

# Housing Benefit and Council Tax Benefit review form

## WEST SOMERSET COUNCIL

Benefits Section

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

Phone: 01643 703704  
Fax: 01984 633022  
Email: [benefits@westsomerset.gov.uk](mailto:benefits@westsomerset.gov.uk)  
Website: [www.westsomersetonline.gov.uk](http://www.westsomersetonline.gov.uk)



Name
Address
Postcode

Claim number:
Date issued:

### Please read the following before you fill in this form.

- Fill in **all** the sections even if the information you gave on an earlier form has not changed.
- You **must** provide original documentation to support your review claim. If you do not wish to post them you can bring them to, West Somerset House, Killick Way, Williton, Somerset, TA4 4QA or the Customer Centre, 1-3 Summerland Road, Minehead, TA24 5BP.
- Remember to read the declaration at the end of the form before signing and returning this form. Any delay may result in your benefit being suspended.
- You **must** report all changes in circumstances in writing immediately.
- **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](mailto:customerservices@westsomerset.gov.uk)**
- If you need any advice or have any problems filling in the form or providing proof, please ring us on the above phone number. If you want, we can arrange to send a visiting officer to see you in your home.

**Benefit fraud is a criminal offence that costs your family every year in unnecessary taxes. You can make a difference.**

**Please ring the Benefit Fraud hotline on 01984 635236**

**You do not have to give your name.**

### Section 1

### Personal details

You

Your partner

First names

First names

Surname

Surname

National Insurance number

National Insurance number

Date of birth

Date of birth

Tel No

Tel No

Email

Email

Mobile

Mobile

**Section 2****Please answer all the questions**

Please tick the appropriate box below. Do you:

own your home or pay a mortgage?  pay rent to WSC Housing Dept?   
 pay rent to a housing association?  pay rent to a private landlord?   
 live in board and lodgings?  Other

**Section 3****Other people that live with you**

Please list the names of the people who normally live with you. If no-one lives in your home, please write 'no-one'.

Name	Relationship to you	Date of birth	Income	Date it last changed
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /

If anyone has moved in since you last claimed, please tell us their name and the date they moved.

If anyone has moved out, please confirm his or her name, new address and the date that they moved.

Do you or your partner make payments for childcare?

Yes  No

**Section 4****Your and your partner's benefits and allowances**

Please give details of all the benefits, pensions and allowances you and your partner receive, for example, tax credits, Disability Living Allowance and Attendance Allowance and how often (for example weekly, four-weekly, monthly and so on). If you do not receive any, write 'none'.

Type	Amount	How often	Last date rate changed
	£		
	£		
	£		
	£		
	£		

Please give details of any benefits which you have applied for and are awaiting award

Type	Date applied for
	/ /
	/ /
	/ /
	/ /
	/ /

**Section 5****Your and your partner's earnings**

Are you working? Yes  No  Is your partner working? Yes  No

Please give details of all the earnings received and how often they are received (for example weekly, four-weekly, monthly and so on). If you do not have any earnings, write 'none'.

## Section 5

## Your and your partner's earnings - continued

Name and address of employer	Amount	How often
	£	
	£	
	£	
	£	

If you have recently started work or your earnings have changed, please tell us the date the change happened.

/	/
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If you have started working for yourself, please tell us the date you started work. We will contact you about this separately.

/	/
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Do you or your partner have a second job?  
If 'yes', please provide details in Section 9.

Yes  No

## Section 6

## Your and your partner's other income

Please give details of all the income received and how often it is received (for example weekly, four-weekly, monthly and so on). Income includes things like maintenance, student grants and so on. If you do not have any other income, write 'none'.

Type of income	Amount	How often
	£	
	£	
	£	
	£	

If any income has recently changed, please tell us the date of the change.

/	/
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## Section 7

## Your or your partner's savings and investments

Please give details and documentary evidence of all bank accounts, building society accounts, investment bonds, premium bonds, investments, shares, property, land and any other capital. If you don't have any, write 'none'.

Please provide full bank and building society statements for the last 2 months.

Name of account or type of savings	How much?	Account number
	£	
	£	
	£	
	£	
	£	
	£	

If your savings or investments have changed, please tell us the date of the change.

/	/
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## Section 8

## About your rent

This section is not for people who just claim Council Tax Benefit. Please fill in this section if you have a liability to pay rent to a private landlord or a housing association.

Landlord's name and address

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## Section 8

## About your rent - continued

How much is the rent?

How often is your rent due? Weekly  Fortnightly  Monthly  Four-weekly  Other

Does the rent include any service charges, for example, water or fuel?

If so, what and how much?

Is anyone in your home related to your landlord or the agent?

Yes  No

If 'yes', please provide details.

Please tell us if you rent has changed and the date the change occurred.

Yes  No

## Section 9

## Any other changes

Please tell us about any other changes that have happened since your last claim.

## Section 10 Checklist

Please check that you have answered all the questions that apply to you and remember to sign the form at section 11. If you do not have the proof we need at the moment, still send the form back now.

- Have you answered all the questions you need to? Yes
- Have you signed the form? Yes

Remember if you do not give us all the information we ask for, we might not be able to pay you any benefit. Please ring us if you need help with the form or want to know what proof you need to send.

## Section 11 Declaration

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. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit. You may check some of the information with other sources within the Council, other Councils and Government Departments.
- You may use any information I have provided in connection with this and any other claim for DWP Benefits or Discretionary Housing Payments that I have made or may make. You may give some information to other government organisations, if the law allows this.
- You may also use any information that I have provided to keep my or my partner's Council Tax account up to date and to award or remove any relevant discounts.

**I know I must inform the Benefit Section at West Somerset Council direct (not via any other department) regarding any change 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	Partner's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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