



Keltan House, 89-115 Mare Street, London E8 4RU

Phone enquiries: 020 8356 3399

Fax: 020 8356 3655 Minicom: 020 8356 3725

Monday to Friday 9am to 5pm

Counter enquiries: Monday to Friday 9am to 5pm

Email: benefits.callcentre@hackney.gov.uk

Website address: www.hackney.gov.uk

Please write your Hackney Housing or Council Tax Benefit number in this box if you know it.

A claim form for Housing Benefit and Council Tax Benefit

Your name:

Your address and postcode:

For our use only

Benefits reference number:

Council Tax account number:

Date of contact or issue: (date stamp)

If you need this claim form in Braille, please tick this box.

When you have filled in this form, send it back to us straight away or you may lose benefit. You can take this form and all your proof to one of our Housing Offices or Keltan House. If this is not possible, please post your form and your proof to the address at the top of this form. We will send your proof back to you as soon as we have checked it.

- Fill in this form to claim money towards your rent or your Council Tax bill.
- If you need help filling in this form, please contact our **Benefit Section** at the address above.
- We need to see original documents as proof - we cannot accept photocopies.
- We usually pay benefit from the Monday after the date you asked for a form, as long as you return the fully completed form to us within one calendar month.
- For married or unmarried couples and same-sex couples, one partner must claim benefit on behalf of both partners.
- There are certain legal rules that we must follow when we work out your benefit. These are the Housing Benefit (General) Regulations 2006, the Council Tax Benefit (General) Regulations 2006, the Housing Benefit (State Pension Credit) Regulations 2006 and the Council Tax Benefit (State Pension Credit) Regulations 2006.
- **If you want to claim Second Adult Rebate (see the explanatory notes), fill in Parts 3, 5 and 19 only.**

If you want to claim Second Adult Rebate, please tick this box.

Please tick the box which applies to you.

I own and live in my own home. <input type="checkbox"/>	I rent my home from the council. <input type="checkbox"/>	I rent my home from a private landlord <input type="checkbox"/>	I rent my home from a housing association. <input type="checkbox"/>
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You must send us all the proof we need together with the claim form.



If you are not sure whether you are entitled to benefit, please apply.

Part 1 *Checklist for providing documents and information with your claim*

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

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

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

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

Proof of identity can be any two of the following.

- Birth certificate, marriage certificate or civil-partnership certificate or divorce, separation or annulment papers (in your current name)
- Passport (current and valid) or national identity card
- NHS medical card
- An award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service
- Driving licence
- Certificate of employment in HM Forces or Merchant Navy
- Letter from a solicitor, social worker or probation officer confirming your identity
- Home Office standard acknowledgement letter (SAL1 or 2)
- Residence permit, Immigration and Nationality Directorate documents or Application Registration Card

Proof of your National Insurance number can be one of the following.

- National Insurance card
- P45 or P60
- Letter from HM Revenue & Customs about tax
- Award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service that includes your National Insurance number, for State Pension or Income Support (this must show your National Insurance number)
- Bank statements showing direct-debit payments for Class-2 National Insurance

contributions or that you receive Income Support or Jobseeker's Allowance (this must show your National Insurance number)

- Payslips, salary statement or works pension statement, as long as they show your National Insurance number
- Home Office Worker's Registration Certificate

Proof of income can be one of the following.

- Certificate of earned income (see pages 27 and 29 in the claim form)
- Payslips (if you are paid weekly – payslips for five weeks in a row, if you are paid every two weeks – three payslips in a row and if you are paid monthly – payslips for two months in a row)
- Trading accounts for the last financial year if you are self-employed
- Self-employed summary statement
- Award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service (Income Support, Jobseeker's Allowance, Incapacity Benefit, Tax Credit, and so on)
- Pension statement or letter (State Pension or private pension)

Proof of capital, savings and investments can be one of the following.

- Bank, building society or post office account passbooks or statements (the last two monthly statements for each account should show all transactions into and out of the account)

Part 1 Checklist for providing documents and information with your claim (continued)

- Premium Bond certificates, National Savings Certificate, ISAs, stocks, shares and unit trusts
- Proof of any interests or dividends received from investments and savings
- A letter from the bank or building society, which contains the same information as a statement

Proof of rent can be any of the following.

- Tenancy agreement
- Rent book
- Letter from your landlord
- Letter from your landlord's agent

Proof of your rent must provide the following information.

- The full name and business address of any agent working on the landlord's behalf
- The full name and business address of your landlord
- The date the agreement started
- The amount of rent you currently pay
- What is included in the rent (for example, heating, lighting, cleaning, water rates, meals, personal care, general counselling and support)
- The payment period or how often you pay your rent (for example, every week, every month, every four weeks)

Notes for filling in the Housing Benefit and Council Tax Benefit claim form

Please keep this guide for your future reference.

About this form

We want you to receive all the benefits you are entitled to. This form may seem long but it is designed to help you give us all the information we need to pay you the right amount of benefit.

You must fill in all parts of the form, unless your answer leads you to the next part of the form.

Do not put a cross in any boxes. If you put a cross through a whole section, we will have to send the form back and this will delay the claim.

Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box.

If someone else fills in the form for you, they must fill in the top part of the declaration at Part 20, but you and your partner if you have one must sign and date the bottom part of the declaration at Part 20.

New private tenant claims for Housing Benefit received on or after 7 April 2008

For some private tenants who make new claims for Housing Benefit, or for existing tenants who change address, we will work out their claims for Housing Benefit under a new system known as the Local Housing Allowance (LHA), if they make their claim or move address on or after 7 April 2008.

The Local Housing Allowance will not apply to you if:

- you pay rent to the council or to a registered social landlord;
- you pay rent registered as a 'fair rent';
- you have a tenancy that is excluded from the current Housing Benefit rent restrictions (such as tenancies that began before 1989);
- the Rent Service has decided that a large part of the rent you pay includes board and meals (such as hotel accommodation); or

- you live in a caravan, mobile home, hostel or houseboat.

Under this new scheme, you will receive a standard allowance based on the size of your household and the area you live in. We will publish these allowances before hand so that you can find out how much rent Housing Benefit could pay before you rent a property.

We will normally pay Housing Benefit into your bank or building society account direct. If you think that getting Local Housing Allowance payments paid directly will cause you serious problems, we may be able to pay your LHA to your landlord. We will need to decide if you are having, or are likely to have, problems managing your money and paying your rent. Please contact our Customer Service team on 020 8356 3399 for more information and advice, and ask for a 'Payment direct to landlord form'.

Second Adult Rebate

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

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

If you are claiming Second Adult Rebate, only fill in Part 3, Part 5 and Part 20 of this form.

If you need help filling in the form

If you need any help, our phone number is 020 8356 3399. We are open between 9am and 5pm from Monday to Friday for phone calls and enquiries over the counter. Or you can get in touch with an organisation like Citizens Advice or your local advice agencies. Please see page 31 for contact details.

What to do next

Check that you have filled in the whole form, and send it or bring it, with the proof we need to see, to the address on the front of the claim form or you can take it into any of our Housing Offices.

Housing Offices

North East Neighbourhood Office

Clock House
149 Stamford Hill
London N16 5LG
Phone: 020 8356 6500

De Beauvoir & Queensbridge Neighbourhood Office

31 De Beauvoir Road
London N1 5SJ
Phone: 020 8356 6600

Suffolk Estate TMO (For Suffolk Estate Tenants only)

The Housing Office
Welshpool Street
London E8 4PF
Phone: 020 7923 3794

North West Neighbourhood Office

Stoke Newington Municipal Offices
Stoke Newington Church Street
London N16 0JR
Phone: 020 8356 6151

Homerton Neighbourhood Office

92 Well Street
London E9 7JA
Phone: 020 8356 7800

Shoreditch Neighbourhood Office

1 Croyley Street
London N1 7PT
Phone: 020 8356 6705

Clapton Park TMO

The Housing Office
4A Gilpin Square
London E5 0HL
Phone: 020 8356 6300

Rent Deposit Scheme (For Rent Deposit Scheme clients only)

Housing Advice and Homelessness Centre
Reception
Christopher Addison House
72 Wilton Way
E8 1BJ
Phone: 020 83565836

When we usually pay benefit from

We usually pay benefit from the Monday after the date you asked for a form, as long as you return the fully completed form to us within one calendar month. If you are 60 or over, we can pay benefit from the Monday after your 60th birthday for up to a maximum of 52 weeks.

Changes you must tell us about

Tell us straight away if:

- people move into or out of your home, such as a partner, children, relatives or other adults;
- any income goes up or down (this includes your income, your partner's income, or the income of anyone else living with you);
- your tax credit changes;
- the savings or investments of anyone in the household go up or down;
- you or anyone living with you becomes a student, or stops being 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;
- you or your partner give birth or any of your children leave school;
- your rent changes, unless you pay rent to us (this includes changes to the total amount of rent your landlord asks you to pay, any charges for things like services and fuel, water rates, heating, lighting, hot water, cooking and any meals);
- you move house;
- you or your partner are going to be away from home for more than 13 weeks;
- you receive any decision from the Home Office;
- you or anyone in your home stops getting benefits like Income Support, income-based Jobseeker's Allowance or Guarantee Credit or;
- anything else happens that might affect your benefit entitlement.

You must tell us in writing about anything you think might affect your Housing Benefit and Council Tax Benefit. A phone call is not enough. We need to know within one month about any change that would increase your benefit. If you tell us later, we will only increase your benefit from the Monday after the date you told us.

We will always take into account changes that reduce your benefit from the date the change happened, not when you tell us about the change. If we pay you too much benefit because you do not tell us about the change on time, we will normally ask you to repay the money or we will take it from future benefit payments.

It is an offence not to tell us about any change of circumstances that affects your benefit. We may take court action against you.

How we collect and use information

We will use the information you give in this form, and in any proof you send us, to process your claim for Housing Benefit and Council Tax Benefit.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue & Customs as allowed by the law.

By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

- make sure the information you have given us is correct;
- prevent or detect crime; and
- protect public funds.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

We, Hackney Council, are 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 that information, you can ask.

Part 2 About Income Support, income-based Jobseeker's Allowance and Pension Credit - Guarantee Credit

	You	Your partner
Are you or your partner getting Income Support, income-based Jobseeker's Allowance or Pension Credit - Guarantee Credit at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you start getting it?	<input type="text" value=" / /"/>	When did they start getting it? <input type="text" value=" / /"/>
Are you or your partner waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance or Pension Credit - Guarantee Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you claim?	<input type="text" value=" / /"/>	When did they claim? <input type="text" value=" / /"/>

Part 3 About you and your partner

Do you have a partner who normally lives with you?

No Yes

By *partner* we mean someone of the opposite sex or the same sex who you are married to or live with as if you are married or with whom you have a civil partnership.

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

You

Your partner

Last name or family name

Other names

Title (Mr, Mrs, Ms and so on)

Address

Do not tell us your partner's address if it is the same as yours.

Postcode

Date of birth

National Insurance number

You can find this on payslips or letters from the Department for Work and Pensions or the tax office. We cannot normally decide your claim if we do not have your, or your partner's, National Insurance number.

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not have a National Insurance number, tick this box.

If your partner does not have a National Insurance number, tick this box.

Tell us any other names you have used.

Daytime phone number

Providing a contact number might help us to process your claim more quickly.

Evening phone number

Mobile number

Email address

Would you like to receive your Council Tax bill by email?

No Yes

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

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

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

Tell us whether you were a homeowner, private tenant or boarder at this address.

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

No Yes

No Yes

When did you claim?

When did they claim?

Part 3 About you and your partner - continued

You

Your partner

Tell us whether you were a homeowner, private tenant or boarder at this address.

Which council did you claim from?

Which council did they claim from?

What name did you use for the claim?

What name did they use for the claim?

If you have moved from this address, have you told the council you claimed from?

No Yes

No Yes

If you were a tenant, who did you pay rent to?

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

No
Yes We will write to you about this.

No
Yes We will write to you about this.

What is your nationality?

What date did you last arrive in the UK?

 / /
 / /

The UK is England, Northern Ireland, Scotland and Wales.

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit?

No Yes

No Yes

Do you or your partner have a vehicle from a mobility scheme?

No Yes

No Yes

Are you or your partner in hospital at the moment?

No Yes

No Yes

When did you go in?

 / /
 / /

When do you expect to come out?

 / /
 / /

Does anyone get Carer's Allowance for looking after you or your partner?

No Yes

No Yes

Part 3 About you and your partner - continued

	You	Your partner
Please tick if you or your partner are:		
<ul style="list-style-type: none"> • A part-time student (you study less than 16 hours a week) Please tell us your term dates 	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
<ul style="list-style-type: none"> • A full-time student (you study for 16 hours or more a week) Please tell us your term dates 	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
<ul style="list-style-type: none"> • A student nurse Please tell us your term dates 	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
<ul style="list-style-type: none"> • An apprentice 	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
Do you receive a student loan?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive any grants or bursaries?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Please tick if you or your partner are:		
<ul style="list-style-type: none"> • on a youth training scheme 	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<ul style="list-style-type: none"> • in legal custody 	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<ul style="list-style-type: none"> • severely mentally impaired 	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<ul style="list-style-type: none"> • registered blind 	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<ul style="list-style-type: none"> • long-term sick or disabled and not able to work 	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Please provide proof.	Please provide proof.

Part 4 About children

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

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16 or over, but still under 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Do you want to claim for any children?

No

Go to **Part 5**.

Yes

Tell us about the children you want to claim for. If you want to claim for more than six children, use a separate sheet of paper.

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

	First child	Second child	Third child
Last name or family 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" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relation-ship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's usual address if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Is the child registered blind or getting Disability Living allowance?

No Yes

No Yes

No Yes

Do you pay childminding costs for this child to a registered childcare provider?

No Yes

No Yes

No Yes

Name and registration number of the childcare provider

Name and registration number of the childcare provider

Name and registration number of the childcare provider

How much do you pay a week?

How much do you pay a week?

How much do you pay a week?

£

£

£

We need to see proof.

We need to see proof.

We need to see proof.

Part 4 About children - continued

	First child	Second child	Third child
Last name or family 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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's usual address if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of this.			
Is the child registered blind or getting Disability Living allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay childminding costs for this child to a registered childcare provider?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
For example, to a childminder, nursery or after-school club.	Name and registration number of the childcare provider <input type="text"/>	Name and registration number of the childcare provider <input type="text"/>	Name and registration number of the childcare provider <input type="text"/>
	How much do you pay a week? <input type="text"/>	How much do you pay a week? <input type="text"/>	How much do you pay a week? <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see proof.	We need to see proof.	We need to see proof.

Part 5 About other people who live with you

Do any adults normally live with you and your partner? No Yes

By adults, we mean people over 16 who no-one receives Child Benefit for.

Go to **Part 6**.

Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than three people, use a separate piece of paper.

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

Part 5 About other people who live with you - continued

Are any of the people who normally live with you married to each other or living together as if they are married (this includes partners in a civil partnership)? By partner we mean someone of the opposite sex or same sex.

No Yes Tell us their names below.

	is the partner of
<input type="text"/>	<input type="text"/>
And	is the partner of
<input type="text"/>	<input type="text"/>

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

	First person	Second person	Third person
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"/>
Their relationship to you For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, joint tenant, subtenant or boarder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance, or are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If 'Yes', please fill in Part 7 - About other money coming in.</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If 'Yes', please fill in Part 7 - About other money coming in.</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If 'Yes', please fill in Part 7 - About other money coming in.</small>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>When are they expected to come out?</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>When are they expected to come out?</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>When are they expected to come out?</small>
	<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"/>

Part 5 About other people who live with you - continued

	First person	Second person	Third person
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/>	When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/>	When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/>
	When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us their earnings before things like tax and National Insurance are taken off. <input type="text"/> £	Tell us their earnings before things like tax and National Insurance are taken off. <input type="text"/> £	Tell us their earnings before things like tax and National Insurance are taken off. <input type="text"/> £
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.
Do they have any other income at all?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is this income?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tell us their other income before things like tax and National Insurance are taken off. <input type="text"/> £	Tell us their other income before things like tax and National Insurance are taken off. <input type="text"/> £	Tell us their other income before things like tax and National Insurance are taken off. <input type="text"/> £
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.

Part 6 About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? No If 'No', go to Part 7. Yes

No If 'No', go to Part 7. Yes

If you or your partner are receiving or have claimed any of the benefits or pensions listed below, please tick the box and provide more details over the page.

- | | | | |
|--|--------------------------|---|--------------------------|
| • Adoption Pay | <input type="checkbox"/> | • Fostering Allowance | <input type="checkbox"/> |
| • Attendance Allowance | <input type="checkbox"/> | • Guardian's Allowance | <input type="checkbox"/> |
| • Carer's Allowance | <input type="checkbox"/> | • Incapacity Benefit | <input type="checkbox"/> |
| • Child Tax Credit | <input type="checkbox"/> | • Industrial Injuries Disablement Benefit | <input type="checkbox"/> |
| • Contribution-based Jobseeker's Allowance | <input type="checkbox"/> | • Industrial Death Benefit | <input type="checkbox"/> |
| • Disability Living Allowance | <input type="checkbox"/> | • Maternity Allowance | <input type="checkbox"/> |

Part 6 About benefits and pensions - continued

- Paternity Pay
- State Pension
- Severe Disablement Allowance
- Statutory Maternity Pay or Statutory Sick Pay
- The guarantee part of Pension Credit
- The savings part of Pension Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit
- Bereavement Benefit
- Widowed Parent's Allowance

Please provide proof.

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

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

	You	Your partner
The name of the benefit	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
How often?	<input style="width: 80%; text-align: center; border: 1px solid black;" type="text" value="Every"/>	<input style="width: 80%; text-align: center; border: 1px solid black;" type="text" value="Every"/>
How is it paid? For example, is it paid direct to your bank or building society account?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
The name of the benefit	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Waiting to hear	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
How often?	<input style="width: 80%; text-align: center; border: 1px solid black;" type="text" value="Every"/>	<input style="width: 80%; text-align: center; border: 1px solid black;" type="text" value="Every"/>
How is it paid? For example, is it paid direct to your bank or building society account?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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

Part 7 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form.

No Go to **Part 8**.

Yes Answer the questions on the following page.

Part 7 About other money coming in - continued

This includes:

- occupational pensions or private pensions;
- London Borough of Hackney pensions;
- maintenance or child support for you, your partner or any of the children you have told us about on this form; and
- any cash payments.

Also tell us about any money you get from people living in your house (such as boarders, lodgers or subtenants) and money that you receive from people who do not live with you (for example, rent from tenants). You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Income from boarders, lodgers and subtenants

Do you rent out part of your home to any boarders or lodgers?

How many boarders or lodgers do you rent to?

Please give their names.

Please tell us the amount you charge each week.

 each week

Does this include a charge for heating?

Do you rent out part of your home to anyone who is a subtenant?

If 'yes', how many people?

Please give their names.

Please tell us the amount you charge each week.

 each week

Other money 1

What is the money for?

Who gets it?

How much do you or they get?

How often?

Who is the money from?

When did you or they start getting this income?

When is this income likely to go up?

Other money 2

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do you or they get?	£ <input type="text"/>
How often?	<input type="text" value="Every"/>
Who is the money from?	<input type="text"/>
When did you or they start getting this income?	<input type="text"/>
When is this income likely to go up?	<input type="text" value="/ /"/>

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Part 8 About working for an employer

Do you or your partner work for an employer? No Go to **Part 9**.
Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on another piece of paper and send it with this form.

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Is this job temporary?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When will you finish?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How often do you get paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>

Part 8 About working for an employer - continued

	You	Your partner
How are you paid? For example, direct to your bank account, by cheque or in cash.	<input type="text"/>	<input type="text"/>
Do you get tips, bonuses and so on?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you get?	£ <input type="text"/>	£ <input type="text"/>
If so, how often?	<input type="text"/> Every	<input type="text"/> Every
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please say which one. SSP <input type="checkbox"/> SMP <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please say which one. SSP <input type="checkbox"/> SMP <input type="checkbox"/>
What date did you start getting this?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If so, how much?	£ <input type="text"/>	£ <input type="text"/>
If so, how often?	<input type="text"/> Every	<input type="text"/> Every

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Part 9 About any other work

	You	Your partner
Are you or your partner a company director, company secretary or in a similar job in any organisation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid work.	No <input type="checkbox"/> Go to Part 10 . Yes <input type="checkbox"/> Answer the questions on this page.	No <input type="checkbox"/> Go to Part 10 . Yes <input type="checkbox"/> Answer the questions on this page.
What kind of work do you do?	<input type="text"/>	<input type="text"/>

Part 9 About any other work - continued

	You	Your partner
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick 'Yes' and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much? <input type="text"/> £ <input type="text"/>	How much? <input type="text"/> £ <input type="text"/>
	How often? <input type="text"/> Every <input type="text"/>	How often? <input type="text"/> Every <input type="text"/>
What is the pay for? Do you get any other money for doing this work, for example, expenses such as travel, clothing and food or tips and bonuses? Please give details.	<input type="text"/>	<input type="text"/>
	How much? <input type="text"/> £ <input type="text"/>	How much? <input type="text"/> £ <input type="text"/>
	How often? <input type="text"/> Every <input type="text"/>	How often? <input type="text"/> Every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Part 10 About being self-employed

Are you or your partner self-employed?

No Go to **Part 11**.

Self-employed people are those workers who work for themselves or are not employed under a contract. They can include jobs such as window cleaners, some taxi drivers, painters, decorators, child minders and so on.

Yes Answer the questions on the next page. You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income.

Please fill in the self-employed earnings information sheet available from Keltan House or the Neighbourhood Offices.

Part 10 About being self-employed - continued

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us their name and address.	Tell us their name and address.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much?	How much?
	<input type="text" value="£"/>	<input type="text" value="£"/>
	How often?	How often?
	<input type="text" value="Every"/>	<input type="text" value="Every"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much?	How much?
	<input type="text" value="£"/>	<input type="text" value="£"/>
	How often?	How often?
	<input type="text" value="Every"/>	<input type="text" value="Every"/>

Part 11 About capital, savings and investments

Answer all the questions in this part. We must see proof of all capital, savings and investments that you and your partner have. This includes current accounts and savings accounts, with a bank or building society, post office accounts, Premium Bonds or stocks and shares. You must tell us about all your shares even if they are of no value, and all bank accounts, even if you are overdrawn or have a nil balance. Read the checklist at Part 1 to see what you can use as proof.

Do you or your partner have any bank accounts?

No

Yes Tell us about **bank accounts**. If you have more than two bank accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any building society accounts?

No

Yes Tell us about **building society accounts**. If you have more than two building society accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any post office accounts?

No

This includes savings accounts.

Yes Tell us about **post office accounts**. If you have more than two post office accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Part 11 About capital, savings and investments - continued

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account number	<input type="text"/>
Whose name is the account in?	<input type="text"/>	Whose name is the account in?	<input type="text"/>
How much is in the account?	<input type="text"/>	How much is in the account?	<input type="text"/>
£	<input type="text"/>	£	<input type="text"/>

Do you or your partner have any Premium Bonds?

No Yes Value

Do you or your partner have any National Savings Certificates?

No Yes

Issue number	<input type="text"/>	Value	<input type="text"/>	How many?	<input type="text"/>
Issue number	<input type="text"/>	Value	<input type="text"/>	How many?	<input type="text"/>
		£			
		£			

If you and your partner hold more than two National Savings Certificates, tell us about them on a separate page and send it with the form.

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

Do any of your savings or investments include money from selling a house or money from a charity?

No Yes If 'Yes', how much?

Please say which

Have you or your partner received a Far Eastern Prisoner of War compensation payment, or a compensation payment made to victims of atrocities that happened during the Second World War?

No Yes If 'Yes', how much?

Please say which

Have you or your partner received a payment from the VCJD Trust, The Macfarlane Trust, The Eileen Trust, The Skipton Fund or The London Bombings Relief Charitable Fund?

No Yes If 'Yes', how much?

Please say which

Do you or your partner have any stocks, shares, bonds or unit trusts?

No Yes

Company name	<input type="text"/>	How many?	<input type="text"/>
Company name	<input type="text"/>	How many?	<input type="text"/>

Part 11 About capital, savings and investments - continued

Do you or your partner, or any children you are claiming for, have any other capital, savings or investments?

No Yes

Tell us about this.

Tell us about any TESSAs or ISAs here.

Do you or your partner, or any children you are claiming for, own or partly own any property, land, holiday home, caravan, timeshare or other property other than the home you live in, either in the UK or abroad?

No Yes

What is the address?

 Postcode

How much is it worth?

How many people own it?

£

If you have a mortgage or loan, how much do you still have to pay?

£

Please provide proof.

Part 12 About rent

Are you charged rent for your home?

No Go to Part 15 Yes Answer the next question.

When did you move to this address?

 / /

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

When did you start renting your home?

 / /

Are you charged rent by the council?

No Answer the questions below. Yes Go to Part 15.

What sort of tenancy do you have?

For example, assured, assured shorthold or registered rent.

How long is the tenancy for?

 / / to / /

Please tick to show if the property is let as:

furnished partly furnished unfurnished

How much rent do you pay?

£ every

(week/fortnight/four weeks/month)

Part 12 About rent - continued

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

No Yes If 'Yes', how much do they pay? £

Tell us their names.

Has your rent changed in the last 12 months?

No Yes Send us proof of the date it changed, and how much it changed.

When is the next rent increase due?

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Has your rent been registered as a fair rent by the Rent Service?

No Yes

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

No Yes How many?

Do you pay water charges direct to the water authority?

No Yes

Are you living away from home at the moment?

No Yes Tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

Tell us the address of where you are living at the moment.

If your home has been sublet, tell us who lives there now.

Part 12 About rent - continued

Does your rent include money for the following?

Meals	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Which meals are included? <input type="text"/>				
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Water rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Gas	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Electricity	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Laundry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Cleaning	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Emergency alarm system	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Furniture	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Gardening	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Garage or parking space	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>

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

Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Personal care and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
General counselling and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>
Do you pay any service charges separate from your rent?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much? £	<input type="text"/>

For example, for cleaning or lighting in shared areas, a concierge service, lift maintenance, CCTV, satellite or cable.

What for?

What is your landlord's name and address?

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

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

Part 12 About rent - continued

If your landlord has an agent, tell us their full name and address. By *agent* we mean the person or organisation you actually pay your rent to.

Postcode

Are you, your partner or your children related to your landlord or agent, or to your landlord's partner or the agent's partner? *Related* includes related through marriage, even if the marriage has ended, civil partnership (see page 9), cohabitation (living together as though you were married, including same-sex partners) or any legally binding bond.

No Yes

What is the relationship?

If your property is owned by a company are you related to the director or secretary of the company?

Related includes related through marriage (even if the marriage has ended), a civil partnership, cohabitation or any legally binding bond.

No Yes Does not apply

What is the relationship?

Part 13 About where you live

What sort of building do you live in?

Bungalow	<input type="checkbox"/>	Studio flat	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	Bedsit or room	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Sheltered accomodation	<input type="checkbox"/>
Caravan, mobile home or houseboat	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>	Other	<input type="checkbox"/>

What is the other room used for?

Does your home have: central heating? a garage? its own parking?

Is there more than one floor? No Yes How many floors are there?

Which floors do you live on? Basement Ground First Second

Third Fourth Fifth Other Please say which.

Is your accommodation self-contained? By self-contained we mean you and your household have a bathroom, kitchen, living and sleeping facilities you do not have to share with other residents who are not part of the household. No Yes

Part 13 About where you live - continued

If your accommodation is not self-contained, which part of the accommodation do you or your family live in, facing the building from the front?

At the front Right
 In the middle Left
 At the back

How many rooms are there in the house or flat?

In the whole house or flat?

Just for you and your household?

That you share with other people?

Living rooms

Bedsits

Bedrooms

Bathrooms

Toilets

Kitchens

Other rooms

What is the other room used for?

Is any part of your home used for business purposes, whether by you or anyone else?

No Yes

Do you have a main home somewhere else?

No Yes

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

What is the address?

 Postcode

If you own this home, what is the value of this property?

 £

Part 14 How you will be paid

If you are entitled to **Council Tax Benefit**, we will credit this to your Council Tax account.

If you are a **council tenant**, we will pay your benefit into your rent account direct.

If you pay rent to a **housing association** or you are a **private tenant excluded from getting Local Housing Allowance**, you can have direct payments, if you prefer, made to you, your landlord or landlord's agent into a bank or building society account (**We cannot pay into post office cash card accounts**) **Go to Part 14a.**

If you are a tenant getting **Local Housing Allowance**, we will pay your benefit into your bank or building society account direct, unless we decide that this may cause you difficulty. **Go to Part 14b.**

Part 14a *If you pay rent to a housing association or you are excluded from getting Local Housing Allowance*

Please tick the relevant box.

I want my benefit to go straight into my bank or building society account.

I want my benefit to go straight into my landlord's bank/building society account.

I want my benefit to go straight into my landlord's agent's bank or building society account.

If you do not already have a bank or building society account, you may want to set one up. That way you can arrange to pay the rent to your landlord automatically, using a standing order.

If you do not have a bank account, please contact the Benefits call centre on 020 8356 3399 or visit our reception in Keltan House.

You can get advice about opening and running a bank account from any bank or building society. You can also get advice from a welfare organisation such as Citizens Advice.

Name of the bank or building society

Name of the account holder. This must be the person you want your Housing Benefit paid to.

Address of the bank or building society

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

Account number

Sort code

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

Roll number
Building society
accounts only

If you want us to pay benefit straight to your landlord, you must sign this declaration.

Your declaration

Please pay Housing Benefit straight to my landlord.

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

Signature

Date

Full name (in CAPITAL LETTERS)

Your landlord's declaration

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

I understand that, by law:

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

Signature

Date

Now go to Part 15

Part 15 *Sharing information with your landlord - continued*

We will not give your landlord any information about your personal or household circumstances or your financial circumstances unless we legally have to under the appeal process.

You can withdraw your permission at any time.

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

I give my local council permission to share information about the progress of my Housing Benefit claim with my landlord or landlord's representative.

Signature

Date / /

Full name

Address

(in CAPITALLETTERS)

Postcode

Part 16 *Backdating*

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. Housing Benefit and Council Tax Benefit can be backdated for up to 52 weeks. If you want us to consider paying your benefit from an earlier date, tell us the dates you want benefit from and why you did not claim earlier.

Date you want to claim benefit from / / to / /

Tell us why you have not claimed before and provide proof to show why.

Please continue on a separate sheet and attach it to this form if you need to.

Part 17 *Anything else you need to tell us*

Use this box to tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

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

Part 18 Help with managing your affairs

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose a representative to act for you. If you want to do this, please fill in the section below and sign the declaration.

Representative's name

Representative's address

Postcode

Representative's phone number

Representative's relationship to you

For example, your daughter, sister, friend or warden.

Do you want us to send all letters and bills to your representative? No Yes

I give the person named above permission to act as my representative and be given information about my claim.

Your signature

Date

Your representative must sign below.

Representative's signature

Date

Part 19 Ethnic monitoring (you do not have to fill in this section)

To help us monitor the effectiveness of our equal-opportunities policy, please answer the following question. We will only use this information for monitoring purposes. Your Housing Benefit or Council Tax Benefit will not be affected if you do not fill in this section.

What is your ethnic group?

Choose one section from A to G, and then tick the appropriate box to show your ethnic background.

A White

British

Irish

Turkish Cypriot or Turkish-speaking
(including Kurdish)

Other Kurdish

Other European

Jewish

Charedi (Orthodox Jewish)

Irish traveller

Gypsy or Roma

Any other white background

 (Please say which.)

Part 19 Ethnic monitoring - continued (you do not have to fill in this section)

B Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background (Please say which.)

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (Please say which.)

D Black or black British

- Caribbean
- African (Please say which.)
- Other black or black British (Please say which.)

E Chinese

- Chinese

F Vietnamese

- Vietnamese

G Other

- Any other ethnic group (Please say which.)

Part 20 Declaration

You must fill in this page, otherwise we will return the form to you and your claim will be delayed.

If you have filled in this form for someone else, please tell us below why you are filling in this form for the person claiming.

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

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date / /

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign below. By signing the form, they are confirming that they have read the form and that all the details about them are correct.

You must not sign this form unless you have read and understood the declaration below.

- I have declared **all** of my income and savings.
- I give you permission to make any enquiries to check the information on this form with the information I have given to other sections within the council, benefit authorities and the Home Office as allowed by law.
- I must let you know **immediately** and **in writing** of any change in circumstances which may affect the claim. I have read and understood the list of changes I must tell you about on page 3.

If I give information that is not correct or complete, or I fail to report a change in circumstances which may affect the claim, I may be prosecuted under the Social Security Administration Act 1992 (as amended) or the Theft Act 1968.

- The information I have given on this form is correct and complete.

Signature of the person claiming

Date

Partner's signature

Date

We must protect the public funds we handle, so we may use the information you have given us on this form to prevent and detect fraud. We may also share this information, for the same reasons, with other organisations that handle public funds.

Certificate of earned income

Private and confidential

Benefit reference: _____

Employee's name: _____

Employee's address: _____

To be filled in by the employer only

Employee's job title: _____

Date the employee started working for you: _____

Date of the employee's last pay rise: _____

Payroll number: _____ Your HM Revenue & Customs reference number: _____

Employee's correct details if their name and address vary from the above: _____

Pay details for the last five weeks, three fortnights, two months or four weeks, including any overtime, bonus or other payments

Please confirm the employee's National Insurance (NI) number.

How are they paid? Normal basic pay Normal hours worked

Pay period ending	Hours worked	Gross pay (before tax and NI are taken off)	Income tax	Employee's NI contribution	Employee's pension contribution	Gross pay (pay for the whole year to date)	Statutory Sick Pay or Statutory Maternity Pay
1							
2							
3							
4							
5							

<p>Name of business:</p> <p>Business address:</p> <p>Name of person filling in this form:</p> <p>Position held:</p>	<p>Please authorise this form with the company's business stamp. (If you do not have a stamp, attach your business card.)</p>
---	--

I confirm that the information I have given is true and complete. I understand that if I give false information, you may take action against me.

Signature: _____ Date: _____

Certificate of earned income

Private and confidential

Benefit reference: _____

Employee's name: _____

Employee's address: _____

To be filled in by the employer only

Employee's job title: _____

Date the employee started working for you: _____

Date of the employee's last pay rise: _____

Payroll number: _____ Your HM Revenue & Customs reference number: _____

Employee's correct details if their name and address vary from the above: _____

Pay details for the last five weeks, three fortnights, two months or four weeks, including any overtime, bonus or other payments

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1							
2							
3							
4							
5							

<p>Name of business:</p> <p>Business address:</p> <p>Name of person filling in this form:</p> <p>Position held:</p>	<p>Please authorise this form with the company's business stamp. (If you do not have a stamp, attach your business card.)</p>
---	--

I confirm that the information I have given is true and complete. I understand that if I give false information, you may take action against me.

Signature: _____ Date: _____

You can contact Housing & Council Tax Benefits
by email at

benefits.callcentre@hackney.gov.uk

or through our website at:

www.hackney.gov.uk.

Citizens advice bureaus and advice agencies

Dalston East End Citizens Advice Bureau

491-493 Kingsland Road, Hackney, London E8 4AU
Phone: 0870 126 4013 Fax: 0207 249 7699
Phone advice times: Monday and Tuesday 10am
to 12pm and 1pm to 4pm Thursday 1pm to 4pm

Mare Street East End Citizens Advice Bureau

236-238 Mare Street, Hackney, London E8 1HE
Phone: 0870 126 4013 or 0208 985 0462
Fax: 0208 985 0462

Woodberry Down Citizens Advice Bureau

St Olaves Cottage, Woodberry Down,
London N4 2TW
Drop-in advice times: Monday to Thursday
9.45am to 3pm

The London Irish Women's Centre

59 Stoke Newington Church Street,
London N16 0AR
Phone: 0207 249 7318
Monday to Friday 9am to 5pm (closed between
1pm and 2pm for lunch)
The centre does not have a translation service,
they are only able to deal with Irish people.

Off Centre Ltd

(Young People's Counselling Services)

25-27 Hackney Road, London E8 3NR
Phone: 0208 986 4016
Drop in appointments: Monday, Tuesday,
Thursday and Friday 10am to 1pm, and 2pm to
6pm Wednesday 2pm to 6pm

Asian Women's Advisory Service

161 Mare Street, London E8 3RH.
Phone: 0208 986 4804

Daymer Turkish and Kurdish Community Centre

Former Library, Howard Road, London N16 8PR
Phone: 0207 275 8440
Monday to Thursday 11am to 5pm

Age Concern

22 Dalston Lane, Hackney, London E8 3AZ
Phone: 0207 249 7149 (general office)
Phone: 0800 917 9830 (information line)
Phone: 0207 241 2299 (24-hour line)
Minicom: 0207 683 0083
Opening hours: 9.30am to 5.30pm weekdays
Drop-in service: Monday and Wednesday 10am
to 1pm Tuesday 2pm to 4pm

**Do not put a cross in any boxes. If you put a cross
through a whole section, we will have to send the
form back and this will delay the claim.**

Have you signed your claim form?

If English is not your first language and you need help filling in the form, we may be able to help you. Please contact us on 020 8356 3399.

Bengali

এই ডকুমেন্টটি পূরণের প্রথম ভাষা না হলে সাহায্য চাওয়া
 হলে আমরা সাহায্য করতে পারি। আমাদের ৯৯, ৩৫০৯ নম্বর
 আমাদের সাথে যোগাযোগ করতে পারেন। আমাদের ৯৯৯৯ ৩৩৯৯ ০২০
 ৮৩৫৬ ৩৩৯৯ নম্বরে আমাদের সাথে যোগাযোগ করুন।

French

Si l'anglais n'est pas votre langue maternelle et que vous avez besoin d'aide pour remplir ce formulaire, nous pouvons peut être vous aider. Veuillez nous contacter au 020 8356 3399

Kurdish

Hoke inglizî ne zimanê we yê yekemîn be û, belkî fikir na formê ji we re alîkarî pêwîst be, dibe ku em dikarin bi alîkariya we dikin ji kerema xwe bi vî nejmare bi me re têkevin têkiliyê: 020 8356 3399.

Polish

Jeśli angielski nie jest Twoim rodzinnym językiem i potrzebujesz pomocy w wypełnieniu arkusza, możemy Ci w tym pomóc. Skontaktuj się z nami dzwoniąc pod numer telefonu 020 8356 3399.

Urdu

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو اس فارم کو پُر کرنے میں
 مدد کی ضرورت ہے تو ہم آپ کی مدد کر سکتے ہیں۔ براہ کرم اس
 نمبر پر 020 8356 3399 پر رابطہ کریں۔

Gujarati

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય અને ફોર્મ ભરવામાં
 તમને મદદ પોઈએ તો, અમે તમારે સહાય કરી શકીએ છીએ. કૃપા
 કરી અમને 020 8356 3399 પર સંપર્ક કરો.

Somali

Haddi Englishku aanu ahayn luuqaddaada
 xowraad noo aad u baahan tahay caawin buuxinta
 foomka, waxaanu bawoobnaa in aan ku caawino.
 Faahfaahinta soo xariir nalkaan 020 8356 3399

Spanish

Si el inglés no es su primera lengua y si necesita asistencia para rellenar este formulario, es posible que le ayudemos. Sirvase favorables al 020 8356 3399.

Turkish

İngilizce ana diliniz değilse ve formu
 doldurmak için yardıma ihtiyacınız varsa,
 belki size yardım edebiliriz. Lütfen
 020 8356 3399'dan bizimle iletişimi kurun.

Vietnamese

Nếu Tiếng Anh không phải là ngôn ngữ thứ nhất
 của bạn và bạn cần sự hỗ trợ cho việc điền vào
 đơn này, chúng tôi có thể giúp bạn. Hãy liên lạc
 với chúng tôi theo số 020 8356 3399.

Chinese

如果英語不是您的第一語言，您將需要協助填
 寫表格，我們才能幫助您。請洽 020 8356
 3399 聯絡我們。

Punjabi

ਜੇ ਅੰਗਰੇਜ਼ੀ ਤੁਹਾਡੀ ਮਾਂ ਬੋਲੀ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਇਸ ਫਾਰਮ
 ਨੂੰ ਭਰਨ ਲਈ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ
 ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ 020 8356 3399
 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

If you would like this document in any other format, please fill in the form and send it to the address below.

In Braille

Name: _____
 Address: _____
 Phone number: _____

Return the form to:

**Hackney Revenues and Benefits Service
 Keltan House
 89-115 Mare Street
 London E8 4RU.**