

APPLICATION FOR COUNCIL TAX BENEFIT

ONLY TO BE COMPLETED IF YOU ARE IN RECEIPT OF INCOME SUPPORT OR JOBSEEKER'S ALLOWANCE (INCOME BASED)

Private and confidential

Name:	Local Authority use only: Date Stamp
Address:	
Postcode:	
Email address:	
Telephone No:	

آپ نے اس فرم کو اپنی یا آپ کی پارٹنر کی طرف سے درآمد کرنے میں مشکلات پیش آ رہی ہیں تو براہ کرم ہمیں اس بارے میں بتائیں تاکہ ہم آپ کی مدد کر سکیں۔

ڈائریکٹوریٹ آف سروسز
۲۴ ویسٹ ہاؤس سٹریٹ
آؤٹسٹریٹ-آؤٹسٹریٹ-آؤٹسٹریٹ
ڈیولپمنٹ:

Are you or your partner in receipt of Income Support or Job Seekers Allowance (Income Based)?

Please tick the appropriate box.

Yes

No

You will lose money if you do not return this form immediately. Do not delay! If you do not have all the information we are asking for, send the application form to us now and supply the remaining information within 28 days.

All the details you give will be treated in the strictest confidence.

Return your application to:

তথ্য দেওয়ার কাগজ বা ফর্ম

কিছু তথ্য জানার জন্য এই কাগজটিতে ইংরেজীতে কিছু প্রশ্ন করা হয়েছে। এগুলি বুঝতে আপনার যদি কোনও রকম অসুবিধা হয় তাহলে নীচের তিকানাতে যোগাযোগ করুন।

টি এম বি সি ইন্টারপ্রেটার ট্রান্সলেশন সার্ভিস,
৫৬, গ্যারিংটন স্ট্রীট, অ্যাশটন আন্ডার লাইন।
টেলিফোন :

(ENTER RETURN ADDRESS HERE)

If you have any information on suspected Housing or Council Tax Fraud ring:



Information will be treated in strict confidence.

Alternatively you can hand it in at your local Customer Service Centre where help in completing the form is available if required.



Awarded for excellence

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.

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 you or your partner are in hospital for 6 weeks or more.

2 About yourself and your partner

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.

Title	Yourself				Your partner			
	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								
Date of birth	/		/		/		/	
National Insurance number								
Are you a joint owner with someone other than your partner?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A			
If yes , please give us the name(s) of the joint owners.								
Do any of the joint owners live in the property with you?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A			
If yes , please give their names								
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?	/		/		/		/	
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"/>	

3 About any disabilities or illness

Please tick all the boxes that apply to you or your partner	Yourself		Your partner	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>
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	/ /	/ /	/ /	/ /

Hospital patients: If you (or your partner) have been in hospital for more than six weeks, we need to know. Your Income Support or Job Seekers Allowance (Income Based) may stop and you may need to apply for standard council tax benefit.

4 About any children who live with you who you receive Child Benefit for.

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"/>
If they are over 15, give the date you think they will leave school	/ /	/ /	/ /	/ /	/ /

5 About other people who live in your home

Apart from you, your partner and any children you receive Child Benefit for, does anyone else live in your home?

Yes No

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 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?	£ :	£ :	£ :	£ :
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 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 _____			
	_____ is the partner of _____			

6 Other information

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 following the date Income Support/Job Seekers Allowance (Income Based) has been awarded from providing this form is received in the Benefits Office within 4 weeks of the Income Support/Job Seekers Allowance (Income Based) start date. If the form is not received in time, it may be possible, in some circumstances, 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)

7 Declaration

You must fill in this section. Both you and your partner must sign.

Please read this declaration carefully.

- This is my claim for Council Tax Benefit.
- 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, 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.

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

Your Partner's Signature

Date:

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 relative or friend.

Name of the person who filled in the form:

Their signature:

Their relationship to you:

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.