

1 Please note

You must let us know **immediately** if your circumstances change, or if those of any other member of your household change while you are getting benefit. This is in addition to any change in circumstances that you report to the Benefits Agency. **There are guidance notes at the back of the form.**

- These changes might include:**
- Change in type or amount of income for you, your partner or anyone else living with you.
 - If you move house.
 - If someone leaves or comes to live with you.
 - If you have a child that leaves school.
 - If you stop getting child benefit for someone.
 - If you stop getting Income Support/Job Seekers Allowance.
 - If your rent is increased or reduced.
 - If you or your partner are in hospital for 6 weeks or more.

YOU MUST NOTIFY THE BENEFITS OFFICE WITHIN ONE CALENDAR MONTH OF THE CHANGE OCCURRING.

2 About yourself and your partner (See guidance notes at the back of this form)

Proof: You must provide at least two forms of identification for both yourself and your partner.

- These may be:
- a valid driving licence
 - birth certificate
 - national insurance card
 - medical card
 - benefit payment book
 - marriage certificate
 - divorce papers
 - identity card
 - credit card
 - UK residence permit
 - Home Office standard acknowledgement letter (SAL 1 or 2)
 - life assurance or insurance policies
 - your latest utility bill
 - current wage slips
 - recent bank statements
 - a letter from your solicitor, social worker, probation officer or the Inland Revenue.

ORIGINAL DOCUMENTS MUST BE SUPPLIED - PHOTOCOPIES ARE NOT ACCEPTABLE.

If this information has already been provided to us, you do not need to supply it again.

Do not delay sending us this form or you will lose your benefit.

A partner is someone you live with as a couple, whether or not you are married. If you share with another adult who is not your partner, write his or her details in section 10.

	You				Your partner			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other				Other			
Surname								
First names								
Maiden name (where applicable)								
Date of birth	/		/		/		/	
National Insurance number. Please supply proof								
Are you a student?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes , are you part-time or full-time?	Part time <input type="checkbox"/>		Full time <input type="checkbox"/>		Part time <input type="checkbox"/>		Full time <input type="checkbox"/>	
Please state your ethnic origin (Please refer to guidance notes)								
Are you a joint tenant/owner with someone other than your partner?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A			
If yes , please give us their names								
Do they live in the property with you?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A			
What was your previous address?								
Did you own or rent your last home?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Neither <input type="checkbox"/>		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Neither <input type="checkbox"/>	
What date did you move?	/		/		/		/	
Please state the last day you were liable to pay rent at your previous address (if applicable)	/		/		/		/	
Were you in receipt of benefit from us at your last address?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Did you qualify for an extended payment immediately prior to you moving out of your last address?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

	You		Your partner	
Have you come to live in the UK in the last two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no , go to Section 3				
If yes , what is your nationality?				
What date did you enter the United Kingdom?				
We may contact the Home Office to check the information you have given on this form and to get further relevant information.				
Have you come to live in the UK under a sponsorship undertaking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the following details:				
Sponsor's surname:				
Other names:				
Address:				
Home Office reference number:				
Date of sponsorship:	/	/	/	/

3 About any disabilities or long term illness (See guidance notes at the back of this form)

Please tick all the boxes that apply to you or your partner	You		Your partner	
Are you registered as blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no , have you been registered as blind in the last 28 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , what date did your sight resume?	/	/	/	/
Are you in hospital at the moment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the date you went into hospital	/	/	/	/
Are you in receipt of any disability benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please continue If no , go to section 4.				
Do you get Attendance Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you get Disability Living Allowance Care Component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you get Disability Living Allowance Mobility Component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you get the long-term rate Incapacity Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you get Severe Disablement Allowance?	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"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please state their name and address				
Are you unable to work because of illness or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the date you became unfit for work	/	/	/	/

Hospital patients: If you (or your partner) have been in hospital for more than six weeks, we need to know. The level of benefit we pay may reduce after six weeks. If you receive other state benefits or pensions these may also reduce. We will need to see evidence if this happens so that we can make sure that we are paying you the correct amount of benefit.

4 About your income (not earnings or savings) (See guidance notes at the back of this form)

Remember: You must let us know immediately if your circumstances change, or if those of any other member of your household change while you are getting benefit. If the amount of income you receive increases, you must tell us straight away.

Do not delay sending this form or you will lose your benefit.

Are you or your partner in receipt of Income Support? Yes No

Are you or your partner in receipt of Job Seekers Allowance (Income Based)? Yes No

If yes to any of the above, please go to section 9.

If no, please continue.

If you and your partner get any of the following, please fill in the boxes to show how much you both get and how often (weekly, monthly, every four weeks).

IF ANY STATE BENEFITS HAVE BEEN REDUCED BECAUSE YOU OR YOUR PARTNER ARE REPAYING A SOCIAL FUND LOAN, OR FOR ANY OTHER REASON, YOU MUST GIVE THE AMOUNT BEFORE THE DEDUCTION IS MADE

	You		Your partner	
	£ : p	How often	£ : p	How often
PENSIONS				
State Retirement Pension	SRP	:	:	
Private Pension/s (amount after tax). Please give details of each one received and the date each one is due to increase	OP	:	:	
Widow's / Widower's Pension Allowance, Widowed Mother's Allowance	WP WMA	:	:	
Widowed Parent's Allowance	WPA	:	:	
Widow's / Widower's Bereavement Allowance	WBA	:	:	
Special War Widow's Pension (pre-1973)	AWWP	:	:	
War Widow's or Dependant's Pension	WWP	:	:	
War Disablement Pension (breakdown required - please supply award notice)	WDP	:	:	
BENEFITS AND ALLOWANCES				
Contribution-Based Jobseeker's Allowance	JSA(C)	:	:	
Employment Training Allowance		:	:	
Child Benefit		:	:	
Child Benefit (lone-parent rate)		:	:	
Working Tax Credit	WTC	:	:	
Child Tax Credit	CTC	:	:	
Incapacity Benefit	IB	:	:	
Attendance Allowance	AA	:	:	
Disability Living Allowance:				
Mobility Component	higher <input type="checkbox"/> lower <input type="checkbox"/>	DLA	:	
Care Component	higher <input type="checkbox"/> middle <input type="checkbox"/> lower <input type="checkbox"/>		:	
Carer's Allowance	ICA	:	:	
Severe Disablement Allowance	SDA	:	:	
Industrial Injuries Benefit	IIB	:	:	
Industrial Death Benefit	IDB	:	:	
Adoption / Custodian Allowance	ACA	:	:	

OTHER INCOME

		You		Your partner	
		£ : p	How often	£ : p	How often
Youth Training Scheme payment	GTS	:		:	
Maintenance payments you receive	MR/ MAIN	:		:	
Student Grant - please supply award notification letter	SIG	:		:	
Student Loan	SL	:		:	
Access Fund payments	AF	:		:	
Payments from boarders - a boarder is someone for whom you provide meals and accommodation to whom you are not related.	IFB	:		:	
Rent from sub-tenants - a sub-tenant is someone who rents accommodation from you but to whom you do not provide meals.	STR STRH	:		:	
Is heating included in their rent? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Rent from other properties you let.	RIP	:		:	
Please state the address of the property					
Payments from charities	VP	:		:	
Councillors Attendance Allowance	AAC	:		:	
Please give details of any other income eg Reduced Earnings Allowance etc.		:		:	
		:		:	
		:		:	
		:		:	
		:		:	
Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			if yes , please give details below		
Name of benefit or other income:					
Who is claiming this?					
Date it was applied for:					

5 Where do you work and what do you earn? (See guidance notes at the back of this form)

Proof: We need proof of your and your partner's earnings for **ALL JOBS**. Please send your last five pay slips if you are paid weekly, or your last two payslips if you are paid monthly. If these payslips are not available, please have the attached certificate of earnings completed by your employer. If you can't send in an earnings certificate or payslips yet **DO NOT DELAY SENDING THIS FORM OR YOU WILL LOSE BENEFIT**, send in the proof of earnings as soon as possible.

If you start or stop work after you fill in this form, you must let us know at once. You should also tell us if there is a change in the number of hours you work or the amount of money you earn.

Do you or your partner have any paid work? Yes No

If **yes**, please continue

If **no**, please go to section 6

Fill in this table if you are employed by someone else. If you are self-employed please fill in section 6.

	You		Your partner	
How many jobs do you have?				
Name and address of your main employer				
Place of work if different from above				
Date you started this job	/ /		/ /	
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How often are you paid?	weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>	weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	4 weekly <input type="checkbox"/>	monthly <input type="checkbox"/>	4 weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Is your wage paid into your bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bonus, commission or tips not included in your pay	Amount :	How Often	Amount :	How Often
What date do you expect to receive your annual pay increase?	/ /		/ /	
If you are getting Statutory Sick Pay, what date did it start?	/ /		/ /	
If you are getting Statutory Maternity Pay, what date does it end?	/ /		/ /	
Are you or your partner employed as a part-time fireman or as a member of the territorial army reserve forces, coastguard or lifeboat service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you authorise the Local Authority to contact your employer/s in the event of an enquiry regarding your pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your partner do any other paid work? If yes , please continue If no , please go to section 6	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of your other employer				
Place of work if different from above				
Date you started this job	/ /		/ /	
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How often are you paid?	weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>	weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	4 weekly <input type="checkbox"/>	monthly <input type="checkbox"/>	4 weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Is your wage paid into your bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bonus, commission or tips not included in your pay	Amount :	How Often	Amount :	How Often
What date do you expect to receive your annual pay increase?	/ /		/ /	

If you have more than two jobs please give details on a separate sheet of paper

6 Self Employed (See guidance notes at the back of this form)

Please supply your latest audited accounts or books showing income and expenditure along with your business bank statements for the last three months. Further information may be requested if necessary.

	You		Your partner	
Are you or your partner self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no , go to section 7				
If yes , what is the nature of your business?				
What is your business address?				
Do you use part of your home for business purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please state the name you are trading under				
What date did you commence trading?	/ /	/ /	/ /	/ /
Do you or your partner receive enterprise allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how much do you receive?	:	:	:	:
What date did you start to receive it?	/ /	/ /	/ /	/ /
Is your business registered for V.A.T.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please quote your V.A.T. registration number.				
Do you or your partner receive a regular wage from the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please state how much	£ :	£ :	£ :	£ :
How often do you receive this wage?	weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> monthly <input type="checkbox"/>	weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> monthly <input type="checkbox"/>	weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> monthly <input type="checkbox"/>	weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> 4 weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Please state what business assets eg machinery etc, were available to you at the time you set up your business				
Is your business a partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , what percentage of the total profit/loss is yours?	%	%	%	%
Is this your only job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7 About your savings and investments

(See guidance notes at the back of this form)

Please answer all the questions. You must provide proof of all capital, stocks & shares etc. that you hold. Details of the evidence you must supply is outlined in the guidance notes at the back of this form.

You can have up to £16,000 savings and investments and still be entitled to Housing Benefit or Council Tax Benefit. You must declare all your savings, investments and details of all accounts even if they are overdrawn.

If you have no savings write **none**.

You			Your partner		
	Please give the name of the bank or building society or 'post office' or 'giro account'.	Amount		Please give the name of the bank or building society or post office' or 'giro account'.	Amount
Current accounts	1	£ :			£ :
	2	£ :			£ :
	3	£ :			£ :
	4	£ :			£ :
	5	£ :			£ :

When is your next statement due?

Deposit/Savings accounts	1	£ :			£ :
	2	£ :			£ :
	3	£ :			£ :
	4	£ :			£ :
	5	£ :			£ :

When is your next statement due?

TESSAs, TOISAs, PEPs or ISAs	1	£ :			£ :
	2	£ :			£ :
	3	£ :			£ :
	4	£ :			£ :
	5	£ :			£ :

When is your next statement due?

If you or your partner have received back payments of a Social Security Benefit in the last year and that money is part of your savings please give details:

Name of Benefit _____

the amount

£ :

£ :

date received

/ /

/ /

Does anyone owe you or your partner money?

Yes No

Yes No

If **yes**, how much?

£ :

£ :

Have you or your partner ever received a compensation payment from the Government?

Yes No

Yes No

If **yes**, how much?

£ :

£ :

Please state what it was in respect of

You			Your partner		
	Issue number or type (say if they are index linked) or the name of the company and date purchased. Continue on a separate sheet if necessary.	How many		Issue number or type (say if they are index linked) or the name of the company and date purchased. Continue on a separate sheet if necessary.	How many
National Savings Certificates	1				
	2				
	3				
National Savings Bonds	1				
	2				
	3				
Income Bonds	1				
	2				
	3				
Unit Trusts	1				
	2				
	3				
Stocks and Shares	1				
	2				
	3				
Premium Bonds	total value	£ : :	total value	£ : :	
Trust Fund	total value	£ : :	total value	£ : :	
Savings in cash	total value	£ : :	total value	£ : :	

	You	Your partner
Do you have any other investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give details.		
Apart from your home, do you or your partner own or jointly own any other property or land in this country or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , What is the address?		
What is the current market value?	£ : :	£ : :
How much is the outstanding mortgage?	£ : :	£ : :
How much are the monthly mortgage payments?	£ : :	£ : :
Is the property up for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what date was it put on the open market?	/ /	/ /
Please give the name, address and telephone number of the estate agent		
Do you or your partner have an elderly or disabled relative living in this property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how old are they?		
what is the nature of their disability if applicable?		
which disability benefits are they receiving if applicable?		
(if none, please state 'none')		
Do you or your partner have an ex-partner who is living in this property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how old are they?		
do they have any children of yours living with them?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give their names,		
dates of birth		
and current ages		

8 Money you pay out (See guidance notes at the back of this form)

We only take account of the following three outgoings when we assess your entitlement to benefit.

Proof of these must be supplied. If any of these amounts change, you must notify us immediately.

EDUCATION CONTRIBUTIONS	You	Your partner
Do you or your partner pay towards the upkeep of a son or daughter in higher education	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how much do you pay?	£ :	£ :
How often?		
CHILDMINDING		
Are any of your children looked after by a registered childminder or day nursery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , state child's name and how much you pay for that child.	£ :	
	£ :	
	£ :	
How often?		
What is your childminder's name and address?		
What is their registration number?		
PERSONAL PENSION		
Do you or your partner pay any money into a personal pension scheme, but not through your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how much do you pay?	£ :	£ :
How often?		

9 About any children who live with you who you receive Child Benefit for. (See guidance notes at the back of this form)

YOU MUST LET US KNOW WHEN THE CHILD BENEFIT STOPS.

	1st child	2nd child	3rd child	4th child	5th child
Surname					
First names					
Relationship to you					
Date of birth	/ /	/ /	/ /	/ /	/ /
Do you receive Child Benefit for them?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive Disability Living Allowance for them?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they are over 15, give the date you think they will leave school	/ /	/ /	/ /	/ /	/ /
How much do they have in savings?	£ :	£ :	£ :	£ :	£ :
Are they earning?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive income from any other source?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

10 About other people who live in your home

(See guidance notes at the back of this form)

Apart from you, your partner, any children you receive Child Benefit for and any sub-tenants, boarders or lodgers does anyone else live in your home?

Yes No

If **no**, go to section 11

If **yes**, please tell us about everyone in your home who has not been mentioned before on this form, including other children, relatives, friends and anyone else who lives with you. You do not need to include other tenants in the property who are not members of your household.

You need to supply a recent wage slip for each person in employment. We need this proof because we will assume that the other adults living in your home are making a contribution to your household expenses.

IF YOU DO NOT SEND US THIS PROOF, WE WILL DEDUCT A HIGHER AMOUNT FROM YOUR BENEFIT.

Remember: You must let us know immediately if your circumstances change, or if those of any other member of your household change while you are getting benefit.

	1st person	2nd person	3rd person	4th person
Surname				
First names				
Relationship to you				
Date of birth	/ /	/ /	/ /	/ /
National Insurance Number				
What date did they move in?	/ /	/ /	/ /	/ /
Do they work 16 hours a week or more?	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 is their gross income (before tax and deductions)?	£ :	£ :	£ :	£ :
What other income do they receive eg. State Retirement Pension, Working Families Tax Credit etc?	£ :	£ :	£ :	£ :
What savings do they have?	£ :	£ :	£ :	£ :
What interest from savings and dividends from shares do they receive?	£ :	£ :	£ :	£ :
Do they receive Income Support or Job Seekers Allowance (Income Based)?	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 own their own property?	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 , do they receive rental income from the property?	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 and how often? e.g. weekly, monthly	£ :	£ :	£ :	£ :
Please state the address of the property they own				
Do they provide care in your home for you, your partner or your child for more than 35 hours a 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 in hospital or prison?	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 , what date did they go into hospital or into custody?	/ /	/ /	/ /	/ /
What date are they expected to return to the property?	/ /	/ /	/ /	/ /
Are they students? (This includes student nurses, youth training trainees and apprentices).	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 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 you get Child Benefit for them?	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 any of these people are married or living together as a couple, please say who is the partner of who?	_____ is the partner of _____			
	_____ is the partner of _____			

11 About sub-tenants, boarders and lodgers

(See guidance notes at the back of this form)

Is there anyone else living with you who you have **NOT** mentioned on this form?

Yes

No

If **no**, please go to section 12

If **yes**, please give their details below.

	1st person	2nd person	3rd person	4th person
Surname				
Other names				
Date of birth	/ /	/ /	/ /	/ /
Date they moved in	/ /	/ /	/ /	/ /

You should already have provided details of any rent you receive in section 4.

12 Details about your tenancy (See guidance notes at the back of this form)

YOU DO NOT NEED TO COMPLETE THIS SECTION IF YOU ARE AN OWNER-OCCUPIER.

We need to see proof of your rent/tenancy details eg. tenancy agreement, rent book, or a letter from your landlord or managing agent.

Landlord's surname			
Landlord's first name			
Landlord's address			
Please indicate if this is:-	a business address <input type="checkbox"/>	or	a residential address <input type="checkbox"/>
Landlord's phone number			
Are you or your partner related to your landlord or landlady (or his or her partner)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes , what is the relationship?			
Is your landlord/landlady the parent of any of your children?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes , please give details			
Does your landlord own the property you rent?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If no , what is the owner's name and address?			
Have you or your partner ever owned this property?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes , please give details			

PLEASE NOTE: If the person you pay rent to is not the owner of the property, you must supply a letter or agreement which authorises them to act on the owner's behalf.

What date did your tenancy start?	/ /
What date did you move into the property?	/ /
How long is your tenancy (if known)?	
What date is your tenancy due to finish (if known)?	/ /
What is the full rent you are charged?	£ :
How often is this due? please tick as appropriate	Every Week <input type="checkbox"/> Every Month <input type="checkbox"/> Every 4 weeks <input type="checkbox"/> Other <input type="checkbox"/> Please specify
Did you get a pre-tenancy determination?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Has your rent been registered with the rent officer?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

Are meals included in your rent? Yes No

If **yes**, which ones? Breakfast Lunch Evening Meal

Does your rent include any general counselling and support charges which you must pay as a condition of occupying this accommodation? Yes No

If **yes**, please give details general care and support £ : alarms eg. mobile warden service £ : cleaning £ :

Are any of the following included in your rent?	Please Tick			
	Yes	No	Don't Know	If yes, how much?

Council Tax				
-------------	--	--	--	--

Water Rates				
-------------	--	--	--	--

Heating				
---------	--	--	--	--

Lighting				
----------	--	--	--	--

Fuel for cooking				
------------------	--	--	--	--

Cleaning of your room/home				
----------------------------	--	--	--	--

Window cleaning				
-----------------	--	--	--	--

Laundry				
---------	--	--	--	--

Cleaning, lighting of common areas eg. stairs, entrance etc.				
--	--	--	--	--

Any other service?

Please give details.

What type of property do you rent? Semi-detached House Detached House Terraced House Bungalow Purpose Built or Converted Flat Rooms Other eg. Caravan, Houseboat, etc.

How many floors (including basement) are there in the whole building? One Two Three More Please state how many

Which floor is your home on? All Floors Basement Ground Floor First Floor Second Floor Other (please state)

	Living rooms	Bed rooms	Bed sitting rooms	Kitchens	Bath rooms	Toilet rooms	Other	Total
How many rooms are there in the whole building?								
How many rooms are used just by you and your household?								
How many rooms do you share with other people who are not in your household?								

Does your home have central heating? Yes No

Do you have a garage Yes No If **yes**, do you pay separate rent for the garage? Yes No

Is your home furnished by your landlord? Yes No If **yes**, is it? fully furnished partly furnished or is there very little furniture

Who is responsible for decorating the inside of your home? You Your landlord Don't know

Do you share the property with anybody who is not mentioned on this claim form? Yes No

If **yes**, please give details _____

Do you authorise the Local Authority to contact your landlord in the event of an enquiry regarding your rent? Yes No

Do you authorise the Local Authority to advise your landlord on the progress of your claim if he/she asks? (Refer to guidance notes) Yes No

Do you wish your Housing Benefit to be paid directly to your landlord? Yes No

Please complete Section 17 to authorise payment direct to your landlord if required.

Please complete Section 17A if you wish payment to be made by BACS. For further information, please see guidance notes at the back of the form.

13 Backdating and other information (See guidance notes at the back of this form)

Is there anything else you want to tell us which may affect your claim? For example, are you asking us to backdate your claim?

Benefit usually starts on the Monday after the claim arrives at the Council Offices. In some circumstances however, we may be able to backdate the start of your benefit, but there must be a good reason why you did not claim sooner.

If you think we should backdate your benefit, please tick this box and write your reasons below giving as much information as possible. **Include the date you would like your claim to start.** (Continue on a separate sheet of paper if necessary)

14 Proof you are sending us (See guidance notes at the back of this form)

Have you got all the proof you need to give us?

If you do not have all the proof we have asked for, still send this claim form to us immediately. Send us the proof you have now, make a note of what else you need to get and let us have this as soon as possible. The maximum time we will allow is 28 days.

Please list all the proof you are sending us now	Please list the proof you will be sending us later

If there are any documents etc that need returning to you, do you want them sending to the address on the front of this form? Yes No
If **no**, please state alternative address -----

15 Declaration (See guidance notes at the back of this form)

Please read this declaration carefully.

- This is my claim for Housing Benefit or Council Tax Benefit or both.
- I declare that the information given on this form is true and complete.
- I authorise the Council to make any necessary enquiries to check the information on this form.
- I will tell the Benefit Section at once if I move or there are any changes in my family or financial circumstances.
- I authorise the Council to cross check the information I have given with other sections within the Council, Rent Office, other Councils and Benefit Authorities.
- I understand that if I give information that is incorrect or incomplete or fail to report any changes which might affect my benefit, I may be prosecuted.
- I understand that I may be liable to repay any overpayment of Housing/Council Tax Benefit that occurs, either to the council or my landlord.
- I understand that the information supplied on this form may be used in respect of a claim for a Discretionary Housing Payment (DHP).

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 within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Your Signature

Date:

Your Partner's Signature

Date:

If someone else has filled in this form for you

This section must be filled in if someone else has filled in this claim form for you. This includes any agent, appointee, relative or friend.

Name of the person who filled in the form

Their relationship to you:

Their signature:

I confirm that the above person has asked me about all the information contained within this form and has fully completed the form to my satisfaction.

Your Signature

Your Partner's Signature

Date:

Date:

(Remember that we cannot pay you any benefit if you do not send us all the proof we have asked for.)

16a Employer's Certificate of Gross Earnings Private and Confidential

(See guidance notes at the back of this form)

NOTE TO EMPLOYEE - PLEASE ENTER YOUR NAME AND ADDRESS TOGETHER WITH YOUR OCCUPATION AND WORKS NUMBER BEFORE HANDING TO YOUR EMPLOYER. WHEN THE FORM IS COMPLETED RETURN IT TO THE HOUSING BENEFITS SECTION.

NOTE TO EMPLOYER - WE REGRET THE NECESSITY OF HAVING TO TROUBLE YOU FOR INFORMATION BUT ARE REQUIRED BY LAW TO OBTAIN CONFIRMATION OF EARNINGS AND THEY ASK YOU TO KINDLY CO-OPERATE BY COMPLETING THIS CERTIFICATE AND RETURNING IT TO YOUR EMPLOYEE AS QUICKLY AS POSSIBLE.

Name and address of employee	Name and address of employer
Occupation	Works number

Please give details of the last 2 months or 5 weeks pay (whichever is applicable)

	Week/Month Ending	Gross Pay (before ded'ns)	SSP/SMP (delete as appropriate)	Tax	National Insurance	Superannuation Pension	Working Families Tax Credit	Net Pay
1								
2								
3								
4								
5								
	TOTALS	£	£	£	£	£	£	£

Please state employee's National Insurance Number _____

Please indicate how often the employee is paid. Weekly Fortnightly 4 Weekly
 Calendar Monthly Other Please Specify _____

Please indicate the method of payment Cash Cheque Direct into bank account Other
 Please specify _____

Are any bonus payments made that are not included in the above? Yes No

If **yes**, indicate amount and frequency

Please state gross pay to date

Please state tax week/month this relates to

Employer's Stamp

Completed by:-

Name

Signature

Position in Company

Date

16b Employer's Certificate of Gross Earnings Private and Confidential

(See guidance notes at the back of this form)

NOTE TO EMPLOYEE - PLEASE ENTER YOUR NAME AND ADDRESS TOGETHER WITH YOUR OCCUPATION AND WORKS NUMBER BEFORE HANDING TO YOUR EMPLOYER. WHEN THE FORM IS COMPLETED RETURN IT TO THE HOUSING BENEFITS SECTION.

NOTE TO EMPLOYER - WE REGRET THE NECESSITY OF HAVING TO TROUBLE YOU FOR INFORMATION BUT ARE REQUIRED BY LAW TO OBTAIN CONFIRMATION OF EARNINGS AND THEY ASK YOU TO KINDLY CO-OPERATE BY COMPLETING THIS CERTIFICATE AND RETURNING IT TO YOUR EMPLOYEE AS QUICKLY AS POSSIBLE.

Name and address of employee	Name and address of employer
Occupation	Works number

Please give details of the last 2 months or 5 weeks pay (whichever is applicable)

	Week/Month Ending	Gross Pay (before ded'ns)	SSP/SMP (delete as appropriate)	Tax	National Insurance	Superannuation Pension	Working Families Tax Credit	Net Pay
1								
2								
3								
4								
5								
	TOTALS	£	£	£	£	£	£	£

Please state employee's National Insurance Number _____

Please indicate how often the employee is paid. Weekly Fortnightly 4 Weekly
Calendar Monthly Other Please Specify _____

Please indicate the method of payment Cash Cheque Direct into bank account Other
Please specify _____

Are any bonus payments made that are not included in the above? Yes No

If **yes**, indicate amount and frequency

Please state gross pay to date

Please state tax week/month this relates to

Employer's Stamp

Completed by:-

Name

Signature

Position in Company

Date

Guidance Notes

General Notes

WHEN TO CLAIM

You should make a claim as soon as you feel that you need help. Never delay in claiming. If you do not have all the proof or information that we need, return your form straight away and provide any other information or proof as soon as possible. We will allow a maximum of 28 days for this information to be provided. If this is not possible, you must let us know why.

You may lose benefit if you do not send back the application form immediately. You may also lose benefit if you do not provide all the proof we need within 28 days.

We will deal with each case individually. We will let you know our decision and tell you what to do if you disagree with it.

HOUSING BENEFIT

If you pay rent to a private landlord or Housing Association, you may be able to get Housing Benefit. You cannot get Housing Benefit if you own your own home.

If you want to claim Housing Benefit please fill in this application form.

COUNCIL TAX BENEFIT

If you pay the Council Tax bill you may be able to get Council Tax Benefit if:

- * You (and your partner) are on a low income, Income Support or Jobseekers Allowance
- * You are responsible for paying the Council Tax but you share your home with other adults (none of these adults can be your partner or a tenant or lodger) who are on low incomes. In this case you may be entitled to Second Adult Rebate, regardless of your own income.

If you want to claim Council Tax Benefit please fill in this application form.

We will work out which type of benefit gives you the best deal!

HOW TO CONTACT THE BENEFITS SECTION DIRECT

Please contact us on: **(ENTER TELEPHONE NUMBER HERE)**

SECTION ONE

You must notify the authority immediately in writing of any change in your circumstances or if those of any other member of your household change whilst you are getting benefit. This is in addition to any change in circumstances that you report to the Benefits Agency.

You must tell us of the date when any changes happen - failure to do so may result in your benefit being stopped.

These changes may include -

- * Changes in income or savings
- * People moving into or out of your home
- * Someone going into hospital or prison
- * Someone becoming a student or a child leaving school
- * If you stop getting Income Support/Jobseekers Allowance
- * If your rent is increased or reduced
- * If you move house.

**YOU MUST NOTIFY THE BENEFITS OFFICE WITHIN ONE CALENDAR MONTH OF THE CHANGE OCCURRING.
FAILURE TO DO SO MAY RESULT IN LOSS OF BENEFIT**

MOVING HOUSE

If you are moving, you must tell us straight away. If you have to move at short notice and you still have to pay rent on your old home, we may be able to pay benefit for both properties, for up to 4 weeks. You will need to tell us why you are moving and provide proof of rent that is due on both properties, you must also move into your new home straight away.

**IF YOU ARE NOT SURE IF A CHANGE IN CIRCUMSTANCES WILL AFFECT YOUR BENEFIT,
PLEASE ENQUIRE AT CUSTOMER SERVICES OR CONTACT THE BENEFITS OFFICE**

**YOU MAY BE PROSECUTED IF YOU DELIBERATELY GIVE
US FALSE INFORMATION OR IF YOU DO NOT TELL US
ABOUT A CHANGE IN CIRCUMSTANCES**

SECTION TWO

You must supply at least two forms of identification-examples of which are listed at question 2. You must also provide proof of your and your partner's National Insurance Numbers. Original documents must be supplied-photocopies are not acceptable. Failure to supply this information within 28 days may result in your benefit being delayed or even cancelled.

You are not obliged to answer the question relating to your ethnic origin however, the Local Authority would appreciate your co-operation. Please state the category you consider yourself to belong to:

White British White Irish Indian Pakistani Bangladeshi White and Black Caribbean

White and Black African White and Asian Caribbean African Chinese Other

SECTION THREE

If you are in receipt of any disability benefits you must complete this section.

Where possible please supply your award notice/s.

CARER'S ALLOWANCE

If somebody is in receipt of Carer's Allowance for looking after you, you must supply their full name and address.

HOSPITAL PATIENTS

If you or your partner have been in hospital for more than 6 weeks we need to know. The level of benefit we pay may reduce after 6 weeks.

SECTION FOUR

If you are in receipt of any state benefits you must complete this section.

Where possible please supply your award notice/s. Do not delay in sending this form or you may lose benefit.

If any state benefits have been reduced because you or your partner are repaying a social fund loan or for any other reason, you must give the amount before a deduction is made.

Please ensure that you clearly state the frequency of the benefits which you receive i.e. weekly, fortnightly, four weekly or calendar monthly.

If you or your partner have applied for any other benefits e.g. Working Families Tax Credit, but have not yet been notified of your entitlement, you still need to send this form to us - you can tell us the outcome of your claim when you know.

STUDENTS

Your award notice detailing grant/loan details must be supplied.

RENT FROM OTHER PROPERTIES

If you own a property other than your own home and let it out, you must supply the address of the property and proof of the amount of income that you receive from it.

SECTION FIVE

Proof of your last 5 weeks/2 months wages are required in order to assess your benefit. If wage slips are not available, your employer must complete the Earnings Certificate (see sections 16A/B of the application form).

If you cannot supply proof of your earnings straight away, please send in your completed form immediately and forward the proof later.

If you start or stop work after you complete this form, you must let us know at once.

You should also tell us if there is a change in the number of hours that you work or the amount of money you earn.

SECTION SIX

Your latest audited accounts/books showing income and expenditure along with your business bank statements for the last 3 months must be supplied.

You may be required to send in further information if necessary.

If you do not have accounts because you are a new business please provide cashflow forecasts or projections if available. If you cannot provide these either supply copies of your books since the start of your business or ask the Benefit Section to send you some income and expenditure sheets to complete.

Remember, do not delay returning your form as this may result in loss of benefit.

SECTION SEVEN

All savings, investments and accounts must be declared even if they are overdrawn. If you have no savings please write 'NONE'.

You must provide proof of all capital held, i.e. current bank or building society statements showing all credits and debits and the balance outstanding for a period of at least 2 months OR a letter from the organisation that holds the capital detailing the type of account, the balance outstanding, any transactions occurring in the last 2 months and the account number OR original documents showing proof of ownership of share certificates, Premium Bonds, statements showing dividends.

If you or your partner have received back payments of a Social Security Benefit in the last year and that money is part of your savings please ensure you give details of this.

SECTION EIGHT

EDUCATION CONTRIBUTIONS

If you/your partner pay towards the upkeep of a son/daughter in higher education, please supply the amount which you pay and how often it is paid, you must also supply proof of this.

CHILDMINDING FEES

If you pay a registered childminder/day nursery, you must supply -

- * Child's name/s
- * Amount which you pay - you must supply proof of this and indicate how much you pay for each child
- * Childminder's name/address and their registration number.

PERSONAL PENSION

If you/your partner pay into a personal pension scheme, please provide the amount which you pay and supply proof of this.

If any of these amounts change, you must notify us immediately.

SECTION NINE

Please supply details of all children who live with you and for whom you receive child benefit.

You must let us know at once when your child benefit stops.

If there is not enough space please continue on a separate sheet.

SECTION TEN

Please give details of anyone who lives with you, apart from your partner, children whom you receive child benefit for, sub-tenants, boarders and lodgers.

You do not need to include other tenants in the property who are not members of your household.

If anyone who lives with you is in employment, you must supply a recent wage slip for each person.

If you do not send us this proof, we will deduct a higher amount from your benefit entitlement.

Remember - you must let us know immediately if your circumstances change or if those of any member of your household change whilst you are claiming benefit.

SINGLE PERSON DISCOUNT

If you are the only adult in the property or you live with someone who is not counted for Council Tax purposes, you may be entitled to a 25% discount. You may get this discount regardless of your income. You can get the discount as well as any benefit you are entitled to. This discount must be taken off your bill before your benefit is worked out. You may need to fill in a different form for this discount. Contact your Council Tax section on 0161 342 8355 if you would like more information. Do not delay sending in your benefit application form whilst you are waiting to hear about single person discount.

SECTION ELEVEN

Please provide details of anyone else living with you who you have not mentioned already on this form.

You should have already provided details of any rent you receive in section four.

SECTION TWELVE

You are not required to complete this section of the form if you are an owner-occupier.

You must supply proof of your rent/tenancy details e.g. tenancy agreement, rent book or a letter from your landlord or managing agent.

If you do not have the documents to hand, send in what you have now and send in the information within 28 days. Delay in sending this form may result in loss of benefit.

If the person you pay rent to is not the owner of the property, you must supply a letter or agreement which authorises them to act on the owners behalf.

You must confirm the date you moved in to the property for which you are making the claim.

Please ensure you answer all questions - failure to do so may result in your claim being delayed.

If you authorise the Local Authority to advise your landlord on the progress of your claim, we will not divulge the amount of weekly income you receive, just the outstanding information required to process your claim e.g. awaiting wage slips, confirmation of Income Support, etc.

SECTION THIRTEEN

Include in this section any information which may affect your claim.

If you would like us to consider backdating your benefit please give details.

Please include as much information as possible and provide the date you would like your claim to start.

SECTION FOURTEEN

Please list all the proof you are sending us now and the proof you will be sending us later.

If you do not have all the proof we have asked for still send this claim form back to us immediately and let us have the other information as soon as possible. The maximum time we will allow is 28 days.

SECTION FIFTEEN

Please ensure the application has been signed and dated by you and your partner (where applicable). Unsigned applications will be returned to you, delaying your claim.

Please note that if you give information that is incorrect or incomplete or fail to report any changes which may affect your benefit you may be prosecuted.

DATA PROTECTION

We will store the information you give us on this form on a computer system registered under the Data Protection Act 1998. We may check the information against other information we hold about you, and use it for other purposes allowed under the Data Protection Act. This may include checking whether you are responsible for the Council Tax at your address. We must protect the public funds we handle, and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.

OUR RESPONSIBILITIES

- * We will respect your privacy at all times.
- * We will do our best to assess your benefit accurately and as quickly as possible
- * When you have given us all the information we need we will work out your benefit within 10 working days.
- * When we have worked out your benefit, we will send you a letter to tell you how much benefit you will get. If you do not think this is correct please tell us straight away.

SECTION SIXTEEN A/SIXTEEN B

If you/your partner do not have wage slips available you should have the earnings certificate completed by your employer/s.

Please enter name, address, occupation and work number before handing the certificate to your employer/s.

Do not delay in returning the application form.

If you cannot have the earnings certificate completed straight away send in your completed application form and forward the certificate later.

Your employer must state your National Insurance Number on the earnings certificate. Failure to do so may result in your claim being delayed.

SECTION SEVENTEEN

If you require your rent to be paid direct to your landlord please complete Part A yourself and ask your landlord to complete Part B.

The authorisation must be signed by both yourself and your landlord.

HOW WE WILL PAY YOUR BENEFIT

Council Tax Benefit will be credited to your account and your bill will show this.

Housing Benefit will be paid by cheque. Please ensure you have a bank account for this facility. We will pay your Housing Benefit every 4 weeks. Schedules of when payments are due and the period they cover are available upon request from the Benefits Office on the telephone numbers shown on the first page of these guidance notes.

SECTION SEVENTEEN A

If you require your rent to be paid direct into a bank/building society account, you will need to complete this section. Your benefit can be paid into either your own or your landlord's bank/building society account.

Please write the account/roll numbers as clearly as possible.

HELP AND ADVICE

If you need help to fill in the application form please visit your local Customer Service Centre. If you cannot leave your home we can arrange to visit you in your home to help you fill in the form and to check the proof we need.