National Debt Line**
Phone: 0808 808 4000
- **Local Fraud Hotline**
Phone: 01984 635236
- **National Fraud Hotline**
Phone: 0800 854440

Housing Benefit and Council Tax Benefit section

West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA
Phone: 01643 703704 Fax: 01984 633022
Email: benefits@westsomerset.gov.uk
Website: www.westsomersetonline.gov.uk

Customer Centre

1-3 Summerland Road, Minehead, Somerset TA24 5BP Contact details: same as above

Glossary of the terms used in the form

Boarder

The difference between a boarder and a tenant or sub-tenant is that boarders have at least some meals provided as part of the rental agreement.

Civil partnership

A civil partnership is a formal agreement that gives same-sex partners the same legal status as a married couple.

Close relative

This can be your parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, step-son, step-daughter, brother, sister, or a partner of any of these.

General counselling and support

This is where you live in 'supported accommodation' (see the next column). The landlord, or someone acting for them, helps you and other tenants meet the terms of the tenancy agreement or maintain the security or safety of the property.

Joint tenants

This is where two or more people are named in the tenancy agreement and have the same tenancy rights in a single property. This is not the same as two or more people having tenancies for different rooms in one property. See also 'boarders' and 'sub-tenants'.

Joint owners

This is where two people have the same interest in a property.

Local Housing Allowance (LHA)

LHA is a flat rate allowance based on the size of household and the area in which a person lives. There are no changes to the entitlement rules - this will be based on a person's income and savings and proof of a valid tenancy. Payment will normally be to the tenant, who will then pay the landlord. Each local authority has its own Broad Rental Market Areas (BRMA). The Valuation Office set individual LHA rates for each BRMA. The local authority will publish these so that landlords and prospective LHA customers can be clear about the amount of rent that LHA will cover.

Non-dependant

A non-dependant is someone who normally lives with the Housing Benefit/Council Tax Benefit claimant, e.g. an adult son or daughter. Non-dependants cannot claim Housing Benefit for any payment they make for their living expenses.

Money paid by Non-Dependants towards their living expenses is not treated as the claimant's income. A fixed deduction is made from the claimant's entitlement to Housing Benefit. These deductions are fixed sums dependent on the amount of the non-dependant's gross weekly income.

Boarders, sub-tenants and joint tenants are not classed as non-dependants.

Partner

This is 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.

Related to your landlord

This relationship can be the same as 'close relative' above.

Student

This is someone who is attending a course of study at an educational establishment. This includes study at any level, full or part-time study with or without grants, state-funded and private study, and during term times and vacation (but not between different courses).

This also includes Nursing Diploma students (previously the Project 2000 training scheme) if they receive a bursary. Full-time students who have the right to claim Housing Benefit

- Pensioners
- Single parents
- Disabled people
- People receiving Income Support or Jobseeker's Allowance (income based)
- Student couples with dependent children
- People responsible for a child
- People under 19 years of age taking a course of further education

Sub-tenant

This is anyone (other than a member of your family, a boarder or any other joint occupier) who pays you rent to live in part of your home.

Supported accommodation

This is housing where the landlord is assisted (helped) under Section 30 of the Jobseeker's Allowance Act 1995 (grant for resettlement places). Supported accommodation can also be run by:

- a housing authority
- a non-metropolitan county council
- a registered social landlord, or
- a voluntary organisation.

The landlord, or someone acting for them, also provides care, support and supervision. You will also be living in what is classed as supported accommodation if you hold a valid community care assessment (CCA) provided by the local Social Services.

Tenant

This is someone who pays rent and either lives in part of your home or lives in another home you own.

You can take the forms and supporting documents to the Williton or Minehead Offices, alternatively, you can make a claim on line at

www.westsomersetonline.gov.uk

West Somerset Council
West Somerset House,
Killick Way,
Williton,
Taunton,
Somerset TA4 4QA

West Somerset Council
Customer Centre,
1-3 Summerland Road,
Minehead
Somerset TA24 5BP

