





| You | Your partner |
|-----|--------------|
|-----|--------------|

Does anyone get Carer's Allowance for looking after you or your partner?

No   
Yes

No   
Yes

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?

No   
Yes

No   
Yes

Have you or your partner been unable to work for more than 52 weeks because of sickness?

No   
Yes

No   
Yes

Do you or your partner pay towards the upkeep of a student?

No   
Yes  How much do you pay and how often?

£  every

No   
Yes  How much do they pay and how often?

£  every

Are you or your partner a student?

By *student* we mean anyone who is studying a course at an educational establishment, including student nurses.

No   
Yes  Tell us if this is full- or part-time.

Full-time  Part-time

No   
Yes  Tell us if this is full- or part-time.

Full-time  Part-time

We may ask to see proof of any grant, loan or other income you or your partner receive for being a student. We also need to see proof of any student loan you or your partner may be entitled to receive. We will write to you about this.

Please tick if you or your partner are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

Do you or your partner have a vehicle from a Mobility scheme?

No   
Yes

No   
Yes

We will contact you if we need any more information.

We need to know about any children in your household who are:

- under 16, or
- aged 16 to 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No  Go to Part 3.

Yes  If there are more than four children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

If you are sending a separate sheet of paper, tick this box.

|  | First child  | Second child   |
|--|--|--|
| Last name                                | <input type="text"/>   | <input type="text"/>   |
| Other names                              | <input type="text"/>   | <input type="text"/>   |
| Date of birth                            | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| What is the child's sex?                 | <input type="text"/>   | <input type="text"/>   |
| The child's relationship to you          | <input type="text"/>   | <input type="text"/>   |
| The child's relationship to your partner | <input type="text"/>   | <input type="text"/>   |
| Usual address, if different from yours   | <input type="text"/>   | <input type="text"/>   |
|  | <input type="text"/>   | <input type="text"/>   |
|  | <input type="text"/>   | <input type="text"/>   |
| Child Benefit number                     | <input type="text"/>   | <input type="text"/>   |
| Who gets the Child Benefit for them?     | <input type="text"/>   | <input type="text"/>   |

Is the child registered blind?

No   
Yes

No   
Yes

Does the child get Disability Living Allowance?

No   
Yes  How much?

No   
Yes  How much?

Care

£

£

Mobility

£

£

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

No   
Yes  Please tell us about it below.

No   
Yes  Please tell us about it below.

Tell us the name and registration number of the minder.



How much do you pay a week?

£  a week

£  a week

Do they live with you all of the time?

No   
Yes

No   
Yes

If 'No', how much time do they spend with you?

**Third child**

**Fourth child**

Last name



Other names



Date of birth

 / 
 / 

What is the child's sex?



The child's relationship to you



The child's relationship to your partner



Usual address, if different from yours

  
  

  
  


Child Benefit number



Who gets the Child Benefit for them?



Is the child registered blind?

No   
 Yes

No   
 Yes

Does the child get Disability Living Allowance?

No   
 Yes  How much?

No   
 Yes  How much?

Care

£

£

Mobility

£

£

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

No   
 Yes  Please tell us about it below.

No   
 Yes  Please tell us about it below.

Tell us the name and registration number of the minder.



How much do you pay a week?

£  a week

£  a week

Do they live with you all of the time?

No   
 Yes

No   
 Yes

If 'No', how much time do they spend with you?

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Do any adults usually live with you and your partner?

No  Go to Part 4.

By *adults* we mean people over 16 who nobody gets Child Benefit for.

Yes  Fill in this section.

|   | First person   | Second person  | Third person   |
|---|--|--|--|
| Last name                                 | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Other names                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Date of birth                             | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Their relationship to you or your partner | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

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

|   |   |   |   |
|---|---|---|---|
| Are they a joint owner or a joint tenant of this property?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do they get Universal Credit?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do they get Income Support, income related Employment Support Allowance, income-based Job Seeker's Allowance or Pension Credit? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Do they get Disability Living Allowance or Attendance Allowance or Personal Independence Payment?                               | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?<br><input type="text"/> £ <input type="text"/> a week   |
| Are they registered blind?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?                               | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us which.<br><input type="text"/>  |
| Do they pay rent or money for board and lodgings to you or your partner?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.<br>How much? <input type="text"/> £ <input type="text"/> a week                   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.<br>How much? <input type="text"/> £ <input type="text"/> a week                   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.<br>How much? <input type="text"/> £ <input type="text"/> a week                   |
| Does this include money for food?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are they severely mentally impaired?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>   |
| Are they in legal custody at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to come out?<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| Are they in hospital at the moment?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.   |
| When did they go in?  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| When are they due to come out (if you know)?  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/>  |

|   | First person  | Second person   | Third person  |
|---|---|---|---|
| How many hours a week do they work?   | <input type="text"/> hours  | <input type="text"/> hours  | <input type="text"/> hours  |
| Tell us their earnings before any deductions.   | <input type="text"/> £  | <input type="text"/> £  | <input type="text"/> £  |
| What type of work do they do?   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Do they have any other income at all?<br>Make sure you tell us about all other income they have.<br>This includes any benefits or allowances you have not told us about on this form and interest from savings and investments. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. |
| 1 Where does this income come from?<br>How much is it before deductions?  | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      |
| 2 Where does this income come from?<br>How much is it before deductions?  | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      |
| 3 Where does this income come from?<br>How much is it before deductions?  | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      | <input type="text"/><br><input type="text"/> £                                      |

Are any of the people who normally live with you married to each other or living together as if they were married? We call these people *partners*.

No   
Yes  Tell us their names below.

is the partner of   
 is the partner of

### Part 4 About Income Support, income related Employment Support Allowance, income-based Job Seeker's Allowance and Pension Credit (Guarantee Credit)

Are you or your partner getting or waiting to hear about a claim for Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?

No  Go to Part 5.  
Yes  Answer both the questions in this part.

|   | You  | Your partner   |
|---|--|--|
| Are you or your partner actually getting Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance, or Pension Credit (Guarantee Credit) at the moment?         | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you start getting it?<br><input type="text"/> / <input type="text"/> / <input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they start getting it?<br><input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Are you or your partner still waiting to hear about a claim for Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did you claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When did they claim?<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Which benefit are you getting or waiting to hear about?   | Income Support/income related Employment Support Allowance <input type="checkbox"/><br>Income-based Jobseeker's Allowance <input type="checkbox"/><br>Pension Credit (Guarantee Credit) <input type="checkbox"/> | Income Support/income related Employment Support Allowance <input type="checkbox"/><br>Income-based Jobseeker's Allowance <input type="checkbox"/><br>Pension Credit (Guarantee Credit) <input type="checkbox"/> |

If you are receiving one of these benefits, go to Part 11

We may ask you to provide us with evidence of your benefits, allowances or pension before we decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence if we ask for it.

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No  Go to Part 6.

Yes  Tell us about the benefits. Tell us the full rate of the benefits before any deductions.

|  | You  | Your partner   |
|--|--|--|
| Child Benefit  | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Child Tax Credit   | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Contribution-based Jobseeker's Allowance                     | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Maternity Allowance  | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Working Tax Credit   | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Incapacity Benefit/Contributory Employment Support Allowance | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Universal Credit   | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Carer's Allowance  | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Statutory Sick Pay or Statutory Maternity/Paternity Pay      | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Attendance Allowance   | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| Pension Credit (including Savings Credit)                    | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |
| State Retirement Pension                                     | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by | Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/><br>How much, how often and by what method?<br>£ every by |

Have you deferred receipt of a pension?

No

Yes  If 'Yes', we will write to you about this.



Do you or your partner get Disability Living Allowance or Personal Independence Payment?

No   
 Yes  How much?

Care/Daily Living £   
 Mobility £

No   
 Yes  How much?

Care/Daily Living £   
 Mobility £

Also, please read the list of benefits below and tell us about any others you or your partner are getting now or have claimed.

- Fostering Allowance
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Severe Disablement Allowance
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- War Disablement Benefit
- War Pension or War Widows Pension
- Widow's or Widower's Benefit
- Return to Work Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick this box.

|   | You  | Your partner   |
|---|--|--|
| <p><b>The name of the benefit or pension</b></p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> |
| <p><b>The name of the benefit or pension</b></p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> |
| <p><b>The name of the benefit or pension</b></p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> | <p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p> |

## Part 6 About working for an employer

Do you or your partner work for an employer?

No  Go to Part 7.  
 Yes  Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

|   | You  | Your partner   |
|---|--|--|
| <p><b>What kind of work do you do?</b></p> <p><b>What is your employer's name and address?</b></p> <p style="text-align: right;">Postcode</p>   | <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p>   | <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p>   |
| <p><b>When did you start this job?</b></p> <p><b>What is your payroll, employee or staff number?</b></p>  | <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p>  | <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p>  |
| <p><b>Are you employed for a limited period?</b></p> <p>No <input type="checkbox"/><br/>                 Yes <input type="checkbox"/> When will you finish?</p> <p style="text-align: center;"><input type="text"/> / <input type="text"/> / <input type="text"/></p> | <p>No <input type="checkbox"/><br/>                 Yes <input type="checkbox"/> When will you finish?</p> <p style="text-align: center;"><input type="text"/> / <input type="text"/> / <input type="text"/></p> | <p>No <input type="checkbox"/><br/>                 Yes <input type="checkbox"/> When will you finish?</p> <p style="text-align: center;"><input type="text"/> / <input type="text"/> / <input type="text"/></p> |

|  | You  | Your partner   |
|--|--|--|
| How often do you get paid?   | <input type="text" value="every"/>   | <input type="text" value="every"/>   |
| How much do you get paid before tax and National Insurance are taken off?  | <input type="text" value="£"/>   | <input type="text" value="£"/>   |
| How are you paid, for example, in cash, by cheque or straight into a bank or building society account?   | <input type="text"/>   | <input type="text"/>   |
| Do you receive tips or commission?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will write to you about this. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> We will write to you about this. |
| When was your last pay rise?   | <input type="text" value="/ /"/>   | <input type="text" value="/ /"/>   |
| When will your next pay rise be?   | <input type="text" value="/ /"/>   | <input type="text" value="/ /"/>   |
| How many hours a week do you usually work?   | <input type="text"/>   | <input type="text"/>   |
| Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                  |
| Are you getting any other sick pay or maternity pay from your employer at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                  |
| Do you pay into a private or company pension scheme?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?          | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?          |
|  | <input type="text" value="£"/> every   | <input type="text" value="£"/> every   |

We may ask you to provide us with evidence of any earnings, before we decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence if we ask for it. If you gets tips or bonuses, tell us about this in Part 14.

## Part 7 About being self-employed

Are you or your partner self-employed? No  Go to Part 8.  
Yes  Answer the questions on this page.  
You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

|  | You  | Your partner   |
|--|--|--|
| Are you a director of a limited company? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>          | No <input type="checkbox"/><br>Yes <input type="checkbox"/>          |
| What kind of work do you do?             | <input type="text"/>   | <input type="text"/>   |
| When did the business start?             | <input type="text" value="/ /"/>                                     | <input type="text" value="/ /"/>                                     |
| What is the business name?               | <input type="text"/>   | <input type="text"/>   |
| What is the business address?            | <input type="text"/><br><input type="text"/><br><input type="text"/> | <input type="text"/><br><input type="text"/><br><input type="text"/> |
|  | <input type="text" value="Postcode"/>                                | <input type="text" value="Postcode"/>                                |

|   | You  | Your partner  |  |   |          |  |  |  |  |          |
|---|--|---|--|---|----------|--|--|--|--|----------|
| Do you have any business partners?                | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us their name and address.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td style="text-align: right;">Postcode</td></tr> </table> |   |  |   | Postcode | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us their name and address.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td style="text-align: right;">Postcode</td></tr> </table> |  |  |  | Postcode |
|   |  |   |  |   |          |  |  |  |  |          |
|   |  |   |  |   |          |  |  |  |  |          |
|   |  |   |  |   |          |  |  |  |  |          |
| Postcode  |  |   |  |   |          |  |  |  |  |          |
|   |  |   |  |   |          |  |  |  |  |          |
|   |  |   |  |   |          |  |  |  |  |          |
|   |  |   |  |   |          |  |  |  |  |          |
| Postcode  |  |   |  |   |          |  |  |  |  |          |
| How many hours a week do you usually work?        | <input type="text"/>   | <input type="text"/>  |  |   |          |  |  |  |  |          |
| Do you get a Business Start-up Allowance?         | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/> every <input type="text"/></td></tr> </table>   | £ <input type="text"/> every <input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/> every <input type="text"/></td></tr> </table>                               | £ <input type="text"/> every <input type="text"/> |          |  |  |  |  |          |
| £ <input type="text"/> every <input type="text"/> |  |   |  |   |          |  |  |  |  |          |
| £ <input type="text"/> every <input type="text"/> |  |   |  |   |          |  |  |  |  |          |
| Do you pay into a private pension scheme?         | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/> every <input type="text"/></td></tr> </table> We need to see proof of this.                         | £ <input type="text"/> every <input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often?<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/> every <input type="text"/></td></tr> </table> We need to see proof of this. | £ <input type="text"/> every <input type="text"/> |          |  |  |  |  |          |
| £ <input type="text"/> every <input type="text"/> |  |   |  |   |          |  |  |  |  |          |
| £ <input type="text"/> every <input type="text"/> |  |   |  |   |          |  |  |  |  |          |
| Do you run another self-employed business?        | No <input type="checkbox"/><br>Yes <input type="checkbox"/> If 'Yes', use a separate sheet of paper to tell us all the information in part 7.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> If 'Yes', use a separate sheet of paper to tell us all the information in part 7. |  |   |          |  |  |  |  |          |

**We may ask you to provide us with evidence of any earnings, before we decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence if we ask for it.**

## Part 8 About any other work

Do you or your partner do any other work at all? No  Go to Part 9.  
 This could be voluntary work or any other work, even if it is not paid work. Yes  Answer the questions in this section.

|  | You   | Your partner   |   |                        |          |   |  |  |  |          |
|--|---|--|---|------------------------|----------|---|--|--|--|----------|
| What other work do you do?   | <input style="height: 40px;" type="text"/>  | <input style="height: 40px;" type="text"/>                         |   |                        |          |   |  |  |  |          |
| What is the name and address of the person you do this work for?                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td style="text-align: right;">Postcode</td></tr> </table>               |  |   |                        | Postcode | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td style="text-align: right;">Postcode</td></tr> </table> |  |  |  | Postcode |
|  |   |  |   |                        |          |   |  |  |  |          |
|  |   |  |   |                        |          |   |  |  |  |          |
|  |   |  |   |                        |          |   |  |  |  |          |
| Postcode   |   |  |   |                        |          |   |  |  |  |          |
|  |   |  |   |                        |          |   |  |  |  |          |
|  |   |  |   |                        |          |   |  |  |  |          |
|  |   |  |   |                        |          |   |  |  |  |          |
| Postcode   |   |  |   |                        |          |   |  |  |  |          |
| When did you start this work?  | <input type="text"/> / <input type="text"/> / <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/> |   |                        |          |   |  |  |  |          |
| How many hours a week do you usually work?   | <input type="text"/>  | <input type="text"/>   |   |                        |          |   |  |  |  |          |
| Do you get paid?<br>If you only get expenses or tips, still tick Yes and give details. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/></td></tr> </table> | £ <input type="text"/>   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>£ <input type="text"/></td></tr> </table> | £ <input type="text"/> |          |   |  |  |  |          |
| £ <input type="text"/>   |   |  |   |                        |          |   |  |  |  |          |
| £ <input type="text"/>   |   |  |   |                        |          |   |  |  |  |          |
| How much do you get before any deductions?   | <input type="text"/>  | <input type="text"/>   |   |                        |          |   |  |  |  |          |
| How often are you paid?  | <input type="text"/> every <input type="text"/>   | <input type="text"/> every <input type="text"/>                    |   |                        |          |   |  |  |  |          |

**We may ask you to provide us with evidence of any earnings, before we decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence if we ask for it.**

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No  Go to **Part 10**.

Yes  Answer the questions on this page. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

This includes occupational pensions, work pensions and private pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

|   | Other money 1   | Other money 2   | Other money 3   |
|---|---|---|---|
| What is the money for?  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Who gets it?  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| How much do they get?   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
| How often?  | <input type="text"/> Every  | <input type="text"/> Every  | <input type="text"/> Every  |
| How is this paid?   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| When did they start getting this income?  | <input type="text"/> / <input type="text"/> / <input type="text"/>                  | <input type="text"/> / <input type="text"/> / <input type="text"/>                  | <input type="text"/> / <input type="text"/> / <input type="text"/>                  |
| When is the income likely to go up?   | <input type="text"/> / <input type="text"/> / <input type="text"/>                  | <input type="text"/> / <input type="text"/> / <input type="text"/>                  | <input type="text"/> / <input type="text"/> / <input type="text"/>                  |
| Does anyone owe money to you, your partner, or any children you are claiming for?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. |
| What for?   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| How much?   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
| Who is it owed to?  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Are you expecting to get any money in the next 12 months?<br>For example, a redundancy payment or a payment instead of notice or holiday. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below. |
| What for?   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| How much?   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |

We may ask you to provide us with evidence of any money coming in, before we decide how much benefit you can get. Read the checklist at **Part 15** to see what you can use as evidence if we ask for it

About your capital (by capital, we mean money you have in bank and building society accounts, current accounts, post office accounts, Internet accounts, National Savings Certificates, stocks, shares, bonds, Premium Bonds, PEPs, ISAs, cash and any other savings or investments). You must tell us about all accounts even if they are overdrawn.

**Do you or your partner have any bank accounts, savings or investments (include those held with other people, for example, a son or daughter)?**

**You**

No  Go to **Part 11**.  
 Yes  If 'Yes', please fill in the amounts below. If there is not enough room, please list details on a separate sheet.

**Banks and building societies**

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

**National Savings Certificates**

How many units Date you bought them Issue number Purchase price of each unit

  / /   £
  / /   £

**Stocks, shares, bonds, unit trusts and any other investments**

Type Number held Company Current value

    £
    £

Cash savings No  Yes   £

**Have you or your partner received any backdated benefit or deferred payments, for example, State Pension, which you have added to your savings?**

If 'Yes', please give details.

**Your partner**

No  Go to **Part 11**.  
 Yes  If 'Yes', please fill in the amounts below. If there is not enough room, please list details on a separate sheet.

**Banks and building societies**

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

Name of bank, building society or post office

Account number Amount you have

  £

How many units Date you bought them Issue number Purchase price of each unit

  / /   £
  / /   £

Type Number held Company Current value

    £
    £

Cash savings No  Yes   £

No   
 Yes

If 'Yes', please give details.

**Apart from your home, do you, your partner or any children you are claiming for own any other property or land in this country or abroad?** No   
Yes  We will write to you about it.  
 If it is on a mortgage or a loan, still tick Yes.

**We may ask you to provide us with evidence of any savings, investments or property, before we decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence if we ask for it.**

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment, or
- a compensation payment made to victims of atrocities that happened during the Second World War?

We need to know this to make sure we do not count it as part of your savings.

No

Yes  What payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment

You  Your partner

A compensation payment made to victims of atrocities that happened during the Second World War

You  Your partner

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No

Yes  We will write to you about this.

## Part 11 About where you live

Do you own your home or have a mortgage for the property you live in?

No

Yes  Go to Part 13

Do you get or are you waiting to hear about a claim for Universal Credit?

No

Yes  Go to Part 13  
You must claim Universal Credit housing element for help with your housing cost.

Do you have a main home somewhere else? If your main home is somewhere else in the UK or abroad tick Yes even if you do not pay rent for it.

No

Yes  Tell us about it below

What is the address?

Postcode

## Part 12 About rent

Do you pay rent for your home?

Tick 'Yes' if you would pay rent but already get Housing Benefit.

No

Yes  Go to Part 13

What is your landlord's full name and business address?

By landlord we mean the person or organisation who owns the property you live in.

Postcode

If your landlord has an agent, tell us their full name and address.

By agent we mean the person or organisation you actually pay your rent to.

Postcode

Are you, your partner, or any of your or your partner's 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. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

Is rent paid to a trust of which you or your children are a beneficiary?

When did you start renting your home?

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

How much rent do you pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

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

Tell us their names and their relationship to you and your partner.

How much of the rent do they pay and how often?

Do you rent the whole property?

Tick 'No' if you rent only a bedroom and share the rest of the house with other people; or yes if your tenancy is for the whole property.

How many bedrooms in the whole property?

Do you pay any other money to your landlord?

How much do you pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

What is this payment for?

No

Yes  What is the relationship?

Is my landlord's or agent's

No

Yes



£  Every

No

Yes  Tell us the details below.

£  Every

No

Yes

No  Go to Part 13

Yes

£  Every

- If you are awarded Council Tax Support this will reduce the amount of Council Tax you are required to pay and we will send you a revised Council Tax bill.

**PART A**

Some Private Tenants are not affected by Local Housing Allowance. You may not be affected if you are:

- A tenant of a Registered Social Landlord (Housing Association)
- In a tenancy that began before 1989.
- Renting from a charitable organisation that provides support.
- Living in a caravan, houseboat, mobile home or hostel.
- Living in board and attendance accommodation.

**If you are not one of the above please go to Part B**

If you are one of the above please tick who you would like us to pay your housing benefit to?

You

If ticked please complete **Part C**.

Your landlord

**PART B**

**IN ALL OTHER CASES WE WILL PAY YOUR HOUSING BENEFIT DIRECTLY TO YOU.**

If you feel there is a special reason why we should pay your Housing Benefit direct to your landlord, please give details below.

We may have to contact you for more information before we can agree to this.

**PART C**

We normally pay benefit direct into a bank/building society account.

**Please provide details of the account you would like us to pay benefit into.**

Name of the bank/building society

Full postal address of the bank/building society

Postcode

Whose name is the account in

Sort code

Account number

Roll number (building society accounts only)

If you do not have a bank/building society account please contact us for advice on how to open a bank account.



Please use this space 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.

**Part 15 Checklist**

**EVIDENCE THAT YOU MUST PROVIDE US WITH.**

Please tick to say what evidence you are providing with this form.

Please do not send valuable items through the post. If you can, bring them into our Customer Services Team. We will take the details we need and give you the documents back straight away. If you can't get into the office, please contact us for more advice.

We do not accept responsibility for any documents that get lost or damaged in the post.

If you do not provide the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.

If you can't provide the evidence we need at the moment, send the form back to us now and provide the evidence later.

We can start to process your claim, but we will not be able to pay you any benefit until we have all the evidence that we need.

|  | Evidence enclosed        |                          | If 'No', say why it is not enclosed and when it will be available. |
|--|--------------------------|--------------------------|--|
|  | Yes                      | No                       |  |
| <ul style="list-style-type: none"> <li>• <b>Evidence of identity</b><br/>Such as a birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit or EEC identity card. We may need to see several of these documents for each person.</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 100%;" type="text"/>                          |
| <ul style="list-style-type: none"> <li>• <b>Evidence of National Insurance number</b><br/>Such as a National Insurance number card, payslips or letters from social security or the tax office.</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 100%;" type="text"/>                          |

**EVIDENCE THAT WE MAY ASK YOU TO PROVIDE US WITH**

- **Evidence of your address**  
Such as a recent gas or electricity bill or a TV licence.
- **Evidence of capital, savings and investments**  
Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last two months.
- **Evidence of earnings**  
*We also need this for any other adults living in your home.*  
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. If you do not have these payslips, please contact us for a form for your employer to fill in. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.
- **Evidence of other income**  
*We also need this for any other adults living in your home.*  
Such as pension slips from a previous employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.
- **Evidence of benefits, allowances or pensions**  
*We also need this for any other adults living in your home.*  
Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away.
- **Evidence of private rent and tenancy**  
Such as a rent book, rent receipts, a current tenancy agreement or a letter from your landlord giving full details of tenancy.
- **Evidence of other money paid out**  
Such as letters about student grants or maintenance, agreements or receipts from registered childminders.

**Make sure you read and sign the declaration on page 20.**

If you would like somebody else to help with your claim or to be given information about your claim, please fill in the following section. You will need to select from the following options by ticking the box.

### Option 1

- I would like somebody else to make claims on my behalf. I understand that all future letters about my claim and payment of Housing Benefit if applicable will be sent to this person.

I would like the following person to act on my behalf.

|                            |                      |
|----------------------------|----------------------|
| Surname or last name       | <input type="text"/> |
| Other names                | <input type="text"/> |
| Title (Mr, Mrs, Ms, other) | <input type="text"/> |
| Address                    | <input type="text"/> |
|                            | <input type="text"/> |
|                            | <input type="text"/> |
|                            | <input type="text"/> |
|                            | Postcode             |

The person you want to act for you will need to read and sign the following statement.

- **I understand** that I will be able to act on behalf of the person claiming.
- **I understand** that I will receive letters and, where applicable, payment of Housing Benefit for the person claiming.
- **I understand** that I will be able to make enquiries on behalf of the person claiming.
- **I understand** that I must let you know in writing about any change in the circumstances of the person claiming which might affect their claim.
- **I understand** that I will be held responsible for any overpayments of Housing Benefit that may be made as a result of the information I provide.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me, which may include court action or the application of a financial penalty.

|  |                                   |
|--|-----------------------------------|
| Signature of the person wanting to be an appointee | <input type="text"/>              |
| Date   | <input type="text" value=" / /"/> |

### Option 2

- I would like all correspondence about my claim to be sent to the following person. I will continue to sign any application forms myself and where applicable any payment of Housing Benefit should continue to be sent to me.

I would like the following person to receive forms and letters on my behalf.

|                            |                      |
|----------------------------|----------------------|
| Surname or last name       | <input type="text"/> |
| Other names                | <input type="text"/> |
| Title (Mr, Mrs, Ms, other) | <input type="text"/> |
| Address                    | <input type="text"/> |
|                            | <input type="text"/> |
|                            | <input type="text"/> |
|                            | <input type="text"/> |
|                            | Postcode             |

When you apply for Housing Benefit or Council Tax Support your entitlement will normally start from the Monday after the date of first contact.

**We may be able to pay you from an earlier date if you can give us a good reason why you did not apply earlier.**

Date you want to claim from

For this earlier period, were your circumstances the same as on this form? No  Yes

If 'No', we will write to you about this.

On a separate piece of paper please tell us why you have not claimed before and give a much detail as possible. If you have medical problems, please provide a doctors letter to support your application. Remember, the more information you can give us the better.

## Part 18 Fair Processing Notice

In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us. This information is set out below:

Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on 01572 722577, via email to [dataprotection@rutland.gov.uk](mailto:dataprotection@rutland.gov.uk) or by writing to us at Data Protection, Catmose House, Oakham, Rutland. LE15 6HP

Your information will be used so that we can process your claim for housing benefit, local council tax support, or both in accordance with The Housing Benefit Regulations 2006 (as amended) and The Local Council Tax Support Scheme (as amended).

Your personal data may be shared with other teams within the council in order to provide a service to you, to ensure our records are kept up to date or otherwise where we are required to do so under other legislation. We may also share the data with other local authorities and organisations and may check your credit report to make sure that your information is accurate; to prevent or detect crime and to pursue debtors to protect public funds. We may share the data with third parties if we are required by law to do so which, may include the Police or Government Agencies. We will not sell your data or use it for marketing purposes without your consent.

We will keep your data for seven financial years. This is in accordance with current legislation.

You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)

- The right to be informed.
- The right of access.
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights related to automated decision making, including profiling'

Rutland County Council would like to contact you to provide you with information on other Council Services. If you consent to us contacting you for this purpose please tick here.

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office

**Your declaration**

I understand the following:

I declare that the information I have given on this form is correct and complete. If I give information that is incorrect or incomplete you may take action against me, including court action.

I must notify you of a change in my circumstances which might affect my claim, within 21 days of the change happening.

Signature of claimant

Date

**Contact Information**

Please provide your contact details in case we need to contact you about your claim.

You do not have to provide your details but it will help us to contact you quickly if we have a question about your claim.

Home

Mobile

Email

**About your claim – sharing information**

Sharing information with your landlord could help us to deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

If your housing benefit is paid directly to your landlord, then we can discuss payments details (e.g. award dates and amounts) as we have to give your landlord this information.

With your permission, we would also be able to tell your landlord if:

- You have claimed housing benefit
- We have made a decision on your claim or we need more information to make a decision and what that information is
- You can withdraw your permission at any time
- We won't give your landlord any information about your personal or family circumstances

**Your finances**

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

**Your declaration**

If we can talk to your landlord about your claim please sign below.

I give my local council permission to share information about the progress of my housing benefit claim with my landlord or their representative.

Signature of claimant

Date

Signature of partner

Date