

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 ? LOG ON TO
www.northlanarkshire.gov.uk

AND COMPLETE THE ON-LINE BENEFITS CALCULATOR/BENEFITCALCULATOR.
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	<input type="checkbox"/>	Living in board and lodgings	<input type="checkbox"/>
Renting from a Private Landlord	<input type="checkbox"/>	Living with your parents or relatives	<input type="checkbox"/>
Renting from a Housing Association	<input type="checkbox"/>	Living in a hostel	<input type="checkbox"/>
A home owner or buying your home	<input type="checkbox"/>	A student	<input type="checkbox"/>
Joint owner / Tenant	<input type="checkbox"/>		

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 Universal Credit at your previous address? Yes No

Were you, or your partner, claiming Council Tax 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

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 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)	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Telephone Number / Mobile Number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Are you or your partner known by, or have been known by, any other name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what name?	<input type="text"/>	<input type="text"/>
Are you or your partner receiving Income Support, Universal Credit, Job Seekers Allowance (IB), or Employment Support Allowance (IR) If "Yes", when did you start receiving this?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>
How much do you receive per week?	£ <input type="text"/>	£ <input type="text"/>
Have you or your partner recently applied for Income Support, Universal Credit, Job Seekers Allowance, Personal Independence Payment or Employment Support Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you claim?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Do you or your partner have an invalid vehicle or a car bought with the help of the Motability Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner in hospital, a rest home or nursing home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from which date? We will contact you for further details.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone receive Carers Allowance for looking after you or your partner?	Yes <input type="checkbox"/> For you <input type="checkbox"/> For your partner <input type="checkbox"/> For both <input type="checkbox"/>	No <input type="checkbox"/>
Who receives the Carers Allowance?	<input type="text"/>	<input type="text"/>
Do they live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they do not live with you what is their address?	<input type="text"/>	<input type="text"/>

3. ABOUT YOU AND YOUR PARTNER (CONTINUED)

Please tick if you or your partner are:

	YOU		YOUR PARTNER
Registered or Certified blind?	<input type="checkbox"/>		<input type="checkbox"/>
An apprentice	<input type="checkbox"/>		<input type="checkbox"/>
Modern Apprentice/ Skill Seeker	<input type="checkbox"/>		<input type="checkbox"/>
In legal custody	<input type="checkbox"/>	from <input style="width: 100px;" type="text"/>	<input type="checkbox"/>
Severely Mentally Impaired	<input type="checkbox"/>		<input type="checkbox"/>
A student	<input type="checkbox"/>	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>	<input type="checkbox"/>
			Full time <input type="checkbox"/> Part time <input type="checkbox"/>

EVIDENCE REQUIRED If you are in receipt of Income Support, Universal Credit, Jobseekers Allowance (income based), or Employment Support Allowance (income related), we can check this internally. However, under certain circumstances we may request proof from yourself. If you have a car under the Motability Scheme or you are certified blind, you must provide proof.

4. ABOUT YOUR CHILDREN

Are you the main carer for children in your household that 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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other Names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Relationship to you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship to your partner	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the child registered blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child get Disability Living Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how much: Care	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Mobility	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Does the child get Personal Independence Payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>
If "Yes", how much:	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Do you or your partner pay a registered childminder, nursery or after school club any childminding costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tell us the name and Registration Number of the child minder	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How much do you pay per week?	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Do you get childminding costs through Tax Credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how much?	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>

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 or bank statement. You must provide evidence of your childcare costs.

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names	<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"/>
Date moved 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"/>
Relationship to you (for example parent, sister or friend)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they in receipt of Disability Living Allowance/ Personal Independence Payment, Attendance Allowance, or registered or certified blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they an apprentice, skill seeker or a modern apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they a full-time student or student nurse or a care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they in legal custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they in hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are working, please give gross pay before tax and national insurance are taken off	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of hours they work each week	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they receive any of the following? Income Support, Universal Credit, Pension Credit, Jobseekers Allowance (IB) or ESA (IR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please enter date claimed	<input type="text"/> <input type="text"/> <input type="text"/>		
Pension from a former employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please enter gross amount before tax	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often is this paid (for example weekly/monthly etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Give the amounts of any other state benefits they receive before deductions	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Please state name of these Benefits (for example, Incapacity Benefit etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Tax Credit/Working Tax Credit	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

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. You must ensure that other people who live with you provide us with proof of all income and deductions. All documents should 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent Paid each week	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does the rent include heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the rent include meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Name and Address of your Employer	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Type of work done (job title)	<input type="text"/>	<input type="text"/>
Payroll Number	<input type="text"/>	<input type="text"/>
Number of hours you usually work each week	<input type="text"/>	<input type="text"/>
How often do you get paid?	<input type="text"/>	<input type="text"/>
How much do you get paid?	£ <input type="text"/>	£ <input type="text"/>
When was your last pay rise?	<input type="text"/>	<input type="text"/>

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7A. ABOUT WORKING FOR AN EMPLOYER (CONTINUED)

	YOU	YOUR PARTNER
When will your next pay rise be?		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how much?	£	£
Is this a permanent job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", when will the job end?		
Do you get Statutory Sick or Statutory Maternity Pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did it start?		
How much is it?	£	£
Do you or your partner have more than one job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EVIDENCE REQUIRED We require sufficient evidence of earnings to enable us to accurately calculate average weekly gross earnings. This 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of work do you do?		
When did the business start?		
Business name and address		
Telephone Number		
If relevant, C.I.S. Number		
Are there any other partners in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your partner receive any government business allowances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how much and how often?	£	£
Is any part of your home used for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 We require sufficient evidence of earnings to enable us to accurately calculate average weekly gross earnings. This must be originals, not copies. We may contact your employer for this information or to confirm details.

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				
Jobseeker's Allowance (Contribution Based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Employment Support Allowance (C)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
When did Employment Support Allowance start?	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
When did Incapacity Benefit start?	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Carers Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
PENSIONS				
State Retirement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Pension Credit - Guarantee Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
- Savings Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Bereavement Allowance/ Widowed Parents Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widows Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Works Pension / Private Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

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8. INCOME OTHER THAN EARNINGS (CONTINUED)

NB: PERFORATION LAYER NOT TO BE PRINTED

	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 (Mobility Component) Please state the rate shown in your award letter	<input type="checkbox"/> Higher	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	<input type="checkbox"/> Lower
	£		£	
Disability Living Allowance (Care Component) Please state the rate shown in your award letter	<input type="checkbox"/> Higher <input type="checkbox"/> Middle <input type="checkbox"/> Lower		<input type="checkbox"/> Higher <input type="checkbox"/> Middle <input type="checkbox"/> Lower	
	£		£	
Personal Independence Payment	Standard <input type="checkbox"/>	Enhanced <input type="checkbox"/>	Standard <input type="checkbox"/>	Enhanced <input type="checkbox"/>
Please state the amount 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?
<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"/>

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 if there is not enough space here.
If "No" go to section 9c.

Held by	Type of Investment	No of Units/Shares	Issue Date	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

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.

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

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 If the total of all savings held in Bank Accounts, Building Society Accounts, ISA's, Shares, and Property is less than £6000, then under normal circumstances we do not require to see proof of these. However, we may ask for proof at a later date. If the total savings from all sources is more than £6000 then proof is required. For Bank or Building Society accounts, you should supply your most recent account statement covering at least 1 full month. Slips from ATMs (cash machines) are not acceptable. If you have a Savings book, the balance must have been updated within the 2 months prior to the date of the benefit claim. Original certificates showing ownership of premium bonds, unit trusts, National Savings, stocks and shares. For property, the title deed is usually required to establish ownership. Documents must be originals not copies. If you do not send us any of the required documents, it could delay any award of housing benefit/council tax 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 : IF YOU ARE A PRIVATE TENANT OR HOUSING ASSOCIATION TENANT PLEASE GO TO Q.11(A). IF YOU ARE A COUNCIL TENANT, PLEASE GO TO Q.11(B). Q.11(C) SHOULD BE COMPLETED BY ALL TENANTS.

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

Landlord / Agent email address

Telephone Number

Telephone Number

	YOU	YOUR PARTNER	CHILDREN
Are you, your partner or your children related in any way to your Landlord/ Landlords Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

<input type="checkbox"/> Terraced House	<input type="checkbox"/> Semi-detached House	<input type="checkbox"/> Detached House	<input type="checkbox"/> Bed-Sit
<input type="checkbox"/> Terraced Bungalow	<input type="checkbox"/> Semi-detached Bungalow	<input type="checkbox"/> Detached Bungalow	<input type="checkbox"/> Shared Room
<input type="checkbox"/> Flat in a House	<input type="checkbox"/> Flat in a block	<input type="checkbox"/> Flat over a shop or office	<input type="checkbox"/> Maisonette
<input type="checkbox"/> Caravan	<input type="checkbox"/> Hostel	<input type="checkbox"/> 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rooms that only you use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rooms that you share	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Satellite dish or TV aerial	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Lift	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Garden Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Warden, Caretaker porter	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Laundry service	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Fuel for Cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting or cleaning of shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Cleaning your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Personal or nursing care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Window cleaner	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

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

Are you a joint tenant? Yes No

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

Q.11(C) TO BE COMPLETED BY ALL TENANTS

- I have additional bedrooms in my house to allow me to provide foster care
- I am going through the approval process to become a foster carer and need to show that I have a spare room to be approved
- I am looking after children for a relative or friend as kinship carer
- I have suffered a bereavement within the household in the last 12 months
- A member of my household is a student who resides away from home during term time
- A member of my household is serving in the armed forces
- Someone, who does not live in my home, provides overnight care
- If you are effected by the removal of the spare room subsidy (bedroom tax), do you wish to apply for a Discretionary Housing Payment (DHP) Yes No

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

NB: PERFORATION LAYER NOT TO BE PRINTED

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.

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

16. APPLICATION CHECKLIST

PLEASE CHECK THAT YOU HAVE PROVIDED THE FOLLOWING:

One form 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 (if more than £6,000)
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

17. 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.

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 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	01698 403210
Bellshill FSS	26 Motherwell Road, Bellshill, ML4 1RE	01698 403210
Coatbridge FSS	The Buchanan Centre, 126 Main Street, Coatbridge ML5 3BJ	01698 403210
Cumbernauld FSS	Fleming House, 2 Tryst Road, Cumbernauld, G67 1JW	01698 403210
Kilsyth FSS	9 Parkfoot Street, Kilsyth, G65 9AA	01698 403210
Moodiesburn FSS	Blackwood Crescent, Moodiesburn, G69 OEN	01698 403210
Motherwell FSS	Dalziel Building, 7 Scott St, Motherwell, ML1 1SX	01698 403210
Shotts FSS	162-164 Station Road, Shotts, ML7 4AW	01698 403210
Viewpark FSS	135 Burnhead Street, Viewpark, G71 5DD	01698 403210
Wishaw FSS	Houldsworth Centre, Kenilworth Avenue, Wishaw, ML2 7LP	01698 403210

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	P.O Box 9060, Motherwell, ML1 1SH	01698 403211
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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 and also used for verification purposes should you wish to access on-line services. The information may be passed to the Department for Work & Pensions and HM 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. Further information can be found by searching for 'National Fraud Initiative' on the Council's website. Benefit fraud investigations may include checks on any undeclared cohabiters' and your information may be shared with other Council services 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 and the Department for Work & Pensions nor use information about you for any other purpose than outlined in this notice unless the law permits or requires 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 contact your local office.

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BENEFIT FRAUD IS A CRIME AGAINST US ALL

FRAUD IS THEFT!

If you know a Benefit Thief call our free 24 hour hotline 0800 854440 in complete confidence