



Housing Benefit & / or Council Tax Reduction Application Form

for Applicants of Working Age

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name

Address

Postcode

Telephone

Email

Are you? (Please tick all that apply):

An Owner Occupier

A Council Tenant

A Private Tenant

A Joint Owner/Tenant

About this form

Please complete and return this form immediately. If you do not have all the information we ask for to hand, you **MUST** still make the application straight away. You normally have a calendar month to bring us other information needed to support your application. If you want to apply for Alternative Maximum Council Tax Reduction then you need only complete sections 1, 2, 4 and 17 of this form.

If you are claiming **Universal Credit** then help towards your rent will normally be assessed as part of that claim. You will not normally be entitled to Housing Benefit if you receive Universal Credit, unless you live in supported accommodation. You may still receive help towards your Council Tax.

Return your Revenues & Benefits Team claim to:

William Patrick Library 2 - 4 West High Street, Kirkintilloch, G66 1AD

Telephone enquiries: 0800 901 057

E-mail: benefits@eastdunbarton.gov.uk

If you know anyone who is stealing from the system contact us on 0141 578 8220 or call the National Benefit Fraud Helpline on 0800 328 6340.

For official use only

Date issued

Issued by

Location

Reference

Date received

Date first contact

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Part 1 About you and your partner

By partner we mean someone of the opposite or same sex that you are married to (including Civil Partnerships), or live with as if you were married.

If you have a partner you must answer all questions about them as well as for yourself.

Please provide all information asked for, or give as much information as possible.

Part 1A. Personal Details

	You	Your partner
Title (For example Mr, Mrs, Ms)		
First name(s)		
Surname		
Any other names you have used		
Date of birth		
National Insurance Number		

Please provide two proofs of identity - for the applicant and any partner for example passport, driving licence, birth/marriage certificate, UK residence permit, EEC Identity Card.

Please provide one proof of National Insurance Number for the applicant and any partner - for example National Insurance Card, payslip, P45/P60.

Part 1B. Have you come to live or returned to live in Scotland, England, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last five years?

Yes No

Are you a British Citizen?

Yes - *Go to Part 1C* No - *Enter details below*

You

Your partner

Nationality

Date entered the UK

Expected length of stay

Reason for stay

Please provide your passport(s) / immigration documents. We will contact you if we need any more information

Part 1C. When did you move to this address?

Please provide all information asked for, or give as much information as possible. If you are unable to give exact dates then please give approximate dates

Date bought

OR Date tenancy started

Date moved in

OR Move in date to follow

If you have not moved into your address when you submit the application then please give written or emailed confirmation of the date that you do move in and ask the Revenues & Benefits Team for more advice.

About your application

Please take a few minutes to read these notes before you fill in your application form. This section is for you to tear out and keep for your future reference.

Before you begin

Please don't be put off by the size of the application form as you may not need to complete every part of it. Please use ink to fill in the form - don't worry if you make a mistake, just cross it out and write your answer again.

If a part or section does apply to you then please ensure you give all details asked for - or as much information as you can. If a part or section does not apply to you then please select "no" or "none" as your answer where asked to do so.

Further details are given in each part of the form. However, if you need any advice or help to fill in your application form then please contact the Revenues & Benefits Team. Full contact details are on the first page of the form.

Evidence needed to support my application

Each part of the form tells you if any proof is needed, and gives examples of the proof that we can accept.

All applicants must provide the proof asked for to support their application. The proof asked for is required within the terms of the relevant regulations, ensures that applicants receive the maximum possible award of Housing Benefit and/or Council Tax Reduction, and is also used to prevent and detect fraudulent applications.

Please provide original documentation. We will copy it and return all originals to you immediately.

If you are unable to provide all the proof straightaway then you should still return your application to the Revenues & Benefits Team as soon as it is completed. You will then have a calendar month to provide all the proof needed. If you cannot provide all the proof needed to support your application within a calendar month then contact the Revenues & Benefits Team before the calendar month ends to ask for advice.

Please help us to help you as we cannot pay you any Housing Benefit and/or Council Tax Reduction that you may be entitled to until you provide all the necessary information and evidence to support your application. As this is the case, please complete the checklist on the other side of this page when you have completed the form as it gives you a list of the proof we need to support your application. It can also be used to remind you of any proof that you still need to give to us to support your application.

Housing Benefit prior to moving in or for an unavoidable overlap of liability

It may be possible to pay Housing Benefit before you move in to your home, or for two homes. However, this can only be awarded if you meet certain conditions **and** you can prove that the delay in moving into the property was reasonable, or that an overlap of tenancy dates could not reasonably have been avoided.

Please note that East Dunbartonshire Council has no discretion to make an award of Housing Benefit if you do not meet the conditions for an award of Housing Benefit in these circumstances. Please contact the Revenues & Benefits Team for advice.

Even if you do not qualify for Housing Benefit, you can still claim for Council Tax discount/exemption when you have an overlap of Council Tax Liabilities. Please contact the Revenues & Benefits Team on 0141 578 8190 for advice.



What happens when you receive my application?

If we do not have all the information and/or evidence we need to support your application we will write to you. Once all information and evidence required is received we aim to process your application within fourteen days.

Please note that if you have sole or joint capital of over £16,000 you are not normally entitled to Housing Benefit and/or Council Tax Reduction. However you may be entitled to Alternative Maximum Council Tax Reduction. Please contact the Revenues & Benefits Team for advice.

Decision notice(s) will be issued to advise you of your award(s) and how we have reached our decision(s). You must check the decision notice(s) upon receipt and advise us immediately if you think that there are any errors or omissions in the information used to calculate your award/reduction. You have a calendar month from the date of issue of your decision notice(s) to make a written request for a further explanation regarding your award/reduction, a statement of reasons detailing how the award/reduction was calculated, to ask for the decision to be reconsidered, or to ask for a formal appeal.

If you are a Council Tenant, Housing Benefit will be paid directly into your rent account. If you are a Housing Association Tenant, payment will be made either to you or your landlord by cheque or bank credit. From April 2008, Housing Benefit (Local Housing Allowance) for most other Private Tenants will be paid to claimants unless the claimant meets specific criteria for payment to be made direct to their landlord.

If you receive Council Tax Reduction or Alternative Maximum Council Tax Reduction your Reduction will be paid directly in to your Council Tax account.

What are my responsibilities when I am in receipt of benefit/Reduction?

Once your application has been decided upon the information given in your application form you must tell us in writing immediately if any of your personal, household or financial circumstances change.

If you do not tell us about changes in your circumstances you may receive Benefit/Reduction that you are not entitled to and will have to pay this back. You may also be prosecuted or have to pay a financial penalty.

Proof of identity

For example: birth certificate, passport, driving licence, marriage certificate, medical card.

Applicant Yes To follow

Partner Yes To follow

Proof of National Insurance Number

For example: National Insurance Number card, wage slips, P45, P60, Benefit award letters.

Applicant Yes To follow

Partner Yes To follow

Proof of income for other people who live with you

For example: wage slips, Benefit award letter, student awards.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of income from subtenants, boarders, lodgers

For example: rental agreement and receipts for rent paid.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of earned income

For example: wage slips, self-employed accounts or books and proof of income and expenditure.

You **must** complete the self-employed section if you are self-employed.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of benefits

For example: Benefit award letter, bank/building society/ Post Office account statement.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of other income

For example: Student award letters, Pension statements, maintenance award letter, payment statements, bank statement.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of outgoings

For example: child care receipts and registration certificate, student award letter or bank/building society account statements.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of capital

For example: 2 monthly/quarterly/annual account statements, certificates for shares, ISA statements, Premium Bonds, any other official documents you receive detailing your savings and returns.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Proof of private tenancy details

For example: rental agreement. You must complete part 14 of the form if you are a private tenant.

Applicant Yes To follow Not applicable

Partner Yes To follow Not applicable

Previous Address

Date moved in

Date moved out

Have you told the Council you have moved? Yes No

Were you? A Council Tenant An Owner Occupier
A Private Tenant A Non-Householder

Did you receive Housing Benefit/Council Tax Reduction at this address? Yes
No

If YES Which Council paid your Benefit?

Part 1E. Health & Circumstances

Do any of the following apply to you or your partner?

Yes - Enter details below No - Go to [Part 1F](#)

Please tick any of the following that apply to you and/or your partner, and enter any details asked for.

Receive Attendance Allowance	You	Your partner
Receive DLA Care Component or PIP Daily Living Component	You	Your partner
Have a vehicle from the Mobility Scheme	You	Your partner
Are Registered Blind	You	Your partner
Have an underlying entitlement to Carer's Allowance	You	Your partner
Receive Carer's Allowance	You	Your partner

Someone receives Carer's Allowance for looking after you - Please give their name & address

Please provide your Benefit award letter/Motability Agreement/Registration Card as appropriate.

Part 1F. Is there anyone living away from home for any reason?

Yes - Enter details below

No - Go to [Part 2](#)

Please provide all information asked for, or give as much information as possible.

Who

Reason

Address

Date left

Date/expected date of return

Has your home been let or sublet while you are away?

Yes

No

If YES, Who let to?

Date let

We will contact you if we need any more information.

Part 2 Council Tax Discount

We will issue any necessary claim form and contact you separately regarding any entitlement to Council Tax discount or exemption.

Part 2A. Do you think that you or your partner fall into any of the following categories?

Apprentice, Care Worker, Recent School Leaver, Severely Mentally Impaired,
Skill Seeker, Student, Student Nurse, In a Nursing Home or in Prison.

Yes - Enter details below

No - Go to Part 2B

Your category

From what date?

Your partner's category

From what date?

Part 2B. Are you the only adult aged 18 or over in the home?

Yes

Date from

No - Go to [Part 3](#)

Part 3 About Children

Please give details of all dependant children that normally live in your home. If you receive Child Benefit for them, then give their details in Part 3A.

If you have other dependant children living with you that you do not receive Child Benefit for then please give their details in [Part 3B](#).

If you have any children over the age of 16 that you do not receive Child Benefit for, then please give their details in [Part 4](#).

Part 3A. Are there any children in your household that you receive Child Benefit for?

Yes - Enter details below

No - Go to [Part 3B](#)

If you have more than 4 children please tell us all the information asked for below on a separate piece of paper.

First child

First name(s)

Surname

Sex (Male/Female)

Date of Birth

Relationship to you

Do they get Disability Living Allowance or PIP? Yes No

If yes, please enter rates or amounts received

Are they registered blind Yes No

Please provide proof of Child Benefit and any Disability Living Allowance received.

Second child

First name(s)

Surname

Sex (Male/Female)

Date of Birth

Relationship to you

Do they get Disability Living Allowance or PIP? Yes No

If yes, please enter rates or amounts received

Are they registered blind Yes No

Please provide proof of Child Benefit and any Disability Living Allowance received.

Third child

First name(s)

Surname

Sex (Male/Female)

Date of Birth

Relationship to you

Do they get Disability Living Allowance or PIP? Yes No

If yes, please enter rates or amounts received

Are they registered blind Yes No

Please provide proof of Child Benefit and any Disability Living Allowance received.

Fourth child

First name(s)

Surname

Sex (Male/Female)

Date of Birth

Relationship to you

Do they get Disability Living Allowance or PIP? Yes No

If yes please enter rates or amounts received

Are they registered blind Yes No

Please provide proof of Child Benefit and any Disability Living Allowance received.

Part 3B. Are there any dependant children living with you that you do not receive Child Benefit for?

Yes - Enter details below

No - Go to [Part 4](#)

Name(s)

Reason Child Benefit not received

Part 4 Other people who live with you

We need to know about any other people who live with you, or people who are temporarily absent for any reason. By 'other people' we mean people aged 18 or over - for example a parent, an adult child (including an adult child who left home to serve in the armed forces but returns to your home when on leave), or a friend, or sister OR any young person under 18 that neither you nor your partner receive Child Benefit for. These people are classed as 'non-dependants'. Do **not** include any partner in this part. If a subtenant, boarder or lodger lives with you, then give their details in [Part 4D](#).

Do any joint owner(s) or joint tenant(s) live with you?

Yes - Please give details

No

Name(s)

Their share of the tenancy/ownership
(For example half, third, quarter)

We will contact you if we need any more information.

Do any non-dependants usually live with you and your partner at the address you are applying for?

Yes - Please enter details in Parts 4A-4C below

No - Go to [Part 4D](#)

If there are more than 4 other adults resident then please tell us all the information we need on a separate sheet of paper.

Part 4A. Personal details

First person

First name(s)

Surname

Date of Birth

National Insurance Number

Relationship to you (parent, sister, friend etc)

Second person

First name(s)

Surname

Date of Birth

National Insurance Number

Relationship to you (parent, sister, friend etc)

Third person

First name(s)

Surname

Date of Birth

National Insurance Number

Relationship to you (parent, sister, friend etc)

Fourth person

First name(s)

Surname

Date of Birth

National Insurance Number

Relationship to you (parent, sister, friend etc)

Are any of these adults married to each other (including Civil Partnerships) or living together as if married?

Yes

No

is the partner of

is the partner of

Part 4B. Income details

First person

Universal Credit/Income Support/ Job Seekers Allowance/ Employment Support Allowance received?

Disability Living Allowance/PIP/ Attendance Allowance received?

Hours worked per week?

Wages before deductions?

How often is this paid?

Other income.

Include any pensions,Benefits, Tax Credits, income from savings or any other income not mentioned

Type(s)

Amount(s) (before deductions)

How often paid?

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Second person

Universal Credit/Income Support/ Job Seekers Allowance/ Employment Support Allowance received?

Disability Living Allowance/PIP/ Attendance Allowance received?

Hours worked per week?

Wages before deductions?

How often is this paid?

Other income.

Include any pensions,Benefits, Tax Credits, income from savings or any other income not mentioned

Type(s)

Amount(s) (before deductions)

How often paid?

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Third person

Universal Credit/Income Support/ Job Seekers Allowance/ Employment Support Allowance received?

Disability Living Allowance/PIP/ Attendance Allowance received?

Hours worked per week?

Wages before deductions?

How often is this paid?

Other income.

Include any pensions,Benefits, Tax Credits, income from savings or any other income not mentioned

Type(s)

Amount(s) (before deductions)

How often paid?

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Fourth person

Universal Credit/Income Support/ Job Seekers Allowance/ Employment Support Allowance received?

Disability Living Allowance/PIP/ Attendance Allowance received?

Hours worked per week?

Wages before deductions?

How often is this paid?

Other income.

Include any pensions,Benefits, Tax Credits, income from savings or any other income not mentioned

Type(s)

Amount(s) (before deductions)

How often paid?

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Part 4C. Status

	First person		Second person	
	Yes	No	Yes	No
Are they registered blind?	Yes	No	Yes	No
Are they severely mentally impaired?	Yes	No	Yes	No
Are they a recent school leaver?	Yes	No	Yes	No
Are they a student/student nurse?	Yes	No	Yes	No
Are they a care worker?	Yes	No	Yes	No
Are they an apprentice?	Yes	No	Yes	No
Are they a modern apprentice/ in work based training?	Yes	No	Yes	No
Are they in hospital/prison	Yes	No	Yes	No
Are they a member of the armed forces currently away on operations?	Yes	No	Yes	No

If YES, date from
date to (if known)

	Third person		Fourth person	
	Yes	No	Yes	No
Are they registered blind?	Yes	No	Yes	No
Are they severely mentally impaired?	Yes	No	Yes	No
Are they a recent school leaver?	Yes	No	Yes	No
Are they a student/student nurse?	Yes	No	Yes	No
Are they a care worker?	Yes	No	Yes	No
Are they an apprentice?	Yes	No	Yes	No
Are they a modern apprentice/ in work based training?	Yes	No	Yes	No
Are they in hospital/prison	Yes	No	Yes	No
Are they a member of the armed forces currently away on operations?	Yes	No	Yes	No

If YES, date from
date to (if known)

Third person

First name(s)

Surname

Rent charged each week

Does the rent include heating? Yes No

Does the rent include meals? Yes No

Please provide the rental agreement and proof of rent paid for each person.

Fourth person

First name(s)

Surname

Rent charged each week

Does the rent include heating? Yes No

Does the rent include meals? Yes No

Please provide the rental agreement and proof of rent paid for each person.

Part 5 About size criteria

If your home has more bedrooms than the regulations allow, the rent we can use when working out your award may be reduced. There are some circumstances when we can allow an extra bedroom.

Please answer the following questions.

Part 5A. Do you or anyone who normally lives with you require overnight care?

Yes

No

Part 5B. Do you have a child living with you who cannot share a bedroom because of a disability?

Yes

No

Part 5C. Are you and your partner unable to share a bedroom because of a disability?

Yes

No

Part 5D. Are you or your partner a registered foster/kinship carer?

Yes

No

If you tick yes to any of these questions we will write to you for additional information and evidence.

Part 6 About students

Not all full-time students are entitled to Housing Benefit and/or Council Tax Reduction. Some of those who are entitled include Lone Parents, disabled students, students aged under 19 (in further not higher education), and students with dependant children. Students who are liable for Council Tax, but are not eligible for Housing Benefit and / or Council Tax Reduction, can still claim Alternative Maximum Council Tax Reduction. Please contact the Revenues & Benefits Team for more advice.

Any entitlement to Council Tax discount or exemption will be assessed separately upon receipt of your completed discount or exemption claim form and any supporting evidence needed.

Are you or your partner a student?

Yes - Enter details below

No - Go to [Part 7](#)

You

Name of course

Name of College /University

Course start date

Course end date

Dates of current academic year from

to

Year of course

Year

of

Amount of Bursary

Amount of Grant

Amount of Student Loan

Please provide your award letter(s) for income received.

Your partner

Name of course

Name of College /University

Course start date

Course end date

Dates of current academic year from

to

Year of course

Year

of

Amount of Bursary

Amount of Grant

Amount of Student Loan

Please provide your award letter(s) for income received.

Part 7 About working for an employer

Please give all information asked for, or give as much information as possible. We need proof of your wages as detailed at the end of Part 7A. If you, or if your partner, **have more than one job or do any unpaid or voluntary work** then please complete [Part 7B](#). If you, or your partner, have **recently stopped working** then please complete [Part 7C](#). If you, or your partner, are **self-employed** then please complete [Part 8](#).

Part 7A. Do you or your partner work for an employer?

Yes - Enter details below

No - Go to [Part 7B](#)

You

What kind of work do you do?

Employer's name

Employer's address

Date started

Date contract ends
(If applicable)

Payroll/employee No.

Hours worked each week

How often paid (Weekly,
fortnightly, 4-weekly, monthly)

Method of payment (Bank/
Building society, cheque, cash)

Last pay rise (£)

Next pay rise (£)

Do you get regular over time, bonus, commission or tips?

Yes - Enter details below

No

Type

Amount

How often

Do you pay into a private or company pension scheme?

Yes - Enter details below

No

Type

Amount (£)

How often

Are you currently getting Statutory Sick / Maternity / Paternity / Adoption pay?

Yes - Enter details below

No

Type

Start date

End date

Please provide 5 weekly, 3 fortnightly, 2 monthly/ 4-weekly wage slips. These must be your most recent payslips. If you are just starting a new job then provide wage slips as received. If you do not have these wage slips, or if you receive hand written payslips, then please contact the Revenues & Benefits Team for advice.

Your partner

What kind of work do you do?

Employer's name

Employer's address

Date started

Date contract ends
(If applicable)

Payroll/employee No.

Hours worked each week

How often paid (Weekly,
fortnightly, 4-weekly, monthly)

Method of payment (Bank/
Building society, cheque, cash)

Last pay rise (£)

Next pay rise (£)

Do you get regular over time, bonus, commission or tips?

Yes - Enter details below

No

Type

Amount

How often

Do you pay into a private or company pension scheme?

Yes - Enter details below

No

Type

Amount (£)

How often

Are you currently getting Statutory Sick / Maternity / Paternity / Adoption pay?

Yes - Enter details below

No

Type

Start date

End date

Please provide 5 weekly, 3 fortnightly, 2 monthly/ 4-weekly wage slips. These must be your most recent payslips. If you are just starting a new job then provide wage slips as received. If you do not have these wage slips, or if you receive hand written payslips, then please contact the Revenues & Benefits Team for advice.

Part 7B Do you or your partner do any other paid, unpaid or voluntary work?

Yes - Enter details below

No - Go to [Part 7C](#)

You

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay / expenses / tips?

Yes - Enter details below

No

Type

Amount (£)

How often

Your partner

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay / expenses / tips?

Yes - Enter details below

No

Type

Amount (£)

How often

Please provide proof of any income you receive – for example a letter from the person/ Organisation that employs you. If you have entered details of a second job then please provide the evidence as detailed in Part 7A.

Part 7C Have you or your partner recently stopped working?

Yes - Enter details below

No - Go to [Part 8](#)

You

Date work ended

Name and address of former employer

Did you receive redundancy pay / pay in lieu of notice / retainer?

Yes - Enter details below

No

Type

Amount (£)

Please provide your P45 and proof of any payments received.

Your partner

Date work ended

Name and address of former employer

Did you receive redundancy pay / pay in lieu of notice / retainer?

Yes - Enter details below

No

Type

Amount (£)

Please provide your P45 and proof of any payments received.

Part 8 About being self-employed

If you need more than one self-employed details form then please contact the Revenues & Benefits Team - but please do not delay in returning your application form while awaiting receipt of this.

Are you or your partner self-employed?

Yes - Please complete the self-employed details part on [pages 23-24](#)

No - Go to [Part 9](#)

We need to see prepared accounts, although we may ask for further information to support your accounts. If you do not have prepared accounts then please provide your daily/weekly/monthly books and proof of income and expenditure.

Part 9 About benefits

Please give as much information as you can. We must see proof of all Benefits you or your partner receive.

If you, or your partner, are awaiting the outcome of any claim for State Benefit(s) then please complete Part 9B.

Part 9A Do you or your partner get any State Benefits?

Yes - Enter details below

No - Go to [Part 9B](#)

You				
Benefit	Amount	How often	Account paid into	Office Use
Amed Forces Independence Payment				AFIP
Bereavement Allowance				WBA
Bereavement Support Payment				BSP
Carer's Allowance				CA
Child Benefit				CB
Child Tax Credit				CTC
Disability Living Allowance (Care Component)				DLACX
Disability Living Allowance (Mobility Component)				DLACM
Employment Support Allowance (Income Related)				ESA (IR)
Employment Support Allowance (Contributory)				ESA (C)
Fostering Allowance				FOSTER
Guardian's Allowance				GA
Incapacity Benefit				IB X
Income Support				IS

You

Benefit	Amount	How often	Account paid into	Office Use
Industrial Death Benefit				IDB
Industrial Disablement Benefit				IIB
Job Seekers Allowance (Contribution Based)				JSA (Cont)
Job Seekers Allowance (Income Based)				JSA (IB)
Maternity Allowance				MA
PIP Daily Living Component				PIPDL
PIP Mobility Component				PIPM
Severe Disablement Allowance				SDA
Universal Credit				UC
War Disablement Pension				WDP
Widowed Parent's Allowance				WPA
Working Tax Credits				WTC
War Widow's Pension				WP

Please provide your most recent Benefit award letter, Bank/Building Society/Post Office Account statement. If you do not have any of these then please contact the Revenues & Benefits Team for advice.

Your partner

Benefit	Amount	How often	Account paid into	Office Use
Amed Forces Independence Payment				AFIP
Bereavement Allowance				WBA
Bereavement Support Payment				BSP
Carer's Allowance				CA
Child Benefit				CB
Child Tax Credit				CTC
Disability Living Allowance (Care Component)				DLACX
Disability Living Allowance (Mobility Component)				DLACM
Employment Support Allowance (Income Related)				ESA (IR)
Employment Support Allowance (Contributory)				ESA (C)
Fostering Allowance				FOSTER
Guardian's Allowance				GA
Incapacity Benefit				IB X
Income Support				IS
Industrial Death Benefit				IDB
Industrial Disablement Benefit				IIB
Job Seekers Allowance (Contribution Based)				JSA (Cont)
Job Seekers Allowance (Income Based)				JSA (IB)
Maternity Allowance				MA

Your partner

Benefit	Amount	How often	Account paid into	Office Use
PIP Daily Living Component				PIPDL
PIP Mobility Component				PIPM
Severe Disablement Allowance				SDA
Universal Credit				UC
War Disablement Pension				WDP
Widowed Parent's Allowance				WPA
Working Tax Credits				WTC
War Widow's Pension				WP

Please provide your most recent Benefit award letter, Bank/Building Society/Post Office Account statement. If you do not have any of these then please contact the Revenues & Benefits Team for advice.

Part 9B. Are you or your partner awaiting the outcome of a claim for any Benefits?

Yes - Enter details below

No - Go to Part 10

Benefit(s) claimed

Date(s) claimed

Part 10 About other income

We need to know about any other income you, or your partner, receive. Please provide all information asked for, or give as much information as possible. You must provide proof of all other income received as detailed at the end of each part. If you do not have the evidence asked for, then please contact the Revenues & Benefits Team for advice.

Part 10A. Do you or your partner receive a pension from a former employer?

Yes - Or Awaiting.
Enter details below

No - Go to [Part 10B](#)

Please also include any pension received by you from a late partner's employer. If you are awaiting payments from a pension, then please fill in as many details as possible and provide your payment details when received.

You

Pension received from

Start date

How much

How often

Account paid into

Date of last increase

Date of next increase

Please provide your most recent Pension statement.

Your partner

Pension received from

Start date

How much

How often

Account paid into

Date of last increase

Date of next increase

Please provide your most recent Pension statement.

Part 10B. Do you or your partner receive maintenance payments?

Yes - Or Awaiting
enter details below

No - Go to [Part 10C](#)

If you are awaiting payments then please fill in as many details as possible.

You

Who is it for

Received from

Start date

OR date claimed

How much

How often

Account paid into

Please provide your award letter, legal agreement, letter from the person who pays the maintenance, or your bank / building society account statement

Your partner

Who is it for

Received from

Start date

OR date claimed

How much

How often

Account paid into

Please provide your award letter, legal agreement, letter from the person who pays the maintenance, or your bank / building society account statement

Part 10C Do you or your partner receive any other income?

Yes - Or Awaiting
enter details below

No - Go to [Part 11](#)

Please include any other income not already declared. Other income includes private pensions, payments from the Financial Assistance Scheme, annuities, payments from other people, money from a trust fund or any other income not specifically mentioned.

If you are awaiting payments then please fill in as many details as possible.

You

Type of income

Received from

Start date

OR date claimed

How much

How often

Account paid into

Date of last increase

Date of next increase

Please provide your most recent payment statement, award letter or bank/building society account statement.

Your partner

Type of income

Received from

Start date

OR date claimed

How much

How often

Account paid into

Date of last increase

Date of next increase

Please provide your most recent payment statement, award letter or bank/building society account statement.

Part 11 About outgoings

We need to know about any child care costs you or your partner pay, or if either of you pay towards the upkeep of a student. In certain circumstances childcare costs can be offset against wages. If your wages are lower than the allowable child care charges to be offset against your earnings, then allowable child care charges can be offset against Working Tax Credit. Please contact the Revenues & Benefits Team for advice.

If you, or your partner, are making a parental contribution to a student then we may be able to disregard part of your income to take account of this. Please contact the Revenues & Benefits Team for advice.

Part 11 Do you or your partner pay Child Care costs to a registered childminder, nursery, or after school club?

Yes - Enter details below

No - Go to Part [11B](#)

Please provide all information asked for, or give as much information as possible.

You

Name of child/children

Type(s) of childcare received

Name(s) of childcare provider

Their Registration Number(s)

Amount(s) paid

How often

Please provide proof of payments made and a copy of your childcare providers registration certificate.

Your partner

Name of child/children

Type(s) of childcare received

Name(s) of childcare provider

Their Registration Number(s)

Amount(s) paid

How often

Please provide proof of payments made and a copy of your childcare providers registration certificate.

Part 11B Do you or your partner pay towards the upkeep of a student?

Yes - Or Awaiting
enter details below

No - Go to [Part 12](#)

You

Amount(s) paid

How often

Please provide proof of your contribution - for example Student Grant award letter.

Your partner

Amount(s) paid

How often

Please provide proof of your contribution - for example Student Grant award letter.

Part 12 About land and property

We need to know about any other land or property you, or your partner, have in either the UK or abroad. Please provide all information asked for, or give as much information as possible. We will write to you if we need more information as not all land or property is included in the assessment of your award of Benefit / Reduction.

Other than the home that you live in, do you or your partner own (or partly own) property or land in the UK or abroad?

Yes - Enter details below

No - Go to [Part 13](#)

You

Type(s)

(For example plot, shop, flat)

Location / address

Is the property up for sale?	Yes	No
Is the property repossessed?	Yes	No
Is the property occupied?	Yes	Date unoccupied from
	No	Name of occupant(s)

Relationship to you

Is the property rented out?	Yes	No
-----------------------------	-----	----

Amount of rent received

How often

Please provide your mortgage/loan statement/schedule of sale/any rental agreement.

We need to know about all the capital that you and your partner have. This means all bank/ building society/Post Office accounts (including those that have zero balances or are overdrawn), cash savings, Premium Bonds, National Savings Certificates, ISAs, Income Bonds, stocks shares or and all other types of investments not specifically mentioned.

If you have any capital then please complete all sections of part 13 - even if you are answering 'no' or 'none'.

If there is not enough space to include all accounts/investments then please tells us about these on a separate sheet of paper.

Do you or your partner have any current accounts, savings accounts, any other type of account, cash savings, shares or any other investments?

No - Go to [Part 14](#)

Yes - How many accounts and/or investments do you have?

You

Your partner

Please enter details overleaf.

Bank Accounts

You

None

1 or more

Name account is in

Name of Bank

Account number

Sort code

Balance held (£)

Name account is in

Name of Bank

Account number

Sort code

Balance held (£)

Your partner

None

1 or more

Name account is in

Name of Bank

Account number

Sort code

Balance held (£)

Name account is in

Name of Bank

Account number

Sort code

Balance held (£)

You

None

1 or more

Name account is in

Name of Building Society

Account number

Sort code

Balance held (£)

Name account is in

Name of Building Society

Account number

Sort code

Balance held (£)

Your partner

None

1 or more

Name account is in

Name of Building Society

Account number

Sort code

Balance held (£)

Name account is in

Name of Building Society

Account number

Sort code

Balance held (£)

Post Office Accounts

You

None

1 or more

Account number

Benefit Direct Account

yes

No

Balance held (£)

Balance held (£)

Your partner

None

1 or more

Account number

Benefit Direct Account

yes

No

Balance held (£)

Balance held (£)

Cash Savings

You

None

Amount held (£)

Your partner

None

Amount held (£)

Premium bonds

You

None

Amount held (£)

Your partner

None

Amount held (£)

National Savings Certificates

You

None Amount held (£)

Your partner

None Amount held (£)

Stocks & Shares

You

None Number held

Name of company

Number held

Value (£)

Name of company

Number held

Value (£)

Your partner

None Number held

Name of company

Number held

Value (£)

Name of company

Number held

Value (£)

You

None

1 or more

Type

Company

Value (£)

Type

Company

Value (£)

Your partner

None

1 or more

Type

Company

Value (£)

Type

Company

Value (£)

Other investments

You

None

1 or more

Type

Company

Value (£)

Type

Company

Value (£)

Your partner

None

1 or more

Type

Company

Value (£)

Type

Company

Value (£)

Lump sums received/to be received

You

None

1 or more

Type

From

Date received

Date expected

Amount (£)

Your partner

None

1 or more

Type

From

Date received

Date expected

Amount (£)

Please provide full statements for all accounts held for your last 2 months of transactions, or your most recent quarterly or annual statement; Certificates for Shares, ISAs, Premium Bonds, National Savings or any other investments; or any other official documentation you receive that details the amount of investment held and any interest/dividend paid.

Part 14 Tenancy details

If you are a Council, Housing Association or Private tenant, or living in board and lodgings accommodation then you must complete the relevant parts as detailed below. Please provide your tenancy agreement if you are a Housing Association or a Private Tenant.

Are you a council or housing association tenant?

Yes - Please give details in Parts 14A-14B

No - Go to [Part 15](#)

Are you a private tenant?

Yes - Please give details in Parts 14A-14E

No - Go to [Part 15](#)

Part 14A. About your landlord

Landlord's full name

Landlord's telephone number

Landlord's address

**Does your landlord have an agent that acts on their behalf
(for example someone who collects rent, deals with repairs)?**

Yes - Please give details

No

Agent's full name

Agent's telephone number

Agent's address

Does your landlord live in the property with you?

Yes

No

Are you, your children, your partner, or your partner's children related to your landlord, to your landlord's partner, or to your landlord's agent or to your landlord's agent's partner, or to anyone involved with the company that your landlord uses? (Related includes related through marriage, even if the marriage has ended. For example, ex-partner, brother, daughter, father, son-in-law or step-daughter).

Yes - Please give details below.

No

Names of the people who are related

What is the relationship?

Part 14B. About your tenancy agreement

Start date of tenancy

How long is your tenancy for

Type of tenancy

Council

Housing Association

Regulated / Registered

Assured

Short-term

Other

Is the property furnished?

No

Yes

Fully

Partly

Minimally

How many bedrooms are there?

Are you a joint tenant?

Yes

No

Name(s) of joint tenants(s)

How much rent do you pay?

How often

How much rent do any joint tenants pay?

How often

Do you have any rent arrears?

No

Yes

Amount

When is your rent due to increase?

Are there any periods that you do not pay rent?

No

Yes

Details

Does your rent include any of the following?

Central Heating	no	yes	how much	every
-----------------	----	-----	----------	-------

Cooking	no	yes	how much	every
---------	----	-----	----------	-------

Cleaning (Rooms / windows)	no	yes	how much	every
----------------------------	----	-----	----------	-------

Garage / Parking space	no	yes	how much	every
------------------------	----	-----	----------	-------

Gardening	no	yes	how much	every
-----------	----	-----	----------	-------

Heating	no	yes	how much	every
---------	----	-----	----------	-------

Hot Water	no	yes	how much	every
-----------	----	-----	----------	-------

Laundry	no	yes	how much	every
---------	----	-----	----------	-------

Lighting	no	yes	how much	every
----------	----	-----	----------	-------

Personal care / Support	no	yes	how much	every
-------------------------	----	-----	----------	-------

Meals	no	yes	how much	every
-------	----	-----	----------	-------

Other (For example cleaning, lighting, or maintenance of shared areas, alarm systems)	no	yes	how much	every
---	----	-----	----------	-------

Part 14C. About your accommodation

Please tick the box that best describes your accommodation.

Bedsit	Board and lodgings	Caravan
Detached bungalow	Semi-detached bungalow	Terraced bungalow
Detached cottage	Semi-detached cottage	Terraced cottage
Detached house	Semi-detached house	Terraced house
Flat in a house	Flat in a block	Flat over a business
Hotel	Hostel	Room(s)

If your accommodation is not listed then please give details

Do you rent a single room? Yes No

Which part of the property do you live in?

Front Middle Back

What is your room number?

If you do not rent a single room please give details as asked below:

Number of floors in your accommodation

Which floor(s) do you live on?

All Ground 1st 2nd
3rd 4th 5th other

Number of rooms in your accommodation

Total number of rooms in your home

Number in whole
home

Number used by you
& your family

Number shared with
others

Living rooms

Bedsitting rooms

Bedrooms

Bathrooms or shower
rooms

Toilets

Kitchens

Any other rooms

Part 14D. Payment of Housing Benefit

How do you want us to pay you your Benefit?

Into my account

Name of Bank/Building Society

Account number

Sort code

By Cheque

Please send payments to my landlord

If you want payments to be sent to your landlord, then please read and sign the following declaration. We may send you a form to complete before we decide who payments will be made to.

Please see page 6 for details of who we will pay to or contact us for advice.

Declaration

Please pay my Housing Benefit to my landlord.

- I declare that the information that I have given on this form is correct and complete.
- I understand that I must always tell the Revenues & Benefits Team immediately about any change in my circumstances.
- I understand that, if my landlord is paid too much Housing Benefit because I did not tell you about any change in circumstances, I will have to pay back the Benefit.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my benefit entitlement, I may be prosecuted or have to pay a financial penalty.

Signature of
applicant

Signature of
partner

Date

Date

Part 14E. Sharing information with you landlord

Under the terms of the Data Protection Act 1998, we need your permission to discuss anything about your application with your landlord. If you have asked for payments to be sent directly to your landlord, then we will share information with them if you agree to this by signing the declaration below.

- If you give us permission, we would be able to tell your landlord the following:
- If you have claimed or renewed your claim for Housing Benefit.
- If we have made a decision on your claim.
- If we need more information to decide your claim, and what type of information we need.

We will not give your landlord any information about the following:

- Your personal or household circumstances.
- Your financial circumstances.

Please note that:

- You can withdraw your permission at any time.
- If you do not give us permission to discuss your claim with your landlord it will not affect your claim.

If you do want to give us permission to discuss your claim with your landlord then please sign the declaration below.

Declaration

I give you permission to share information about the progress of my Housing Benefit claim with my Landlord or their representative.

Signature of
applicant

Signature of
partner

Date

Date

Part 15 Backdating

We may be able to award Housing Benefit / Council Tax Reduction from an earlier date if you can demonstrate you have 'good cause' for not applying earlier. Awards of Housing Benefit / Council Tax Reduction can only be backdated for a maximum period of one month from the date of application.

If you would like us to consider paying your Housing Benefit / Council Tax Reduction from an earlier date because you were unable to apply earlier, then please complete this section. Please give us as much information as you can. We will normally ask for evidence to support your application. Please contact the Revenues & Benefits Team for more advice.

If you want to apply for Housing Benefit before you moved in to your home, or for Housing Benefit to be paid on two homes, then do not complete this section. Please contact the Revenues & Benefits Team for more advice.

Do you want to apply for a backdate of Housing Benefit / Council Tax Reduction?

Yes - Enter details below

No - Go to Part 16

Date you want to apply from

Reasons for not applying at an earlier date

Were your personal, household and financial circumstances different from those declared on this application form?

Yes - Enter details below

No

Please provide any evidence that you have to support your application. We will contact you if we need any more information

Part 16 Checklist

Please complete the following checklist.

A tear out checklist with more information is on also page 7 for you to keep.

Have you completed all parts of the form?	Yes			
Have you read 'About your application' on pages 5 & 6 and torn these pages out to keep?	Yes			
Have you provided proof of identity and National Insurance Number?	Yes	No	To follow	
Have you provided proof of income for other people living with you?	Yes	No	To follow	n/a
Have you provided proof of wages/self-employed income received?	Yes	No	To follow	n/a
Have you completed the self-employed details section on pages 23 & 24?	Yes	No	To follow	n/a
Have you provided proof of all income received?	Yes	No	To follow	
Have you provided proof of all capital, savings and investments?	Yes	No	To follow	
If you are a Private Tenant have you provided your rental agreement?	Yes	No	To follow	n/a
Have you provided evidence to support your application for backdating?	Yes	No	To follow	n/a

Now please read and sign the declaration at part 17.

Part 17 Declaration

Please read this declaration carefully before you sign and date it. The declaration must be signed in order for your application to be assessed. Even if someone else has filled in this form for you, you must sign this declaration if you can. If you cannot sign the form then your appointee must sign Part 17A, and Part 17B if they were the person that helped you complete the application form.

Part 17A

To be completed by you and your partner if you have one.

East Dunbartonshire Council is registered under the Data Protection Act 1998.

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

For further information, see the National Fraud Initiative guidance on the Council's website at www.eastdunbarton.gov.uk/nfi

- I declare that the information that I have given on this form is correct and complete.
- I agree that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Reduction. I authorise you to check the information with other sources as allowed by law.
- I understand that the information I have provided may be used to prevent and detect fraud (which may include checks on undeclared cohabiters by fraud investigators), and may be shared with other sections within the Council, with other Councils, Government departments, the Rent Service Scotland, and Experian (a Credit Reference Agency) for the same purpose.
- I know that I must immediately report any changes in my circumstances which might affect my application to the Revenues & Benefits Team.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my Housing Benefit / Council Tax Reduction award, I may be prosecuted or have to pay a financial penalty.

Signature of
applicant

Signature of
partner

Date

Date

Part 17B. If this form has been filled in by someone other than the person(s) applying, then the person who filled in the form must complete this section.

Name of the person who filled in this form

Address

Telephone number

Relationship to applicant(s)

Please tell us why you have filled in the form for the applicant(s)

Are you the applicant and/or their partner's appointee?

No

Yes - Please provide proof (For example Power of Attorney).

Should all correspondence be sent to you?

No

Yes

I declare that I have asked the applicant(s) all the questions on the form and that the answers noted on this form are as provided to me.

Signature

Date

Self Employed details

Please complete this part of the form if you are self-employed. All sections must be completed, even if you are answering “no”, “none”, or “zero”. This section can be torn out if necessary and returned to the Revenues & Benefits Team within one month of the date that the application form is submitted. To calculate net earnings for the applicant / partner / non-dependant we will look at the gross income then deduct allowable expenses and any tax, National Insurance, and pension payments. If you are in a business partnership we will only take your share of the profits into account.

About your business

Are you a director of your business?

Yes - please complete only the About your business section of this form and give your earnings details in part 7 on pages 25 to 29

No

Your name

Business name

Type of business

Business address

Start date of your business

Start date of your financial year

Number of hours worked
(per week)

Is this your only employment? No Yes - Please complete a self-employed details form for any other business(es) you have. If you also work for an employer then please complete Part 7 of this form if you have not already done so.

Is your business a partnership? No Yes - Please give details as asked below:

Is your partner also your business partner? No Yes

What percentage of the profit/loss of the business is yours?

Name of business partner

Their percentage of the profit/loss of the business

Name of business partner

Their percentage of the profit/loss of the business

Do you use part of your home for business purposes?

Yes - Please give details

No

Which rooms/areas are used?

Do you have prepared accounts (audited or otherwise)?

No - Please complete the rest of this form

Yes - Please go to ['About other outgoings'](#) on p66

Please provide your most recent accounts

About business income and expenditure

Only fill in this part if you do not have prepared accounts

What is the exact period your books cover?

From _____ To _____

This should be your last business financial year, or the period you have been trading for if you have only recently started your business.

Income

If it is none, or not applicable for any of the following then please write this in the box.

Please give proof of all income.

Sales, takings, or income (£)

VAT refunded (£)

Business start up allowance or other grants (£)

Closing stock (£)

Cost of sales (stock) (£)

VAT paid (£)

Opening stock (£)

Gross Profit (£)

About your business

Please give expenses that relate to your business. If an expense is not solely related to your business (for example a phone or vehicle used for personal and business use) then please give the amount for each use separately. Please give proof of expenses.

	Personal	Business
Drawings (Cash and/or stock)		
Your wages		
Your partner's wages (Not business partner)		
Other people's wages		
Business Rates		
Rent		
Business insurance		
Phone		
Accountant's fee		
Heating and lighting		
Cleaning		
Advertising		
Printing and stationery		
Postage		
Bank charges		
Interest payments on a business loan		
Repairing or replacing business assets (Do not include vehicles)		
Was this covered by insurance?	Yes	No
Leasing charges		

Personal

Business

What is leased?

Business entertainment

Bad debts (For example debts that cannot be collected)

Details

Other expenses

Details

Motoring expenses / Repairs

Vehicle lease

Road tax

Fuel

Insurance

Who owns the vehicle? You Business

% of personal / business use

Is it reasonable to expect that your trading figures for the next 3 to 6 months will be similar to those given above?

Yes No

Differences

About other outgoings

Do you pay National Insurance Contributions?

No - Please provide your exemption certificate.

Yes amount (£) Every

Please provide proof of your payments.

Do you pay into a personal pension scheme?

No - Please provide your exemption certificate.

Yes amount (£) Every

Please provide proof of your payments.

Declaration

Please read, sign and date this declaration (this also applies to Non-Dependants).

- I declare that the information that I have given on this form is correct and complete.
- I know that I must immediately report any changes in my circumstances to the Revenues & Benefits Team.

Signature

Date

Other formats

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس دستاویز کو دیگر فرمات میں بھی فراہم کیا جاسکتا ہے۔ اگر آپ کو اس کی کاپی یا آڈیو فرم میں فراہم کرنے کی ضرورت ہے تو براہ کرم **0300 123 4510** پر رابطہ کریں۔

اس دستاویز کو دیگر فرمات میں بھی فراہم کیا جاسکتا ہے۔ اگر آپ کو اس کی کاپی یا آڈیو فرم میں فراہم کرنے کی ضرورت ہے تو براہ کرم **0300 123 4510** پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੌਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ **0300 123 4510** ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòn gu **0300 123 4510**

अनुवाद करने पर यह दस्तावेज़ हिन्दी में भाषान्तरित किया जा सकता है। कृपया **0300 123 4510** पर फोन करें।

For further information about Housing Benefit & Council Tax Reduction, contact: William Patrick Library, 2-4 West High Street, Kirkintilloch, G66 1AD

Tel: 0800 901 057 Email: benefits@eastdunbarton.gov.uk

Visit: www.eastdunbarton.gov.uk