

Cannock Chase
District Council
Civic Centre
PO Box 28
Beecroft Road
Cannock
Staffordshire
WS11 1BG



Working Together

Stafford
Borough Council
Civic Centre
Riverside
Stafford
ST16 3AQ

A claim form for Housing Benefit (including Local Housing Allowance) and Local Council Tax Reduction

Housing Benefit direct number:
01543 464292 or 01785 619478



Name, address and postcode

.....
.....
.....
.....
.....

Date issued	
Date received	
Office use only	

Claim reference number
Property reference number

Please quote this number if you write to or phone us.

Please fill this form in black pen only. Please answer every question.

Are you: an owner-occupier? a council tenant? a housing association tenant?
 a private tenant

Please tick the appropriate box.

Notes to help you fill this form are attached to the back. Please read them.

Part 1 About you and your partner

Do you have a partner who normally lives with you?

A partner is a person you are married to or have a civil partnership with, or a person you live with as if you were 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.)

No
 Yes

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

You
Surname or family name
Other names
Any names you have used in the past
Title (Mr, Mrs, Ms, and Miss)
Address, including the room number if you have one Do not tell us your partner's address if it is the same as yours.
What date did you move to this address?
Your phone number
E-mail address
Giving us your phone number and email address will reduce delays in processing your claim

Your partner

Date of birth / /

National Insurance number
 You can find this on payslips or letters from the Department for Work and Pensions or HM Revenue & Customs. We cannot normally decide your claim if we do not have your National Insurance number. We need to see proof of this.

Letters Numbers Letter

<input type="text"/>								
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If you do not have a National Insurance number, or cannot find it, tick this box.

Date of birth / /

Letters Numbers Letter

<input type="text"/>								
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If you do not have a National Insurance number, or cannot find it, tick this box.

You

Your partner

Have you or your partner claimed Housing Benefit (including Local Housing Allowance) or Local Council Tax Reduction?

No
 Yes Please tell us about it below

No
 Yes Please tell us about it below

When did you last claim? / /

/ /

Which council did you claim from?

What name did you use for the claim?

What address did you claim for?

Did you claim Universal Credit at this address? No

No

Yes

Yes

If you have moved from this address, have you told the council you claimed from? No

No

Yes

Yes

If you or your partner have moved home in the last 12 months, tell us your previous address.

Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.

We need to see proof of your identity and National Insurance number. See the checklist at part 13.

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

No
 Yes We will write to you about this.

No
 Yes We will write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?
 The UK is England, Northern Ireland, Scotland and Wales.
 / /

/ /

Are you living away from home at the moment? No

Yes Tell us about it below.

Why are you not living at home?

When did you last live at home? / /

When do you expect to go back home? / /

What is the address of where you are living at the moment?

Have you sublet your home?

No

Yes

Who lives there now?

--

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

	You	Your partner
Do you or your partner get Disability Living Allowance, Personal Independent Payments, Attendance Allowance:	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p> <p>Care <input type="text" value="£"/></p> <p>Mobility <input type="text" value="£"/> IS this paid to a mobility scheme? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Daily Living Rate <input type="text" value="£"/></p> <p>Attendance Allowance <input type="text" value="£"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p> <p><input type="text" value="£"/></p> <p><input type="text" value="£"/> IS this paid to a mobility scheme? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><input type="text" value="£"/></p> <p><input type="text" value="£"/></p>
Does anyone get Carer's Allowance for looking after you or your partner?	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>
Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit instead?	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> We will write to you about this.</p>
Do you or your partner pay towards supporting a student?	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> How much do you pay and how often? <input type="text" value="£"/> every</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> How much do you pay and how often? <input type="text" value="£"/> every</p>
Are you or your partner a student? By student we mean anyone who is on a course of study at an educational establishment, including student nurses.	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Tell us if this is full-time or part-time. Full-time <input type="checkbox"/> Part-time <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Tell us if this is full-time or part-time. Full-time <input type="checkbox"/> Part-time <input type="checkbox"/></p>
Course start date	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Course end date	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

We will contact you if we need any more information.

We need to know about any children in your household who are:

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

Are there any children in your household as described above?

No Go to part 3.

Yes If there are more than 4 children, please use the Additional Information box in Part 14 to tell us all the information we ask for on this page.

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

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Do you receive maintenance for any of these children?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

If so, how much?	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
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How often?	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
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Is the child registered blind?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.

Does the child get Disability Living Allowance or Personal Independent Payment (PIP)?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much?			
Care	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Mobility	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £
Daily Living Rate	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £	<input type="text"/> £

Do you or your partner pay any childcare costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Please tell us about it below	Yes <input type="checkbox"/> Please tell us about it below	Yes <input type="checkbox"/> Please tell us about it below	Yes <input type="checkbox"/> Please tell us about it below

Tell us the name and registration number of the childcare provider.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How much do you pay each week?	<input type="text"/> £ a week			
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Please have your childcare provider complete the attached Childcare Certificate. Please have your childcare provider complete the attached Childcare Certificate. Please have your childcare provider complete the attached Childcare Certificate. Please have your childcare provider complete the attached Childcare Certificate.

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

Do not tell us about people who just share a hall, bathroom or toilet with you.

Do any adults usually live with you and your partner? Yes No
 (People over 16 who nobody gets child benefit for)

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<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"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, owner, subtenant, lodger, boarder or friend.

	First person	Second person	Third person
Do they get Income Support, income-based Jobseeker's Allowance or the guaranteed part of Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance or Personal Independent Payment (PIP)?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	First person	Second person	Third person
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.
Do they pay rent or money for board and lodgings to you or your partner?	<input type="text"/> £ <input type="text"/> a week	<input type="text"/> £ <input type="text"/> a week	<input type="text"/> £ <input type="text"/> a week

	First person	Second person	Third person
Does this include money for meals?	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Which ones? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Evening meal <input type="checkbox"/>

	First person	Second person	Third person
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	First person	Second person	Third person
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>

	First person	Second person	Third person
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.

	First person	Second person	Third person
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they due to come out (if you know)?	<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"/>

First person

Second person

Third person

Do they normally work for 16 hours or more a week?

No
 Yes Tell us their earnings before any deductions.

£ a week

We need to see proof of their earnings.

No
 Yes Tell us their earnings before any deductions.

£ a week

We need to see proof of their earnings.

No
 Yes Tell us their earnings before any deductions.

£ a week

We need to see proof of their earnings.

Do they have any other income at all?

Make sure you tell us about all the other income they have.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

First other income

Where does this income come from?
 How much is it before deductions?

£

We need to see proof of this income.

£

We need to see proof of this income.

£

We need to see proof of this income.

Second other income

Where does this income come from?
 How much is it before deductions?

£

We need to see proof of this income.

£

We need to see proof of this income.

£

We need to see proof of this income.

Third other income

Where does this income come from?
 How much is it before deductions?

£

We need to see proof of this income.

£

We need to see proof of this income.

£

We need to see proof of this income.

Are any of the people who normally live with you partners?

No
 Yes Tell us their names below.

is the partner of

is the partner of

Part 4 About Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance and Pension Credit

Are you or your partner getting or waiting to hear about a claim for Income Support (including Minimum Income Guarantee), income-based Jobseeker's Allowance, Employment and Support Allowance or Pension Credit?

No Go to part 5.
 Yes Answer both the questions in this part.

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, Employment Support Allowance or Pension Credit at the moment?

You

No
 Yes When did you start getting it?
 / /

Your partner

No
 Yes When did you start getting it?
 / /

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Employment Support Allowance or Pension Credit?

No
 Yes When did you claim?
 / /

No
 Yes When did they claim?
 / /

Which benefit are you getting or waiting to hear about?

Income Support	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	Income-based Jobseeker's Allowance	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	Employment and Support Allowance	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>

We must see proof of your benefits, allowances or pension before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

Are you or your partner self-employed?

No Go to part 6.

Yes Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

You

Your partner

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

Do you have any business partners?

No

Yes Tell us their name and address.

No

Yes Tell us their name and address.

How many hours a week do you usually work?

Do you get a Business Start-up Allowance

No

Yes How much and how often?

 £ every

No

Yes How much and how often?

 £ every

Do you pay into a private pension scheme?

No

Yes How much and how often?

 £ every

No

Yes How much and how often?

 £ every

We must see proof of your earnings before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

Part 6 About working for an employer

Do you or your partner work for an employer?

No Go to part 7.

Yes Answer the questions on this page. If you work for more than one employer, tell us about the other employers on a separate sheet of paper and send it with this form.

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

You

Your partner

What kind of work do you do?

What's your employer's name and address?

 Tel No:

 Tel No:

You	Your partner
When did you start this job? <input style="width: 100%;" type="text" value=" / /"/>	<input style="width: 100%;" type="text" value=" / /"/>
What is your payroll, employee or staff number? <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you employed for a limited period? No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input style="width: 100%;" type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input style="width: 100%;" type="text" value=" / /"/>
How often do you get paid? <input style="width: 100%;" type="text" value="Every"/>	<input style="width: 100%;" type="text" value="Every"/>
How much do you get paid before tax and National Insurance are taken off? <input style="width: 100%;" type="text" value="£"/>	<input style="width: 100%;" type="text" value="£"/>
Do you receive any bonuses, commission or tips from any form of employment? No <input type="checkbox"/> Yes <input type="checkbox"/> Please give details. <input style="width: 100%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please give details. <input style="width: 100%;" type="text"/>
How are you paid (for example, in cash, by cheque or straight into a bank or building society account)? <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
When was your last pay rise? <input style="width: 100%;" type="text" value=" / /"/>	<input style="width: 100%;" type="text" value=" / /"/>
When will be your next pay rise? <input style="width: 100%;" type="text" value=" / /"/>	<input style="width: 100%;" type="text" value=" / /"/>
How many hours a week do you usually work? <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment? No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start? <input style="width: 100%;" type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start? <input style="width: 100%;" type="text" value=" / /"/>
Are you getting other sick pay or maternity pay from your employer at the moment? No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start? <input style="width: 100%;" type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start? <input style="width: 100%;" type="text" value=" / /"/>
Do you pay into a private or company pension scheme? No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input style="width: 100%;" type="text" value="£ Every"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input style="width: 100%;" type="text" value="£ Every"/>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

Part 7 About any other work

Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid.

No Go to **part 8**.
 Yes Answer the questions in this section.

You	Your partner
What other work do you do? <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

You	Your partner
<p>What is the name and address of the person you do this work for?</p> <p>Tel No:</p>	<p>Tel No:</p>
<p>When did you start this work?</p> <p>How many hours a week do you usually work?</p>	<p>When did you start this work?</p> <p>How many hours a week do you usually work?</p>
<p>Do you get paid?</p> <p>If you only get expenses or tips, still tick 'Yes' and give details.</p>	<p>Do you get paid?</p> <p>If you only get expenses or tips, still tick 'Yes' and give details.</p>
<p>How much do you get paid before deductions?</p>	<p>How much do you get paid before deductions?</p>
<p>How often do you get paid?</p>	<p>How often do you get paid?</p>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

Part 8 About benefits and pensions

Are you or your partner receiving any Benefits, Pensions or other types of income or waiting to hear about any that you have claimed or applied for?

No Go to part 9.

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

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

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

You	Your partner
<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>	<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>
<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>	<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>
<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>	<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>
<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>	<p>The name of the benefit, pension or other income</p> <p>Waiting to hear <input type="checkbox"/> Must be provided when received.</p> <p>Getting it now <input type="checkbox"/> How much, how often and how is it paid?</p> <p>£ Every by</p>

Do you own your home or have a mortgage?

No Go to the next question.

Yes Go to part 11.

Are you a council tenant?

No Answer the questions below.

Yes Go to part 10.

How many rooms are there?

In the whole building

Just for you and your household

That you share with other people

Living rooms

Bedsit

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

Do you use your home for business?

No

Yes

Do you have a main home somewhere else?

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

No

Yes Tell us about it below.

What is the address?

Do you pay rent on this home?

No

Yes How much? £

Part 10 About Rent

Do you pay rent for your home?

Tick 'Yes' if you would pay rent but you already get Housing Benefit (including Local Housing Allowance).

No Go to part 11.

Yes Answer the next question.

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

No

Yes Tell us the details below.

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

How much of the rent do they pay and how often?

(For example, every week, every two weeks, every four weeks or every month.)

 £ Every

Do you pay rent to the council?

No Answer the next question.

Yes Go to part 11.

What is your landlord's full name and business address?

By landlord we mean the person or organisation who owns the property you live in.

Phone number

If your landlord has an agent, tell us the agent's full name and address

By agent, we mean the person or organisation you actually pay your rent to.

Phone number

Are you, your partner or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes What is their relationship?

Is the landlord or agent's

When did you start renting your home?

/ /

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in. When you move in, tell us the date you moved in.

/ /

What sort of tenancy do you have?

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

How long is the tenancy for?

/ / to / /

How much rent do you pay and how often?

(For example, every week, every two weeks, every four weeks or every month.)

£ Every

Has your rent changed in the last 12 months?

No

Yes

Send us proof of the date it changed and how much it changed.

When is the next rent increase due?

/ /

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

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

No

Yes How many in a year?

Who has to pay the council tax bill for your home?

Tick the box that applies.

You or your partner

Your landlord

Someone else Tell us who it is.

What is the council tax reference number?

SERVICES CHARGES

Does your rent include the following?

Meals

No

Yes How much? £ Every

For which meals? Breakfast Evening meal
Please tick Lunch

Water authority charges

No

Yes How much? £ Every

Heating

No

Yes How much? £ Every

Lighting

No

Yes How much? £ Every

Hot water

No

Yes How much? £ Every

Fuel for cooking

No

Yes How much? £ Every

Laundry

No

Yes How much? £ Every

Cleaning rooms or windows

No

Yes How much? £ Every

Gardening

No

Yes How much? £ Every

Garage or parking space

No

Yes How much? £ Every

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

Personal care and support

No

Yes How much? £ Every

Do you pay any service charges separate from your rent (for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, a warden, meals or lift maintenance)?

No

Yes How much? £ Every

What for?

We need to know if you or your partner have any bank accounts, savings, investments or property in the UK or abroad. This includes cash, current accounts and savings accounts with a bank or building society, Post Office® accounts, Premium Bonds, National Savings Certificates, and stock and shares.

Do you hold any bank accounts?

If you do not provide account numbers and balances we will request bank statements.

No

Yes How many accounts?

Account numbers

Names of banks

Balance of account

Do you hold any ISAs?

No

Yes How many accounts?

Account numbers

Names of banks

Balance of account

Do you hold any building society accounts?

No

Yes How many accounts?

Account numbers

Names of banks

Balance of account

Do you hold any Post Office® accounts?

No

Yes How many accounts?

Account numbers

Balance of account

Do you hold any of the following?

Premium Bonds

No

Yes How many bonds? Total amount £

Unit trusts or other investments.

No

Yes How many? Total amount £

Income bonds or capital bonds

No

Yes How many bonds? Total amount £

Money or property held in trust

No

Yes How many Total amount £

Any other savings or investments

No

Yes How many Total amount £

Type of other savings or investments

--

Shares

Name of company the shares are held in

Number of shares held

Approximate value

We must see proof of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at **part 13** to see what you can use as evidence.

Do you or your partner have any National Savings Certificates? **No**

Yes Please send us the **original** certificates as proof. We will return the certificates to you.

Do any of your savings or investments include money from selling a house or money from a charity? **No**

Yes We will write to you about it.

Apart from your home, do you or your partner own any property or land in this country or abroad? If it is on a mortgage or a loan, still tick 'Yes'. **No**

Yes If yes, please provide the full address. We will write to you about it.

Have you or your partner received:
• a Far Eastern Prisoner of War Compensation payment? **No**

Yes Who received it? **You** **Your partner**

• a compensation payment made to victims of atrocities that happened during the Second World War? **No**

Yes Who received it? **You** **Your partner**

Have you or your partner received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? **No**

Yes We will write to you about this.

Part 12 How you will be paid and the choices you have

If you are entitled to Local Council Tax Reduction, we will take this off your Council Tax bill. We will send you a new bill showing this. If you are entitled to Housing Benefit, the benefit you get and how it is paid depends on the rules we use to work out your benefit. If you are a housing association tenant, you can choose to have your benefit paid into your bank account or direct to your landlord.

If this applies to you, how would you like to be paid? **To my account** Fill in your bank details below.

To my landlord

Name and address of bank or building society

Name the account is held in

--

Sort code

Account number

If you would not be able to manage your rent repayments (for example, because you are in a lot of debt, have a learning disability, have language problems, are ill or are addicted to drugs, alcohol, or gambling), we may be able to pay your landlord direct.

Do you want to be considered for this? **No**

Yes If yes we will contact you again.

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

Please do not send valuable documents through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. You can make an appointment to bring your claim form and proof into the council offices. Phone our helpline on 01543 464292 or 01786 619478.

If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof we need.**

For your first claim

• Proof of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

• Proof of your address

Such as a recent gas or electricity bill or a TV licence.

• Proof of National Insurance number

Such as a National Insurance number card, payslips or letters from the Department for Work and Pensions or HM Revenue & Customs.

For all claims

• Proof of savings and investments

Such as all your bank, building society or post office books, full bank statements, and certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. The proof you send must show details for the whole of the last month.

• Proof of earnings

We also need this for any other adults living in your home.

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have these payslips, your employer must fill in the attached earnings certificate. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far. Please ask for a self-employed earnings declaration.

• Proof of other income

We also need this for any other adults living in your home.

Such as pension slips from a previous employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

• Proof of benefits, allowances or pensions

We also need this for any other adults living in your home.

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have proof, let us know straight away.

• Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

• Proof of other money paid out

Such as letters about student grants or maintenance, agreements or receipts from registered childcare providers.

Make sure you read and sign the declaration on page 17.

If you have anything else you want to tell us please use the box below.

Part 15 Backdating

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

If you want us to consider paying your benefit from an earlier date please tell us what date you want to claim benefit from.

/ /

Have your circumstances since then been the same as on this form?

No Yes

We will contact you again about this.

Even if someone else has filled in this form for you, you must sign this declaration if you can.

Please read this declaration carefully before you sign and date it. If both you and your partner are claiming, you must both read the declaration before signing and dating the form. This declaration applies to both the person claiming and their partner.

- This is my claim for Housing Benefit or Local Council Tax Reduction (or both).
- I declare that the information I have given on this form is correct and complete as far as I know.
- I authorise you to check the information I have given with other sections within the council, the Rent Service, other councils or authorities handling public funds, as long as you do so only to prevent and detect fraud and error.
- I understand that you will share the information you hold on your computer to prevent and detect fraud and error by providing information to the Housing Benefit Matching Services and the Audit Commission's National Fraud Initiative.
- I understand that if I give incorrect or incomplete information or documents, or fail to report any changes that might affect my benefit, I may be prosecuted.
- I know I must tell you immediately of any changes that may affect the amount of benefit I receive.
I know I must tell you, my local council if:
 - I start or stop getting Income Support, Jobseeker's Allowance, Pension Credit or any other benefit;
 - the rent goes up or down (private tenants only);
 - my wages go up or down (for example, the work is casual and the hours vary or if I work overtime);
 - any other money from family or that I have coming in goes up or down, or my or my family's savings change;
 - anyone living with me has a change in their situation, such as starting work;
 - anyone moves in or out, even if it is a temporary move; and
 - the Home Office refuse my application for asylum.
- I start or stop getting any other income or pension.
- I understand that it is my duty to tell you about any of the changes above and that I cannot rely on any other organisation or person to tell the council on my behalf.
- I know and accept that if I do not report any changes affecting my benefit, or I give incorrect or incomplete information, I must repay any overpayment.
- I accept that you may prosecute any person who gives incorrect, incomplete or misleading information to fraudulently claim benefit.

The information you have given us will be used to manage your benefit claim and will be shared with other central or local government bodies in line with the council's registration under the Data Protection Act 1998.

Your signature

Print name
Date

Your partner's signature

Print name
Date

If this form has been filled in by someone other than the person claiming
Please tell us why you are filling in this form for the person claiming.

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

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

Part 17 Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. Please see tear-off 1.

Part 18 What to do next

You should now have filled in this claim form and collected all the proof you need to support your claim. Send the form and proof (remembering not to send valuable documents in the post) to us. Our address is on the front of this form.

Tear-off 1 – Sharing information with your landlord (Council & Private Tenants)

Tear-off 1

We may need to confirm information with your landlord (for example, the start date of your tenancy) before we can make a decision on your claim. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else.

If you give us permission by signing this form, we will only share information with your landlord if you have agreed that your Housing Benefit can be paid direct to your landlord.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed or renewed your claim for Housing Benefit;
- we have made a decision on your claim; or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

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

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

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

I give you, Cannock Chase District Council/Stafford Borough Council, permission to share information about the progress of my claim with my landlord or their representative.

No

Yes

Signature

Full name
(in CAPITAL
LETTERS)

Date

Address

PLEASE BE AWARE

Once permission has been given to divulge information to your landlord it remains in force until cancelled by you.

Tear-off 2 - Earnings Certificate Pro-Forma

For the employee to complete

Name:

Address:

National Insurance Number:

For the employer to complete

- Date the employee started work with your company and the date they left if appropriate

/ / to / /

- How many hours does the employee work per week ?

- How often are the wages paid ?

Weekly Two Weekly Four Weekly Monthly

- Please give the date of the last pay rise if applicable / /

- Please give the date the employee's hours last increased if applicable / /

Please complete all 5 columns if paid every week, three columns if paid every two weeks or two columns if paid every month or every four weeks. Please note that you must give details of the most recent pay and that these must be consecutive.

If the employee is new to the company please provide projected earnings.

	Period 1	Period 2	Period 3	Period 4	Period 5
Date of Pay					
Tax Code					
Tax Week Number					
Hours Worked					
Gross Pay					
Sick Pay					
Tax Deduction					
National Insurance Deduction					
Pension Deduction					
Other Deduction (please give details below)					
Net Pay					
Gross Pay To Date					
Tax Deduction To Date					
National Insurance Deduction To Date					
Pension Deduction To Date					
Other Deductions To Date (please give details below)					

Please give details of other deduction

Tear-off 2 - Earnings Certificate Pro-Forma - continued

If any bonuses or expenses are included in your gross pay or paid separately please give details

Will your employee's wage change in the future? Yes No

If yes please confirm the date you expect this increase to take place

WARNING

To give false information may result in prosecution under the Theft Act 1968 or the Social Security Administration Act 1992

I confirm the information given is true and complete.

Signature

Position

Print Name

Name Of The Company

Business Address

Business E-mail

Business Phone Number

Please endorse with the company stamp

Tear-off 3 - Childcare Pro-Forma

For the applicant to complete

Name:

Address:

National Insurance Number:

For the Childminder to complete

OFSTED REG NO

Name of Child Minder/Nursery

Address

Name of child

The exact date you/your organisation started looking after the above named child / /

How many hours a week does the child attend?

Is this paid ? Weekly Monthly

If payment is made weekly please supply payment details for the last 5 weeks

If payment is made Four Weekly/Calendar Monthly please supply payment details for the last 2 months.

	Period 1	Period 2	Period 3	Period 4	Period 5
Date of Invoice					
Hours Charged For					
Total Gross Amount					
Amount charged for food					
Total amount charged in each period.					
Date Paid					
Amount received using child care vouchers.					

Does the above exclude school holidays? Yes No

What is the normal weekly charge? £

Signature

Position

Print Name

Please endorse with the company stamp

Notes to help you fill in this form

This form has been designed to be easy to fill in. It may look long, but we have to ask a lot of questions to make sure you get the right amount of benefit. You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Please use a black pen when filling in the form. If you make a mistake, just cross it out and put the right answer next to it. Do not use a pencil or correction fluid on the form.

Answer 'yes' or 'no' to questions by putting a tick in the relevant box. Please do not put a cross in any box as this does not show us the answer you wanted to give us.

If someone else fills the form in for you, we will ask you to give us their name and the reason why they needed to help you. There is also a place for them to sign to confirm they have helped you on the signature page.

We also have a home visiting service to help you fill in benefit forms. Phone the benefit helpline on 01543 464292 or 01785 619478 if you want to use this service.

We aim to tailor the benefit service to your personal needs. If you have any special needs, please let us know, so that we can achieve this.

Office opening times at Cannock and Rugeley are:

9am to 5.00pm Monday to Friday

Office opening times at Hednesford are:

9am to 12pm Monday to Friday

2pm to 5pm Monday to Friday

Office opening times at Stafford are:

8.30am to 5.00pm Monday to Thursday

8.30am to 4.30pm Fridays

What do we do with the information we collect?

We will use the information you give us on this form, and any supporting evidence you send us, to process your claim for Housing Benefit and Local Council Tax Reduction.

We pass information onto other agencies such as The Department for Work and Pensions and HM Revenue & Customs, as the law allows us to.

We may check information provided by you in connection with your benefit claim. We may also need to get information about you from certain third parties, or give them information to:

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

We will not give information about you to anyone unless the law allows us to.

We, Cannock Chase District Council and Stafford Borough 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 the information, please contact us.

Important change in the method of payment

We no longer offer payments by cheque unless exceptional circumstances apply. Please contact the benefits helpline on 01543 464292 or 01785 619478 to discuss this if you think this applies to you.

Further help

We can help you set up a bank account. You can also get money advice from the local citizens advice bureau in Cannock (phone 01543 502236), Rugeley (phone 01889 577042) and Stafford (phone 08444 111 444). And don't forget, you can visit our websites at www.cannockchasedc.gov.uk and www.staffordbc.gov.uk for more information.

Cannock Chase District Council
Civic Centre, PO Box 28
Beecroft Road, Cannock
Staffordshire WS11 1BG



Stafford Borough Council
Civic Centre,
Riverside
Stafford ST16 3AQ

Working Together

Tenant Name

Your tenant, named above, has made a claim for Housing Benefit details of the tenancy are required to assess the claim.

Is there a Tenancy Agreement?
(If 'YES', please supply original
Tenancy Agreement and ignore
the remainder of this form)

Yes

No

YOUR DETAILS

Name

Business Name

Address
 Postcode

Telephone Number

AGENTS DETAILS (IF APPLICABLE)

Name

Business Name

Address
 Postcode

Telephone Number

TENANTS DETAILS

Name

Address
 Postcode

If accommodation is a room;
please include location and room number:

Date tenancy started / /

Is the property let as:

Unfurnished

Partly Furnished

Fully Furnished

Are you or your partner related to
the tenant or his/her partner?
If 'Yes', how are you related?

Yes

No

PAYMENT DETAILS

How much is the rent charged on the above address? £

every week
 every 2 weeks
 every 4 weeks
 every calendar month

Does anyone else share the Tenants room/accommodation? Yes No

(If so, please give details)

Does the rent include any of the following (please tick the appropriate box)

	Yes	No
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning of room	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning of communal areas	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Other - please specify below	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the rent been paid up to date? Has the rent been paid up to date? Yes No

(If so, please give details)

DECLARATION

Please read this declaration carefully before you sign it.

To deliberately supply or knowingly allow someone to supply false information may result in prosecution.

I declare to the best of my knowledge and belief that the information stated on this form is correct and complete. I agree that the Council may make some enquiries considered necessary to verify this information.

The information you have given us will be used to manage your tenant's benefit claim and will be shared with other central or local government bodies in line with the council's registration under the Data Protection Act 1998

Signature

Print Name

Date /

Complete the sections below if you require direct payments to Landlord.

TENANT DECLARATION

I hereby authorise and request any payments of Housing Benefit to be paid direct to my landlord.

Signature

Print Name

Date /

LANDLORD DECLARATION

I am willing to accept direct payments of Housing Benefit in respect of the above tenant and I undertake to repay, on demand, any recoverable overpayment of Benefit arising from whatever cause, that has been paid to me by Stafford Borough Council or Cannock Chase District Council.

I agree that Stafford Borough Council or Cannock Chase District Council can deduct any overpayment from the other payments due to me from the Council.

I understand that as part of my duties and responsibilities as a landlord I must inform the Council immediately if I find out about any change in the tenant's circumstances or if the tenant vacates the property or changes room.

Signature

Print Name

Date