



## What to do next

Send or bring into the Council offices the completed and signed form **with the evidence we need to see** in the envelope provided.

### **Still send us the form even if you don't have all the evidence.**

Just tell us what evidence you will be sending later.

### **You must tell us if you can't get the evidence within one month.**

If you don't return the form straightaway you might lose money. We will normally pay any benefit due from the Monday after we get your form.

If you need to claim for a past period, you must be able to show continuous good cause for not claiming earlier.

If you want to know more about this, please contact the Benefits Section.

## How we collect and use information

We will use the information given in this form and any supporting evidence you send us to process your claim for Housing Benefit and Council Tax Benefit and to recover overpaid Housing Benefit and Council Tax Benefit.

We may pass the information to other agencies or organisations, such as the Department for Work and Pensions and the Inland Revenue, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

- make sure the information is accurate;
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities, and private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us.

Basingstoke and Deane Borough Council is the data controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use that information, please ask us.

You have a right of access to the information that this Council holds about you. To request this please write to:

Data Protection Officer  
Civic Offices  
London Road  
Basingstoke  
RG21 4AH

We must protect the public funds we handle, so we may use the information you have provided on this form to prevent and detect fraud and to assist the collection of Council Tax. We may also share this information, for the same purposes, with other organisations that handle public funds.



# Part 1 About you and your partner

## Do you have a partner who normally lives with you?

We use partner to mean a person you are married to or a person you live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.

No

Yes  If you have a partner, you must answer all the questions about them, as well as yourself.

## If your partner has moved out please tell us the date he/she left

You

Your partner

Last name

Other names

Any other last names you have used

Title (Mr, Mrs, Ms or other)

Address

Do not tell us your partner's address if it is the same as yours.

Postcode

Postcode

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, don't forget to tell us when you have actually moved in.

Date of birth

National Insurance number

You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number.

Letters Numbers Letter

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Letters Numbers Letter

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If you do not have a National Insurance number, or cannot find it, tick this box.

If your partner does not have a National Insurance number, or cannot find it, tick this box.

Your daytime phone number

Your evening phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly.

Do you wish to claim:

Housing Benefit  Council Tax Benefit  Both

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

No

Yes  When did you claim?

Which council did you claim from?

What name did you claim in?

What address did you claim for?

Postcode

No

Yes  When did they claim?

Which council did they claim from?

What name did they claim in?

What address did they claim for?

Postcode

# Part 1 About you and your partner – continued

	You	Your partner
If you claimed at a different Council, have you told them that you have moved?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have moved home in the last 12 months, tell us your last address.	<input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
Were you the home owner, a private tenant, a council tenant or a boarder at this address?		
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter the UK? <small>The UK is England, Northern Ireland, Scotland and Wales.</small>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	When will you come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	When will they come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Do you or your partner get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	Care: £ <input type="text"/>	Care: £ <input type="text"/>
	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner ever claimed Carer's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Tick 'Yes' even if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.

# Part 1 About you and your partner – continued

**You**

**Your partner**

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

No

Yes  How much do you pay?

£

How often?

Every

No

Yes  How much do they pay?

£

How often?

Every

Are you or your partner a student?

No

Yes

Do you study full time or part time?

Full time  Part time

How much of your income is taken into account when working out your grant?

£  a year

No

Yes

Do they study full time or part time?

Full time  Part time

How much of their income is taken into account when working out their grant?

£  a year

What is the name and address of your College/University?

Postcode

Postcode

What is the name of the course you are studying?

When does/did the course start?

/  /

/  /

When does the course end?

/  /

/  /

Student term dates:

Autumn from  /  /

to  /  /

Spring from  /  /

to  /  /

Summer from  /  /

to  /  /

Please tick if you or your partner are:

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

We will contact you if we need more information.

## Part 2 About children

You may be able to get more benefit if there are children in your household and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCSE, A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household?

No  Go to **Part 3**.

Yes  If there are more than 3 children, use the space provided on page 23 to give all the information we ask for on this page.

If the child/children no longer live with you please state their;

	Name	Date of birth	Date they left
	First child	Second child	Third child
	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<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"/>	<input type="text"/>
Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If the child is 15 or over, give the date you think they will leave school	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child have any savings?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is the child registered blind? We need to see evidence of this for each child.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Does the child get Disability Living Allowance?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?
	Care: £ <input type="text"/>	Care: £ <input type="text"/>	Care: £ <input type="text"/>
	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>

## Part 2 About children – continued

	First child	Second child	Third child
<b>Do you pay a registered childminder, nursery or after-school club any childminding costs?</b> Give the name and registration number of the minder.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>
<b>Cost per week</b> We must see evidence of this.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Is the child getting or waiting to hear about any benefit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>The name of the benefit or pension</b> Waiting to hear <input type="checkbox"/> Getting now <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who is it paid to?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 3 About other people who live with you

**Do any adults usually live with you and your partner?** No  Go to **Part 4**. Yes  Give details below.

By adults we mean people over 16 for whom no-one receives Child Benefit.

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

If you need to tell us about more than 3 people, use space provided on page 23.

	First person	Second person	Third person
<b>Last name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Their relationship to you or your partner</b> Some examples are aunt, uncle, mother, grand parents, grand children, step children, brother, father, joint tenant, joint owner, subtenant, lodger or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>What date did they move in?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Are any of the people who normally live with you married to each other, living together as if they were married or in a civil partnership?**

No  Yes

Tell us their names.

is the partner of   
And  is the partner of

# Part 3 About other people who live with you – continued

	First person	Second person	Third person
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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 will they come out?	<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"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When are they expected to come out?	<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"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
We must see evidence of how much they pay you.	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Does this amount include payment for meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this amount include payment for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> 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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us which.	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 3 About other people who live with you – continued

	First person	Second person	Third person
<p><b>Do they normally work for 16 hours or more a week?</b> This doesn't apply for lodgers paying rent or money for board and lodgings.</p> <p>We must see evidence of their earnings.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Tell us their earnings before any deductions.</p> <p>£ <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Tell us their earnings before any deductions.</p> <p>£ <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Tell us their earnings before any deductions.</p> <p>£ <input type="text"/></p>
<p><b>Do they have any other income at all?</b></p> <p>This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.</p> <p>We must see evidence of any other income.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Name of first other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of second other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of third other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Name of first other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of second other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of third other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Name of first other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of second other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p> <p>Name of third other income</p> <p><input type="text"/></p> <p>How much is it before deductions?</p> <p>£ <input type="text"/> a week</p>

## Part 4 About rent

**Do you pay rent for your home?** No  Go to **Part 6**.  
 Yes  Answer the questions below.

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

**Who charges you rent for your home?**

**Does your landlord live in your home?** No   
 Yes

## Part 4 About rent – continued

### What is your landlord's name and 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 or civil partnership even if it has ended. Some examples are ex-wife, ex-husband, ex-civil partner, aunt, uncle, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes

What is the relationship?

is my landlord's or agent's

### When did you start renting your home?

### What sort of tenancy do you have?

For example, shorthold, assured tied rent or something like this.

### How long is the tenancy for?

to

### Do you have a written tenancy agreement?

No

Yes

Whose name(s) are shown on the tenancy agreement?

### Do you have a verbal tenancy agreement?

No

Yes

### Please tick to show if the property is let as:

furnished

minimally furnished

partly furnished

unfurnished

## Part 4 About rent – continued

Are you responsible for the internal decoration of your home?

No

Yes

Is the landlord responsible for the internal decoration of your home?

No

Yes

How much is the rent for your home?

£  every

(For example, every week/fortnight/4 weeks/month.)

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

No

Yes

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

How much of the rent do you pay?

£  every

(For example, every week/fortnight/4 weeks/month.)

Who do you pay the rent to?

Has your rent changed in the last 12 months?

No

Yes

Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

Has your rent been registered as a fair rent by a rent officer?

No

Yes

Please send us the notice of registration.

Do you have any weeks when you do not have to pay rent?

No

Yes

How many in a year?

Are you behind with your rent?

No

Yes

By how many weeks?

Does your rent include money for the following?

Meals

No

Yes

How much each week?

£

Which meals are included?

Water authority charges

No

Yes

How much each week?

£

Heating

No

Yes

How much each week?

£

Lighting

No

Yes

How much each week?

£

Hot water

No

Yes

How much each week?

£

## Part 4 About rent – continued

Fuel for cooking No   
 Yes  How much each week? £

Laundry No   
 Yes  How much each week? £

Cleaning rooms or windows No   
 Yes  How much each week? £

Gardening No   
 Yes  How much each week? £

Garage or parking space No   
 Yes  How much each week? £

Do you have to rent the garage as part of your tenancy agreement? No   
 Yes

TV rental/Satellite/Cable TV No   
 Yes  How much each week? £

Personal care and support No   
 Yes  How much each week? £

General care and support No   
 Yes  How much each week? £

**Do you pay any service charges separate from your rent?** No   
 Yes  How much each week? £

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals or lift maintenance.  
 What for?

### Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else  Tell us who.

### Are you living away from home at the moment?

No

Yes  Tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

## Part 4 About rent – continued

Tell us the address of where you are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

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## Part 5 About where you live

**What sort of building do you live in?** Tick one box only.

- |                     |                          |                  |                          |                                   |                          |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached house      | <input type="checkbox"/> | Flat in a house  | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat in a block  | <input type="checkbox"/> | Board and lodgings                | <input type="checkbox"/> |
| Terraced house      | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel                             | <input type="checkbox"/> |
| Maisonette          | <input type="checkbox"/> | Bedsit or rooms  | <input type="checkbox"/> | Residential nursing home          | <input type="checkbox"/> |
| Bungalow            | <input type="checkbox"/> | Hostel           | <input type="checkbox"/> | Residential care home             | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> |                  |                          |                                   |                          |

**Does your home have central heating?** No

Yes

**Does your home have a garden?** No

Yes

**Has your home been built or adapted for people with disabilities?** No

Yes

**How many floors are there in the whole building?**

**Which floors do you live on?**

**Do you and your household occupy only part of the building you have ticked?** No

Yes  Where in the building do you live?  
At the front  In the middle  At the back



## Part 6 About working for an employer – continued

	You	Your partner
When did you start this job?	/ /	/ /
What is your payroll, employee or staff number?		
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will they finish?
	/ /	/ /
How often do you get paid?	Every	Every
How much do you get paid before tax and National Insurance are taken off?	£	£
How are you paid? For example, in cash, by cheque or straight into a bank or building society account.		
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
How many hours a week do you usually work?		
Give details of any regular overtime, bonuses, tips or commission.		
Are you getting Statutory Sick Pay (SSP) Statutory Maternity Pay (SMP) or Statutory Paternity Pay (SPP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme or superannuation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£	£
How often?	Every	Every

**We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.**



# Part 10 About other benefits and pensions

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

No  Go to **Part 11**.

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

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit/Employment and Support Allowance
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Jobseeker's Allowance (Contribution-based)
- Maternity Allowance
- Pension credits
- Reduced Earnings Allowance
- Retirement Pension
- Severe Disablement Allowance
- State retirement pension
- Statutory Paternity pay
- Statutory Sick Pay or Statutory Maternity Pay
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax 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**

<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (Order book, giro cheque, direct to the bank or building society?)	<input type="text"/>	<input type="text"/>
Who is it paid to if it is not paid to or collected by you?	<input type="text"/>	<input type="text"/>
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (Order book, giro cheque, direct to the bank or building society?)	<input type="text"/>	<input type="text"/>
Who is it paid to if it is not paid to or collected by you?	<input type="text"/>	<input type="text"/>
<b>The name of the benefit or pension</b>	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? (Order book, giro cheque, direct to the bank or building society?)	<input type="text"/>	<input type="text"/>
Who is it paid to if it is not paid to or collected by you?	<input type="text"/>	<input type="text"/>

# Part 11 About other money coming in

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 12**.

Yes  Answer the questions on this page.

This includes:

- Annuities
- Income from abroad
- Occupational pensions
- 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
- Student grant or Student Loan
- Any Cash payments
- Payments into a bank/building society account
- Child Support Agency payments

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust, the Skipton fund or the Creutzfeldt-Jacob Disease Trust.

## Other money 1

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

## Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

## Other money 3

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

## Part 11 About other money coming in – continued

Does anyone owe money to you, your partner or any children you are claiming for?

No

Yes  What for?

How much?

Are you, your partner or children expecting to get any money in the next 12 months?

No

Yes  What for?

For example, a redundancy payment or a payment instead of notice or holiday, maintenance or payment from health insurance

How much?

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

## Part 12 Accounts, money and savings

Answer all the questions in this part. We must see evidence of all your cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates and stocks and shares. This includes anything held in your name or held for you in the UK and abroad. Read the checklist at Part 15 to see what you can use as evidence.

Do you, your partner or any children you are claiming for have any bank accounts in your name or held for you, even if they are empty or overdrawn?

No

Yes  Tell us about all your **bank accounts**. If there are more than 2 bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

Account 2.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

## Part 12 Accounts, money and savings – continued

Do you, your partner or any children you are claiming for have any building society accounts in your name or held for you, even if they are empty or not used regularly?

No

Yes  If you have more than 2 building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Account 2.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Do you, your partner or any children you are claiming for have any post office accounts?

This includes savings accounts in your name or held for you, even if they are empty or not used regularly.

No

Yes  If you have more than 2 post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

Account 1.

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Account 2.

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Do you, your partner or any children you are claiming for have any premium bonds?

No

Yes  Value

£

Do you, your partner or any children you are claiming for have any National Savings Certificates?

No

Yes  Issue number

Value

£

How many?

Issue number

Value

£

How many?

## Part 12 Accounts, money and savings – continued

Do you, your partner or any children you are claiming for have any stocks, shares, bonds or unit trusts?

No

Yes  Company name

How many?

Company name

How many?

Do you, your partner or any children you are claiming for have any other capital, savings or investments?

No

Yes  Tell us about this.

For example, cash, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

Have you or your partner received a Far Eastern Prisoner of War payment?

No

Yes

Do you, your partner or any children you are claiming for own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?

No

Yes  What is the address?

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

  
  
  

Postcode

How much is it worth?

If you have a mortgage or loan for this, how much is left to repay?

If you own another property is it occupied by a relative or ex husband or ex wife or partner you are separated from?

No

Yes  If yes please state relationship.

## Part 13 How you want your Housing Benefit to be paid

How do you want to be paid?

If you are a Private Tenant and your claim is assessed under the Local Housing Allowance regulations, your benefit will be paid to you. It is recognised that some people are unable to manage their rent payments. If you think this applies to you then you should contact this office immediately.

If Local Housing Allowance does not apply to you – eg. Housing Association tenants – then you can decide whether to receive your benefit or to have it sent to your Landlord.

### Payment choices

We can pay by cheque, straight into your bank account or straight into your landlord's bank account.

## Part 13 How you want to be paid – continued

### Local Housing Allowance tenants only

1. Directly into my bank account- BACS transfer

This is our preferred method of payment; it is the quickest and the most convenient way for you to receive your benefit.

Please enter details of your bank or building society you want payment to be paid into.

<b>Name of bank or building Society</b>	<input type="text"/>
<b>Account number</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>Sort Code</b>	<input type="text"/>
<b>Roll number – if applicable</b>	<input type="text"/>
<b>Whose name is the account in?</b>	<input type="text"/>

In making this request, I understand that it is my responsibility to check this bank account on a regular basis. I undertake to repay any payment made by Basingstoke and Deane Borough Council into this account if I am not entitled to it.

<b>Claimant's signature</b>	<input type="text"/>
<b>Date</b>	<input type="text" value="/ /"/>

2. I do not have a Bank account. Please send me information to assist me in opening an account.

3. I want my Landlord to be paid direct.  Further details will be required, so we will write to you about this.

### Housing Association tenants only

4. I want my Housing Benefit paid to me  to my bank account

<b>Name of bank or building Society</b>	<input type="text"/>
<b>Account number</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>Sort Code</b>	<input type="text"/>
<b>Roll number – if applicable</b>	<input type="text"/>
<b>Whose name is the account in?</b>	<input type="text"/>

5. I want my Housing Benefit paid to the Housing Association.

Name of Housing Association:	<input type="text"/>
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## Part 14 Anything else you need to tell us

Use the space below to tell us anything else you think we should know about.

You may use this space if there is not enough space on the form for your details e.g. if you have more than 3 children.

You may also use this space if you are making a request for your benefit to be backdated. Please state the period that you would like your benefit paid for and the reasons why you did not claim earlier.

### If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

I have confirmed with the person claiming that the answers I have written on this form are correct.

**Name of the person who filled in the form**

**Signature of the person**

**Relationship to the person claiming**

**Address**

Postcode

**Telephone number**

**Date**

/ /

## Part 15 Checklist

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies.

**If you do not provide all 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 and for any other adult non dependents living in your home. Examples of non dependents are relatives, friends, grown up children or your parents.**

If you have tenants or boarders living in your home we will need to see evidence of the rent they pay you. Tenants and boarders are people who have a formal agreement with you to rent part of your home, subject to terms and conditions. A tenant receives no cooked or prepared meals. A boarder receives some cooked or prepared meals.

If you cannot send all the evidence we need at the moment, send the form back to us now with what you have and send the rest later. We can start to process your claim, **but we cannot pay you any benefit until we have all the evidence.**

### **Evidence of identity**

Birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEA identity card, Home Office letter or recent paid gas or electricity bill. We will need to see at least 2 of these documents for each person.

### **Evidence of National Insurance number**

National Insurance number card, payslips, letters from Department for Work and Pensions, or Tax office.

### **Evidence of capital, savings and investments**

All your bank, building society or post office books, full bank statements, certificates for premium bonds, National Savings Certificates, TOISAs, ISAs, stocks, shares, bonds and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last 2 months.

### **Evidence of private rent and tenancy**

Rent book, rent receipts, tenancy agreement, or a letter from your landlord. If you do not have a written agreement, receipts or rent book please ask your landlord to complete part 17.

### **Evidence of earnings**

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you are unable to obtain wage slips we may contact your employer to confirm the details.

### **Evidence of other income**

Such as pension slips from a former 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**

Current award notices or letters from Department for Work and Pensions or Tax office confirming how much you get. If you do not have evidence, let us know straight away.

### **Evidence of other money paid out**

Such as letters about student grants, maintenance, agreements or receipts from registered child carers.

## Part 16 Declaration

**Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they will also need to sign the declaration.**

**Please read this declaration carefully before you sign and date it.**

(Please delete as appropriate).

- This is my/our claim for Housing Benefit and/or Council Tax Benefit.
- I/we declare that the information I/we have given on this form is correct and complete.
- I/we authorise the Council to make any necessary enquiries to verify the information on or provided with this form.
- I/we authorise the Council to cross check the information I/we have given with any other sections within the Council, The Rent Office, other Councils and Benefit Authorities.
- I/we understand that if I/we give incorrect or incomplete information or fail to report in writing any changes that might affect my/our benefit, I/we may be prosecuted.

**You must tell the Benefits Section at Basingstoke and Deane Borough Council about changes in your circumstances. DO NOT rely on the Department of Work and Pensions, other council offices, other council departments or other agencies to tell us.**

Sometimes, sharing information with your landlord helps us to deal with your claim more quickly and reduces the risk of you falling behind with your rent. Such information could include whether you are working or unemployed, whether your claim has all the relevant documentation with it or what further information we have requested.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started before we can make a decision on your claim. If this is the case we have to ask your landlord even if you have not given us permission to discuss your claim with them.

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. If you give us permission but then change your mind, just contact us and let us know.

You must be advised that even if you do not give your permission, we will discuss your claim with your landlord if we have a legal duty to do so.

If you want to give us permission to discuss your claim with your landlord, please sign below.

**I give Basingstoke and Deane Borough Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**  Please tick

Signature of person claiming

Date

Partner's signature

Date

**YOU MUST ALSO SIGN THE DECLARATION ON THE NEXT PAGE.** 

## Please sign this page

### Changes you must tell us about

Tell us straightaway if:

- any of your children leave school or leave home;
- anyone moves in or out of your home (including lodgers and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- you or anyone living with you, becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home;
- you receive any decision from the Home Office; or
- there are any other changes.

**YOU must tell us about these changes in writing** – a phone call is not enough.

If you don't tell us you may lose money you are entitled to or you may get too much benefit.

It is an offence under the Social Security Administration Act 1992 not to tell us about any change that affects your benefit. We may take court action against you and if we have paid you too much benefit, you will have to pay it back.

**Claimant's declaration.** (Please delete as appropriate).

- I confirm I have read the above.
- I/we know that I/we may be committing an offence if I/we do not inform this council of any changes in my/our circumstances.
- I/we know that I/we may be committing an offence if any information I/we provide is false.
- I/we have signed to state that I/we understand what has been said.

**Claimant's name**

**Claimant's Signature**

**Date**

**Partner's name**

**Partner's signature**

**Date**

(If present and living with claimant)

---

## Please retain this part for your records

### Changes you must tell us about

Tell us straightaway if:

- any of your children leave school or leave home;
- anyone moves in or out of your home (including lodgers and subtenants);
- your income, or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- you or anyone living with you, becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes;

- you move;
- you or your partner, are going to be away from home;
- you receive any decision from the Home Office; or
- there are any other changes.

**YOU must tell us about these changes in writing** – a phone call is not enough.

If you don't tell us you may lose money you are entitled to or you may get too much benefit.

It is an offence under the Social Security Administration Act 1992 not to tell us about any change that affects your benefit. We may take court action against you and if we have paid you too much benefit, you will have to pay it back.

# Part 17 Landlord Declaration

For your Landlord to Complete

Tenant's name

Address

Rent Reference

Are you, your partner, or any of your or your partner's children related to your tenant or to your tenant's partner.

No  Related includes related through marriage or civil partnership even if it has ended. Some examples are ex-wife, ex-husband, ex-civil partner, aunt, uncle, brother, daughter, father, grandson, grandmother, grandfather, son in law or step daughter.

Yes

What is the relationship?

What date did the tenant move in?

What date did the tenancy start?

How much is the rent? £  every  (For example every week/fortnight/4weeks/month)

When is the next rent increase due?

Do you have a written tenancy agreement? Yes  No

Do you have a verbal tenancy agreement? Yes  No

Do you also live in the property? Yes  No

Please name any other joint tenants at the property

Are any of the following items included in the rent which you charge?

	Please write YES or No	If YES, how much?
Use of garage/parking spaces	<input type="text"/>	<input type="text" value="."/>
Gardening	<input type="text"/>	<input type="text" value="."/>
Laundry	<input type="text"/>	<input type="text" value="."/>
Heating	<input type="text"/>	<input type="text" value="."/>
Lighting	<input type="text"/>	<input type="text" value="."/>
Hot water	<input type="text"/>	<input type="text" value="."/>
Cleaning of room(s) or windows	<input type="text"/>	<input type="text" value="."/>
Cleaning of communal areas	<input type="text"/>	<input type="text" value="."/>
Fuel for cooking	<input type="text"/>	<input type="text" value="."/>
Use of telephone	<input type="text"/>	<input type="text" value="."/>
Satellite/Cable TV/TV rental	<input type="text"/>	<input type="text" value="."/>
Water charges	<input type="text"/>	<input type="text" value="."/>
Care & support	<input type="text"/>	<input type="text" value="."/>
Alarm system	<input type="text"/>	<input type="text" value="."/>

PLEASE SIGN THE DECLARATION OVERLEAF

Continued overleaf

## Part 17 Landlord Declaration – continued

Any other charges? (please state)

Do you provide meals for your tenant? Please tick boxes

Breakfast

Lunch

Evening Meal

None

Your name

Phone no.

Address

Postcode

### Landlord's Declaration

I declare that the information I have given is true. I understand that to provide false information or to contrive a tenancy with a tenant in order to obtain Housing Benefit is a criminal offence. To do so could result in prosecution and recovery of any benefit granted.

### Data Protection

The information declared on this form will be used to assess entitlement to Housing and Council Tax Benefit for the applicant and in the recovery of overpaid Housing and Council Tax Benefit.

You have a right of access to the information that this Council holds about you. To request this please write to Data Protection Officer, Civic Offices, London Road, Basingstoke, RG21 4AH.

We must protect the public funds we handle and so 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.

### I understand that:

- I can be prosecuted if I accept benefit I know I am not entitled to,
- I must tell the Housing Benefit Section of any change in the rent,
- I must notify any changes in circumstances of my tenant that I know,
- the Council may recover any overpayment direct from the landlord or the tenant,
- I have read and understood the instructions given on this page,
- if I am receiving Housing Benefit payments on behalf of my tenant, I undertake to repay, on request, any overpaid Housing Benefit to Basingstoke and Deane Borough Council. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature

Date

Name

Address

Postcode

### Notification of Application for Housing Benefit

It is sometimes helpful if your Landlord or Housing Association is informed that you have claimed for Housing Benefit. If you wish your Landlord or Housing Association to be informed, please tick this box  and complete the details below.

Landlord or Housing Association name

Your name

Your address

Postcode

Date of claim (office use only):