

Please print below your full name and address

Claim for Benefit



Includes Housing Benefit, Council Tax Benefit and Second Adult Rebate

Name Address			Benefit Reference]
			Admin Group]
			Date issued	
	Telehone Number		For Official Use Only	
	Issuing Office		Date Stamp	
	Reason Issued			
			PROOF RECEIVED	
			Proof of I.D.	
			Proof of N.I. No	
			Proof of Income	
			Proof of Household	
			Proof of Capital	
			Proof of Rent	
			Claim Complete Date	

This is your claim for Housing Benefit/Council Tax Benefit.

Please complete all sections and provide all information relevant to your claim.

If you do not, it will take us longer to work out and pay your benefit.

If you need help to complete this form, please contact your local housing office (see section 16).

We need to see Original Documents wherever we ask for proof.

When making a claim you must provide proof of the following:

- Proof of identity Two forms of Identification for yourself and your partner
- Proof of your and your partners National Insurance Number this can be on one of the above forms of identification.
- Proof of Household Composition Child Benefit Book or letter, if you have one.
- Proof of all Income (see form for details).
- Proof of all Capital, if you have any (see form for details).
- Proof of Rent A copy of your lease or missive (except council tenants). (It must have the start date of
 your tenancy, the length of tenancy and the rent charged plus details of any services).

North Lanarkshire Council is under an obligation to properly manage public funds

Accordingly, information that you have provided on this form will be held on a computer for the purpose of Housing and Council Tax Benefit. It may also be used to prevent and detect fraud, and may be shared for the same purpose with public bodies or other bodies that handle public funds.

North Lanarkshire Council is the data controller for the purposes of the Data Protection Act 1998

FRAUD IS THEFT!

If you know a Benefit Thief call our free 24 hour hotline

0800 953 0400

in complete confidence

BENEFIT FRAUD IS A CRIME AGAINST US ALL

1 Nationality (This section	must he complet	ted)			
			If you do not answer this	guestian we cor	anat aanaida
The benefit rules say that we must ask y claim for benefit. We may contact the H	Home Office to ch	heck this	information.	question we car	THOU CONSIDE
Have you come to live in the United Kin	gdom in the last	2 years?			
Yes No If 'No', go t	o section 2				
If, 'Yes', what is your nationality			We will co	ontact you for mo	ore informati
2 About Your Claim (Thi	s section must be	e comple	eted)		
Please tick all of the boxes that apply to					
a Council Tenant	, , , , , , , , , , , , , , , , , , , ,		living in board and lodgin	ac	
renting from a Private Landlord			living with your parents o	r relatives	
renting from a Housing Association	n		living in a hostel		
a home owner or buying your hor	ne		a student		
Other, please specify					
When did your tenancy begin					
When did you move into this address					
Please state your previous address					
				Postcode	
Were you, or any member of your hous	ehold, the home	owner at	vour previous address?	Yes	
Do you, or any member of your househ				Yes	N
		·	3 dudic33 :		
Were you claiming Housing Benefit at y	·			Yes	L N
Were you claiming Council Tax Benefit a	it your previous a	address?		Yes	L N
Why did you move from your previous a	ddress?				
Do you have a home elsewhere?				Yes	N

3 About You (A	And Your Partner If You	ม Have Or	1e) (This section	must be completed)
Do you have a partner?		Yes	No	
	ner, you must complete both			vith as if you were married to ctions below We will work out
		•	/ ou	Your partner
Title (Mr, Mrs, Miss, Ms)				
First Name (s)				
Surname				
Date of birth				
National Insurance Number				
Are you or your partner kno	wn by another name?	Yes	No	Yes No
If 'Yes', what name				
Are you or your partner reco or Jobseeker's Allowance (i		Yes	No	Yes No
If yes, when did you start re	ceiving this?			
How much do you receive	per week?	£		£
Have you or your partner re Income Support or Jobseel (income based)?		Yes	No	Yes No
If "Yes", when did you claim	?			
Are you or your partner regi	stered disabled?	Yes	No	Yes No
Do your or your partner hav or a car bought with the he Scheme?		Yes	No	Yes No
Are you or your partner in h home, or nursing home?	ospital, a rest	Yes	No	Yes No
If 'Yes', from which date? We will contact you for furth	ner details			
Does anyone receive Invalic to care for your or your part		Yes	No	Yes No
Who receives the Invalid Ca	re Allowance?			
Do they live with you?		Yes	No	Yes No
Are you or your partner: ce	rtified as blind?	Yes	No	Yes No
Evidence Required	a student?	Yes	No	Yes No
You must provide us	an apprentice?	Yes	No	Yes No
with proof of Income Support or Jobseeker's	on youth training?	Yes	No	Yes No
Allowance (income based). If you have an	in legal custody?	Yes	No	Yes No
invalid vehicle or you	severely mentally impaired?	Yes	No	Yes No

provide proof.

4 Abo	out Your Child	lren			
Do you have c	hildren who you get	: Child Benefit for ar	nd who live with you?	Yes No	If 'No', go to section 5 below
	First child	Second child	Third child	Fourth child	Fifth child
First name (s)					
Surname					
Date of birth					
Relationship to you					
Is the child disabled?	Yes No	Yes No	Yes No	Yes No	Yes No
Is the child registered blind?	Yes No	Yes No	Yes No	Yes No	Yes No
If you have a d	lisabled child, do yo	u or your partner re	ceive any benefit for	him or her?	Yes No
If "Yes", please	e give details below.				
See also section	on 10 'Money Paid	Out' if you have any	childcare costs		
Evidence Required You must send proof that Child Benefit is being paid for the children who live with you. This can be your award letter if Child Benefit is paid into your bank, building society. Or Savings account otherwise we will need to see your Child Benefit book.					
	- Savings a				
Other People Who Live With You (including children for whom Child Benefit is no longer being paid)					
subtenants wh and you do no	to are not related to to provide meals for	you and are paying them. A boarder or	you rent. A subtena	nt is someone who pwho pays to live with	include lodgers, boarders or pays to live in part of your hom n you, and you provide meals
Does anyone e	else live with you?	Yes No	If 'No', go to se	ection 6, If 'Yes' cor	nplete section 5

Other People Who Live With You (continued)

No
No
Hours
No
No

EVIDENCE REQUIRED

You must send us proof of all income and deductions. These must be originals, not copies.

6 Subtenants, Bo	parders And Lodg	ers				
This section should not include A subtenant is someone who p A boarder or lodger is someone	ays to live in part of your I	home	and you do not	provide	meals for them	
Do you have any subtenants?	Yes No)	Do you h	ave any	boarders?	Yes No
If "Yes", please list below.	First person	Se	cond person	Th	ird person	Fourth person
First name						
Surname						
Rent paid each week	£	£		£		£
Does the rent include heating?	Yes No		Yes No	Y	'es No	Yes No
Does the rent include meals?	Yes No		Yes No	Y	'es No	Yes No
7a You And Your F	Partner's Earnings	S				
,	You				Your Partr	ner
Do you or your partner work? If 'No', go to section 7b	Yes	No				Yes No
If 'Yes', when did this job start?						
Name and Address of your employer			Name and Add of your partner employer			
Type of work done (Job title)			Type of work d (Job title)	lone		
Number of hours you usually work each week			Number of hou usually work ea		ek	
How often do you get paid?			How often do t	they get	paid?	
How much do you get paid?			How much do	they ge	t paid?	
When was your last pay rise?			When was their	ir last pa	ny rise?	
How are you paid? e.g. bank transfer, cheque			How are they pe.g. bank trans		que	
Payroll Number			Payroll Numbe	r		
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?						
Do you or your partner have more than one job?	Yes	No				Yes No

You should supply full details of each job on a separate piece of paper

7b You and Your Partner's	s Earnings (continue	d)			
	١	/ou		Your Partn	er	
Are you or your partner employed as a pa fireman or as a member of the territorial ar reserve forces, coastguard or lifeboat serv	rmy	Yes	No		Yes	No
Are you or your partner self-employed? If 'No', go to section 8		Yes	No		Yes	No
If "Yes", what type of business do you do?	?					
When did the business start?						
Business name and address						
Telephone Number						
Are you or your partner the sole trader of	the business?				Yes	No
Are you or your partner a partner in the bu	usiness?				Yes	No
What Government Business Allowances of	do you or your part	tner receive?				
Is any part of your home used for busines	s purposes?				Yes	No
Evide	ence You Must S	end Us To F	Receive B	enefit		
	aid monthly). The	ese must b	e original		utive slips	
If you or you partner are sel If audited accounts cannot be	f-employed, you	must send contact ar	us the m	ost recent audited acco		

Income Other Than Earnings

Do you or your partner have income other than earnings?

We need to know about all your income. You must send us proof of all the income you mention below. We cannot pay benefit without proof of income.

Please say how much you get before any deductions

	Yo	ou	Your Pa	artner
Benefits	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Income Support	£		£	
JobSeekers Allowance (Income-based)	£		£	
JobSeekers Allowance (Contribution-based)	£		£	
Incapacity Benefit	£		£	
When did Incapacity Benefit start?				
Maternity Allowance	£		£	
Invalid Care Allowance	£		£	
Pensions				
State Retirement Pension	£		£	
Widows Pension or Widowed Mothers Allowance	£		£	
War Pension	£		£	
War Widows Pension	£		£	
Works Pension	£		£	
Disability				
Severe Disablement Allowance	£		£	
Disabled Person's Tax Credit	£		£	
Attendance Allowance	£		£	
War Disablement Pension	£		£	
Disability Living Allowance (Mobility Component). Plea	ase state the rate	shown in your ord	er book:	
Higher Lower	£		£	
Disability Living Allowance (Care Component). Please	state the rate sh	own in your order I	book:	
Higher Middle Lower	£		£	
Industrial Injury/Death Benefit	£		£	

8 Income Other Than Earnings (continued)

Please say how much you get before any deduc	ctions Yo	ou	Your P	artner
Children	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Child Benefit	£		£	
Working Families Tax Credit	£		£	
Fostering Allowance	£		£	
Adoption Allowance	£		£	
Guardian Allowance	£		£	
Other Income				
Government Training Scheme	£		£	
Home income Plan	£		£	
Annuities	£		£	
Student Grant or Loan	£		£	
Maintenance Received	£		£	
Income from sub-tenants with heating	£		£	
Income from sub-tenants without heating	£		£	
Rental Income from Other Properties	£		£	
Council Member Allowances	£		£	
Other, please specify	£		£	
Have you recently applied for any benefit and are waiting to hear the outcome?	Yes	No	Yes	No
If 'Yes', please say which benefit	£		£	

Evidence Required

We need proof of all income other than earnings received by you and your partner.

This can be an order book or award letter.

9 Capital, Savings	and Investm	ent					
9a Do you or your partner, or any che you are claiming for, have any base building society or Post Office actions.	ink, ccounts?	You Yes	No	Your Pa	No	Children Yes	No
If 'Yes', please say what type of a in each account. If 'No', go to se		partner, or any	children	you are claim	ning for hav	e and how much	you have
Name of account holder(s)		Type of Acco	ount			How much?	
						£	
						£	
						£	
9b Do you or your partner, or any checlaiming for have any stocks, she bonds, unit trusts or National Sa If "Yes", please give the following If 'No', go to section 9c	ares, premium vings Certificates?	You Yes an use a sepa	No arate shee	Your Pa	No	Children Yes Space here.	No
Held by Typ	e of Investment		No. of U	nits/Share	Issue date		
						£	
						£	
						£	
						£	
						£	
						£	
9c Do you or your partner, or any che claiming for own any other properthe one you are claiming for? This property in this country and abroal "Yes", please provide full details (we may have to contact you for If 'No', go to section 9d	erty other than is includes ad? s	You Yes	No	Your Pa	No No	Children Yes	No
9d Do you or your partner, or any checlaiming for have any other kind or investment?		You Yes	No	Your Pa	No No	Children Yes	No
If "Yes", please say how much If 'No', go to section 10		£		£		£	
Please state where the money is	saved or invested						
We word me	of of all Capital S	Evidence Re		nto hold by		m o utu o u	

or any children you are claiming for.

For Bank or Building Society accounts, you should supply your most recent account statement or book.

For Stocks, shares, bond, 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.

10 Money Paid Out

In some cases the money you pay out can be taken into account when assessing benefit

10a Childcare Costs

You may be entitled to more benefit if you have a child aged 15 years or under on the first Monday of September and is looked after by a registered childminder, attends a nursery, or play-scheme, or for children over 8 years old attending an after school scheme. We can ignore some of your wages when we work out your benefit. This could leave you with extra money to help with the cost of childcare.

Please give us the name and address of your registered childminder, or the nursery, playscheme or after school scheme. You must provide evidence if you are claiming for this.						
The childminder's registration number. This will be on your contract						
How much do you spend each week on childcare for children under 15 years old?						
10b 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 E How Often?						
10c 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 12						
If you are buying your home, or already own it, please go to section 12						

If you rent from a Private Landlord or Housing Association, and you want to apply for help with you rent payments, please go to Section 11

About Your Rent (Private Tenant or Housing Association Tenant) Name, Address and Postcode of your landlord Name, Address and Postcode of the person you pay rent to (this is the owner of the property you live in) (if not your landlord) Telephone Number Telephone Number You **Your Partner** Your Children Are you, your partner, or your children related Yes No Yes in any way to your landlord? Yes No If 'Yes' what is the relationship? Did you previously own or partly own the house you are claiming benefit for? Yes When did you move in? When did your tenancy begin? How much is your rent? Is the rent due: Every week? Every two weeks? Every four weeks? Every calendar month? Other (please state how often)? What sort of tenancy do you have? Assured tenancy **Housing Association Tenancy** Short-assured tenancy Regulated or registered tenancy other (please say what it is) How long is your tenancy for? Does anyone share the rent payment with you except your partner? Yes No If "Yes", how many people share the rent with you? What is your share? Has your rent been registered? No Yes If "Yes", you must send us the Notice of registration form RO5 Did you ask the Rent Officer for a valuation before you moved in (a pre-tenancy determination)? No What type of accommodation do you live in? Terraced House Semi-detached House Detached House Bed-sit Terraced Bungalow **Detached Bungalow** Shared Room Semi-detached Bungalow Flat in a House Flat in a Block Flat over a shop or office Maisonette Caravan Hostel Other How many floors are there in the building? What is your flat or room number? All floors Basement Ground Which floor do you live on? Second Third First Other (please say what floor) Centre

Front

Back

If you live in a room, where is it in the building?

11 About Your Rent (continued)

How many rooms do you have in your home? Bedrooms Living Room Dining Room Kitchen Bathroom **Toilet** Other Total number of rooms in the house Rooms that only you use Rooms that you share Does your home have Central Heating? Yes No Does your rent cover the use of a garage? Yes No Partly furnished? Unfurnished? fully furnished? Is your home: Who is responsible for decorating the inside of your home? Your landlord You Does your rent include any of the following services? If "Yes", how much? If "Yes", how much? **Description** No **Description** No Yes Yes f Council Tax Lift £ Water Rates Garden Maintenance f Warden, Caretaker, Heating your accommodation porter Lighting your Laundry service £ accommodation £ Laundry facilities Fuel for cooking Cleaning your f accommodation Lighting or cleaning of shared areas Personal or Window cleaner nursing care Satellite dish or TV aerial? Does your rent include payment for meals? Yes No If "Yes", which are provided? Breakfast Lunch **Evening Meal** Other, please specify Are all the meals prepared and served by your landlord at the address where you live? No Do you want us to pay benefit direct to your landlord No If "Yes", you and your landlord must fill in Section 15 "Housing Benefit Mandate" at the end of this form.

We will pay you by cheque, so you must have a bank or building society account.

Remember that your rent may include charges which are not covered by Housing Benefit.

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.

12 Other Info	rmation		
Please use this space to	tell us about anything else you t	hink will help us to deal with your c	laim.
13 Applicatio	n Checklist		
Check that you have p	provided the following:		
Two forms of ident	tification for yourself and your pa	rtner	YES
Proof of your and	your partners National Insurance	Number	YES
Proof of your Hous	sehold Composition i.e. Child Be	nefit Letter or Book	YES
Proof of all your or	YES		
Proof of all house	YES		
Proof of any other	YES		
Proof of Rent – A	YES		
Have you complet	YES		
Have you enclosed	d any additional documents not l	isted above?	YES N
14 Declaratio	-	n Immediately Or You May Lose I	senent ——————————————————————————————————
Please read this decla	ration carefully		
	sing Benefit/ Council Tax Benefit		
		en on this form is correct and compl	
I authorise the council to	make any necessary enquiries t	to check the information on this form	n.
I authorise the council to councils and benefit auth		ave given with other sections within	the council, rent officer, other
I understand that if I give affect my benefit, I may		ncomplete or fail to report any chan	nge in circumstances which m
	Your Signature	Your Parti	ner's Signature
	Date		Date
	d in this form for you, they must appointee, relative or friend.	fill in the details below.	
Name and address of th	e person filling in the form.	Relationship to you or your partn	er
		Signature of the person	
		Signature of the person	
		Date	

What happens next

We will work your benefit 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 a legal right to an explanation of how we have worked out your benefit. You can also ask us to look at your case again and to appeal to an Independent Tribunal if you are still not satisfied.

Reviewing your benefit

We will review your claim at least once a year. You will have to fill in another application form. You must fill this in or we will cancel your benefit.

We send out claim forms in advance, you must return them as soon as possible to avoid losing benefit.

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

For Official Use Only Claim Checklist	Complete each box with Y, N or N
Part 1 Has claimant provided;	
Two forms of identification for themselves a	nd their partner
Proof of their and their partners National In:	surance Number
Proof of Household Composition	
Proof of all Income	
Proof of all household bank, building societ	y or post office accounts
Proof of any other capital	
Proof of Rent	
Part 2 To be completed by Benefits Officer Have items of evidence as specified in the Has each item been authenticated, photoc Have all cross checks been completed? Referral required Yes N If evidence specified in the framework is not an alternative source been obtained and de Signature of Benefits Officer For renewal or repeat claims where evidence already held has Claimants signature been Signature of Benefits Officer	o If 'Yes', date sent t available has confirmation from etails recorded on file? Name in Block Capitals Date
Part 3 To be completed by Manager/Supervise Evidence standards met Risk Group correctly applied Benefit Period correct If further action required is information reco Has in-year check been programmed Signature of Checking Officer	



HOUSING BENEFIT MANDATE

15 Paying Your Housing Benefit Direct To Your Landlord

If you want us to pay Housing Benefit direct to your landlord, please fill in Section A below.

Please ask your landlord or landlord's agent to fill in Section B over the page.

Section A (to be filled in by you)
Your landlord's or agent's name
Your landlord's or agent's address and postcode
Please pay my Housing straight to my landlord or agent.
I understand you may not agree to this.
I understand that you can end this arrangement at any time.
I will give you four weeks' notice if I want to end this arrangement.
Signature Date LLLL
Sub-
Your name (please write your name and address in capital letters)
Your Address

Please ask your landlord to complete Section B over the page

Section B

MANDATE AGREEMENT

If you want to receive a direct payment of Housing Benefit for this tenant, please complete the section below.

I want to receive Housing Benefit directly for my tenant who lives in this property.

I agree to the conditions set out below

I understand that Housing Benefit payments are not payments of rent, but are payments of Social Security Benefit designed to help people with low incomes pay their rent. If I receive Housing Benefit it does not mean that there is a contract between myself and North Lanarkshire Council, it also does not affect my tenant's obligation to pay rent to me.

I understand that whether you pay Housing Benefit directly to me depends on my tenant's circumstances. I understand that there may be times when a tenant owes me rent, but Housing Benefit may not be available to cover that rent.

If I knowingly receive any payments of Housing Benefit for this tenant and I know this tenant is not entitled to that payment. I will be committing an offence and may be prosecuted. I will tell you about any changes in my tenant's circumstances I become aware of which may affect their entitlement to Housing Benefit.

I agree to repay any amount overpaid to me where it is deemed reasonable for me to have known about a change in claimants circumstances which may have affected their benefit entitlement.

I will keep accurate and truthful records of my tenant's rent accounts showing, for each rental period, the amount of rent which is due from the tenant, the amount of rent paid by the tenant and the amount of any debts (if this applies). I will update these records regularly and agree that I will make them available to you if you ask.

I will tell you immediately if this tenant changes their accommodation. This includes a flat or room at the same address.

I understand that you will stop paying me directly if I do not keep to these conditions.

I understand that you can only give me information relating to the frequency and amount of benefit payments.

I understand that you will not pay me directly unless I sign this form. Signature Date If you are the managing agent, please give the company name and address and postcode plus the full name and address of the landlord (this is the owner of the property).

•	1 1 3/		
Agency Name		Landlord's name	
Address		Landlord's address	
Postcode		Landlord's postcode	
Telephone Number		Telephone Number	

Further Information – Rent Officer Decisions

Please provide the name and forwarding address (if you have this) of the previous tenant at this address. This helps us to link the Housing Benefit claim to any earlier Rent Officer Decisions.

16 Useful Information

What to do next

When you have filled in the form send or bring the form and the proof we need.

If your landlord is a Private Landlord or Housing Association, please return your form to:

Private Benefits Section	124 Main Street, Coatbridge, ML5 3BJ	01236 812670/3
Alternatively, hand your completed application to one of the offices below:		
Airdrie Housing Office	Bank Street, Airdrie ML6 6AF	01236 750850
Bellshill Housing Office	26 Motherwell Road, Bellshill, ML6 6BN	01698 332370
Coatbridge Housing Office	195 Main Street, Coatbridge, ML5 3BW	01236 812610
Cumbernauld Benefits Office	Bron Way, Cumbernauld, G67 1DZ	01236 616495
Kilsyth Housing Office	9 Parkfoot Street, Kilsyth, G65 9AA	01236 828131
Moodiesburn Housing Office	Blackwoods Crescent, Moodiesburn, G69 OEN	01236 874664
Motherwell Housing Office	69/71 Merry Street, Motherwell, ML1 1JJ	01236 332280
Shotts Housing Office	162-164 Station Road, Shotts, ML7 4AW	01501 824756
Viewpark Housing Office	135 Burnhead Street, Viewpark, G71 5DD	01698 345323
Wishaw Housing Office	236 Main Street, Wishaw, ML2 7ND	01698 302930

Changes you must tell us about

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 changes, including benefits, or the income, or benefits, of anyone living with you changes;
- your capital or savings change by more than £200;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes (if you are a private tenant);
- you move;
- you or your partner are going to be away from home for more than a month;
- our receive any decision from the Home office; or
- anything you have told us about changes.

You must tell us about these changes in writing – 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. Don't 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 benefit. We may take court action against you and if we pay you too much benefit, you may have to pay it back. You can use the form on the reverse of this sheet to advise of a change in circumstances.

Please detach and retain this page for your information



Use this form to tell us	s about a change in your circumstances after you have made your application.
Name	
Address	
Telephone	
Reference Number	
I wish to report the fol	lowing change of circumstances:
Date of change	
You must provide prov We may write to you f	of of the change in circumstances. for further information.
Declaration	
	re to advise you immediately of a change in circumstances could mean losing out on benefit or having
	of my knowledge, the information given is true and complete.
false or incomplete inf	I to verify the information if they wish to do so and understand it is an offence to obtain benefit by giving formation.
Signature	Date
For Official Use	
Action Taken	
Signature of	Name in
Benefits Officer	Block Capitals Date Date