

Application for Council Tax Benefit or Housing Benefit (or both)

You can visit our website to see how much Housing Benefit and Council Tax Benefit you may get - www.wychavon.gov.uk

Name
Address and postcode
Your phone number <i>(You do not need to tell us this but we may need to contact you about your claim and we can get in touch quicker by phone)</i>

For our use only
First contact:
Sent:
Received:
Claim reference:
Ctax reference:

Important – You must read these notes before you fill in this form. If you do not understand any of the notes on this application form, please contact us.

1 Information you give us

We will hold some of the information you give to us on computer, so it is covered by the Data Protection Act 1998.

2 Second Adult Rebate

Second Adult Rebate is Council Tax Benefit for people who may not have a partner but who share their home with someone who:

- is 18 or over;
- is on a low income; and
- does not pay them rent.


If you are claiming Second Adult Rebate, only fill in sections 1, 2, 6, 16, 17, 18 and 19 of this form.


3 Filling in this form

Please answer every question that applies to you. If a question does not apply to you, put a cross through it or write 'N/A'. You must read the notes on the next page about identification. You must also read and sign the declaration (section 19).

If someone else fills in this form for you, there is a special space for them to sign.

4 The proof we need with your form

 When you see this symbol, we need original proof to confirm the answers on your form.

 We need to see original documents, not photocopies.

If you don't have the proof we need, send us your form now and then send the proof later.

If you do not do this, it will delay your claim and you will lose benefit.

You must provide all proof within 14 days of the date you originally make your claim.

5 If you need help with this form

Please phone us on 01386 565000 or visit:

- the Civic Centre, Queen Elizabeth Drive, Pershore;
- Evesham Community Contact Centre, Abbey Road, Evesham; or
- Droitwich Community Contact Centre, 44 High Street, Droitwich.

6 When you have filled in this application form

You can take this form and your documents to one of the offices shown above, or post the form to:
Wychavon District Council, Benefit Section, PO Box 11, Pershore, Worcestershire, WR10 1PU.

We have a Welfare Benefit and Money Advice Adviser who can help you. Please phone the Civic Centre on 01386 565000 (extension 5574) to make an appointment.

1 About you and your partner

Please give details of you and your partner (if you have one).

We use 'partner' to mean a person you are married to or have a civil partnership with, or a person you live with as if you are their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

Title
(Miss, Mr, Mrs, Ms, other)

Last name

First names

Other names you have been known by

Age

Date of birth

You

Your partner

Your National Insurance number

--	--	--	--	--

Their National Insurance number

--	--	--	--	--

Are you

single?

a single parent?

married or in a civil partnership, living together and not separated?

living together?

divorced?

separated?

a widow, widower or surviving civil partner?

Your National Insurance number

--	--	--	--	--

a single parent?

married or in a civil partnership, living together and not separated?

living together?

divorced?

a widow, widower or surviving civil partner?

Your National Insurance number

--	--	--	--	--



We cannot pay any benefits unless we have proof of your National Insurance number and identity. If we do not already have proof, we will contact you and ask to see an original, not a photocopy, of one of these. Please provide one from the National Insurance list and one from the identity list below.

National Insurance number

- Your P45
- Your P60
- A wage or salary statement
- A tax letter
- A letter from the Benefits Agency, Pensions Agency or Department for Work and Pensions
- An RD3 National Insurance number card
- A benefit book

Identity

- Benefit book
- Payslip
- Rent book, rent card, tenancy agreement
- Bank or building society statement, passbook
- Gas, electricity, fixed telephone or water bill (utility bill)
- Driving licence in paper format or photocard format
- UK passport
- Medical card with NHS number
- Birth, adoption, marriage certificate
- Divorce, annulment, separation document
- Residence permit
- National Insurance number card issued to an adult
- Other country passport or national ID card
- Immigration and Nationality Directorate (HO) travel document

2 About your home

Your address for which you are claiming Housing Benefit or Council Tax Benefit

You

Your partner

Name	Name
Address	Address
Postcode	Postcode

Is the address above your normal home?

No Yes

No Yes

What type of home is it?

- | | |
|--|---|
| <input type="checkbox"/> A home you are buying | <input type="checkbox"/> A home they are buying |
| <input type="checkbox"/> A home you own | <input type="checkbox"/> A home they own |
| <input type="checkbox"/> A home you rent privately | <input type="checkbox"/> A home they rent privately |
| <input type="checkbox"/> A home rented from a housing association or registered social landlord | <input type="checkbox"/> A home rented from a housing association or registered social landlord |
| <input type="checkbox"/> Someone else's home where you pay rent to live there (for example, lodgings) | <input type="checkbox"/> Someone else's home where they pay rent to live there (for example, lodgings) |
| <input type="checkbox"/> Someone else's home where you live as a friend or a relative or for other reasons | <input type="checkbox"/> Someone else's home where they live as a friend or a relative or for other reasons |
| <input type="checkbox"/> Temporary accommodation, for example, bed and breakfast or a hostel | <input type="checkbox"/> Temporary accommodation, for example, bed and breakfast or a hostel |

When did you move in?

 / /
 / /

If you have not moved in yet, when do you plan to do so?

 / /
 / /

You must tell us when you have moved.

Are you a joint homeowner or a joint tenant?

No Yes

No Yes

Please tell us the names of the other joint owners or tenants.

Please tell us the names of the other joint owners or tenants.

3 People from abroad

Have you or your partner come to live in the UK, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?



No Please go to section 4.

Yes Please give us details below.

We need to see proof. This must be your official papers. We cannot accept photocopies.

You

Your partner

What nationality are you?

When did you arrive in the UK?

 / /

Are you seeking asylum in the UK?

No Yes

Have you been granted refugee status?

No Yes

Have you been granted exceptional leave to remain in the UK?

No Yes

Have you been granted temporary admission to the UK?

No Yes

What nationality are they?

When did they arrive in the UK?

 / /

Are they seeking asylum in the UK?

No Yes

Have they been granted refugee status?

No Yes

Have they been granted exceptional leave to remain in the UK?

No Yes

Have they been granted temporary admission to the UK?

No Yes

4 About your children

Do you or your partner have any children?

A child is a person up to the age of 20 who lives with you and who you get Child Benefit for.

Last name

First names

Age

Date of birth

Are they male or female?

No Please go to section 5.

Yes Please give us details below.

Child 1

Child 2

Child 3

Child 4

<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"/>	<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"/>	<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"/>	<input type="text"/>

Are they registered blind? *We need to see proof of registration.*



No Yes

No Yes

No Yes

No Yes

Do they receive Disability Living Allowance?



If 'Yes', we need to see your order book or award notice for each child.

No Yes

No Yes

No Yes

No Yes

Do you receive Child Benefit?



If 'Yes', we need to see your Child Benefit book or award notice for each child.

No Yes

No Yes

No Yes

No Yes

If 'No', who does?

If 'No', who does?

Date Child Benefit stops *(if you know it)*

 / /
 / /
 / /
 / /

Do you have more than four children?

No Yes *Please tell us about them in section 17.*

5 Student details

Are you or your partner a full-time student?

Please provide proof of income (for example, a student grant or loan).



No Please go to section 6.
 Yes Please give us details below.

We need to see proof of your course details or student registration details. This must be an original, not a photocopy.

You	Your partner
Name of university or college <input type="text"/>	Name of university or college <input type="text"/>
Name of course <input type="text"/>	Name of course <input type="text"/>
Start and end date of course <input type="text"/> / <input type="text"/> / <input type="text"/>	Start and end date of course <input type="text"/> / <input type="text"/> / <input type="text"/>

6 About other people who live with you

Do any other people live with you?

Please tell us about any other people who live with you who you have not told us about on this form.

No Please go to section 6.2.
 Yes Please give us details below.

6.1 People who live with you



We need to see proof of income for the other people who live with you.

	Person 1	Person 2	Person 3	Person 4
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What date did they move 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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Do they normally live somewhere else?

No Yes No Yes No Yes No Yes

What is their normal address?

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Postcode	Postcode	Postcode

Do they get Income Support or income-based Jobseeker's Allowance?

We need to see proof of this.




No Yes No Yes No Yes No Yes

6.1 People who live with you (continued)

Do they get Disability Living Allowance or Attendance Allowance? 

We need to see proof of this.

Do they work 16 hours or more each week?


What gross wages are they paid each week (their wages before tax and any other deductions)? 

We need to see proof of this.


What types of benefits do they receive (for example, tax credits or Pension Credit)?

How much benefit are they paid each week? 

We need to see proof of this.

How much interest were they paid from savings last year? 

We need to see proof of this.

Are they a youth trainee? 

If 'Yes', we need to see a letter or other document confirming that they are a youth trainee.

Are they in full-time education? 

If 'Yes', we need to see a letter or other document confirming that they are in full-time education.

School, college or university

Are they an apprentice? 

If 'Yes', we need to see a letter or other document confirming that they are an apprentice.

Are they a student nurse? 

If 'Yes', we need to see a letter or other document confirming that they are a student nurse.

Are they severely mentally impaired?

Are they in hospital?

If 'Yes', what date did they go in?

Are they in prison?

If 'Yes', what date were they detained?

	Person 1	Person 2	Person 3	Person 4
Do they get Disability Living Allowance or Attendance Allowance? <i>We need to see proof of this.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they work 16 hours or more each week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What gross wages are they paid each week (their wages before tax and any other deductions)? <i>We need to see proof of this.</i>	£	£	£	£
What types of benefits do they receive (for example, tax credits or Pension Credit)?				
How much benefit are they paid each week? <i>We need to see proof of this.</i>	£	£	£	£
How much interest were they paid from savings last year?	£	£	£	£
Are they a youth trainee? <i>If 'Yes', we need to see a letter or other document confirming that they are a youth trainee.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in full-time education? <i>If 'Yes', we need to see a letter or other document confirming that they are in full-time education.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
School, college or university				
Are they an apprentice? <i>If 'Yes', we need to see a letter or other document confirming that they are an apprentice.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a student nurse? <i>If 'Yes', we need to see a letter or other document confirming that they are a student nurse.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in hospital? <i>If 'Yes', what date did they go in?</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /
Are they in prison? <i>If 'Yes', what date were they detained?</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /

6.1 People who live with you (continued)

Are any of these people married to each other or civil partners, or living together as if they are married or civil partners?

No Yes Please tell us who.

Why are they living with you now?

6.2 People who have recently left your home

Is anyone who was included on your last claim no longer living with you?

No Please go to section 7.

Yes Please give us details below.

Person 1

Person 2

Name

New address

Date they left

 / /
 / /

If you need any extra space, please give us the details in section 17.

7 About subtenants and boarders

Do you let or sublet part of your home?

No Please go to section 8.

Yes Please give us details below.

*A subtenant is a person who rents part of your home from you.
A boarder is a person who rents part of your home and pays for meals that you provide.*

Person 1

Person 2

Person 3

Person 4

Last name

First names

Date of birth

 / /

Relationship to you or your partner

Weekly rent

£ £ £ £

Person 1

Person 2

Person 3

Person 4

Does the rent include heating?

No Yes

No Yes

No Yes

No Yes

Does the rent include meals?

No Yes

No Yes

No Yes

No Yes

8 Disability details

Are you registered blind?



Please provide your original registration form.

Do you use an invalid vehicle or a car rented from Motability?



Please provide your original agreement form.

Does anyone receive Carer's Allowance to look after you?



Please provide proof of your carer's entitlement.

Are you currently off work sick?

Are you in a hospital?

Tick the 'No' box if you are in a private hospital or receiving private treatment in an NHS hospital.

You will also need to confirm when you left once you return home.

You

No Yes

No Yes

No Yes

What is the name of this person?

Do they live with you?

No Yes

No Yes

When did you last work?

 / /

No Yes

When did you go into hospital?

 / /

When do you expect to leave?

 / /

Your partner

No Yes

No Yes

No Yes

What is the name of this person?

Do they live with them?

No Yes

No Yes

When did they last work?

 / /

No Yes

When did they go into hospital?

 / /

When do they expect to leave?

 / /

9 About your work

Are you or your partner working?

No Please go to section 10.

Yes Please give us details below.

9.1 Work you do for an employer



We need to see payslips as proof of any money you earn (we may contact your employer for confirmation).

The number of payslips we need depends on how often you are paid.

- Paid every week – send your last five payslips
- Paid every two weeks – send your last three payslips
- Paid every four weeks – send your last two payslips
- Paid every month – send your last two payslips
- If you do not have any payslips, please ask us for a certificate of earnings form.

You

Give the number of hours you work each week.

Your partner

Give the number of hours they work each week.

How many hours do you work?

How many jobs do you have?

9.1 Work you do for an employer (continued)

If you have more than two jobs, please tell us about your other jobs and your other employers in section 17.

You	Your partner
First job	First job
Employer's name <input type="text"/>	Employer's name <input type="text"/>
Employer's address <input type="text"/> <input type="text"/> <input type="text"/>	Employer's address <input type="text"/> <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Date you started work for this employer <input type="text"/> / <input type="text"/> / <input type="text"/>	Date they started work for this employer <input type="text"/> / <input type="text"/> / <input type="text"/>
Is your employment for a fixed period? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>	Is their employment for a fixed period? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
What is your employee number or payroll number? <input type="text"/>	What is their employee number or payroll number? <input type="text"/>
How much are you paid? £ <input type="text"/> every	How much are they paid? £ <input type="text"/> every
How are you paid? (cheque, cash, direct into an account) <input type="text"/>	How are they paid? (cheque, cash, direct into an account) <input type="text"/>
Do you receive, or expect to receive, any bonuses or profit-related pay (or both)? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do they receive, or expect to receive, any bonuses or profit-related pay (or both)? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any overtime? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do they receive, or expect to receive, any overtime? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any tips? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do they receive, or expect to receive, any tips? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
When will you receive your next pay rise (if known)? <input type="text"/> / <input type="text"/> / <input type="text"/>	When will they receive their next pay rise (if known)? <input type="text"/> / <input type="text"/> / <input type="text"/>
Second job (if you have one)	Second job (if they have one)
Employer's name <input type="text"/>	Employer's name <input type="text"/>
Employer's address <input type="text"/> <input type="text"/> <input type="text"/>	Employer's address <input type="text"/> <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>

9.1 Work you do for an employer (continued)

You

Your partner

Date you started work for this employer

 / /

Date they started work for this employer

 / /

Is your employment for a fixed period?

No Yes If 'Yes', when is it due to end?

 / /

Is their employment for a fixed period?

No Yes If 'Yes', when is it due to end?

 / /

Occupation

Occupation

What is your employee number or payroll number?

What is their employee number or payroll number?

How much are you paid?

£ every

How much are they paid?

£ every

How are you paid?
(cheque, cash, direct into an account)

How are they paid?
(cheque, cash, direct into an account)

Do you receive, or expect to receive, any bonuses or profit-related pay (or both)?

No Yes If 'Yes', how much?

£

Do they receive, or expect to receive, any bonuses or profit-related pay (or both)?

No Yes If 'Yes', how much?

£

Do you receive, or expect to receive, any overtime?

No Yes If 'Yes', how much?

£

Do they receive, or expect to receive, any overtime?

No Yes If 'Yes', how much?

£

Do you receive, or expect to receive, any tips?

No Yes If 'Yes', how much?

£

Do they receive, or expect to receive, any tips?

No Yes If 'Yes', how much?

£

When will you receive your next pay rise
(if known)?

 / /

When will they receive their next pay rise
(if known)?

 / /

What is your average weekly pay before tax is taken off?

£

£

How much tax is taken off each week?

£

£

How much National Insurance is taken off each week?

£

£

How much is taken off for your pension each week?

£

£

Do you need us to contact your employer for details of your earnings?

No Yes

No Yes

9.2 Self-employed people

You

Your partner

Are you or your partner self-employed?

No Please go to section **9.3**.
Yes Please give us details below.

No Please go to section **9.3**.
Yes Please give us details below.

Are you or your partner sole traders or partners in the business?

Sole trader
Partner Please give details of the partnership and your share in the business.

Sole trader
Partner Please give details of the partnership and their share in the business.

What does your business do?

When did you become self-employed?

 / /
 / /

What is your weekly income from the business?

£

£



We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit you will get. This should be your most recent trading accounts or your summary of records of income and spending. If you cannot provide either of these, please contact us for a self-employed earnings form.

We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit they will get. This should be their most recent trading accounts or their summary of records of income and spending. If you cannot provide either of these, please contact us for a self-employed earnings form.

9.3 Other work

You

Your partner

Do you or your partner get money from any work you have not told us about already?



No Yes
How much?

How often?

No Yes
How much?

How often?

10 Money paid out

10.1 Money paid out for students

You

Your partner

Do you or your partner pay out towards the financial support of a student?



No Please go to section **10.2**.
Yes Please give us details below.

No Please go to section **10.2**.
Yes Please give us details below.

We need to see your student award notice as proof of this. We cannot accept photocopies.

How much?

£

How often?

Every

How much?

£

How often?

Every

10.2 Money paid towards childcare costs

Do you or your partner pay someone to look after any of your children?

Please enclose proof of your childminder's registration and agreement.



You

No Please go to section **10.3**.
 Yes Please give us details below.

We may need to send you another form about this.

Please tell us the names of the children.

Who provides the care?

A registered childminder
 A school on school premises
 A local authority
 Other (please give details below)

What is the name of the carer?

What is the address of the carer?

 Postcode

What is the normal weekly cost of the childcare?

£

Does your education authority pay towards your childcare?

No Yes

Your partner

No Please go to section **10.3**.
 Yes Please give us details below.

Please tell us the names of the children.

Who provides the care?

A registered childminder
 A school on school premises
 A local authority
 Other (please give details below)

What is the name of the carer?

What is the address of the carer?

 Postcode

What is the normal weekly cost of the childcare?

£

Does their education authority pay towards their childcare?

No Yes

Please provide evidence of the amount you pay.



10.3 Money paid towards a pension plan

Do you or your partner pay money into a pension plan that is not paid through your employer?



You

No Please go to section **11**.
 Yes Please give us details below.

We need to see proof of this. This must be a policy document and another document showing the payments made. We cannot accept photocopies.

How much?

£

How often?

Every

Your partner

No Please go to section **11**.
 Yes Please give us details below.

How much?

£

How often?

Every

11 About your benefits and pensions

Do you or your partner claim any benefits or pensions?

No Please go to section **12**.
 Yes Please tell us about them below.

We need to see proof of any benefits or pensions you have.

The proof should be an original, not a photocopy, of:

- your last bank statement;
- an award notice showing current rates if benefit has just been awarded; or
- your current benefit or pension book. You can bring this to us at the address on the front of the form but do not send your benefit or pension book in the post.

Please tell us how your benefits are paid. This can be by order book, by giro, or directly into your account.

For example

Child Benefit

£ **62** every **4 weeks**

How is it paid? **Order Book**



11.1 Benefits

You

Your partner

Do you receive Child Benefit?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Child Tax Credit?



We need to see your award letter.

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Attendance Allowance?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Severe Disablement Allowance?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Carer's Allowance?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Disability Living Allowance?



(care component)

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Disability Living Allowance?



(mobility component)

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive Income Support or the guaranteed part of Pension Credit?



No Please go to section **11.2**.
 Yes Please go to section **14**.

No Please go to section **11.2**.
 Yes Please go to section **14**.

Do you receive income-based Jobseeker's Allowance?



No Please go to section **11.2**.
 Yes Please go to section **14**.

No Please go to section **11.2**.
 Yes Please go to section **14**.

	You	Your partner
<p>Do you receive Working Tax Credit?</p> <p><i>We need to see your award letter.</i></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive contribution-based Jobseeker's Allowance?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive a Widowed Parent's Allowance?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive Disability Living Allowance for a child?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive Incapacity Benefit?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive Statutory Sick Pay?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive Statutory Maternity Pay or Paternity Pay?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive a Maternity Allowance?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive Industrial Injuries Benefits?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive a Training Allowance?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>
<p>Do you receive a Youth Training Allowance?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>£ _____ every _____</p> <p>How is it paid?</p>

11.2 Other benefits (continued)

If there are any other benefits you receive which are not listed on the previous page, please give the details here.



You	Your partner
Name of the benefit	Name of the benefit
<input type="text"/>	<input type="text"/>
£ <input type="text"/> every	£ <input type="text"/> every
How is it paid?	How is it paid?
Name of the benefit	Name of the benefit
<input type="text"/>	<input type="text"/>
£ <input type="text"/> every	£ <input type="text"/> every
How is it paid?	How is it paid?

11.3 Pensions

You **Your partner**

If you know the date on which your pension or pensions increase each year, please tell us in section 17 (Additional information).

Do you receive the savings part of Pension Credit?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive State Pension?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Have you or your partner put off receiving your State Pension?

No Yes

No Yes

Do you receive a Widow's Pension?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive a War Pension or an Armed Forces and Reserve Forces Compensation Scheme payment?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

We must see proof of this.

Do you receive an Armed Forces Pension?



No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive a pension from Capita (the Paymaster General)?



We need to see your payment advice slip.

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive a works pension from a former employer?



We need to see your payment advice slip.

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Do you receive any other pension?



We need to see your payment advice slip.

No Yes

£ every

How is it paid?

No Yes

£ every

How is it paid?

Have you or your partner put off drawing all or part of a personal pension?



No Yes

No Yes

If 'Yes', we will need to see proof of this arrangement.

12 Your other income

Do you or your partner have any other money coming in?



No Please go to section **12.2**.
 Yes Please give us details below.

We need to see proof of any other income you have.

This must be an original, not a photocopy, of, for example:

- an award notice showing the income being paid;
- a letter from the person who pays the income (*where possible this must be on headed paper*);
- a letter from an absent parent or ex-partner confirming maintenance payments; or
- a notice from the Child Support Agency.

12.1 Money coming in

Do you receive any maintenance payments?



No Yes

How much do you get?

£ every

Who pays this money?

No Yes

How much do they get?

£ every

Who pays this money?

Do you receive money from a trust fund?



No Yes

How much do you get?

£ every

No Yes

How much do they get?

£ every

Do you receive any money from fostering or adopting a child?



No Yes

How much do you get?

£ every

No Yes

How much do they get?

£ every

Do you receive any money from a charity or voluntary organisation?



No Yes

How much do you get?

£ every

No Yes

How much do they get?

£ every

Do you receive financial support as a student?



No Yes

How much do you get?

£ every

No Yes

How much do they get?

£ every

Do you receive any income or rent from tenants?



No Yes

How much do you get?

£ every

No Yes

How much do they get?

£ every

Do you receive any money from someone else?



No Yes

Who pays this money?

How much do you get?

£ every

No Yes

Who pays this money?

How much do they get?

£ every

12.2 Money expected

Have you or your partner applied for any income that you have not received?

No Yes

What is it?

Who from?

How much do you expect to get?

£ every

No Yes

What is it?

Who from?

How much do they expect to get?

£ every

13 About your savings

We need to know about **all** the money you and your partner have in **any** sort of account with a bank or building society or any other organisation. This includes current accounts, deposit accounts, ISAs, TESSAs and PEPs.



We need to see proof of any accounts you have. All savings books and so on must be up to date, showing all interest due. This must be an original, not a photocopy, of, for example:

- a bank or building society statement for the last three months showing debits, credits and the balance;
- a letter from a bank or building society showing the type of account, account number, the balance and regular deposits for the last three months; or
- statements for certificates, bonds, unit trusts, stocks and shares.

If there is not enough room for details of all your accounts, please give details in section 17.

13.1 Current accounts

Do you or your partner have any current accounts?

A current account is an account you use every day. It will probably accept direct debits and have a chequebook.



We will need to see three months' statements for each account.

No Please go to section **13.2**.

Yes Please give us details below. If you need more space, fill in your details in section **17**.

You		Your partner	
Name of organisation <input type="text"/>		Name of organisation <input type="text"/>	
Name of account <input type="text"/>		Name of account <input type="text"/>	
Account number <input type="text"/>	Amount in account <input type="text"/> £	Account number <input type="text"/>	Amount in account <input type="text"/> £
Name of organisation <input type="text"/>		Name of organisation <input type="text"/>	
Name of account <input type="text"/>		Name of account <input type="text"/>	
Account number <input type="text"/>	Amount in account <input type="text"/> £	Account number <input type="text"/>	Amount in account <input type="text"/> £

13.2 Savings, capital and investments

Do you or your partner have any savings, capital or investments?

Remember to include accounts at:

- high-street banks;
- supermarket banks;
- internet banks;
- building societies; and
- post offices.



We will need to see three months' statements for each account.

No Please go to section **13.3**.

Yes Please give us details below. If you need more space, fill in your details in section **17**.

You		Your partner	
Name of organisation <input type="text"/>		Name of organisation <input type="text"/>	
Name of account <input type="text"/>		Name of account <input type="text"/>	
Account number <input type="text"/>	Amount in account <input type="text"/> £	Account number <input type="text"/>	Amount in account <input type="text"/> £
Name of organisation <input type="text"/>		Name of organisation <input type="text"/>	
Name of account <input type="text"/>		Name of account <input type="text"/>	
Account number <input type="text"/>	Amount in account <input type="text"/> £	Account number <input type="text"/>	Amount in account <input type="text"/> £

13.2 Savings, capital and investments (continued)

Remember to include accounts at:

- high-street banks;
- supermarket banks;
- internet banks;
- building societies; and
- post offices.

We will need to see three months' statements for each account.



You

Name of organisation

Name of account

Account number

Amount in account

Your partner

Name of organisation

Name of account

Account number

Amount in account

Name of organisation

Name of account

Account number

Amount in account

Name of organisation

Name of account

Account number

Amount in account

Do any of your savings or bank accounts include a lump-sum payment received as a result of putting off receiving your or your partner's state pension?



We must see proof of this.

No Yes

Name of account

Amount of lump sum

Date paid in

No Yes

Name of account

Amount of lump sum

Date paid in

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

No Yes

No Yes

13.3 National Savings Certificates and premium bonds

Do you or your partner have any National Savings Certificates or premium bonds?



No Please go to section 13.4.

Yes Please give us details below. If you need more space, fill in your details in section 17.

You

National Savings Certificates

Issue number	Date bought	Value
	/ /	£
	/ /	£
	/ /	£
	/ /	£
	/ /	£

Premium bonds

How many do you have? What are they worth?

Your partner

National Savings Certificates

Issue number	Date bought	Value
	/ /	£
	/ /	£
	/ /	£
	/ /	£
	/ /	£

Premium bonds

How many do they have? What are they worth?



13.4 Stocks and shares

Do you or your partner have any stocks and shares?

No Please go to section **13.5**.
 Yes Please give us details below. If you need more space, fill in your details in section **17**.



You		Your partner	
Please tell us the name of the companies you have shares with and the number held.		Please tell us the name of the companies they have shares with and the number held.	
Name of company	Number held	Name of company	Number held

13.5 Other property

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



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

No Please go to section **13.6**.
 Yes Please give us details below. If you need more space, fill in your details in section **17**.

You	Your partner
Please tell us the address.	Please tell us the address.
Postcode	Postcode
£	£
£	£

How much is it worth?

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

Who lives in the property and what is their relationship to you?

13.6 Other investments

Do you or your partner have any other investments, cash or savings (for example, ISAs, PEPs, TESSAs, Credit Union, funeral plans and so on)?



Please also use this box if you need more space for details of any accounts.

No Please go to section **14**.
 Yes Please give us details below.

You	Your partner
Please give the account details and value.	Please give the account details and value.

14 About your tenancy

Do you want to claim Housing Benefit for a home you rent?



- No Please go to section **16**.
Yes Please give us details below.

We need to see proof of your tenancy and rent payments. These must be original documents, not photocopies, from the list below. Please read the list carefully. You may need to send more than one document.

If this is your first claim at this address, please send us:

- your tenancy agreement; and
- proof of rent payments made, for example, your rent book or receipts.

(If you do not have a tenancy agreement, or the initial term of the tenancy has run out, please ask your landlord, landlady or agent to fill in a Confirmation of Tenancy Form which you can get from us.)

If you have claimed at this address before, please send us:

- a Confirmation of Tenancy Form which you can get from us; and
- proof of rent payments made, for example, your rent book or receipts.

14.1 Tenancy details

What is your landlord's or landlady's name?

What is their address?

 Postcode

What is their phone number?

Are you or your partner, or anyone else who lives with you, related to your landlord or landlady or any member of their family?

No Yes

Please give us details about this.

Have you or your partner ever been a partner of your landlord or landlady?

No Yes

Have you or your partner ever owned, or been in the process of buying, the property you are renting now?

No Yes

Is the property part of a co-ownership or shared-ownership scheme?

Co-ownership No Yes

Shared ownership No Yes

Does an agent deal with your tenancy?

No Yes

What is their name?

What is their address?

 Postcode

Do you have a written tenancy agreement?

No Yes

When did your tenancy start and when does it end?

Start / /

End / /

When did you move in?

 / /

14.1 Tenancy details (continued)

Have you applied for a pre-tenancy determination?

No Yes

How much is your rent?

£

How often do you pay your rent?

Every

Do you have any rent-free or non-payment weeks?

No Yes How many do you have?

14.2 Your service charges

Does your rent include payment for service charges?

No Please go to section **14.3**.

Yes Please tick the boxes below to tell us which services you pay for. Please also tell us how much you pay for them (if known).

Service	Amount you pay	Service	Amount you pay
Council Tax	<input type="checkbox"/> £	Personal laundry	<input type="checkbox"/> £
Heating	<input type="checkbox"/> £	Fuel for cooking	<input type="checkbox"/> £
Lighting	<input type="checkbox"/> £	Window cleaning	<input type="checkbox"/> £
Cleaning	<input type="checkbox"/> £	Use of a washing machine or dryer	<input type="checkbox"/> £
Hot water	<input type="checkbox"/> £	Building insurance	<input type="checkbox"/> £
Water rates	<input type="checkbox"/> £	Contents insurance	<input type="checkbox"/> £
TV licence	<input type="checkbox"/> £	Personal care	<input type="checkbox"/> £

Warden services

£

Emergency alarm system

£

General counselling and support

£

Does your rent include any service charges for areas you share with other people?

No Yes

Which services are included?

Cleaning and maintenance Fuel Gardening

Does your rent include any other service charges?

No Yes

What are these services?

Are any of these service charges compulsory?

No Yes

Please tell us about these charges.

Does your rent include money for meals?

No Yes

What meals are provided?

Breakfast Lunch Evening meal

Do you pay water charges direct to the water authority?

No Yes

Do you use any part of your home for business purposes?

No Yes

How many floors are there in your accommodation?

How many rooms are there in the building?

Please tell us:

- how many rooms there are in the whole building;
- how many of these rooms are for you and your family to use; and
- how many you share with other people.

	In the whole building	For you and your family	Shared with other people
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Separate toilets			
Other			
What are these rooms?			
Total number of rooms			

Who is responsible for decoration?

Landlord You Don't know

Is your home furnished by your landlord?

No Yes

How is it furnished?

Fully furnished Partly furnished Carpets and curtains only

Does your rent include payment for a garage?

No Yes

Can you rent your home without the garage?

No Yes

Does your home have central heating?

No Yes

What type of house do you live in?

Please tick the box that best describes your home.

Detached house	<input type="checkbox"/>	Care or nursing home	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Other	<input type="checkbox"/>
Converted flat	<input type="checkbox"/>	Purpose-built flat	<input type="checkbox"/>		
Bedsit	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>		
Board and lodgings	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>		
Hotel	<input type="checkbox"/>	Hostel	<input type="checkbox"/>		

Do you and your family share the building you live in with anyone else?

No Yes

Which floor do you live on?

Basement First floor Other (please give details)

Ground floor Second floor

As you face the front of the building, where is your home situated?

Front right Front centre Front left

Back right Back centre Back left

15 Paying benefit to your landlord/landlady or landlord's/landlady's agent

Who do you want us to pay your Housing Benefit to?

If you want us to pay your benefit straight to your landlord/landlady or landlord's/landlady's agent, you must sign this declaration.

You Your landlord/landlady Your landlord's/landlady's agent

Please pay my Housing Benefit straight to my landlord/landlady or landlord's/landlady's agent. I understand that:

- I must always tell you about any change in my circumstances;
- if I do not tell you about any change of circumstances, and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Date

Now ask your landlord/landlady or landlord's/landlady's agent to sign this agreement.

However, if you are not able to get their signature, please do not delay sending us the form. We will send you a separate form for this.

Landlord/landlord's agent name

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances;
- you can stop paying benefit to me if I do not tell you about any change of circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- if you pay me too much Housing Benefit for any tenant, I must repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Landlord/landlady
landlord's/landlady's
agent Signature

Date

Sometimes, sharing information with your landlord/landlord's agent helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share information with your landlord/landlord's agent if you:

- have agreed that we can pay your Housing Benefit straight to your landlord/landlord's agent.

Under the Data Protection Act we need your permission to share information.

If you give us permission, we would be able to tell your landlord/landlord's agent:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim; and
- if we need more information to make a decision on your claim and, if so, what information we need.

There may be other information about your claim that we need to check with your landlord/landlady or landlord's/landlady's agent before we can make a decision on your claim, for example, the date your tenancy started. If this is the case, we have to ask your landlord/landlady or landlord's/landlady's agent even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord/landlord's agent.

We will not give your landlord/landlady or landlord's/landlady's agent any information about:

- your personal or household circumstances; or
- your financial circumstances.

If you do not give us permission to discuss your claim with your landlord/landlady or landlord's/landlady's agent, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

If you want to give us permission to discuss your claim with your landlord/landlady or landlord's/landlady's agent, please sign below.

I give you permission to share my information about the progress of my Housing Benefit claim with my landlord/landlord's agent.

Signature

Address (with postcode)

Date

Sharing information with your landlord/landlady or landlord's/landlady's agent

16 Backdating

We can usually award benefit from the Monday after the day we get your claim. Sometimes we can pay benefit from an earlier date, but only if you have a good reason for not claiming earlier.

If you want us to consider paying your benefit from an earlier date, tell us when you want to claim benefit from and why you did not claim before. We can only backdate benefit for up to 52 weeks from the date we get your claim.

Tell us the date you want to claim benefit from.

Tell us why you have not claimed before.

17 Additional information

Use this space to tell us:

- about any exceptional circumstances you would like us to consider when deciding your claim; and
- any information you did not have enough space for on the form.

18 Forms filled in by someone else

Has this form been filled in by someone other than the person who is making the claim?

No Please go to section **19**.

Yes The person who has filled in the form must fill in the details and sign below.

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

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name

Date

Signature

Relationship to the person claiming

Address

Are you an officer of the council?

No Yes

Postcode

19 Declaration

Please carefully read and tick the declaration on the page before you sign it.

I understand that you may take criminal proceedings against me and I will have to repay any overpaid benefits if:

- I lie to you so that I can get benefit;
- I give you false information so that I can get benefit;
- I do not tell you about any changes to my circumstances that may affect my claim; or
- I claim benefit when I know I should not.

I will write and tell you about any changes to:

- my income, my partner's income and the income of anyone else who lives with me;
- my savings and my partner's savings;
- the number of people who live with me; and
- my address and my rent.

I declare that:

- if this form has been filled in by someone else on my behalf, I have read it, or have had it read to me;
- the details given on the form are true and complete;
- I have got permission from everyone else who lives with me to use their details to process my claim; and
- I have ticked below to show what I am doing about the proof I need to provide with this form.

Sections 4 to 6 – Proof of income for any other people who live with you

No-one else lives with me I have enclosed proof with my form I will provide proof later

Section 9 – Proof of the money you or your partner earn

I do not earn any money I have enclosed proof with my form I will provide proof later

Section 11 – Proof of benefits or pensions or tax credits you or your partner receive

I do not receive any benefits or pensions I have enclosed proof with my form I will provide proof later

Section 12 – Proof of any other income you or your partner have

I do not have any other income I have enclosed proof with my form I will provide proof later

Section 13 – Proof of any savings you or your partner have

I do not have any savings I have enclosed proof with my form I will provide proof later

Section 13 – Proof of your or your partner's current account

I do not have any current accounts I have enclosed proof with my form I will provide proof later

Section 14 – Proof of tenancy and rent

I do not rent a property I have enclosed proof with my form I will provide proof later

I give you permission to check any information relating to my claim for benefit.

Your signature

X

Date

/ /

Your partner's signature

X

Date

/ /

We must protect the public funds we handle, so we may use the information provided on this form to prevent and detect fraud. We may share this information with other organisations which handle public funds for the same purpose. We may use this information to promote other council services you may be entitled to. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998. We, Wychavon District Council, are 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.

If someone else has filled in this form for you, they must sign the declaration in section 18.

Confirmation of Tenancy Form

Please tear out this form and fill in your name, address and reference number (if known). Then give the form to your landlord, landlady or agent to fill in the rest of it.

They can then either send it straight back to us (at Wychavon District Council, Benefit Section, PO Box 11, Pershore, Worcestershire, WR10 1PU.), or give it to you to return to us.

Send in your application form straight away – do not wait for the Confirmation of Tenancy Form to be filled in.

Tenant to fill in

Name

Claim reference

(if known)

Address

 Postcode

Landlord, landlady or agent to fill in

Whose name or names is the tenancy in?

When did the tenancy start?

 / /

When did the tenant move in?

 / /

How much is the rent?

£

How often is the rent payable?

Every week

Every four weeks

Every month

Other

(Please tell us how often you receive rent.)

Does the rent include any payment for service charges?

No Yes

Please tell us which services are included in the rent, how much the tenant pays and how often they pay.

Council Tax	<input type="text"/>	£	every
Heating	<input type="text"/>	£	every
Lighting	<input type="text"/>	£	every
Cleaning	<input type="text"/>	£	every
Hot water	<input type="text"/>	£	every
Water rates	<input type="text"/>	£	every
TV licence	<input type="text"/>	£	every
Personal laundry	<input type="text"/>	£	every
Fuel for cooking	<input type="text"/>	£	every
Window cleaning	<input type="text"/>	£	every
Use of a washing machine or dryer	<input type="text"/>	£	every
Building insurance	<input type="text"/>	£	every
Contents insurance	<input type="text"/>	£	every
Warden services	<input type="text"/>	£	every
Emergency alarm system	<input type="text"/>	£	every
General counselling and support	<input type="text"/>	£	every
Personal care and support	<input type="text"/>	£	every

Landlord's or managing agent's signature

Please print your name.

How is the rent paid?

Cash Cheque Standing order or direct debit

Paid in full by Housing Benefit payments Other

Please tell us the method.

What proof of payment do you give the tenant?

Receipt Rent book Statement Other

Please tell us what other proof you give.

Is the tenant overdue with their rent payments?

No Yes

How much are they overdue by?

£

What is the period of the arrears?

from / /

to / /

Is there any other information about the tenancy that the council should know?

No Yes

Please give details below.

Landlord's or landlady's full name

Landlord's or landlady's full address

Postcode

Landlord's or landlady's phone numbers

Agent's full name
(if this applies)

Agent's full address
(or official stamp)

Postcode

Your landlord's/landlady's declaration

- 1 I declare that the information I have given on this form is correct and complete.
- 2 I understand that if I give information that is incorrect or incomplete, you may take action against me.

/ /

Please return this filled-in form to:

Wychavon District Council, Benefit Section, PO Box 11, Pershore, Worcestershire, WR10 1PU

For our use only

Returned to the person claiming or sent to the landlord to fill in on