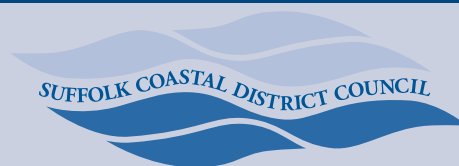


# Housing Benefit Council Tax Benefit

**DON'T DELAY – CLAIM TODAY**



For general questions or advice or if you need a **home visit** because of age, disability or other circumstances, telephone the Customer Services Helpline 01394 444838.

**FILL IN** (Put the address of the property you are claiming benefit for)

Date of contact	<input type="text"/>				
Claim form sent	<input type="text"/>				
Mr/Mrs/Ms/Miss	<input type="text"/>	First Names	<input type="text"/>	Surname	<input type="text"/>
Address					
<input type="text"/>					
<input type="text"/>					
Postcode					
<input type="text"/>					
Email address (optional)	<input type="text"/>	Claim Reference Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE

## FILLING IN THE FORM

- All questions must be answered by you and any partner you have. If a question does not apply to you or your partner, please cross it through or mark 'not applicable'. (For example if you are not a pensioner cross through 'State Retirement Pension' as 'not applicable'). 'Partner' means 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.
- If you are newly self-employed and have no accounts phone 01394 444838 and we will send you a special accounts statement.
- Use blue or black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it.
- Some Registered Social Landlords are authorised to verify tenants' claims. Check with your landlord.
- **Personal information** If you allow us to give information to another person we will tell them your weekly rent/council tax, any deductions we make, details of non-dependants, amounts of benefit, when and for what period it will be paid, the duty to report changes of circumstances, and details of your "applicable amount", weekly earnings and unearned income.

**IF YOU ARE AN OWNER OCCUPIER OR CLAIMING COUNCIL TAX BENEFIT ONLY  
DO NOT FILL IN SECTIONS 9 AND 10.**

## HOW WE COLLECT AND USE INFORMATION

The information collected, on this form and from supporting evidence, by Suffolk Coastal District Council will be used to process your Housing Benefit and Council Tax Benefit claims. The information may be passed to the Department for Work and Pensions and H.M. Revenue & Customs permitted by law, or to welfare agencies for information to be sent to you.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, 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 permitted by law. These third parties include Government Departments and Local Authorities.

We will not disclose information about you to anyone outside Suffolk Coastal District Council nor use information about you for other purposes unless the law permits us to.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

For further information, see <http://www.suffolkcoastal.gov.uk/help/legal/legalprivacy.htm#nfi>

Contact is: Data Protection Officer 01394 383789.

**IF GETTING BENEFIT RING 01394 444838 TO REPORT ANY CHANGE IN YOUR CIRCUMSTANCES**

## SECOND ADULT REBATE

If your own income or savings are too high to claim Council Tax Benefit, you may still be able to get up to 25% off your Council Tax bill if the only other adults living with you have a low income or are claiming Income Support. This help is known as a Second Adult Rebate. For this, your own income and savings will not be taken into account.

**Do you wish to claim Second Adult Rebate? Fill in Pages 1, 2, 3 and the Declaration on Page 10.**

## TO HELP YOU

- If renting from a Private Landlord, find out Housing Benefit figures from [lha-direct.therenterservice.gov.uk](http://lha-direct.therenterservice.gov.uk) or phone 01394 444838
- **Claim online 24 hours a day, every day of the year, no paper form, at [suffolkcoastal.gov.uk/yourhome/benefits/online/claimline/](http://suffolkcoastal.gov.uk/yourhome/benefits/online/claimline/)**
- Office open 8.45am to 5.15pm (Monday to Thursday) and 8.45am to 4.45pm (Friday).
- Please tick the ways we can contact you:

Email  SMS (text)  Landline  Mobile  Letter  Visit

## 2 About you and your partner:

'Partner' means someone 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.

YOU		YOUR PARTNER
<input type="text"/>	<b>Title</b> ( <i>Mr/Mrs/Miss/Ms</i> )	<input type="text"/>
<input type="text"/>	<b>Last name</b>	<input type="text"/>
<input type="text"/>	<b>Other names</b>	<input type="text"/>
<input type="text"/>	<b>Former name or known as</b>	<input type="text"/>
<input type="text"/>	<b>A telephone number for us to contact you</b> (Mobile number for using text/sms)	<input type="text"/>
<input type="text"/>	<b>National Insurance number</b> (if this is your first claim, please send evidence)	<input type="text"/>

Please send proof of identity and address for yourself, and your partner.

We need to see at least 2 original documents (we will return them to you) such as birth/marriage certificates, passports, driving licences, letters from Department of Work and Pensions/tax offices/social worker/solicitor and gas/electric/water/household bills.

<input type="text"/>	<b>Date of birth</b> ( <i>day/month/year</i> )	<input type="text"/>
TICK ONE <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partner <input type="checkbox"/> <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/>	<b>Are you?</b> ( <i>this information is optional</i> )	TICK ONE <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partner <input type="checkbox"/> <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If you are under 22, are you subject to a care order?</b> (If YES, we will need to see the care order)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Are you a:</b> (tick one box only)	
Move-in date / / <input type="text"/>	<b>Owner occupier</b>	<input type="checkbox"/> Move-in date / /
Move-in date / / <input type="text"/>	<b>Private tenant</b>	<input type="checkbox"/> Move-in date / /
Move-in date / / <input type="text"/>	<b>Housing association tenant</b>	<input type="checkbox"/> Move-in date / /
Move-in date / / <input type="text"/>	<b>Council tenant</b>	<input type="checkbox"/> Move-in date / /
Move-in date / / <input type="text"/>	<b>Boarder</b>	<input type="checkbox"/> Move-in date / /
Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	<b>You may be entitled to extra help</b> <ul style="list-style-type: none"> <li>• Could you afford to pay the rent when you first moved in? If 'YES' give details.</li> <li>• Has there been a recent death in the house? If 'YES' give details.</li> </ul>	<input type="text"/>
<input type="text"/>	<b>If you have moved home in the last 12 months, please state your last address and were you a tenant, owner or living at home, etc.</b>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Have you sold your home in the last 6 months?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Have you claimed housing benefit anywhere in UK in last 12 months?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Have you come to live in the UK or the Republic of Ireland in the last 5 years?</b> If YES, what is your nationality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/> / <input type="text"/> / <input type="text"/> dd/mm/yy	<b>On what date did you arrive in the UK or the Republic of Ireland?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> dd/mm/yy
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you seeking asylum in Britain?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please send us your immigration papers if you have been granted refugee status, 'exceptional leave to remain', are seeking asylum, or have been granted asylum. We need to see these to work out whether you are entitled to claim public money.

### 3 About health, and any disability of you and your partner

YOU			YOUR PARTNER	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you registered blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you, or have you recently been, in hospital or a residential home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please tell us:				
<input type="text"/>		Admission date and discharge date	<input type="text"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you been unable to work for the last 52 weeks or more because of illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does anyone get Carer's Allowance for looking after you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		If YES, please say who it is paid to	<input type="text"/>	

#### You may be entitled to a discount on your Council Tax bill

If you are the only adult in the property, you can apply for a 'single person discount' (25%). Please tick the box if you want us to send you a form

### 4 About any other people who live in your home

If you have people on low income living with you, you may qualify for a 'second adult rebate'. Please see the information about this on page 1.

Apart from you and your partner, does anyone else live in your home? Yes  No

If YES, please list everyone else in your home including children, relatives, boarders, lodgers, friends and anyone else who lives with you. Please include all older children who you no longer get Child Benefit for.

	First person living with you	Second person living with you	Third person living with you	Fourth person living with you
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive Child Benefit for this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date does Child Benefit end?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in full-time education?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	First person living with you	Second person living with you	Third person living with you	Fourth person living with you
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they registered blind/partially sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, which rate: (low, middle, high)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Which component: (Care or Mobility)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in hospital or legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, state the date they went into hospital or legal custody	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they provide care for someone in your home for 35 hours or more each week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they on a Youth Training Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a student or a student nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Income Support or Job Seeker's Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are their earnings before tax etc?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What other benefits do they get? (Please see the list in section 6.) If none, write 'none'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What other income do they have? If none, write 'none'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they have any capital? For example bank account, land, property, stocks, shares, etc. Please give details on page 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state the amount	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date they moved in	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, how much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is heating included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are meals included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

You may not know the income details of all the people in your home. If you do not give this information, we will still be able to pay you benefit but will have to assume they have a high income and make a maximum deduction from your benefit (this is called a 'non-dependant deduction'). If you can supply details of their income, we will need to see wage slips for the last 5 weeks or 2 months and proof of any benefits they get. Please note we cannot get this information ourselves.

## 5 About money that you and your partner (or both) pay out

The expenses here are the only ones that we can take into account when we work out your benefit. Full-time students do not receive any allowance for childminding costs.

YOU			YOUR PARTNER	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you pay childcare costs for any of your children? (For example, fees for childminding, nursery, after-school clubs)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		If YES, put the name of the child	<input type="text"/>	
<input type="text"/>		What is the name of the childminder, nursery etc. caring for each child?	<input type="text"/>	
<input type="text"/>		Please state the child carer's registration number and the name of the registering local authority for each child. (Each childminder, nursery or similar scheme must be registered with the local authority)	<input type="text"/>	
<input type="text"/>			<input type="text"/>	
<input type="text"/>			<input type="text"/>	
<input type="text"/>			<input type="text"/>	
£ <input type="text"/>		What is the weekly cost of childcare for each child?	£ <input type="text"/>	

Please send us proof of these payments. For childcare: please send details of how much you pay, such as a bill and who you pay. You must state the cost, times and name of the person providing the care.

£ <input type="text"/>	Additional contributions to a pension scheme. Do not include contributions that are taken straight from your pay.	£ <input type="text"/>
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## 6 About your income

Look at the list below and over the page. Please fill in details of all incomes received and send proof, for example the award letter.

YOU				YOUR PARTNER						
£	p	How often	How paid	PENSIONS						
£	p	How often	How paid	£	p	How often	How paid			
<input type="text"/>	<input type="text"/>	<input type="text"/>		State Retirement Pension				<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Widow's Allowance/Widowed Mother's Allowance/Widow's Pension				<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	War Widow's Pension (including dependant's allowance)	<input type="checkbox"/>	War Widow's Pension (started before 1973)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	War Disablement Pension	<input type="checkbox"/>	Industrial Disablement Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		Pension Guarantee Credit	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Pension Savings Credit	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Pension from former employer	<input type="checkbox"/>	Pension Protection Fund Payment	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		Date of next increase				<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Former employer's name				<input type="text"/>	<input type="text"/>	<input type="text"/>
BENEFITS AND ALLOWANCES										
<input type="text"/>	<input type="text"/>	<input type="text"/>		Income Support	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Job Seeker's Allowance (Income-based)	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Job Seeker's Allowance (Contributions-based)	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Child Benefit				<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		One Parent Benefit				<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		Maternity Allowance	start date	/	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

**YOU**

**YOUR PARTNER**

£	p	How often	How paid	BENEFITS AND ALLOWANCES continued			£	p	How often	How paid
				Child Tax Credit	start date	/ /				
				Fostering Allowance	start date	/ /				
				Working Tax Credit	start date	/ /				
				Short-term Incapacity Benefit	start date	/ /				
				Long-term Incapacity Benefit	start date	/ /				
				Employment & Support Allowance	start date	/ /				
				Contribution <input type="checkbox"/> Income <input type="checkbox"/> or Credit based <input type="checkbox"/> (please tick which)						
Yes <input type="checkbox"/>		No <input type="checkbox"/>		May we swap Partner/Claimant if you will be better off?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
				Industrial Injuries Benefit	start date	/ /				
				Attendance Allowance (for people over 65)						
				Disability Living Allowance with Mobility Higher/Lower Rate						
				Disability Living Allowance with Care Higher/Middle/Lower Rate						
				Carer's Allowance						
				Severe Disablement Allowance	start date	/ /				
				Any benefits claimed not yet received? Give details						

**OTHER INCOME (For regular payments give date next increase due)**

				Statutory Sick Pay from employer	start date	/ /				
				Statutory Maternity Pay from employer	start date	/ /				
				Statutory Paternity Pay from employer	start date	/ /				
				Statutory Adoption Pay from employer	start date	/ /				
				Youth Training Scheme/Training Credit	start date	/ /				
				Maintenance payments	start date	/ /				
Name(s) of persons(s) maintenance is for										
				Annuity payments including Home Income Plan	start date	/ /				
				Payments from other life annuities (include any grants from charitable organisations)	start date	/ /				
				Any other income – detail this page 8	start date	/ /				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		Does anyone pay you rent?	start date	/ /	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

If YES, please give details of the following:

	Name of boarder/lodger	
	Payment from sub-tenant	
	Name of sub-tenant	

Yes  No  Does the rent include a heating charge? Yes  No

Yes  No  Do you have income from any other property or land either in the UK or abroad? Yes  No

(If YES, please give address of this property/land and the start date)


Amount of income? How often is it paid?

--	--

Yes  No  Any income applied for not yet received? Give details Yes  No

## YOU

## YOUR PARTNER

### STUDENTS

Yes  No

Are you a full-time student?

Yes  No

Yes  No

Are you a part-time student?

Yes  No

Number of weeks in the academic year

Yes  No

Do you receive a grant?

Yes  No

Yes  No

Have you taken out a student loan during this academic year?

Yes  No

We may need to contact you for more details

## 7 About your work

Please complete the following if you or your partner are working, and send proof of earnings (payslips, etc).

### WORK

Yes  No

Are you in paid work?

Yes  No

What kind of work do you do?

How many hours do you work each week?

When did you start this job?

Yes  No

Are you employed for a fixed period?

Yes  No

If YES please give end date

Name and address of employer

Cheque/Cash/Bank/BACS

How are you paid?

Cheque/Cash/Bank/BACS

Weekly/4-Weekly/Monthly/Other

When are you paid?

Weekly/4-Weekly/Monthly/Other

Payroll reference no.

£

Gross pay (before deductions)

£

£

Net pay

£

Date of next expected pay increase?

Please send in your last 5 weekly or 2 monthly payslips. If these are not available, we will send you a form to complete. Do not delay sending us this claim form or you may lose benefit. Please complete the following if you are self-employed.

### SELF-EMPLOYED

What type of business are you in and what kind of work do you do?

How many hours do you work each week?

Are you a sole trader or partner, director or company secretary?

Name and address of business

Give details of business allowances, grants and your income

Yes  No

Is this your first year of trading?

Yes  No

Yes  No

Is this the only work you do?

Yes  No

Please send us your accounts and bank statements for the last 13 weeks. If you have recently started a business, we will need to see your business forecast and details of the business income and spending. Please contact us and we will send you a self-employment form. We will usually pay any benefit for 13 weeks at most and then we will need to see accounts for the next period.

## 8 About your savings and capital (this means money or other items of whatever value or amount)

Please answer ALL the following questions, and send your account statements and books for the last 3 months.

YOU			DO YOU HAVE	YOUR PARTNER		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Account number: <input type="text"/> Bank name: <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Account number: <input type="text"/> Bank name: <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Account number: <input type="text"/> Building Society: <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Account number: <input type="text"/> Building Society: <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Cash savings and other accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Preimum Bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Income bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	National Savings bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	National Savings certificates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Shares or unit trusts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Stocks, Sharesave, SAYE etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	A redundancy payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Far East Prisoners of War special payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	Any other cash savings or investments that are not stated above, such as PEPs, TESSAs and ISAs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>

## PROPERTY

Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADDRESS: <input type="text"/>	Do you or your partner, or any children you are claiming for own or partly own any property, land or timeshare other than the home you live in, either in the UK or abroad? (Tick 'YES' even if you have a mortgage or loan for the property, land or timeshare)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADDRESS: <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	How much is it worth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>	If you have a mortgage or loan for this, how much is left to repay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>

Any further details about your income, savings or capital? (For example other account numbers, or more information about shares, etc)

**9 About your home** You should only fill in this Part 9 if you rent your home.

**LANDLORD/OWNER OF YOUR HOME:**  
**May we discuss the progress of your claim with your landlord or their agent?**  
 Yes  No  Note: We will not discuss your personal or financial affairs.

First names   
 Last name   
 Address and telephone number

**If you do not pay your rent direct to the owner of the property, please give details of the agent:**

Full name of person or company   
 Address and telephone number

**Have you or your partner owned this property within the last 5 years?** YES  NO  If YES, give date of sale  /  /

**Has your rent changed in the last 12 months?** YES  NO  If YES, when?  /  /

**When is the next rent increase due?** Date  /  /

**When did you start renting your home?**  /  /  **Is your rent registered?** Yes  No   
*If YES, show us the registration document*

**What date did you move-in?**  /  /  **What sort of tenancy do you have? (For example shorthold, assured, etc). And for how long?**

**If you or your partner are related to the owner/landlord/letting agent of the property, state the relationship** *(related includes through marriage, even if the marriage has ended)*  **Name of other tenant(s)**

**Are you a joint tenant?** Yes   % No   
**If YES tell us how much your share is**

**How much is your rent?** £  (a) Weekly  (b) Fortnightly  (c) 4-weekly  (d) Calendar monthly

**Does the landlord live on the premises?** Yes  No

NUMBER OF ROOMS	In the whole house/flat	For you and your household only	Shared with anyone else
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<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"/>
<b>Total rooms</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Anything else you want to tell us about the property or your tenancy? (For example if you are related to the landlord, please use the space to give the reason for the tenancy)**

## 10 Payment of benefits

**COUNCIL TAX BENEFIT:** Benefit will be paid into your Council Tax account. You will be sent a revised bill.

**SUFFOLK COASTAL'S OWN TENANTS AND TENANTS PLACED IN TEMPORARY ACCOMMODATION:** Housing Benefit will be paid into your rent account.

**PRIVATE TENANTS:** Generally tenants renting from a Housing Association, a charity or a hostel have a choice how their benefit is paid – either into their own bank/building society account or to their landlord. Please complete either option 1 or option 2 below.

**FOR ALL OTHER PRIVATE TENANTS,** benefit will be paid directly into your account. Please fill in your details in option 1.

If you have difficulty managing your affairs it may be possible to pay your landlord. To help the Council decide if we can do this, we may need to write to you for more information.

If you do not have a bank or building society account you should contact Customer Services on 01394 444838 – they will tell you how to get advice about opening a basic bank account.

● Housing benefit is paid 4 weekly in arrears. There are 13 payments in a 12 month period. They will not be on the same date as your rent day. If you need to know the payment dates please phone 01394 444838.

### OPTIONS FOR PAYMENT TO PRIVATE TENANTS

#### 1 Paid direct into your bank or building society

This is a safe and easy way to get your Housing Benefit. We can provide you with a Standing Order to pay your landlord and safeguard your tenancy.

#### Please give the following details

Name and address of your bank or building society


#### 2 Paid direct to your landlord's bank or building society, if your landlord agrees to accept these arrangements

This method is just as safe and easy as the first, but we will pay your Housing Benefit to your landlord's account instead of yours. We will write to your landlord for their account details.

## 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 and I may be liable to prosecution or other sanctions.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, the rent service, and other Local Authorities.
- 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 or housing associations if the law allows this.

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

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

Signature of claimant  Signature of partner  Date / /

**If you are filling in this form on behalf of the person claiming, please tell us why you are doing so.**


Name of the person who filled in the form

Signature of the person

Relationship to the person claiming  Date / /

Please return this form in person or by post, to: **THE BENEFITS SECTION, SUFFOLK COASTAL DISTRICT COUNCIL, MELTON HILL, WOODBRIDGE, IP12 1AU.** Open 8.45am-5.15pm (Monday to Thursday) and 8.45am-4.45pm (Fridays).

## Backdating benefits

We may be able to backdate your benefit, for up to 6 months if Working Age or 3 months if Pension Age, before the date of this application. This is only possible if there is a good reason why you did not claim earlier. If you would like to apply for any benefit to be backdated please fill in the following dates and information.

Backdated from

if you would like it backdated for a specific period, please give the relevant dates.

From  To

Please tell us the reason why you did not claim benefit earlier. We cannot consider your request without this information. You may be required to supply supporting evidence.


We are not allowed to discuss your personal details with anyone other than you. If you would like us to release information to someone else (a relative, carer or your landlord etc) you need to sign the declaration below.

### DATA PROTECTION: PERMISSION TO RELEASE INFORMATION

I give my permission below for you to disclose personal information about my benefit claim to:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Relationship to you: friend, carer, landlord, CAB, social worker, etc.	<input type="text"/>
	<input type="text"/>
Your signature	<input type="text"/>
Dated	<input type="text"/> / <input type="text"/> / <input type="text"/>

### ETHNIC BACKGROUND

The Government has asked us to gather information about our customers' ethnic background. It's your choice whether to fill in this section. Please show which of the following groups you and your partner (if any) consider you belong to by ticking one box for you and one for your partner.

	<i>You</i>	<i>Your partner</i>		<i>You</i>	<i>Your partner</i>
<b>WHITE</b>			<b>ASIAN OR ASIAN BRITISH</b>		
British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other white	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian or Asian British	<input type="checkbox"/>	<input type="checkbox"/>
<b>MIXED</b>			<b>BLACK OR BLACK BRITISH</b>		
White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	Other black or black British	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHINESE</b>	<input type="checkbox"/>	<input type="checkbox"/>

## Do not delay in sending this form in.

- Please send original documents of proof with this application.
- It is safer not to send valuable papers by post (e.g. passport).
- Bring these to us at Woodbridge or Felixstowe (ring 01394 444838 for opening hours).
- If you have a Partner we must see the same proof for each of you.
- If you don't have the proof today, send in the form and the proof later.
- You must do this within one month from the date of this application.
- Please phone 01394 444838 if you need more information or advice.

**PROOF OF IDENTITY**  
Passport, Driving Licence, Birth Cert

**PROOF OF OTHER INCOME**  
Pension slips, letters, etc

**PROOF OF YOUR ADDRESS**  
Gas or Electric Bill, TV Licence

**PROOF OF BENEFITS/ALLOWANCES**  
Current Award Notices

**PROOF OF NINO**  
Papers/letters from DWP or Tax Office

**PROOF OF RENT AND TENANCY**  
Rent Book/Tenancy Agreement

**PROOF OF SAVINGS**  
Bank/Building Society Statements, etc

**PROOF OF MONEY PAID OUT**  
Student Grants, Childcare costs, etc

**PROOF OF EARNINGS**  
Payslips (5 weeks) or Own Accounts

*Please tick the items you are sending with this form.*

**Anything else you want to tell us?**

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**Make sure you have answered every question and signed the declaration on page 10.**

**ABSENCE FROM HOME:** You are usually entitled to benefit while you are away from home for up to 13 weeks. Phone 01394 444838 if you need more details.

**FREQUENCY OF PAYMENTS:** Housing Benefit is unlikely to be paid when rent is due, as it is paid every 4 weeks. That is 13 times in a year. Safeguard your tenancy and plan your budget to pay rent when due.

**CHANGES?** You must tell us of financial or personal changes for yourself or other people living with you straightaway e.g. start work, child benefit stops, absence longer than 13 weeks, changes in capital or income, etc

**If you do not hear from us within 14 days ring 01394 444838 or email [benefits@suffolkcoastal.gov.uk](mailto:benefits@suffolkcoastal.gov.uk)**