Finance and Customer Services
Revenues and Benefits

North Lanarkshire Council

CLAIM FOR HOUSING BENEFIT COUNCIL TAX REDUCTION

NB: PERFORATION LAYER NOT TO BE PRINTED

Name

Address

Postcode

Home Number

Mobile Number

Email Address

Issuing Office

Date Issued

Reason Issued

INCLUDES ALTERNATIVE MAXIMUM COUNCIL TAX REDUCTION AND LOCAL HOUSING ALLOWANCE

INVESTORS IN PEOPLE

DID YOU KNOW YOU CAN APPLY ON-LINE ? LOGON TO

www.northlanarkshire.gov.uk

AND COMPLETE THE ON-LINE BENEFITS CALCULATOR. ALTERNATIVELY, PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND PROVIDE ALL INFORMATION RELEVANT TO YOUR CLAIM. IF YOU DO NOT, IT WILL TAKE US LONGER TO WORK OUT AND PAY YOUR HOUSING BENEFIT AND COUNCIL TAX REDUCTION.

WE NEED TO SEE ORIGINAL DOCUMENTS AND YOU MUST PROVIDE THE EVIDENCE REQUESTED. PLEASE READ THE APPLICATION CHECKLIST IN SECTION 17 FOR GUIDANCE.

If you need help to complete this form, please contact your local office or First Stop Shop (see section 18).

FOR OFFICIAL USE ONLY

Reference No.

Admin Group

Date received

1. NATIONALITY - THIS SECTION MUST BE COMPLETED

The Housing Benefit/Council Tax Reduction rules say that we must ask you about your nationality. If you do not answer this question we cannot consider your claim for Housing Benefit/Council Tax Reduction. We may contact the Home Office to check this information.

Have you come to live in the UK in the last five years? Yes ☐ From what date | |

No ☐ Go to section 2

If "Yes", what is your nationality?
We may contact you for more information.

2. ABOUT YOUR CLAIM - THIS SECTION MUST BE COMPLETED

Please tick all of the boxes that apply to you. Are you:

A Council Tenant ☐

Renting from a Private Landlord ☐

Renting from a Housing Association ☐

A home owner or buying your home ☐

Joint owner / Tenant ☐

Living in board and lodgings ☐

Living with your parents or relatives ☐

Living in a hostel ☐

A student ☐

Other, please specify

When did your tenancy begin? | |

When did you move into this address | |

Please state your previous address

Post Code

Were you, your partner or any member of your household the homeowner of the address you now wish to claim Housing Benefit/Council Tax Reduction for? Yes ☐ No ☐

Were you, your partner or any member of your household, the homeowner at your previous address? Yes ☐ No ☐

Do you, your partner or any member of your household, still own your previous address? Yes ☐ No ☐

Were you, or your partner, claiming Housing Benefit at your previous address? Yes ☐ No ☐

Were you, or your partner, claiming Council Tax Benefit/Reduction at your previous address? Yes ☐ No ☐

Why did you move from your previous address?

Do you have a home elsewhere? Yes ☐ No ☐

If yes, please give details

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

3. ABOUT YOU AND YOUR PARTNER

Do you have a partner who normally lives with you? ☐ Yes ☐ No

A partner can mean your husband or wife, someone of the opposite sex you live with as though you were married or a partner of the same sex who you live with in a Civil Partnership or as though you were in a Civil Partnership.
If you tick yes you must answer all the questions about your partner.

	YOU	YOUR PARTNER
Title (Mr, Mrs, Miss, Ms)		
Last Name		
Other Names		
Date of Birth	/ /	/ /
National Insurance Number		
Telephone Number / Mobile Number		
E-mail address		
Are you or your partner known by, or have been known by, any other name?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, what name?		
Are you or your partner receiving Income Support, Job Seekers Allowance (IB), or Employment Support Allowance (IR)	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", when did you start receiving this?	/ /	/ /
How much do you receive per week?	£	£
Have you or your partner recently applied for Income Support, Job Seekers Allowance, Personal Independence Payment or Employment Support Allowance?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, when did you claim?	/ /	/ /
Do you or your partner have an invalid vehicle or a car bought with the help of the Motability Scheme?	☐ Yes ☐ No	☐ Yes ☐ No
Are you or your partner in hospital, a rest home or nursing home?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, from which date? We will contact you for further details.	/ /	/ /
Have you or your partner ever claimed Carers Allowance? (Tick Yes even if you were not paid this because you were better off getting another social security benefit)	☐ Yes ☐ No	☐ Yes ☐ No

Does anyone receive Carers Allowance for looking after you or your partner?

Yes ☐ For you ☐ For your partner ☐ For both ☐ No ☐

Who receives the Carers Allowance?		
Do they live with you?	☐ Yes ☐ No	☐ Yes ☐ No
If they do not live with you what is their address?		

3. ABOUT YOU AND YOUR PARTNER (CONTINUED)

Please tick if you or your partner are:	YOU	YOUR PARTNER
Registered or Certified blind?	☐	☐
An apprentice	☐	☐
On Youth Training	☐	☐
In legal custody	☐ from I I	☐ from I I
Severely Mentally Impaired	☐	☐
A student	☐ Full Time ☐ Part time	☐ Full time ☐ Part time

EVIDENCE REQUIRED You must provide us with proof of Income Support, Jobseekers Allowance (income based), or Employment Support Allowance (income related). If you have an invalid vehicle or you are registered or certified blind, you must provide proof.

4. ABOUT YOUR CHILDREN

Are there children in your household who you get paid Child Benefit for? ☐ Yes (fill in this section)

(If you have more than four children please include their details on a separate sheet) ☐ No (go to section 5)

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
First Name				
Last Name				
Other Names				
Date of Birth	I I	I I	I I	I I
Relationship to you				
Relationship to your partner				
Is the child registered blind?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the child get Disability Living Allowance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", how much: Care	£	£	£	£
Mobility	£	£	£	£
Do you or your partner pay a registered childminder, nursery or after school club any childminding costs?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tell us the name and Registration Number of the child minder				
	No:	No:	No:	No:
How much do you pay per week?	£	£	£	£
Do you get childminding costs through Tax Credits?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", how much?	£	£	£	£

EVIDENCE REQUIRED You must send proof that Child Benefit is being paid for the children who live with you. This should be your Child Benefit award letter. You must provide evidence of your childcare costs.

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

5. OTHER PEOPLE WHO LIVE WITH YOU (including children for whom Child Benefit is no longer being paid)

Tell us about all the people who usually live with you and your partner, except for people who are sub-tenants, boarders or lodgers - See Section 6. If you want to tell us about more than three people use a separate sheet of paper.

Does anyone else live with you? ☐ Yes (fill in this section) ☐ No (go to part 6)

	1ST PERSON	2ND PERSON	3RD PERSON
Title (Mr, Mrs, Miss, Ms)			
First Name			
Last Name			
Other Names			
Date of Birth	/ /	/ /	/ /
National Insurance Number			
Date moved in	/ /	/ /	/ /
Relationship to you (for example parent, sister or friend)			
Are they severely mentally impaired?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they in receipt of Disability Living Allowance, /Personal Independence Payment, Attendance Allowance, or registered or certified blind?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they an apprentice or on a Youth Training Scheme?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they a full-time student or student nurse or a care worker?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they in legal custody?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are they in hospital?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If they are working, please give gross pay before tax and national insurance are taken off	£	£	£
How often is this paid?			
Number of hours they work each week			
Do they receive any of the following? Income Support, Pension Credit, Jobseekers Allowance (IB) or ESA (IR)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please enter date claimed	/ /		
Pension from a former employer	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", please enter gross amount before tax	£	£	£
How often is this paid (for example weekly/monthly etc)			
Give the amounts of any other state benefits they receive before deductions	£	£	£
Please state name of these Benefits (for example, Incapacity Benefit etc)			
Child Tax Credit/Working Tax Credit	£	£	£

5. OTHER PEOPLE WHO LIVE WITH YOU (CONTINUED)

Please give the total weekly income they have from savings and investments £ £ £

If any of the people shown above are married or living together as a couple please give details

is the partner of

EVIDENCE REQUIRED You must send us proof of all income and deductions for yourself and/or your partner if you have one. These must be originals, not copies. You must ensure that other people who live with you provide us with proof of all income and deductions. These must be originals, not copies.

6. SUB-TENANTS, BOARDERS AND LODGERS

This section should not include anyone related to you as you should have already given their details in sections 4 and 5.
- A sub-tenant is someone who pays to live in part of your home and you do not provide meals for.
- A boarder or lodger is someone who pays to live with you and whom you do provide meals for.

Do you, or your partner, have any sub-tenants, boarders or lodgers? ☐ Yes ☐ No (go to section 7a)

If "Yes", please list	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
Last Name				
Other Names				
Rent Paid each week	£	£	£	£
Does the rent include heating?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the rent include meals?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

7A. ABOUT WORKING FOR AN EMPLOYER

Do you or your partner work? ☐ Yes ☐ No ☐ Yes ☐ No
If "No" for both of you go to section 7b.

	YOU	YOUR PARTNER
If "Yes" when did the job start?	I I	I I
Name and Address of your Employer		
Type of work done (job title)		
Payroll Number		
Number of hours you usually work each week		
How often do you get paid?		
How much do you get paid?	£	£
When was your last pay rise?		

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

7A. ABOUT WORKING FOR AN EMPLOYER (CONTINUED)

	YOU	YOUR PARTNER
When will your next pay rise be?	I I	I I
How are you paid? For example bank transfer, cheque etc		
Do you or your partner get any bonus, commission or tips on top of your normal wage?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", how much?	£	£
Is this a permanent job?	☐ Yes ☐ No	☐ Yes ☐ No
If "No", when will the job end?	I I	I I
Do you get Statutory Sick or Statutory Maternity Pay?	☐ Yes ☐ No	☐ Yes ☐ No
When did it start?	I I	I I
How much is it?	£	£
Do you or your partner have more than one job?	☐ Yes ☐ No	☐ Yes ☐ No

YOU SHOULD SUPPLY DETAILS OF EACH JOB ON A SEPARATE PIECE OF PAPER.

Are you or your partner employed as a part time fireman or as a member of the territorial army reserve forces, coastguard or lifeboat service?	☐ Yes ☐ No	☐ Yes ☐ No

EVIDENCE REQUIRED We need to see your last five consecutive wage slips if you are paid weekly or two consecutive slips if you are paid monthly. These must be originals, not copies. We may contact your employer for this information or to confirm details.

7B. ABOUT BEING SELF-EMPLOYED

	YOU	YOUR PARTNER
Are you or your partner self-employed? If "No" for both of you go to Section 8	☐ Yes ☐ No	☐ Yes ☐ No
What type of work do you do?		
When did the business start?	I I	I I
Business name and address		
Telephone Number		
If relevant, C.I.S. Number		
Are there any other partners in the business?	☐ Yes ☐ No	☐ Yes ☐ No
Do you or your partner receive any government business allowances?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", how much and how often?	£	£
Is any part of your home used for business purposes?	☐ Yes ☐ No	☐ Yes ☐ No

7B. ABOUT BEING SELF-EMPLOYED (CONTINUED)

How many hours a week do you usually work?		
Do you pay into a private pension scheme?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, how much?	£	£
How often?		

EVIDENCE REQUIRED You must send us the most recent audited accounts. If audited accounts cannot be provided please contact any of the offices listed in Section 18 for a self employed earnings form.

8. INCOME OTHER THAN EARNINGS

Do you or your partner have income other than earnings? We need to know about all of your income.
You must send us proof of all the income you mention below. We cannot pay benefit without proof of this.

	YOU		YOUR PARTNER	
	HOW MUCH DO YOU GET?	HOW OFTEN IS IT PAID?	HOW MUCH DO YOU GET?	HOW OFTEN IS IT PAID?
BENEFITS				
Income Support	£		£	
Jobseeker's Allowance (Income Based)	£		£	
Jobseeker's Allowance (Contribution Based)	£		£	
Employment Support Allowance (IR)	£		£	
Employment Support Allowance (C)	£		£	
When did Employment Support Allowance start?	| |		| |	
Incapacity Benefit	£		£	
When did Incapacity Benefit start?	| |		| |	
Maternity Allowance	£		£	
Carers Allowance	£		£	
PENSIONS				
State Retirement Pension	£		£	
Pension Credit - Guarantee Credit	£		£	
- Savings Credit	£		£	
Widows Pension or Widowed Mothers Allowance	£		£	
War Pension	£		£	
War Widows Pension	£		£	
Works Pension / Private Pension	£		£	

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

8. INCOME OTHER THAN EARNINGS (CONTINUED)

	YOU		YOUR PARTNER	
	HOW MUCH DO YOU GET?	HOW OFTEN IS IT PAID?	HOW MUCH DO YOU GET?	HOW OFTEN IS IT PAID?
DISABILITY				
Severe Disablement Allowance	£		£	
Disabled Person's Tax Credit	£		£	
Attendance Allowance	£		£	
War Disablement Pension	£		£	
Disability Living Allowance / Personal Independence Payment (Mobility Component) Please state the rate shown in your award letter	☐ Higher £	☐ Lower	☐ Higher £	☐ Lower
	☐ Higher	☐ Middle ☐ Lower	☐ Higher	☐ Middle ☐ Lower
Disability Living Allowance / Personal Independence Payment (Care Component) Please state the rate shown in your award letter	£		£	
Industrial Injury/Death Benefit/ Reduced Earnings Allowance	£		£	
CHILDREN				
Child Benefit	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Fostering Allowance	£		£	
Adoption Allowance	£		£	
Guardian Allowance	£		£	
OTHER INCOME				
Government Training Scheme	£		£	
Home Income Plan	£		£	
Annuities	£		£	
Trust Fund	£		£	
Student Grant or Loan	£		£	
Maintenance Received for Children	£		£	
Maintenance Received for Self / Partner	£		£	
Child Support	£		£	
Rental Income from Other Properties	£		£	
Council Member Allowances	£		£	
Other, please specify				

8. INCOME OTHER THAN EARNINGS (CONTINUED)

	YOU	YOUR PARTNER
Have you recently applied for any benefit that you are still waiting to hear about?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", please say which benefit(s)		

EVIDENCE REQUIRED We need proof of all income other than earnings received by you and/or your partner, for example, the award letter issued to you by DWP in relation to any state benefits you and/or your partner receive.

9. CAPITAL, SAVINGS AND INVESTMENTS

	YOU	YOUR PARTNER
9A. Do you or your partner have any bank, building society or Post Office Accounts?	☐ Yes ☐ No	☐ Yes ☐ No

If "Yes", please say what type of account you or your partner have and how much you have in each account.
You can use a separate sheet if there is not enough space here.
If "No", go to section 9b.

Name of Account holder(s)	Type of Account	How much?
		£
		£
		£
		£

	YOU	YOUR PARTNER
9B. Do you or your partner have any stocks, shares, premium bonds, unit trusts, Tessas, National Savings Certificates or ISAs?	☐ Yes ☐ No	☐ Yes ☐ No

If "Yes" please give the following information. You can use a separate sheet of there is not enough space here.
If "No" go to section 9c.

Held by	Type of Investment	No of Units/Shares	Issue Date	Value
				£
				£
				£
				£

	YOU	YOUR PARTNER
9C. Do you or your partner own any other property other than the one you are claiming for? This includes property in this country and abroad, static caravans, time shares and property you own jointly with someone else.	☐ Yes ☐ No	☐ Yes ☐ No

If "Yes", please provide full details - we may have to contact you for more information. If "No" go to Section 9d.

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

9. CAPITAL, SAVINGS AND INVESTMENTS (CONTINUED)

	YOU	YOUR PARTNER
9D. Do you or your partner have any other kind of savings or investments, for example an endowment policy not linked to a mortgage?	☐ Yes ☐ No	☐ Yes ☐ No

If "Yes", please say how much.

Please state where the money is saved or invested. You can use a separate sheet if necessary.
If "No", go to section 10.

EVIDENCE REQUIRED We need proof of all Capital, Savings and Investments held by you and/or your partner. For Bank or Building Society accounts, you should supply your most recent account statement or book. For stocks, shares, bonds, unit trusts or National Savings Certificates, you should supply the certificates. For property, the title deed is usually required to establish ownership. These must be originals not copies. If you do not send us these, it could delay any benefit/reduction.

10. MONEY PAID OUT

IN SOME CASES THE MONEY YOU PAY OUT CAN BE TAKEN INTO ACCOUNT WHEN ASSESSING BENEFIT

10A. PARENTAL CONTRIBUTION

If you or your partner help to support a son or daughter who is at university or college please give details below.
We also need to see the Student Grant Award Letter.

Contribution £ How often?

10B. PENSION SCHEMES

If you or your partner pay money into a personal pension scheme, but not through your employer, we need proof. Please provide the policy or scheme document.

Money Paid in £ How often?

If you are a Council Tenant, please go to Section 13.
If you are buying your home or already own it, please go to section 13.
If you rent from a Private Landlord or Housing Association, and you want to apply for help with your rent payments, please go to Section 11.

11. ABOUT YOUR RENT (PRIVATE TENANT OR HOUSING ASSOCIATION TENANT) IF YOU ARE A COUNCIL TENANT, PLEASE GO TO QU.11(B).

Name, home address and postcode of your landlord (this is the owner of the property you live in)

Name, address and postcode of the person you pay rent to (if not your landlord)

Landlord / Agent email address

Telephone Number

Landlord / Agent email address

Telephone Number

	YOU	YOUR PARTNER	CHILDREN
Are you, your partner or your children related in any way to your Landlord/ Landlords Agent?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes" what is the relationship?			

How much is your rent? £

How often is the rent due - for example, weekly, calendar monthly, four weekly, fortnightly etc

Please state the sort of tenancy you have:

☐ Assured ☐ Short Assured ☐ Registered ☐ Other (Please say what it is)

How long is your tenancy for?

Does anyone, other than your partner, share the rent payment with you? ☐ Yes ☐ No

If "Yes", how many people share the rent with you?

What is your share?

IF YOU HAVE A REGISTERED TENANCY YOU MUST SEND US THE NOTICE OF REGISTRATION FORM RO5

What type of accommodation do you live in?

☐ Terraced House	☐ Semi-detached House	☐ Detached House	☐ Bed-Sit
☐ Terraced Bungalow	☐ Semi-detached Bungalow	☐ Detached Bungalow	☐ Shared Room
☐ Flat in a House	☐ Flat in a block	☐ Flat over a shop or office	☐ Maisonette
☐ Caravan	☐ Hostel	☐ Other	

What is your flat or room number?

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

11(A). ABOUT YOUR RENT (CONTINUED)

How many rooms do you have in your home?

	Bedroom	Living	Dining	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the house							
Rooms that only you use							
Rooms that you share							

Does your rent include any of the following services?

Description	Yes	No	If "Yes", how much?	Description	Yes	No	If "Yes", how much?
Council Tax			£	Satellite dish or TV aerial			£
Water Rates			£	Lift			£
Heating your accommodation			£	Garden Maintenance			£
Lighting your accommodation			£	Warden, Caretaker porter			£
Hot Water			£	Laundry service			£
Fuel for Cooking			£	Laundry facilities			£
Lighting or cleaning of shared areas			£	Cleaning your accommodation			£
Personal or nursing care			£	Window cleaner			£

Does your rent include payment for meals? ☐ Yes ☐ No

If "Yes" which are provided? ☐ Breakfast ☐ Lunch ☐ Evening Meal

☐ Other (specify)

If you are single and under 35 your rent may be restricted - to find out more about this you can contact your local office or visit our website at www.northlanarkshire.gov.uk

EVIDENCE REQUIRED Please send proof of your rent. This must be in the form of a tenancy agreement OR a rent book accompanied by a letter from your landlord. A lease must contain the tenancy start date, rent charge, length of tenancy, services provided by your landlord, the address of the property and must be signed and dated by you and your landlord.

11(B). ABOUT YOUR COUNCIL TENANCY

How many rooms do you have in your home?

	Bedroom	Living	Dining	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the house							

Are you a joint tenant? ☐ Yes ☐ No

If yes, please provide the name of the joint tenant/s and any members of their household.

12. HOW YOU WILL BE PAID

HOUSING ASSOCIATION TENANTS ONLY
Do you want us to pay your housing benefit direct to your landlord? ☐ Yes ☐ No

I understand that you may not agree to this but if you do,
you may end this arrangement at any time.
I will give 4 weeks notice if I want to end this arrangement.

IF YOU ARE RENTING FROM A PRIVATE LANDLORD
All new Private Landlord Housing Benefit Applications we receive from 7 April 2008 will be covered by the Local Housing Allowance scheme rules. This means payments should be paid to you, the tenant. This will be paid into your bank by a BACS credit to your account.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Bank Mandate for Payment by BACS

1. Name on Bank Account
2. Claimant Address
3. Claimant Post Code
4. Name of Bank
5. Bank Address
6. Bank Sort Code
7. Bank Account Number
8. Acc. Roll Number

I hereby confirm that the above are true details to be used for the purpose of receiving Housing Benefit payments from North Lanarkshire Council.

The information I have provided may only be given to other council sections/government organisations if law allows this.

9. Authorised signature
10. Please Print Name
11. Date

IN SOME CIRCUMSTANCES YOUR LOCAL HOUSING ALLOWANCE CAN BE PAID DIRECTLY TO YOUR LANDLORD OR YOUR LANDLORDS AGENT.

We can make payments directly to your landlord where you have difficulty managing your affairs and where the Revenue and Benefits Section considers you as being vulnerable.

To allow the Revenue and Benefits Section to carry out this assessment please ask for the form -
Request for Payments to be made direct to Landlord.
You must complete this form and return it to the Revenue and Benefits Section as soon as possible.

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

13. BACKDATING

We can usually award housing benefit/council tax reduction from the Monday after the day we receive your claim. Sometimes we can pay housing benefit/council tax reduction from an earlier date if you have a good reason for not claiming sooner. If you want us to consider paying your housing benefit/council tax reduction from a date before the date you made this claim, please tell us when you want benefit from and why you did not claim earlier.

Date you want to claim housing benefit/council tax reduction from

During this earlier period, were your circumstances different to those you have told us about on this form? ☐ Yes ☐ No

If they were different, what has changed?
We need proof of the changes in your circumstance for this period

Why have you not claimed before?

14. ETHNIC QUESTIONNAIRE

Under the Race Relations Act we have a responsibility to gather details about our client's backgrounds. This information is confidential and will only be used to help us with our equal opportunities policy and to improve access to our service. The completion of this survey is voluntary.

What is your ethnic group?
Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

A WHITE

- ☐ Scottish
- ☐ Irish
- ☐ Other British
- ☐ Any other White background

Please state

B ASIAN

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Please state

C BLACK

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

Please state

D MIXED

- ☐ Any Mixed background

Please state

E OTHER ETHNIC BACKGROUND

- ☐ Any other background

Please state

15. DECLARATION

YOUR DECLARATION – PLEASE READ THIS CAREFULLY BEFORE YOU SIGN AND DATE IT

I UNDERSTAND THE FOLLOWING:

- I must let North Lanarkshire Council know about changes in my circumstances which might affect my claim and ensure I report any change(s) to the appropriate council offices
- If I give information that is incorrect or incomplete North Lanarkshire Council may take action against me
- North Lanarkshire Council will use the information I have provided to process my claim for housing benefit and/or council tax reduction. They may check some of the information with other sources, for example, within the council, other councils and government agencies
- The information I have provided may be used in connection with this and any other claim for Social Security benefits that I have made or may make and that the information may be given to other government organisations, if the law allows this

I AGREE:

- Where payment is made directly to my landlord or landlord's agent, information can be provided to them regarding the progress of my claim.
- My landlord or landlord's agent can be informed of the type of information still required to complete my application for housing benefit (for example, proof of identify), when my next payment is due and how much that payment will be.

I declare the information I have given on this form is correct and complete.

Signature of person claiming _____ Date __ __

Partner's signature _____ Date __ __

IF YOU HAVE FILLED IN THE FORM ON BEHALF OF THE PERSON(S) CLAIMING, PLEASE COMPLETE THIS PART.

Why you are filling in the form on behalf of this person(s)

What is your name _____

What is your relationship to the person(s) making the claim _____

DECLARATION - PLEASE READ CAREFULLY AND SIGN

This form has been completed by me, based on the information provided and is an accurate record. I understand that if I knowingly allow false information to be included in this application, legal action may be taken against me.

Signature of the person who filled in the form _____ Date __ __

REMEMBER THAT IF YOU DO NOT PROVIDE ALL OF THE EVIDENCE WE HAVE ASKED FOR ON THIS FORM WE MAY NOT BE ABLE TO PAY YOU ANY HOUSING BENEFIT/COUNCIL TAX REDUCTION

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

16. OTHER INFORMATION

Please use this space to tell us about anything else you think will help us to deal with your claim.
Use a separate sheet if necessary.

17. APPLICATION CHECKLIST

PLEASE CHECK THAT YOU HAVE PROVIDED THE FOLLOWING:

Two forms of identification for yourself and your partner
Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence ☐ YES

Proof of your address
Such as a recent paid gas or electricity bill or a TV licence ☐ YES

Proof of your and your partner's National Insurance Number
Such as a National Insurance number card, payslips or letters from DWP or Tax Credits office ☐ YES

Proof of your household composition
Such as a Child Benefit or Tax Credit award letter ☐ YES

Proof of your and your partner's earned income
Such as wage slips or if you are self employed, your accounts or self employed earnings forms ☐ YES

Proof of your and your partner's benefits, allowances or pensions
Such as current award letters – please let us know straight away if you do not have proof ☐ YES

Proof of any other income you or your partner receive
Such as pension slips from a previous employer, or a letter from court showing how much maintenance you receive. We need to see proof of how much money people pay you for board and lodgings ☐ YES

Proof of all savings and investments held by you and your partner
Such as bank, building society or post office accounts, full bank statements, Premium Bond and National Savings Certificates, Property and Land ☐ YES

Proof of private rent and tenancy
Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord ☐ YES

Proof of other money paid out
Such as letters about student grants, maintenance agreements or receipts from registered child carers ☐ YES

Have you completed all the questions on the application form? ☐ YES

Have you enclosed any additional documents not listed above? Please give details

NB: PERFORATION LAYER NOT TO BE PRINTED

NB: PERFORATION LAYER NOT TO BE PRINTED

18. WHAT TO DO NEXT

PLEASE DETACH AND RETAIN THIS PAGE FOR YOUR INFORMATION

Please remember that if you have not completed all the sections and provided all the necessary information, it will take us longer to work out and pay your benefit. We understand that it is not always possible to provide all the evidence at once, for example if you have just started to work you will not have 5 consecutive pay slips, but don't delay in returning the form. Provide what evidence you can and supply further proof as it becomes available.

When you have filled in the form, you can either post it in the envelope provided, or hand it in to any of the designated offices as listed below. Remember to include the proof we need.

Airdrie FSS	Bank Street, Airdrie, ML6 6AF	01236 856420
Bellshill FSS	26 Motherwell Road, Bellshill, ML4 1RE	01698 302930
Coatbridge FSS	The Buchanan Centre, 126 Main Street, Coatbridge ML5 3BJ	01236 856420
Cumbernauld FSS	2/4 Forth Walk, Cumbernauld, G67 1BT	01236 856420
Kilsyth FSS	9 Parkfoot Street, Kilsyth, G65 9AA	01236 856420
Moodiesburn FSS	Blackwood Crescent, Moodiesburn, G69 OEN	01236 856420
Motherwell FSS	69-71 Merry Street, Motherwell, ML1 1JJ	01698 302930
Shotts FSS	162-164 Station Road, Shotts, ML7 4AW	01698 302930
Viewpark FSS	135 Burnhead Street, Viewpark, G71 5DD	01698 302930
Wishaw FSS	236 Main Street, Wishaw, ML2 7ND	01698 302930

If you are the tenant of a Private Landlord or Housing Association, please post the form and evidence in the envelope provided and return to the address below or alternatively you can call in to any of the designated offices listed above.

Private Benefits Section	Finance & Customer Services, P.O Box 9060, Motherwell, ML1 1SH	01236 638615

CHANGES IN CIRCUMSTANCE

You must tell us straight away if:

- Any of your children leave school or leave home
- Anyone moves into or out of your home (including lodgers and sub-tenants)
- Your income – including benefits – changes, or the income or benefits of anyone living with you changes
- You are under 60 and your capital or savings change by more than £250
- You are over 60 and your capital or savings change by more than £500
- You or anyone living with you
  - becomes a student
  - goes on a Youth Training Scheme
  - goes into hospital or a nursing home
  - goes into prison
  - becomes employed
  - changes or leaves employment

- you are a private tenant and your rent changes
- you move
- you or your partner are going to be away from home for more than a month
- you receive any decision from the Home Office
- anything you have told us about changes

You must tell us about these changes in writing (letter or statement) – a phone call is not enough. If you don't tell us about these changes you may lose money you are entitled to or get too much benefit. Do not rely on someone else to pass the message on. It is an offence not to tell us about any change of circumstances that affects your benefits. We may take court action against you and if we pay you too much benefit, you will have to pay it back.

19. WHAT HAPPENS NEXT

Housing Benefit/Council Tax Reduction will normally only start on the Monday following the week your completed claim form is received at any of our designated offices, highlighted in Section 18.

We will work out your Housing Benefit/Council Tax Reduction and write to you telling you how much you will get, when it will start and how long it will last for. Please check all the details. If you disagree with any of the details, please write to us within one month of the date of our letter, so that we may reconsider your claim.

You have the legal right to an explanation of how we have worked out your Housing Benefit/Council Tax Reduction. If you are not satisfied with our decision, you can ask us to look at your claim again, and to appeal to an independent Tribunal if you are still not satisfied.

We may also visit you in your home to verify the information contained within your claim.

You can access further information on housing benefit and council tax reduction by logging on to www.northlanarkshire.gov.uk.

FAIR PROCESSING STATEMENT

The information on this form and from supporting evidence collected by North Lanarkshire Council will be used to process your Housing Benefit and Council Tax Reduction claims. The information may be passed to the Department for Work & Pensions and Her Majesty's Revenues & Customs as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities Credit Reference Agencies. Benefit fraud investigations may include checks on any undeclared cohabiters' and your information may be shared with other Council departments with a view to providing you with access to other benefits to which you may be entitled.

We will not disclose information about you to anyone outside North Lanarkshire Council nor use information about you for any other purpose than outlined in this notice unless the law permits us to.

North Lanarkshire Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at any of the offices listed.

NB: PERFORATION LAYER NOT TO BE PRINTED

BENEFIT FRAUD IS A CRIME AGAINST US ALL

FRAUD IS THEFT!

If you know a Benefit Thief call our free 24 hour hotline 0800 953 0400 in complete confidence

Revenues and Benefits
email - housingbenefits@northlan.gov.uk