

Claim Form for Housing Benefit and/or Council Tax Reduction



For office use only

Tick <input checked="" type="checkbox"/> as appropriate	New claim	Postal review	Change of address	Homeless cases
Please return this form by		Claim Number		

We require these details as soon as possible in order to make a payment of Housing Benefit and/or reduce your Council Tax charge

Section 1. About you and your partner

	You	Your partner
Name		
Any other last names you have used		
Address Do not tell us your partner's address if it is the same as yours		
What date were you offered the tenancy?	/ /	/ /
What is the date your tenancy commenced?	/ /	/ /
What date did you move to this address?	/ /	/ /
Date of birth	/ /	/ /
National Insurance number		
Your daytime phone number		
Your mobile phone number		
Your e-mail address		
If you have moved home in the last 12 months, tell us your last address		
Have you or your partner claimed Housing Benefit, Council Tax Benefit, or a Council Tax Reduction before?	YES <input type="checkbox"/> NO <input type="checkbox"/> When did you last claim? <input type="text"/> What address did you claim for? <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> When did you last claim? <input type="text"/> What address did you claim for? <input type="text"/>
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel islands or the Isle of Man in the last 2 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is your nationality?		
If your nationality is not British, on what date did you last enter the UK?	/ /	/ /
Is anyone receiving Care's Allowance for looking after you or your partner/	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please state their name.....	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please state their name

Section 2 - About other people that live in your home

Please list the names of everybody who normally lives with you. This includes dependant children and any older children or relatives who live with you. If no-one lives with you, please write 'none'.

Name	Relationship to you e.g. son etc.	Date of birth	State type of Income if any e.g. gross earnings / pension etc.	Weekly amount
		/ /		£
		/ /		£
		/ /		£
		/ /		£

Section 3. About benefits and state pensions received

Please give details of all benefits and pensions received for yourself and your partner if you have one. E.G Income Support, Jobseekers Allowance, Tax Credits, Incapacity Benefit, Employment and Support Allowance, Disability Living Allowance, Carer's Allowance, State Retirement Pension, Pension Credit etc. If none please write "none".

The name of the benefit or pension ▼	You		Your Partner	
		Amount £	every	Amount £
	Amount £	every	Amount £	every
	Amount £	every	Amount £	every
	Amount £	every	Amount £	every
Are you or your partner waiting to hear about a claim for benefit?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES which Benefit(s)? <input type="text"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES which benefit(s) <input type="text"/>	
	And the date you claimed <input type="text"/> / <input type="text"/> / <input type="text"/>		And the date you claimed <input type="text"/> / <input type="text"/> / <input type="text"/>	

Section 4. About your earnings

Please give details of your earnings and how often it is received. Also give these details for your partner, if you have one. If none please write "none".

	You	Partner
Name and address of employer		
How much do you get paid before tax and National Insurance are taken off?	£	£
How often do you get paid?	Every	Every
How many hours a week do you usually work?		
Are you self-employed? if yes we will write to you for more details	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 5 About other income

Please give details of all other income received (e.g. private pensions and maintenance) and how often it is received (e.g. weekly, four weekly, monthly etc). Also give these details for your partner, if you have one. If none please write "none".

Type of income e.g. private pension	You	Partner
	£ every	£ every
	£ every	£ every
	£ every	£ every

Section 6 About savings, investments and property

Please give details of your savings and, investments This includes money held in bank/building society accounts, premium bonds, stocks and shares, and property other than that you occupy as your own home. Also give these details for your partner, if you have one. If none please write "none".

Type of capital held ,e.g. bank/ building society/ shares etc.	Total Capital
	£
	£
	£
	£

Section 7. About your childcare expenses

Please give details of any childcare costs you pay to registered childminder, nursery or after school club etc. If you do not pay childcare costs please write "none". We need to see proof of any childminding costs you pay.

Please tell us the name of person, organisation looking after your child			
Childminder Registration Number		Child costs paid	£ every

If you only want to claim for help paying your Council Tax go to Section 13. You do not need to complete sections 8, 9, 10, 11 and 12.

Section 8. About your landlord

Landlord's / Agents name			
Landlord/Agent's Address		Telephone Number	

Section 9. About payment (Housing Benefit)

Private Tenants renting from a private landlord Your benefit will normally be paid directly to you into your bank account. If you feel that this will cause you difficulty please ask us for a Direct Payment form .	Housing Association Tenants You can have payments made to you or your landlord if you prefer.	Bron Afon or Monmouthshire Housing tenancies Your benefit will normally be paid to Bron Afon or Monmouthshire housing.
Method of payment -Ideally all payments should be made directly into a bank account		
I want my benefit to go straight to my landlord? please tick <input checked="" type="checkbox"/>		
Note -If we pay your landlord he/she will need to complete a Landlord Agreement form		
I want my benefit to go straight into my bank or building society account please tick <input checked="" type="checkbox"/>		Tell us the following details
Name of the account holder	Name Bank/Building Society	
Address of the branch		
Account number	Sort code	

Section 10. Sharing information with your landlord

If you give us permission sharing information with your landlord could help us deal with your claim more quickly.
Please note- we will not give your landlord any information about your **personal, household or financial circumstances**.

I agree that the Council can share information with my landlord please tick YES NO

Section 11. About your accommodation please tick

Detached house	Semi-detached house	Terraced house	Room(s)	Other please specify
Detached bungalow	Semi-detached bungalow	Terraced bungalow	Maisonette	
Flat in block	Flat over shop	Flat in house	Hostel	
Please state number of rooms:				
	In whole house or flat etc.	For you/your family's sole use	Shared with others	
Living rooms				
Bedrooms				
Bed-sitting rooms				
Kitchens				
Bathrooms				
Toilets				
Other rooms				
Total Rooms				

Are meals included in the rent please tick YES NO If YES please tick if

Breakfast	Lunch	Evening Meal
-----------	-------	--------------

Are any other services included in the rent please tick YES NO If YES please tick if

Water rates	Nursing medical care	TV licence	Other services please specify
Heating	Counselling and support	Gardening	
Hot water	Gas/electricity for cooking	Telephone rental	

Section 12. Private tenants only - About the rent you pay

Only complete this section if you pay rent to a private landlord-

How much is the total rent?	£	Weekly / 4 weekly/ Monthly * delete as appropriate	
Please specify if other frequency.....			
Type of tenancy (if known) please tick✓	Assured Short-hold	Verbal	Other please specify
Will the tenancy be a joint tenancy with any other person(s) please tick✓			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES please give names of other joint tenants			
Is your landlord or Agent or your landlord or agent's partner either		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your former partner • Your partner's former partner • Related to you or your partner • Related to your children or your partner's children		If YES What is the relationship	
Related means related through marriage or civil partnership even it has ended e.g. ex wife, ex husband ,aunt, brother, daughter		Is my landlord's or Agent's	

Section 13. Anything else you need to tell us

Use this box to tell us anything you think we should know about for example if you want to claim benefit on 2 homes for a period. This would apply if you have moved into your new address but have to pay rent during notice period at your old address. Use a separate sheet of paper and attach to this form if you need to.

Your declaration

Please read this declaration carefully before you sign and date it. I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit and/or a Council Tax Reduction. You may check some of the information with other sources within the 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 law allows this.

I know I must let the Benefits Section know about any changes in my circumstances or the circumstances of anyone living with me which might affect my claim. I declare the information I have given on this form is correct and complete.

Signature of person claiming		Date	/ /
Partner's signature		Date	/ /
Name of person completing the form on behalf of the claimant		Date	/ /
Relationship to person claiming			

Proof required

Please provide proof of income and capital. If you pay rent to a private landlord we will also need to see proof of rent payment (e.g. a rent book) and your current tenancy agreement (all pages). We do not need to see a tenancy agreement if you are a Housing Association tenant e.g. Bron Afon, Monmouthshire Housing, Melin or Charter tenant.

We can only accept original documents not photocopies. Bring them to one of our customer centres (in Cwmbran, Pontypool or Blaenavon) or a One Stop shops (in Chepstow, Caldicot, Monmouth or Abergavenny). We will get the information we need and give the documents back to you. Please ensure that you ask for a receipt.

This form should be returned to The Benefits Section Shared Benefits Service Level Three Civic Centre Pontypool NP4 6YB	Alternatively it can be handed into one of our • Customer Centres in Torfaen or • One Stop Shops in Monmouthshire	For further information • <u>Torfaen residents should contact</u> 01495 766430 or 01495 766570 • <u>Monmouthshire residents should contact</u> 01633 644650 or 01633 644655
--	---	--