



Name
Address
Postcode

Reference number
Date issued / /
Date of first contact / /

**Claim form for Housing Benefit, Local Housing Allowance,  
Council Tax Benefit and Second Adult Rebate**

**Important - please take the time to read these notes on the front and back of this page before you fill in this form.**

**What are Housing Benefit, Local Housing Allowance, Council Tax Benefit and Second Adult Rebate?**

**Housing Benefit** is help towards paying your rent, if you rent your home from a Housing Association or are exempt from Local Housing Allowance (we will check this for you).

**Local Housing Allowance** is help towards your rent when you rent your home from a private landlord.

**Council Tax Benefit** is help towards paying your Council Tax bill.

You may get **Second Adult Rebate** if:

- you are the only person in your home who has to pay Council Tax;
- there is at least one other person aged 18 or over living with you; and
- they are on a low income.

Please contact us if you are in any doubt.

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.

**How to fill in this form**

**Even if you do not have the proof we need at the moment, send this form back. If you wait, you could lose benefit. You can send us the proof or information later but please make sure you send original documents and put your name and address on everything you send.**

So we can work out your benefit properly we need to know about your circumstances. We need to know what your income is and about any savings you may have. If you have a partner, we need details of their income and savings too. We also need to know about other people who live with you and, if you rent your home, how much rent you pay.

Please answer **all** the questions by ticking either Yes or No and writing details where asked. If you do not answer all the questions, we will have to write to you for the information, which might delay your benefit.

If there is not enough room on the form for you to write everything that you need to, please use the space in section 12 at the back of this form. It will help us if you make it clear which part of the form your information is about.

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 at Summerland Road, Minehead for help. If you want, we can arrange to send someone to see you in your home.

Use **black ink** to fill in this form and send it back to us as soon as you can.

## Which part of the form should I fill in?

You must fill in **all** sections of the form to claim Housing Benefit, Local Housing Allowance, Council Tax Benefit and Second Adult Rebate.

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 and 14. If you have just applied for, or are waiting to hear about, any of these benefits then you must fill in all sections.

## What proof must I give?

At the start of some sections is a list of items that you can send as proof to support the answers you give. These **must** be **original documents**. We will aim to return your documents to you within two working days of receiving them.

If posting your documents, please send them to the address on the front of this form. If you do not want to post them to us, you can either bring them to:

- Customer Centre at 1-3, Summerland Road, Minehead TA24 5B.  
Opening times are 9:00am to 5pm Monday to Friday; or
- Main Reception, West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA.  
Opening times are 8:30am to 5pm Monday to Thursday and 8:30am to 4:30pm Fridays.

## Backdating claims

Your Housing Benefit and Council Tax Benefit will normally start from the Monday after we receive your form. However, if you have a good reason for not sending it in earlier and you want us to consider backdating your claim, please fill in section 12 giving as much detail as you can.

## About section 5 - Students

A student is someone who is on a course at a school, college or university. Part-time students may get Housing Benefit, Local Housing Allowance and Council Tax Benefit but full-time students usually cannot. Full time is roughly 16 hours of tutorials each week. As a full-time student, you could get benefit if you:

- are receiving Income Related Employment and Support Allowance, Income Support or income-based Jobseeker's Allowance;
- are a lone parent;
- and your partner are both students and are responsible for a child or children;
- are disabled;
- are aged 60 or over;
- are under the age of 19 and in further education (A Levels, BTEC or similar); or
- are responsible for a foster child.

You could also get benefit if your partner is a student but you are not. The person who is not the student must make the claim.

If you are in any doubt, please contact us before filling in this form.

## About section 10 - Accounts, savings and investments

If you, your partner or you both together have savings of £16,000 or over, you will not usually get Housing Benefit, Local Housing Allowance or Council Tax Benefit unless you are in receipt of Pension Credit Guarantee Credit. If you are in any doubt, please contact us before filling in this form.

## About section 11 - About your rent

In section 11, we ask you to tell us about any services included in your rent. Generally, we cannot pay Housing Benefit or Local Housing Allowance for most services you receive. But, we can pay it for such things as heating and lighting of shared corridors. The meaning of most of the services listed is clear however it may be useful to explain two of the services. **Counselling and support** includes help given to you to maintain the security and safety of your home and for things like help given in claiming benefits and budget or debt counselling. **Nursing and personal care** includes help given to you at meal times, help in giving you or reminding you to take medication, as well as help with bathing, dressing and getting into bed. If you are in any doubt, please contact us.

# 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

	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: 60%;" type="text"/>	You do not need to tell us this but it may speed up your claim if we need to contact you.
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  Yes

Go to the next page.

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"/>
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"/>
Did you claim Housing Benefit or Council Tax Benefit there?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Your home - continued

Please tell us which council you claimed benefit from

## 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?	<input type="text"/>	<input type="text"/>
Which other document are you providing to confirm your identity?	<input type="text"/>	<input type="text"/>

- 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 Benefits Agency
- 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?	<input type="text"/>	<input type="text"/>
What date did you last arrive in the UK?	<input type="text"/>	<input type="text"/>
Are you seeking asylum in the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## 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, an invalid carriage 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 is to end
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /
		/ /		/ /

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, does anyone else live in your home?

No   
 Yes

Go to section 5.  
 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?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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 <b>before</b> 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 beginning 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), No  Go to section 8.

receiving Statutory Sick Pay or Statutory Maternity/Paternity Pay?

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.**
- Please ask your employer to fill in the attached Certificate of Earnings form if you do not have any payslips or get brown-envelope 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 Benefits Agency 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	£	£	
Child Tax Credit	£	£	
Pension Credit (Savings Credit)	£	£	
Incapacity Benefit short-term lower rate	£	£	
short-term higher rate	£	£	
long-term rate	£	£	
What date did your Incapacity Benefit start?	/ /	/ /	
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	Your partner
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Which benefit has been reduced?

--	--

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

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
--	--

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	£	£	
<b>Any other income</b>	£	£	
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	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"/>
TESSA	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"/>
PEP	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.	You	Your partner
		£ <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"/>

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.**

/  /

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.**

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"/>
When did you move to this address? If you have not moved in yet, tell us when you expect to move in. <b>(as you will normally not receive Housing Benefit until you move in)</b>		<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"/>
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?		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

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"/>
1st Floor	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>
Basement	<input type="checkbox"/>

Other (please specify)

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

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

What is your room or bed-sit number?

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       Yes

Does your home have central heating?

- No       Yes

Do you have a garage?

- No       Yes

Do you have parking?

- No       Yes

Do you have a garden?

- No       Yes

Can you choose whether to rent the garage?

- No       Yes

Please tell us the number of rooms in the property.

	Living rooms	Bedrooms	Bed-sits	Kitchens	Bathrooms	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
- 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.

## Backdating benefit

We normally pay benefit from the Monday after we receive your claim. Sometimes we can pay from an earlier date if you have good reasons why you have not claimed earlier. If you want us to consider paying your benefit from an earlier date, please give as much detail in the space below.

**We may write to you separately for further information and evidence to support your backdating request.**

Tell us the date you want to claim from.

Please tell us why you did not claim earlier


## Checklist

Please check that you have answered all the questions that apply to you and remember to sign the form at section 14. 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.

	You		Your partner	
	Enclosed	To follow	Enclosed	To follow
● Have you answered all the questions?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
● Have you signed the form?	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
● Proof of identity and National Insurance number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of your rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of all benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of all your accounts and savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Proof of all income for anyone else living in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 use this space to tell us about anything you think might support your claim.


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**

- British
- Irish
- Welsh
- Scottish
- Other European

**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

**USEFUL CONTACTS****Age Concern**

The Market House  
Fore Street  
Taunton  
Somerset  
TA1 1JD

Tel 01823 423496

email: [info@ageconcernsomerset.org.uk](mailto:info@ageconcernsomerset.org.uk)

**West Somerset Advice Bureau**

Market House Lane  
Minehead  
Somerset  
TA24 5NW

Tel: 01643 704624

email: [wsab@waitrose.com](mailto:wsab@waitrose.com)

**Jobcentre plus**

17 The Avenue  
Minehead  
Somerset  
TA24 5XZ

Tel: 01643 435800

**The Pension Service**

PO Box 8  
Swansea  
SA80 8AH

Tel: 0845 6060265

**Shelter Somerset**

Castle Walk  
Taunton  
Somerset  
TA1 4PW

Tel: 0845 120 4996 / 0800 169 0317

email: [taunton@shelter.org.uk](mailto:taunton@shelter.org.uk)



**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, Local Housing Allowance or Council Tax Benefit. You may check some of the information with other sources within West Somerset Council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. 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.**

**How we collect and use information**

The information collected, on this form and from supporting evidence, by West Somerset Council will be used to process your Housing Benefit, Local Housing Allowance and Council Tax Benefit claims. The information may be passed to the relevant government departments as allowed by law.

We may check information you or anyone else has provided with other information we hold. We may also get information from certain other organisations, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as allowed by law. These other organisations include government departments and local authorities.

We will not reveal information about you to anyone outside West Somerset Council or use information about you for any other purposes unless the law allows us to.

West Somerset Council is the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at Main Reception, West Somerset House, Killick Way, Williton, Taunton, Somerset TA4 4QA .

**Your Responsibilities**

You must tell us straight away of any changes in your circumstances that may affect your benefit. For example:

- Changes in income or savings
- People moving in or out of your home
- Someone becoming a student or leaving school
- You must tell us of anyone who starts or stops receiving Income Support or Jobseekers Allowance
- You must tell us straight away if you move address
- You must tell us if anybody in your household starts or stops work.

You must tell us the date when any change in circumstance happened. If you do not, your benefit will be stopped and you may have to repay some money.

# 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](mailto:benefits@westsomerset.gov.uk) Website: [www.westsomersetonline.gov.uk](http://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? <input type="checkbox"/>    | semi-detached house? <input type="checkbox"/>              | terraced house? <input type="checkbox"/>          |
| detached bungalow? <input type="checkbox"/> | semi-detached bungalow? <input type="checkbox"/>           | terraced bungalow? <input type="checkbox"/>       |
| flat in a block? <input type="checkbox"/>   | flat over shops? <input type="checkbox"/>                  | flat in a house? <input type="checkbox"/>         |
| maisonette? <input type="checkbox"/>        | room or rooms in part of a house? <input type="checkbox"/> | self-contained bedsit? <input type="checkbox"/>   |
| hostel? <input type="checkbox"/>            | registered residential care home? <input type="checkbox"/> | registered nursing home? <input type="checkbox"/> |

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?

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	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

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

If 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?

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
-----------------

### 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 this length of time enter figures for the whole period since your business commenced.

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 \_\_\_\_\_

**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](mailto:benefits@westsomerset.gov.uk) Website: [www.westsomersetonline.gov.uk](http://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 tick appropriate box

- Weekly  Please give details of last 5 pay periods
- Fortnightly  Please give details of last 3 pay periods
- Four weekly  Please give details of last 2 pay periods
- Calendar monthly  Please give details of last 2 pay periods

#### Please say how you pay your employee

- Cash
- Cheque
- Direct bank transfer

Normal hours worked each week:  hours Tax code:  **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](mailto:benefits@westsomerset.gov.uk) Website: [www.westsomersetonline.gov.uk](http://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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#### Please say how you pay your employee

- Cash
- Cheque
- Direct bank transfer

Normal hours worked each week:  hours Tax code:  **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?      No  Yes       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?      No  Yes       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  /  /