



A claim form for Housing Benefit, Local Housing Allowance and Council Tax Support

Newark and Sherwood District Council, Castle House,
Great North Rd, Newark, Nottinghamshire, NG24 1BY

Phone: 01636 650000 Fax: 01636 655357
E-mail: housing.benefits@nsdc.info
Website: www.newark-sherwooddc.gov.uk



About this form

Fill in this form if you need help to pay your rent or your Council Tax (or both). If you need any help or advice about filling in this form, please let us know and we will be pleased to help you. Our address and phone number are at the top of this page. Details of our local offices are at the back of the form (page 24). Please read the form carefully and answer all the questions that apply to you. Once you have filled in the form, **return it to us straight away. Never delay returning this form.**

Part 1 About you and your partner

In this part, give details about yourself and your partner, if you have one. By 'partner' we mean a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner.

Do you have a partner who normally lives with you? No Yes Answer all the questions about them as well as yourself.

| | You | Your Partner |
|--|--|--|
| Last name | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> |
| Title (Mr, Mrs, Miss and so on) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/> | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/> |
| National Insurance number (We cannot decide your claim if we do not have your National Insurance number.) | <input type="text"/> | <input type="text"/> |
| Address and postcode (Do not tell us your partner's address if it is the same as yours.) | <input type="text"/> | <input type="text"/> |

Are you:

- An owner occupier?
- A private tenant?
- A council tenant?
- A housing-association tenant?
- A boarder?
- A subtenant?

Please send this form back straightaway or you may lose benefit.

| For office use only | Reference | Date stamp |
|--|----------------------|----------------------|
| <input type="text" value="Date issued"/> | <input type="text"/> | <input type="text"/> |

Part 1 About you and your partner (continued)

| | You | Your partner |
|---|---|---|
| If you are a tenant, when did your tenancy start? | / / | / / |
| When did you move into this property? | / / | / / |
| Any other names you have used | | |
| Your daytime phone number (You do not have to tell us this, but it may help us to deal with your claim more quickly.) | | |
| Your e-mail address. (You do not have to tell us this, but it may help us to deal with your claim more quickly.) | | |
| If you have moved home in the last 12 months, tell us your last address. | | |
| Have you claimed Housing Benefit, Local Housing Allowance or Council Tax Benefit/Support before? | No <input type="checkbox"/> Yes <input type="checkbox"/> What address did you last claim for? | No <input type="checkbox"/> Yes <input type="checkbox"/> What address did you last claim for? |
| | | |
| Did you own this property? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years? | No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. | No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this. |
| What is your nationality? | | |
| If your nationality is not British, on what date did you last enter the UK? (The UK is England, Northern Ireland, Scotland and Wales) | / / | / / |

Part 1 About you and your partner (continued)

| | You | Your partner |
|--|--|--|
| Have you continuously been in hospital for the last 52 weeks? | No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in? | No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in? |
| | / / | / / |
| When will you come out (if you know this)? | | |
| | / / | / / |
| Does anyone get Carer's Allowance for looking after you? | No <input type="checkbox"/> Yes <input type="checkbox"/> Give details below. | No <input type="checkbox"/> Yes <input type="checkbox"/> Give details below. |
| Name and address of the person receiving it | | Name and address of the person receiving it |
| | | |
| Number of hours they provide care for | <input type="text"/> | Number of hours they provide care for |
| | | <input type="text"/> |
| Are you looking after someone but not getting Carer's Allowance because you get another benefit? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are you registered blind? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are you in legal custody? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do you have a severe learning disability, mental illness or form of dementia? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are you living away from home at the moment? | No <input type="checkbox"/> Yes <input type="checkbox"/> Where are you living? | No <input type="checkbox"/> Yes <input type="checkbox"/> Where are you living? |
| | | |

We need to see proof of your (and your partner's) identity. We must see two original documents such as a birth certificate, passport or driving licence. If you have sent these to us within the last year, we do not need to see them again.

Part 2 About children

In this part, please give details of any children who normally live with you.

Do you have any children who normally live with you and who are:

No

Go to **part 3**.

- **Under 16;**
- **Aged 16 or 17 and registered for work or youth training; or**
- **Aged 16 to 20 and in full-time education doing a course not higher than GCE A-level or GNVQ (advanced)?**

Yes

Tell us about these children by answering the questions below.

There is space below for you to tell us about six children. If you have more than six children, give their details on a separate sheet of paper and send it to us with this form.

| Last name | Other names | Date of birth | Child's sex | Relationship to you |
|-----------|-------------|---------------|-------------|---------------------|
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |
| | | / / | | |

Are any of these children registered blind?

No

Yes

Name of child

Do you get Disability Living Allowance for any child?

No

Yes

Name of child

Do you pay a registered childminder, a nursery or an after-school club any childminding costs for any child? (If you pay costs for more than three children, give details on a separate sheet of paper and send it to us with this form.)

No

Yes

Give the details below.

Child's name

Name and registration number of minder

How much do you pay a week?

£

Child's name

Name and registration number of minder

How much do you pay a week?

£

Child's name

Name and registration number of minder

How much do you pay a week?

£

We need to see proof that your childminder, nursery or after-school club is registered and proof of the amount you pay. We also need to see proof of any Disability Living Allowance you get for any of your children.

Part 3 About other people living with you

In this part, please give details of any other people over 16 (apart from your partner and children listed in part 2) who live in your home (for example, children over 16 who nobody gets Child Benefit for, relatives, friends, lodgers and anyone who pays you rent to live in your home).

Do any people over 16 normally live with you and your partner?

No

Go to **part 4**.

Yes

Give us these other people's details below.

There is space below to tell us about three people. If there are more than three people, give details on a separate sheet of paper and send it to us with this form.

First person

Second person

Third person

Last name

Other names

Date of birth

 / /
 / /
 / /

Their relationship to you or your partner

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.

Do they get Income Support, income-based Jobseeker's Allowance, Pension Credit or Universal Credit?

No Yes We need proof.

No Yes We need proof.

No Yes We need proof.

Do they get Disability Living Allowance or Attendance Allowance, Personal Independent Payments or are they registered blind?

No Yes We need proof.

No Yes We need proof.

No Yes We need proof.

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No Yes Tell us which.

No Yes Tell us which.

No Yes Tell us which.

Do they have a severe learning disability, mental illness or form of dementia?

No Yes

No Yes

No Yes

Are they in legal custody at the moment?

No Yes

No Yes

No Yes

When are they due to be released?

 / /

When are they due to be released?

 / /

When are they due to be released?

 / /

Part 3 About other people living with you (continued)

Are they in hospital at the moment?

First person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Second person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Third person

No Yes

When did they go in?

/ /

When are they expected to come out?

/ /

Do they work?

No Yes

How many hours a week?

Tell us their earnings before any deductions

£

What kind of work do they do?

No Yes

How many hours a week?

Tell us their earnings before any deductions

£

What kind of work do they do?

No Yes

How many hours a week?

Tell us their earnings before any deductions

£

What kind of work do they do?

We need to see original proof of their earnings.

Do they have any other income? (For example, pensions, allowances or benefits.)

No Yes

Give us the total of all their other income before deductions.

£

No Yes

Give us the total of all their other income before deductions.

£

No Yes

Give us the total of all their other income before deductions.

£

We need to see original proof of their other income.

Do they get interest from any accounts, savings or investments?

No Yes

How much interest do they get each year?

£

No Yes

How much interest do they get each year?

£

No Yes

How much interest do they get each year?

£

We need to see original proof of how much interest they get.

Do they pay you or your partner rent?

No Yes

How much each week?

£

No Yes

How much each week?

£

No Yes

How much each week?

£

Does this rent include any meals?

No Yes

No Yes

No Yes

Are any of these people who normally live with you married to each other or living together as if they were married?

No Yes

Tell us their names

is the partner of

is the partner of

We need to see original proof of the earnings, income and interest of any other people in your home unless they are a boarder or subtenant who pays rent to you or your partner.

If you do not send us this original proof, we will have to take off the highest amount allowed for these people. If any of these people are not willing to give you this original proof, we may be able to contact them direct to get it. If you would like us to do this, please write and let us know.

Part 4 About accounts, savings and investments

In this part, give details of all accounts, savings or investments that you or your partner have. This includes bank, building society, post office and Paypal accounts (even if they are empty or overdrawn), Premium Bonds, stocks and shares, PEPs, TESSAs, ISAs, property, land and timeshares in the UK or abroad.

Do you have any **bank or building society accounts**? You Your partner
 No Yes No Yes

In the box below, tell us about all **bank and building society accounts**. Give the name of each bank, the account numbers, and how much there is in each account.

| |
|--|
| |
|--|

| | |
|-----------|-----------|
| How much? | How much? |
| | |

We must see full original account statements (not mini statements) covering the last two months.

Do you have any **post office accounts**? You Your partner
 No Yes No Yes

In the box below, tell us about all **post office accounts**. Give the name of each account, the account numbers, and how much there is in each account.

| |
|--|
| |
|--|

| | |
|-----------|-----------|
| How much? | How much? |
| | |

We must see original account passbooks covering the last two months.

Do you have any **Premium Bonds**? You Your partner
 No Yes No Yes

In the box below, tell us how many and how much they are worth.

| |
|--|
| |
|--|

| | |
|-----------|-----------|
| How much? | How much? |
| | |

We must see these original Premium Bonds to confirm how much they are worth.

Do you have any **National Savings Certificates**? You Your partner
 No Yes No Yes

In the box below, tell us the issue numbers and number of units held.

| | | | |
|--------------|-------------|--------------|-------------|
| Issue number | Number held | Issue number | Number held |
| | | | |

| | | | |
|--------------|-------------|--------------|-------------|
| Issue number | Number held | Issue number | Number held |
| | | | |

We must see these original National Savings Certificates to confirm the number held.

Do you have any **stocks and shares**? You Your partner
 No Yes No Yes

In the box below, tell us about any **stocks and shares**. Give the company name, type of share and the number held.

| |
|--------------------------------|
| Company name and type of share |
| |

| | |
|-------------|-------------|
| Number held | Number held |
| | |

We must see original share certificates or dividend slips.

Part 4 About accounts, savings and investments (continued)

Do you have any savings such as **PEPs, TESSAs, ISAs, unit trusts and income bonds**?
You No Yes
Your partner No Yes

In the box below, tell us about any savings such as **PEPs, TESSAs, ISAs, unit trusts and income bonds**. Give details and say how much.

| | |
|-----------|-----------|
| How much? | How much? |
| | |

We must see original proof of these (for example, certificates or letters from the savings company).

Do you have any other accounts, savings, investments or cash?
You No Yes
Your partner No Yes

In the box below, tell us about any other accounts, savings, investments or cash. Give details and say how much they are worth.

| | |
|-----------|-----------|
| How much? | How much? |
| | |

We must see original proof of these accounts, savings or investments.

Have you or your partner received a Far Eastern Prisoner of War payment? No Yes

Do you or your partner own or partly own any land, property or timeshares (other than the home you live in) in this country or abroad? No Yes

Go to **part 5**.
Give us details below.

What is the address of the land or property?

Do you or your partner have a mortgage on the property? No Yes

How much do you still owe?

£

Does a disabled relative or relative over 60 live in this property? No Yes

Does a previous partner still live in the property? No Yes

Are you or your partner trying to sell the property? No Yes

How long has it been on the market?

months

We need to see original proof of any mortgage on this property, such as a statement or letter from the lender.

We need to see original proof that you are selling the property, such as a letter from the estate agent.

We may need to get a valuation of any land or property. We will write to you about this.

Part 5 About benefits, pensions and allowances

In this part, please give details of any benefits, pensions or allowances that you or your partner are getting now or have claimed but are still waiting to hear about. (Include income in your name paid to someone else).

Do you or your partner get any benefits, pensions or allowances, or have either of you claimed any but have not yet heard if you will get anything?

No

Go to **part 6**.

Yes

Tell us about these benefits, pensions or allowances below.

Income Support or Jobseeker's Allowance

| | | You | | Your partner | |
|-----------------|--|--------------------|------------|--------------------|------------|
| | | How much? | How often? | How much? | How often? |
| Income Support: | Getting now <input type="checkbox"/> | £ | | £ | |
| | Waiting to hear <input type="checkbox"/> | How is it paid? | | How is it paid? | |
| | | When did it start? | / / | When did it start? | / / |

| | | How much? | How often? | How much? | How often? |
|-------------------------------------|--|--------------------|------------|--------------------|------------|
| Income-based Jobseeker's Allowance: | Getting now <input type="checkbox"/> | £ | | £ | |
| | Waiting to hear <input type="checkbox"/> | How is it paid? | | How is it paid? | |
| | | When did it start? | / / | When did it start? | / / |

| | | How much? | How often? | How much? | How often? |
|---|--|--------------------|------------|--------------------|------------|
| Contribution-based Jobseeker's Allowance: | Getting now <input type="checkbox"/> | £ | | £ | |
| | Waiting to hear <input type="checkbox"/> | How is it paid? | | How is it paid? | |
| | | When did it start? | / / | When did it start? | / / |

Which office do you sign on at?

Benefits and allowances for disability

| | | You | | Your partner | |
|---------------------|--|-----------------|------------|-----------------|------------|
| | | How much? | How often? | How much? | How often? |
| Incapacity Benefit: | | £ | | £ | |
| | | How is it paid? | | How is it paid? | |

| | | How much? | How often? | How much? | How often? |
|-------------------------------|--|-----------------|------------|-----------------|------------|
| Employment Support Allowance: | | £ | | £ | |
| | | How is it paid? | | How is it paid? | |

| | | How much? | How often? | How much? | How often? |
|-----------------------|--|-----------------|------------|-----------------|------------|
| Attendance Allowance: | | £ | | £ | |
| | | How is it paid? | | How is it paid? | |

| | | How much? | How often? | How much? | How often? |
|--------------------------------|--|-----------------|------------|-----------------|------------|
| Constant Attendance Allowance: | | £ | | £ | |
| | | How is it paid? | | How is it paid? | |

Part 5 About benefits, pensions and allowances (continued)

| | You | | Your partner | |
|---|-----------------|------------|-----------------|------------|
| | How much? | How often? | How much? | How often? |
| Disability Living Allowance (care component): Personal Independence Payment (daily living component) | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Disability Living Allowance (mobility component): Personal Independence Payment (mobility component) | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Carer's Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Who is this for and what is their address? | | | | |
| Severe Disablement Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Industrial Death Benefit: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Industrial Injuries or Disablement Benefit: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Benefits and allowances for families, parents and widows | | | | |
| Child Benefit: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Maternity Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Maintenance payments for you | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Maintenance payments for your children | £ | | £ | |
| | How is it paid? | | How is it paid? | |

Part 5 About benefits, pensions and allowances (continued)

| | You | | Your partner | |
|---|-----------------|------------|-----------------|------------|
| | How much? | How often? | How much? | How often? |
| Custodianship or Adoption Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Guardian's or Fostering Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Widowed Mother's or Parent's Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Bereavement Allowance: | £ | | £ | |
| | How is it paid? | | How is it paid? | |

Tax credits

| | You | | Your partner | |
|---------------------|-----------------|------------|-----------------|------------|
| | How much? | How often? | How much? | How often? |
| Working Tax Credit: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Child Tax Credit: | £ | | £ | |
| | How is it paid? | | How is it paid? | |

Pensions Credit, pensions and retirement benefits

| | You | | Your partner | |
|----------------------------------|-----------------|------------|-----------------|------------|
| | How much? | How often? | How much? | How often? |
| State Pension: | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Pension Credit (Guarantee part): | £ | | £ | |
| | How is it paid? | | How is it paid? | |
| Pension Credit (Savings part): | £ | | £ | |
| | How is it paid? | | How is it paid? | |

Part 5 About benefits, pensions and allowances (continued)

In the table below, please tell us about all private or company pensions or payments you receive from employers, unions or trade organisations.

| | Organisation | How much? | How often? | How is it paid? | When is it due to increase? |
|--------------|--------------|-----------|------------|-----------------|-----------------------------|
| You | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Your partner | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you deferred (put off receiving) a private pension?

You No Yes
Your partner No Yes

Tell us about it here.

War and army pensions

| | You | | Your partner | |
|-----------------------------------|------------------------|----------------------|------------------------|----------------------|
| | How much? | How often? | How much? | How often? |
| War Pension: | £ <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| | How is it paid? | <input type="text"/> | How is it paid? | <input type="text"/> |
| War Widow's or Widower's Pension: | £ <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| | How is it paid? | <input type="text"/> | How is it paid? | <input type="text"/> |
| War Disablement Pension: | £ <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| | How is it paid? | <input type="text"/> | How is it paid? | <input type="text"/> |
| Armed Forces Pension: | £ <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| | How is it paid? | <input type="text"/> | How is it paid? | <input type="text"/> |

We need to see original proof of all the benefits, pensions, allowance and tax credits that you and your partner receive. This should be an official letter or order book if they are paid in that way.

Part 6 About other income

In this part, please give details of any other income you or your partner get. Do not include earnings for working or from self-employment – we will ask you about these in parts 7 and 8.

| | You | | Your partner | |
|---|--|------------------------------|--|------------------------------|
| | How much? | How often? | How much? | How often? |
| Cash in place of coal from British Coal: | £ | | £ | |
| | Date first received | / / | Date first received | / / |
| Government training schemes: | £ | | £ | |
| | Date first received | / / | Date first received | / / |
| | Name of the training scheme | | Name of the training scheme | |
| | | | | |
| Rent or income from another property: | £ | | £ | |
| | Date first received | / / | Date first received | / / |
| Home income plan or annuity: | £ | | £ | |
| | Date first received | / / | Date first received | / / |
| Do you get any other benefit, pension, allowance or income not already listed in parts 5 and 6 ? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | In the space below, tell us what the income is, how much it is and how often it is paid. | | In the space below, tell us what the income is, how much it is and how often it is paid. | |
| | | | | |
| Are you due to get any other income? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | In the space below, tell us what the income is, how much it is and how often it is paid. | | In the space below, tell us what the income is, how much it is and how often it is paid. | |
| | | | | |
| Do you do any unpaid work and receive payment in kind? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | In the space below, tell us what the income is, how much it is and how often it is paid. | | In the space below, tell us what the income is, how much it is and how often it is paid. | |
| | | | | |

We need to see original proof of any of the incomes listed above.

Part 7 About working for an employer

In this part, please give details of any paid and unpaid work, training and full-time or part-time jobs. Also give details of any income or wages you or your partner get from these. This also includes sick pay or maternity pay.

Do you or your partner work for an employer?

No Go to **part 8.**

Yes Tell us about this employment below.

Do you or your partner have more than one employer?

No Yes

Use a separate sheet of paper to tell us about the other jobs

You

Your partner

What is your employer's name, address and phone number?

What kind of work do you do?

What is your payroll, employee or staff number?

When did you start this job?

 / /
 / /

Are you employed temporarily or for a fixed period?

No Yes

No Yes

When does the job end?

 / /

When does the job end?

 / /

How often do you get paid?

Every

Every

How much do you get paid before deductions such as tax and National Insurance?

£

£

How do you get paid?

How many hours a week do you usually work?

Give details of any regular overtime, bonuses or commission.

When is your next pay rise due?

 / /
 / /

Do you pay into a private or company pension scheme?

No

No

Yes How much?

Yes How much?

£

£

How often?

Every

How often?

Every

Are you off work at the moment?

No Yes Since when?

No Yes Since when?

 / /
 / /

Are you getting Statutory Sick Pay, Paternity Pay or Maternity Pay from your employer at the moment?

No Yes

No Yes

We must see original proof of any earnings before we can decide how much benefit you can get. If you are paid every week, we must see your last five payslips. If you are paid every two weeks, we must see your last three payslips, and if you are paid every month or every four weeks, we must see your last two payslips. If you cannot send payslips, ask your employer to fill in the certificate of earnings at the back of this form.

Part 8 About being self-employed

Are you or your partner self-employed?

No

Go to **part 9**.

Yes

Tell us about your and your partner's self-employment below.

| | You | Your partner |
|--|---|---|
| What kind of work do you do? | <input type="text"/> | <input type="text"/> |
| When did the business start? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| What is the business name and address? | <input type="text"/> | <input type="text"/> |
| Are there any other partners in the business? | No <input type="checkbox"/> Yes <input type="checkbox"/> Their name and address | No <input type="checkbox"/> Yes <input type="checkbox"/> Their name and address |
| | <input type="text"/> | <input type="text"/> |
| How many hours a week do you normally work? | <input type="text"/> | <input type="text"/> |
| Do you get a Business Start-up Allowance or any other grant? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | How much? <input type="text"/> How often? <input type="text"/> | How much? <input type="text"/> How often? <input type="text"/> |
| Do you pay into a private pension scheme? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | How much? <input type="text"/> How often? <input type="text"/> | How much? <input type="text"/> How often? <input type="text"/> |

We must see original proof of any self-employed earnings, profit or loss before we can decide how much benefit you can get. This should be your most recent certified accounts or your day-to-day records of income and spending. If you cannot provide either of these, please contact us straight away.

Part 9 About being a student

In this part, tell us if you or your partner are a student. By 'student' we mean someone who is in higher or further education.

Are you or your partner a student?

No

Go to **part 10**.

Yes

Tell us about your and your partner's course and income below.

You

Your partner

Tell us the name of the course and the name and address of the college or university.

Is the course full-time or part-time?

Start

End

Start

End

| | | | |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

| | | | |
|---|---|---|---|
| / | / | / | / |
|---|---|---|---|

What date does the academic year start and end?

Do you pay into a private pension scheme?

No Yes

No Yes

You

Your partner

If you get a student loan, how much is it and how often is it paid?

If you get a grant, how much is it and how often is it paid?

If you get money from your parents, how much is it and how often is it paid?

How much? How often?

How much? How often?

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We must see original proof of any grant, loan or other income you or your partner get for being a student.

Part 10 About money you pay out

Do you or your partner help to support a son or daughter under 25 who is at college or university?

No

Go to **part 11**.

Yes

Tell us about what you pay below.

You

Your partner

How much do you give them and how often do you give it?

How much? How often?

How much? How often?

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We must see original proof of how much you give them and their grant assessment form if they get a grant.

Part 11 About your home

Do you or your partner own this property?

No

Go to **part 12**.

Yes

Give details below

Does anyone other than you or your partner own this property with you?

No

Go to **part 15**.

Yes

Give us the other owner's details.

Name

Address

Relationship to you

| | | |
|--|--|--|
| | | |
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Part 12 About rent and your tenancy

About your tenancy

Do you pay rent for your home?

No

Go to **part 15**.

Yes

Answer the next question.

Do you pay rent to the council?

No

Answer all the questions in this part.

Yes

Go to **part 14**.

What sort of tenancy do you have (assured, assured shorthold and so on)?

Does your landlord live at this address?

No

Yes

Has the Rent Service set a fair rent for the property?

No

Yes

If 'Yes' send us the notice of registration. form (RO5)

Does anyone else share the rent with you and your partner?

No

Yes

Names of the people who share the rent

Your landlord's name and address (By 'landlord' we mean the person or organisation who owns the property you live in.)

If your landlord has an agent, tell us their name and address. (By 'agent' we mean the person or organisation you actually pay rent to.)

Are you, your partner or your children related to your landlord or agent, or to your landlord's partner or the agent's partner? (Related includes related through marriage, even if the marriage has ended.)

No

Yes

What is the relationship?

Have you or your partner ever owned or part-owned this property?

No

Yes

Do you live in your property as a condition of your employment?

No

Yes

Have you, or anyone in your household, ever been employed by your landlord or agent?

No

Yes

If you are under 22, have you had a care order or been in the care of Social Services?

No

Yes

About where you live

What sort of building do you live in?

Detached house

Semi – detached house

Terraced house

Detached bungalow

Semi-detached bungalow

Terraced bungalow

Flat in a block

Flat in a house

Flat over a shop

Maisonette

Hotel or hostel

Caravan or mobile home

Bedsit or room

Other Please say what.

Part 12 About rent and your tenancy (continued)

Are you responsible for decorating inside your home? No Yes

Do you use your home for business purposes? No Yes

Do you rent your home:

fully furnished? partly furnished? barely furnished (carpets and curtains only)? unfurnished?

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

How many floors are there in the whole building?

Which floor or floors do you live on?

Where in the building is your home? At the front In the middle At the back

Looking at the front of the building, is your home: On the right of the building? On the left of the building?

Fill in the boxes below to tell us how many different rooms there are in the building.

| | In the whole building | Just for you and your household | That you share with other people |
|--------------|-----------------------|---------------------------------|----------------------------------|
| Living rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bedrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bedsits | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Kitchens | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bathrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Toilets | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do you have a garden? No Yes

About your rent

How much is the rent for your home? £ every

Do you get any weeks during the year when you don't have to pay rent? No Yes How many?

Has your rent changed in the last 12 months? No Yes Send us proof of the date it changed, and how much by.

When is the next rent increase due? / /

Are you behind with your rent? No Yes By how many weeks?

Do you pay water charges direct to a water authority? No Yes

Who pays the Council Tax for your home? You and your partner Your landlord

Part 12 About rent and your tenancy (continued)

Does your rent include money for any of the following?

| | | | | |
|-----------------------------------|----|--------------------------|-----|--------------------------|
| Heating | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Lighting | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Hot water | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Fuel for cooking | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Laundry | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Gardening | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Having your room or rooms cleaned | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Other services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Council tax | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Water rates | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Garage or parking space | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |

How much and how often?

| | |
|---|-------|
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |
| £ | every |

Do you have a choice to rent it? No Yes

Does your rent cover any meals?

No Yes Which meals?

Breakfast Lunch Evening meal

Do you have central heating?

No Yes

We must see original proof of your rent and tenancy before we can decide how much benefit you can get. This should be your original tenancy agreement or letters from your landlord or agent. We also need to see original proof that you have been paying your rent, such as a rent book or receipts.

Sharing information with your landlord

Allowing us to discuss your claim with your landlord may help us to deal with your claim quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. However, we will not give your landlord any information about your personal, household or financial circumstances.

Can we discuss the process of your claim with your landlord? No Yes

If you want to allow us to discuss your claim with your landlord you must sign below.

Signature:

Date:

Part 13 About paying your benefit

Council Tax Support

We will take your Council Tax Support off your Council Tax bill. We will send you a new bill once we have worked out your support.

Help with your rent if you are a council tenant

If you are entitled to help with your rent you will get Housing Benefit. We will take this off your rent. This means that you will pay no rent, or a reduced amount, each week.

Part 13 About paying your benefit (continued)

Help with your rent if:

- you are a housing association tenant;
- you live in a caravan, houseboat or mobile home;
- your tenancy started before 15 January 1989;
- you were receiving Housing Benefit at this address before 7 April 2008 and there has not been a break in that claim; or
- your rent includes an amount for support services or board and lodging.

If you are entitled to help with your rent you will get Housing Benefit. We can pay this into your or your landlord's bank or building society account.

If this applies to you, how would you like us to pay your Housing Benefit?

Direct to my landlord We will contact your landlord for their account details.

To my bank or building society account Fill in your account details below.

Help with your rent if you are a private tenant who is not in any of the categories above

If you are entitled to help with your rent you will get Local Housing Allowance. By law we must pay this to you unless you would not be able to manage your rent payments (for example, because you have a learning disability, have language problems, are ill, are in a lot of debt or are addicted to drugs, alcohol or gambling).

If you think you would not be able to manage your rent payments, tick this box.

If you can manage your rent payments we will pay your Local Housing Allowance direct to your bank or building society account.

If you do not have a bank or building society account, tick this box.

We will send you information about opening a basic account.

If you already have a bank or building society account, give your account details below.

Bank or Building Society account details.

Name of bank or building society

Account number:

Sort code

Roll number

(building society account)

Whose name is the account in?

Part 14 Supported accommodation

In this part, please tell us if any support services are included in your rent. (For example, a warden or caretaker service, an emergency alarm system, cleaning for any shared areas, general counselling and support, or personal care and support.)

Does your rent

include any

support services?

No

Go to **part 15**.

Yes

Part 14 Supported accommodation (continued)

Housing Benefit and Local Housing Allowance do not cover the cost of support charges, but if you are entitled to Housing Benefit or Local Housing Allowance you will get help from your Supporting People Partnership Team. So they can help you, they will need information about your entitlement to benefit. If you want us to, we can give them this information so that they do not have to ask you for it, but we need your permission to do this. The information we will pass on is your full name and address, your National Insurance number and the date your entitlement to Housing Benefit or Local Housing Allowances started. The Supporting People Partnership Team will use this information to assess how much they can pay towards the cost of your support services. Your support provider will have given you more information about the Supporting People Partnership Team and what they do.

If you agree to us giving the Supporting People Partnership Team information, sign below.

Your signature:

If you do not sign above, this will not affect your Housing Benefit or Local Housing Allowance but may delay any help you get towards the cost of your support services.

Part 15 Backdating

We can usually start paying benefit from the Monday after the day we get your claim. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Tell us what date you want to claim benefit from.

We can only backdate for up to one month if you are working age, and three months if you are of pension age.

Tell us why you did not claim before this date. (If you need more room use a separate sheet of paper.)

Part 16 About help dealing with your benefit claim

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose someone to act for you. This person is called a representative. If you want someone to act for you when dealing with your claim for benefit, please answer all the questions below.

Why is the representative filling in this form for you?

Your representative's name, address and phone number.

| |
|--------------|
| |
| |
| Phone number |
| |

How is your representative related to you?

Do you want us to send your Council Tax bill to your representative?

No

Yes

Your declaration

Please sign below to confirm that you want the person you have told us about to act for you.

Your signature:

Date:

Please remember that you must also sign the declaration in part 18.

Your representative's declaration

Please ask the person you want to act for you to read the notes over the page and then to sign to confirm that they are prepared to be your representative.

Part 16 About help dealing with your benefit claim

If you agree to act as a person's representative, you must take full responsibility for their claim. This means you must tell us about any change in the person's circumstances. You would be treated in the same way as the person whose claim it is and have the same rights, responsibilities and liabilities. If you agree to act as the representative of the person making this claim, sign below.

Representative's
signature:

Date:

 / /

Part 17 Anything else you need to tell us

Please use the space below to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form, tell us how many.

| |
|--|
| |
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Part 18 Checklist

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies.

If you do not provide all the proof we need, we will not be able to pay you any benefit. We need the same proof for your partner, if you have one, and for any other people living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. **We will not be able to pay you any benefit until we have all the proof.**

Please do not send valuable documents (such as passports, driving licences and account pass books) through the post. If you can, bring them to one of our offices. We will take the details we need and give you the documents back straight away. If you cannot get to one of our offices, phone us for more advice. Our phone number is on the front of this form.

**Please
tick**

Proof of identity (for new claims only)

Such as a birth certificate, marriage certificate, passport or medical card, driving licence or recent gas or electricity bill. (We need to see two documents each for you and your partner.)

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions (DWP) or HM Revenue & Customs.

Proof of accounts, savings and investments

Such as all your bank, building society or post office books, certificates for Premium Bonds, or National Savings Certificates, and proof of any ISAs, stocks, shares and unit trusts.

Proof of Benefit, pensions and allowances

Such as award notices, order books or letters from the DWP confirming how much you get. If you do not have proof, let us know straight away.

Proof of other income

Such as pension slips from a previous employer or a letter confirming cash in place of coal, or a payment from a charity or a voluntary organisation.

Proof of earnings or self-employment

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month or every four weeks. If you do not have any payslips or you receive handwritten payslips, ask your employer to fill in the certificate of earnings at the back of this form. If you or your partner are self-employed, we need to see your accounts for the last financial year, or your trading accounts for the last year.

Proof of private rent and tenancy

Such as a tenancy agreement, rent book, rent receipts or a letter from your landlord.

Evidence of other money paid out

Such as letters about student grants or maintenance, and agreements or receipts from registered childminders.

Part 19 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they should sign this declaration as well.

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 benefit. You may check some of the information with other council departments, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim I have made or may make for state benefits or Discretionary Housing Payments. You may give some information to other government organisations, if the law allows this.
- You may also use any information 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 let you know about any change in my circumstances (or the circumstances of anyone in my household) which might affect my claim. **I know** I must let you know about any change as soon as I know about it.

I declare the information I have given on this form is correct and complete and that I have read and understood the declaration above.

Signature of person claiming:

Date:

Partner's signature

Date:

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, we may have to release the information in this form if we are asked to do so. However, under the Data Protection Act 1998, your personal information will not be released without your permission, except where the law allows.

By law, we may pass your personal information to other local authorities and government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs.

Warning – if you give false information you may be prosecuted.

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

Part 20 Returning the form

You can bring or post this form, together with the proof that we need, to Castle House at the address below. If you cannot send all of the documents of proof with the form, return the form anyway and send us the documents as soon as you can. If you have not received a reply within 28 days of sending us your claim, please contact the benefit section.

**Housing Benefits & Council Tax Support
Section Newark & Sherwood DC
Castle House, Great North Rd Newark
Nottinghamshire
NG24 1BY**

**Castle House opening times:
9.00am to 5.00pm Monday to Friday
Appointments to see HB&CTS officers:
9.00am to 4.30pm Monday to Friday**

For your convenience letters and original documents can be copied and returned immediately by our Customer Services team at all of the local offices, including Ollerton Town Hall and Southwell Library.

Please do not send valuable documents in the post. If you can not get to one of our offices, phone us on 01636 560000 for advice.

**Ollerton Office Sycamore Road
New Ollerton
NG22 9PS
Phone: 01623 860740
01623 860729**

**Hawtonville Office
77c Eton Avenue
Newark
NG24 4JH
Phone: 01636 655503**

**Sycamore Rd & Eaton Ave opening
times:
9.00am to 5.00pm Monday to Friday**

Don't forget our website

You can get more information on our website at www.newark-sherwooddc.gov.uk.

Fraudline

If you know, or suspect, that someone is making a false claim for benefits, phone the confidential Fraudline number on **0800 854440** or www.gov.uk/benefit-fraud.



Part 21 Changes you must tell us about

You must tell us straight away if your circumstances change. You can do this by phone (01636 650000), by e-mail (housing.benefits@nsdc.info) or by visiting our web-site (www.newark-sherwooddc.gov.uk). You will need to write to us to confirm that your circumstances have changed and provide proof of what the change is. You can also call into one of our offices to tell us about a change. You must do this within one month of the date of the change or you may lose benefit. If you are late telling us about a change in your circumstances you should tell us the reason for being late. A change of circumstances could be things like the following.

- If you or your partner start or stop getting Income Support or any other state benefit.
- If you or your partner start or stop getting Working Tax Credit and or Child Tax Credit or the amount changes.
- If you or your partner's wages change.
- If the number of people living with you changes.
- If any children leave school.
- If you move, including moving flats or rooms in the same building.
- If you have another child.

This list gives examples. There are also other things that you need to tell us about.

If you receive Pension Credit, you must tell the Pension Service about certain changes including:

- A change in income;
- If you have a new partner;
- If you become single; or
- If you move into permanent residential care.

Ethnic monitoring (you do not have to fill in this section)

To help us monitor the effectiveness of our equal opportunities policy, please answer the following questions. We will only use this information for monitoring our services. Your benefit will not be affected if you do not fill in this section.

Which ethnic group do you belong to?

A White

British

Irish

Any other white background

If other, say what.

B Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background

If other, say what.

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

If other, say what.

D Black or (black British)

Black Caribbean

Black African

Any other black background

If other, say what.

E Chinese or other ethnic group

Chinese

Any other ethnic group

If other, say what.

Disability – do you consider yourself to be disabled, or do you have any long-term illness or health problem that, with or without special equipment or medication, would limit your daily activities?

No

Yes

Please return this form with your benefit claim form.

In the table below, give details for the last five weeks, the last two fortnights, the last two four-week periods or the last two months, whichever is appropriate to how often they are paid.

| Period number | Period ending | Number of hours worked | Basic pay (gross) | Overtime or bonus | Holiday pay | Statutory Sick Pay, Maternity Pay or Paternity Pay | Expenses | Profit-related pay | Working Tax Credit | Total gross pay | Tax paid | Employee's National Insurance contribution | Employee's pension contributions |
|---------------|---------------|------------------------|-------------------|-------------------|-------------|--|----------|--------------------|--------------------|-----------------|----------|--|----------------------------------|
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Pay to date for the current year

From: / / To: / /

Period number: Period number:

Gross pay: £ : :

Tax: £ : :

Employee's National Insurance contributions: £ : :

Employee's pension contributions: £ : :

Business stamp

I confirm that the information I have provided is true and correct.

Your signature: Date:

Print your name: Your position in the firm:

We will not accept this certificate without a business stamp or an accompanying letter, on the company's headed paper, which has been signed by the employer.

Certificate of earnings

Benefit reference:

Newark and Sherwood District Council
Castle House, Great North Rd
Newark
Nottinghamshire NG24 1BY



Fill this part in and then give it to your employer for them to fill in the rest of the certificate.

Your name:

Your occupation:

Your address:

I authorise you to make any enquiry which may be necessary to confirm the information I have put on my application.

Your signature:

Date:



To be filled in by the employer.

Please help your employer by confirming the details above and providing the information we ask for below and over the page. Then return it to the address at the top of this form or hand it back to the employee.

How often do you pay the employee (for example, every four weeks, every month and so on)?

Your name:

How many hours do they normally work each week?

Business address:

Please say how you normally pay them (for example, cash, cheque, into their bank).

Employee's National Insurance number:

Business phone number

What date did they start working for you?

Employee or work number: