

Application form to claim Housing Benefit and Council Tax Reduction

For office use only
Reference
Date form requested
Date form issued
Return by

Use this form if you want to make a new application for Housing Benefit and/or Council Tax Reduction. You can also apply online please go to our website at www.wandsworth.gov.uk/benefits If you are already getting benefit and are moving, or wish to tell us about a change in your circumstances, please go to our website at www.wandsworth.gov.uk/benefits where you can complete an online form.

Before you start to fill in the form please tick the boxes below that apply to you, and read the information on this page and the next. Please complete the form in black ink using block capitals.

- ☐ I would like to claim Council Tax reduction only
- ☐ I pay rent to Wandsworth Council - Is the tenancy in your name only? ☐ Yes ☐ No
- ☐ I am an introductory tenant
- ☐ I pay rent to a private landlord or housing association
- ☐ I am in temporary housing arranged by Wandsworth Council

If you are in temporary housing arranged by another council, you must contact them to claim housing benefits.

The form is divided into 15 parts. You must fill in every part, even if only to confirm that the questions do not apply to you. You should read the guidance notes at the start of each part. These will also tell you the proof we need to see.

Your claim may be delayed if you do not send in all the proof we ask for.

If you have a partner, this form must be filled in by both of you. We use 'partner' to mean:

- a person you are married to or a person you live with as if you are married to them
- a civil partner or a person you live with as if you are a civil partner

You and your partner, if any, must sign the declaration in part 15 of the form.

If you are of pensionable age and claiming Council Tax Reduction, you may still be able to get up to 25% off your Council Tax bill if the only other adults living with you have a low income or are claiming Income Support. This help is known as Second Adult Rebate. For this, your own income and savings will not be taken into account.

If you wish to claim only Second Adult Rebate, tick yes in the box below and just fill in Parts 1,2,4 and 15 of the form.

Do you wish to claim Second Adult Rebate?

- ☐ Yes ☐ No



Housing Benefit and Council Tax Reduction

Useful Information

Housing Benefit

Housing Benefit is help for all types of rent payments. It includes Rent Rebates, Rent Allowance, and the Local Housing Allowance. In order to make the form as straightforward as possible, we will only use the term 'Housing Benefit'.

Help with filling in the form

If you need help filling in the form, please go to our website www.wandsworth.gov.uk/benefits.

You can also get help and advice by calling (020) 8871 8080 between 9am and 5pm.

You can write to us at this address:

The Benefits Service
Wandsworth Council, PO Box 500, SW18 2PN
email: benefits@wandsworth.gov.uk

You will be sent an acknowledgement letter once we receive your form.

The proof we need to see

To make sure your benefit is correct, we need to see proof of every statement you make on the form.

These must be original documents not photocopies. We will make a copy of the document and return the original to you by registered post if necessary.

In all cases where we ask for proof, we need to see this for both you and your partner.

We have listed the proof we need to see in the notes at the start of each part.

You must fill in the form at once and send it back to us with all the proof currently available. You may lose benefit if you delay. If you cannot provide all the proof we need, you should still return the form to us and let us know in Part 14 that you will send in the missing items. We will then allow an extra month for you to provide this information, without affecting the start date of your benefit.

Data Protection

Wandsworth Council is the Data Controller for the purposes of the General Data Protection Regulation 2018 and Data Protection Act 2018. If you want to know more about what information we have about you, or the way we use your information, you can visit Wandsworth.gov.uk and search privacy.

How we collect and use information

The information we collect on this form, and from supporting evidence, will be used to process your **Housing Benefit** and **Council Tax Reduction** award and your entitlement to **Council Tax Discount**. The information may be passed to other agencies or organisations such as the Department for Work and Pensions, Employment Service and HM Revenue and Customs as allowed by law. We may check this information with details held by other council departments such as Housing or Social Services or give them details of your benefit status. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes as allowed by law.

We will not give information about you to anyone else nor use information about you for other purposes unless the law allows us to.

The Council sometimes needs information about people other than the person who has applied for a benefit to work out what that person is entitled to. For example, where a person makes a claim for benefit, we need information about other people who live in the same household to work out how much the person will be paid. This information may be gained from other departments such as HM Revenues and Customs and the Department of Work and Pensions.

about you and your home

We will need to see original documents as proof of your identity. If you have a partner, we will need to see proof of your partner's identity as well. Two items of proof are required for both you and your partner. We will accept documents such as:

- passport
- a bank statement
- your birth certificate
- a full driving licence
- a letter from a solicitor, social worker, probation officer or the HM Revenue & Customs
- a paid gas, electricity or water bill for the last quarter

We will also need to see proof of both your and your partner's national insurance number. This can be found on:

- your wage slips
- your national insurance card
- a letter from the Department for Work and Pensions (DWP)
- a letter from HM Revenue and Customs including tax credit entitlement letters

Do you have a partner?

☐ Yes

☐ No

If 'Yes', your partner must also provide information and proof, and sign the declaration in Part 15.

you

your partner

Mr

Mrs

Miss

Ms

Other

☐
☐
☐
☐

Mr

Mrs

Miss

Ms

Other

☐
☐
☐
☐

Surname

Other names

Address

Daytime phone number*

Email address*

Date of birth

National Insurance number

Tell us any other names you have used

Date you moved in

Have you or your partner previously claimed benefit at another address within Wandsworth?

☐ Yes

☐ No

☐ Yes

☐ No

If 'Yes' please give the address(es) and date(s)

*You do not have to give this information, however it may speed up the claim process if you do.

Part 1 - about you and your home continued

you

Do you or your partner own this property or have either of you owned this or any other property?

☐ Yes ☐ No
If 'Yes', please give details

Are you living away from the property you are claiming for?

☐ Yes ☐ No
If 'Yes', when did you last live at this address?

When do you expect to go back to this address?

Tell us why you are not living at this address

Have you or your partner previously claimed benefit at another address outside the borough of Wandsworth within the last 52 weeks?

☐ Yes ☐ No
If 'Yes', please give the address

Please tell us the benefit claim reference number (if known) for this address

Do you or your partner have to pay council tax at an address other than the one shown on page 1?

☐ Yes ☐ No
If 'Yes', please give the address

Please tell us the Council Tax reference number (if known) for this address

your partner

☐ Yes ☐ No
If 'Yes', please give details

☐ Yes ☐ No
If 'Yes', when did you last live at this address?

When do you expect to go back to this address?

Tell us why you are not living at home address

☐ Yes ☐ No
If 'Yes', please give the address

Please tell us the benefit claim reference number (if known) for this address

☐ Yes ☐ No
If 'Yes', please give the address

Please tell us the Council Tax reference number (if known) for this address

Part 1 - about you and your home continued

Is there a person with a disability living in your home?

☐ Yes

☐ No

If 'Yes' please answer the questions below.

Does your home have a separate kitchen or bathroom just for them?

☐ Kitchen

☐ Bathroom

☐ Neither

If your home is adapted to meet their needs (such as wider doors for a wheelchair), please give details.

If there is a special room other than kitchen or bathroom because of their disabilities (such as a room set aside for dialysis or because a separate bedroom is required), please give details.

part

2

about you and your partner

If you or your partner are not UK nationals, we will need to see one of these as proof of your residency status:

- Home Office Application Registration Card (ARC)
- a current, valid passport
- UK and Republic of Ireland residency permit

We will also need to see the following items of proof where applicable:

- recent benefit award notifications showing current amounts
- a letter from the college confirming student status and duration of course
- a letter from prison confirming custody
- a letter from your employer confirming youth training, apprenticeship or student nurse status
- a letter from your doctor confirming severe mental impairment
- proof of the date when registered blind

you

Have you or your partner come to live in the Common Travel Area in the last 2 years? (United Kingdom, Republic of Ireland and Channel Islands)

☐ Yes

☐ No

If 'Yes', what date did you become resident

your partner

☐ Yes

☐ No

If 'Yes', what date did you become resident

Are you or your partner a UK national?

☐ Yes

☐ No

If 'no', what is your nationality?

☐ Yes

☐ No

If 'no', what is your nationality?

Part 2 - about you and your partner continued

	you	your partner
Do you or your partner get Income Support or Income based Jobseeker's Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when did it start? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when did it start? <input type="text"/>
Are you or your partner in hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when did you go into hospital? <input type="text"/> What date do you expect to come out? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when did you go into hospital? <input type="text"/> What date do you expect to come out? <input type="text"/>
Have you or your partner been unable to work because of sickness for the last 52 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your partner ever claimed Carers Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Tick 'yes', even if you were not paid any Carers Allowance. This could have been because you were better off getting another social security benefit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Carers Allowance stopped in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who was it paid to? <input type="text"/> Date of last payment <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>
Does anyone get Carers Allowance for looking after you or your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your partner, or have you or your partner ever been registered blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give the date you registered From <input type="text"/> To <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please give the date you registered From <input type="text"/> To <input type="text"/>
Are you or your partner:		
a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a student nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
an apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
on youth training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
in legal custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
severely mentally impaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a registered Foster Carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a carer who lives elsewhere but occasionally stays overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a former rough sleeper who has spent 3 months in a specialist hostel(s) for homeless people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subject to a care order, under the Children's Act 1989 (under 22 and previously in care)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

about your dependent children

We need to know about all the dependent children living with you. Dependent children are those aged up to 16. Young people aged under 20 are also classed as dependent children if you still get **Child Benefit** for them. If you have more than six dependent children, please use a separate sheet of paper for their details. If you have no dependent children, please write 'none' against the first question and go on to Part 4.

If you are claiming for dependent children, we will need to see your child benefit confirmation letter.

If any of the children have been in hospital for more than a year, please provide a letter to confirm. If they are registered blind, please provide their registration card.

If you pay a childminder, a nursery or pay for afterschool care, we will need to see a letter showing the amount you pay.

How many dependent children do you have?

If you have written 'none' please go to part 4

first child

Surname

Other names

Date of birth

The child's relationship to you

second child

Surname

Other names

Date of birth

The child's relationship to you

third child

Surname

Other names

Date of birth

The child's relationship to you

fourth child

Surname

Other names

Date of birth

The child's relationship to you

fifth child

Surname

Other names

Date of birth

The child's relationship to you

sixth child

Surname

Other names

Date of birth

The child's relationship to you

Part 3 - about your dependent children continued

Are any of the children registered blind?

☐ Yes

☐ No

If 'Yes', please tell us their names

Child 2 (if applicable)

Are any of the children getting Disability Living Allowance or Personal Independence Payments (PIPs)?

☐ Yes

☐ No

If 'Yes', please tell us their names

Child 2 (if applicable)

Have any of the children been in hospital for more than 12 months?

☐ Yes

☐ No

If 'Yes', please tell us their names

Child 2 (if applicable)

Do any of the children have other income, such as maintenance?

☐ Yes

☐ No

If 'Yes', please tell us their names

Child 2 (if applicable)

Do you or your partner have children who are;

- under 15
- under 16 with a disability who are looked after by a registered childminder, or a nursery or after school club?

☐ Yes

☐ No

If 'Yes', please give the names of the children and how much you pay for each child each week.

Are any of these costs being paid for by social services, or any other agency?

☐ Yes

☐ No

If 'Yes', please tell us how much.

What is the name and address of the childminder?

What is the childminder's registration number?

other people who live with you

We need to know about other people, other than your partner and dependent children, who live with you. These people are known as 'non-dependants' for benefit purposes, and include older children you no longer get Child Benefit for. A joint tenant is not a non-dependant.

We may have to make a deduction from your benefit for non-dependants who live with you. There are different levels of deduction and these depend on each person's income. If you do not wish us to deduct the maximum amount from your benefit you must provide their latest wage slip.

We will need to see proof of the following where applicable:

- latest wage slip
- recent benefit award notification showing current amount, for example their JSA award letter
- a letter from their doctor confirming severe mental impairment
- a letter from the prison confirming custody
- a letter from their employer confirming their youth training, apprenticeship or student nurse status

If there are no other adults living with you, please write 'none' against the first question and go on to Part 5. If you need to give details for more than two non-dependants living with you, please use a separate sheet of paper.

How many people live with you?

If you have written 'none', please go to part 5.

first person

second person

Surname

Other names

Date of birth

Relationship to you or your partner (parent, son, daughter, friend and so on)

Do they get Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance or Guaranteed Pension Credit?

☐ Yes

☐ No

☐ Yes

☐ No

Are they a full-time student, student nurse, on a Work Based Training scheme, an apprentice or a care worker?

☐ Yes

☐ No

☐ Yes

☐ No

Are they in legal custody?

☐ Yes

☐ No

☐ Yes

☐ No

If 'Yes', when are they expected to come out?

Are they away with the Armed Forces?

☐ Yes

☐ No

☐ Yes

☐ No

Part 4 - other people who live with you continued

first person

Are they in hospital?

☐ Yes

☐ No

If 'Yes', when did they go into hospital?

When are they expected to come out?

Are they severely mentally impaired?

☐ Yes

☐ No

second person

☐ Yes

☐ No

If 'Yes', when did they go into hospital?

When are they expected to come out?

If they are earning and you wish to claim a lower level of non dependant deduction you will need to answer the questions below and provide proof in one of the ways described in the note at the start of Part 5.

How much do they earn a week before deductions are made?

£

£

Do they work 16 hours a week or more?

☐ Yes

☐ No

☐ Yes

☐ No

If they have savings, how much income have they received from them in the past year?

£

£

If they do not have an income, please confirm how they meet their day to day living expenses.

part

5

about your earnings

you

Please tick the box which applies to you.

- ☐ I am employed
(Please fill in section A)
- ☐ I am self employed
(Please fill in section B)
- ☐ I am unemployed
- ☐ I am retired

your partner

Please tick the box which applies to your partner.

- ☐ They are employed
(Please fill in section A)
- ☐ They are self employed
(Please fill in section B)
- ☐ They are unemployed
- ☐ They are retired

Part 5 - about your earnings continued

you

your partner

Are you or your partner a director of a company? (even if unpaid)

☐ Yes

☐ No

☐ Yes

☐ No

If 'Yes' for you or your partner, please give details.

How many jobs do you and your partner have, including self employment?

If you have written 'none' for both you and your partner, please go to Part 6

You will need to provide the same type of information and proof for all of your and your partner's jobs. Please use a separate sheet of paper for each additional job.

If you or your partner are employed we will need to see proof of income for each job. This can be one of the following:

- a completed certificate of earnings from the back of this application form (this must be stamped by your employer)
- a letter from the employer giving all the information requested in the certificate (this must be on headed paper)
- five most recent consecutive weekly wage slips, or last two monthly salary slips

Section A

you

your partner

Number of hours worked in main job

What type of work do you do?

Employer's name and address

Payroll reference number

Date employment started

Please give your and your partner's gross pay (This is the amount you earn before income tax, national insurance and so on are taken off)

£

£

How often is this paid? (weekly, monthly, 4 weekly and so on)?

How is it paid? (cash, cheque, into your bank account and so on)?

When was your and your partner's last pay rise?

Part 5 - about your earnings continued

Section A

you

your partner

Do you know the date of your next pay rise?

☐ Yes ☐ No
If 'Yes', please tell us the date

How much will it be?

£

☐ Yes ☐ No
If 'Yes', please tell us the date

How much will it be?

£

How much do you and your partner earn in bonuses, tips or overtime?

£

How often is this paid?

£

How often is this paid?

Are you or your partner expecting to leave the job in the near future?

☐ Yes ☐ No
If 'Yes', please tell us the expected date

☐ Yes ☐ No
If 'Yes', please tell us the expected date

Section B

About your self-employment

If you or your partner has been self-employed for at least a year you must provide your accounts for the last financial year. If you or your partner have just started a business we will ask you for a projection of your self employed income. If you have been trading for less than a year, we will normally ask for your accounts for the period you have been trading. You may also have to provide bank statements and other evidence to support your accounts. The Benefit Service may invite you for an interview in order to clarify your circumstances.

What kind of work do you and your partner do?

What is your and your partner's business address?

Do you and your partner get a business start up allowance?

☐ Yes ☐ No

☐ Yes ☐ No

When did you and your partner start trading?

Are you and your partner sole traders?

☐ Yes ☐ No
If 'No' please give details of the partnership and your share of the business

Number of hours worked each week?

about your pensions, benefits, allowances and tax credits

We will need to see at least one of the following as proof of each of your benefits or allowances:

- recent benefit award notifications showing current amounts
- most recent tax or pension credit award notification
- letter from the pension provider
- bank statements (showing all transactions for the last two months)
- most recent pension payment advice slips

If you have claimed but not yet received any benefit or allowances you should send proof as soon as it is available. **(All documents must be original)**

If you do not get the benefit listed, you must tick the box saying 'none'.

If you do, please say how much you get each week in the box next to it.

benefit or allowance	you	your partner
Income support	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Jobseeker's Allowance (Income based)	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Jobseeker's Allowance (Contributions based)	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Employment and Support Allowance (contributions based)	<input type="checkbox"/> None £	<input type="checkbox"/> None £
• Support Component	<input type="checkbox"/> None £	<input type="checkbox"/> None £
• Work related component	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Employment and Support Allowance (income related)	<input type="checkbox"/> None £	<input type="checkbox"/> None £
State retirement pension	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Pension credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', which element:		
Guarantee credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings credit	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Pension from the civil service	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Pension from public service	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Personal pension or pension from earlier employer (please name the providers)	<input type="checkbox"/> None	<input type="checkbox"/> None
	£	£
	£	£
Statutory Sick Pay	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Incapacity Benefit	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Statutory Maternity Pay	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Maternity Allowance	<input type="checkbox"/> None £	<input type="checkbox"/> None £
Universal Credit	<input type="checkbox"/> None £	<input type="checkbox"/> None £

Part 6 - about your pensions, benefits, allowances and tax credits continued

benefit or allowance	you		your partner	
Widowed Parent's Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Child Benefit	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Attendance Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Disability Living Allowance (care component)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Disability Living Allowance (mobility component)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Personal Independence Payments (Daily Living)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Personal Independence Payments (Mobility)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Armed Forces Independence Payments	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Carer's Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Do you have an underlying entitlement to Carer's Allowance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax Credits (for example children's or working)	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
		£ <input type="text"/>		£ <input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Industrial Disablement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Reduced Earnings Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
War Pension	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Industrial Widow's Pension	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Bereavement Allowance	<input type="checkbox"/> None	£ <input type="text"/>	<input type="checkbox"/> None	£ <input type="text"/>
Have you or your partner applied for any of the above benefits or any other benefits for which you are still awaiting a decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes', please give details			
	<input type="text"/>		<input type="text"/>	
Have you or your partner deferred receipt of your State Retirement pension? (You must inform the Benefit Service when you start to draw your pension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes', please give details			
	<input type="text"/>		<input type="text"/>	

about your capital, savings and investments

We will need to see proof of your capital, savings or investments, such as:

- statements from your bank or building society showing all transactions for the last two months
- building society book (recently updated)

- bond certificates
- stocks and shares certificates
- unit trust certificates
- statements of PEPs, TOISAs or ISAs

You must include any capital held in a current account.

you

your partner

Do you or your partner have any bank or building society accounts, post office account or savings in cash? (You should also include overdrawn or empty accounts)

☐ Yes ☐ No

☐ Yes ☐ No

if 'Yes' please give the name of the bank or building society and the latest balance.

		Amount		Amount
Current accounts	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deposit accounts	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOISAs, PEPs or ISAs	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings in cash		<input type="text"/>		<input type="text"/>
Lump sum in respect of a deferred State Retirement pension	Date paid <input type="text"/>	<input type="text"/>	Date paid <input type="text"/>	<input type="text"/>

Do you or your partner hold any joint accounts not detailed above? ☐ Yes ☐ No
If 'Yes', please give details

☐ Yes ☐ No
If 'Yes', please give details

Part 7 - about your capital, savings and investments continued

you

your partner

Are you or your partner holding any money in trust for anyone else?

☐ Yes ☐ No

If 'Yes', please give details

☐ Yes ☐ No

If 'Yes', please give details

Do you or your partner have any National Savings Certificates or National Savings Bonds?

☐ Yes ☐ No

If 'Yes' please give the issue number or type and the amount invested.

National Savings Certificates

1	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
2	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
3	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
4	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

National Savings bonds

1	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
2	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
3	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
4	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

Premium Bonds

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

Do you or your partner have any unit trusts or shares?

☐ Yes ☐ No

If 'Yes' please give the name of the company and the number of shares you hold.

Shares

	Name	Number	Name	Number
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 7 - about your capital, savings and investments continued

you

your partner

		Amount		Amount
Unit Trusts	1	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
	2	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
	3	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Do you or your partner have any other savings, investments or trust funds?

☐ Yes

☐ No

If 'Yes' how much are they worth?

£

☐ Yes

☐ No

If 'Yes' how much are they worth?

£

Have you or your partner recently received any backdated benefit which you have added to your savings?

☐ Yes

☐ No

If 'Yes' please give details

☐ Yes

☐ No

If 'Yes' please give details

property or land

Apart from your home, do you or your partner own or have a share in any other property or land?

☐ Yes

☐ No

If 'Yes', please give details including the address.

Are you and your partner holding any property in trust for anyone else? If so please give details:

Have you or your partner sold a property within the last 12 months?

☐ Yes

☐ No

(We may contact you for more information)

Do you or your partner charge rent for any property, other than your main home? ☐ Yes ☐ No

How much rent do you receive?

£

How often should it be paid?

other income

Any other income which you and your partner have must be declared in this section. This includes details of your grant, loan or bursary if you are a student.

We will need to see proof of any other income you and your partner receive. This can be any one of the following:

- bank statements
- a building society letter or statement
- Income/tenancy details for sub tenants or boarders

- a court order
- an income award notification
- invoices and receipts
- letter from an absent parent confirming maintenance
- a letter from HM Revenues and Customs
- notification slips
- payment slips
- student loan or grant letter

Do you or your partner have any other income which has not been declared on this application form? (This includes income you have claimed but not yet received.)

☐ Yes

☐ No

		Amount	How often is it paid?	When did it start?
Type of income	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Type of income	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
Type of income	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

outgoings

If your son or daughter is a student, we will need to see the loan assessment.

If you or your partner make payments to a private pension, we will need to see the pension agreement.

you

your partner

Do you or your partner pay any money to a son or daughter who is a student, as part of a loan assessment?

☐ Yes

☐ No

If 'Yes', who is it paid to?

Amount

£

How often is it paid?

☐ Yes

☐ No

If 'Yes', who is it paid to?

£

How often is it paid?

Do you or your partner make payments towards a private pension other than by deduction from your salary or wages?

☐ Yes

☐ No

If 'Yes', how much do you pay?

£

How often?

☐ Yes

☐ No

If 'Yes', how much do you pay?

£

How often?

Please answer the following question:

How many bedrooms are in the property?

You and your partner are private tenants if you pay rent to a private landlord or a housing association, or if Richmond Council has placed you in temporary accommodation with another landlord.

We will need to see proof of your residency and rent, from the following list (this must confirm how much rent you pay, the date your tenancy commenced and what is included in your rent):

- a letter from the agent
- a letter from the landlord
- your rent book
- the tenancy agreement
- rent receipts / statements

your tenancy

Please give the date your tenancy started

Is the tenancy in your name only?

Yes ☐ No ☐

If 'No', what are the names of the other joint tenants?

Do you sub-let any of this property?

Yes ☐ No ☐

Is it a shorthold tenancy?

Yes ☐ No ☐

If 'Yes', what is the end date?

If 'No', what type of tenancy is it?

Assured ☐ Registered ☐ Boarder ☐

Shared ownership ☐ Other (please give details) ☐

the property you occupy

Do you live in the whole building?

Yes ☐ No ☐

Is there more than one floor in the building?

Yes ☐ No ☐

If 'Yes', how many floors are there?

Which floors do you live on?

Where do you live on this floor?

Front ☐ Middle ☐ Back ☐ All ☐

Is your home: Unfurnished? ☐ Partly furnished? ☐ Fully furnished? ☐

What type of accommodation do you live in?

Detached house ☐ Semi-detached house ☐

Terraced house ☐ Maisonette ☐

Flat in a block ☐ Flat over a shop ☐

Flat in a house ☐ Bedsit or rooms ☐

Hotel or guesthouse ☐ Hostel ☐

Studio flat ☐ Other (please give details) ☐

Tell us how many rooms are in your property. If your property is self contained, the 'property' means just the part you live in.

Total number of rooms in the property

Number of rooms solely occupied by you and your family

Number of rooms you share with other households

Living Rooms	Kitchens	Bedrooms	Bathrooms	WC's	Bedsits	Studio flats	Others
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 10 - private tenants continued

your rent

How much rent are you charged? £

If you are a joint tenant how much is the rent for the property? £

How often do you pay it?

Daily ☐

Weekly ☐

Fortnightly ☐

Every four weeks ☐

Every calendar month ☐

Every three months ☐

Other ☐

If your rent includes any of the following, please write down how much you are charged. If you do not know the amount, please write 'unknown' in the box. You must fill in each section. If any do not apply to you please write 'none' in the box.

Heating

£

Breakfast

£

Fuel for cooking

£

Midday Meal

£

Parking space

£

Evening Meal

£

Water rates

£

Support Charges

Council Tax

£

General counselling and support

£

Hot Water

£

Cleaning rooms and windows

£

Garden

£

Emergency alarms and warden

£

Lighting

£

Garage

£

Are you or your partner, or a member of your household, related to your landlord?

Yes ☐

No ☐

If 'Yes', what is the relationship?

Who do you pay your rent to?

Surname

Other names

Address

Postcode

Telephone number

What is the name and address of the landlord or owner of the property if different from above?

Is your landlord a previous partner of yours?

Yes ☐

No ☐

If 'Yes', did you live at this address together?

Yes ☐

No ☐

Have you or your partner previously owned the property you are now renting?

Yes ☐

No ☐

Do you occupy your home as a condition of your employment?

Yes ☐

No ☐

Do you or any member of your household get money from a trust that also owns your home?

Yes ☐

No ☐

Who is responsible for the decoration inside your home?

You ☐

Your landlord ☐

Is there central heating in the property?

Yes ☐

No ☐

Do you or your partner use your home for business purposes?

Yes ☐

No ☐

Council Tax Reduction: will be paid into your Council Tax account. You will be sent a revised bill.

Wandsworth Council tenants and tenants placed in temporary accommodation: Housing Benefit will be paid into your rent account or directly to the Homeless Persons Unit.

Private tenants: Generally tenants renting from a Housing Association, a charity or a hostel have a choice how their benefit is paid – either into their own bank/building society account or to their landlord. Please complete either option 1 or option 2 below.

For all other private tenants, benefit will be paid directly into your account. Please fill in your details in option 1.

If you have difficulty managing your affairs it may be possible to pay your landlord. To help the Benefit Service decide if we can do this, complete part 12 of the form. We may need to write to you for more information.

If you do not have a bank or building society account you should contact the payments team on (020) 8871 8769. They will tell you how to get advice about opening a basic bank account.

Options for payment to private tenants

1

☐

Paid direct into your bank or building society

This is a safe and easy way to get your Housing Benefit. In most cases, we will pay your benefit every two weeks in arrears.

Please give the following details

Name and address of your bank or building society

Bank account number

Building society account number

Bank sort code

Building society roll number

Type of building society account

Name(s) of account holder(s)

Option 2 applies to tenants renting from a Housing Association, a charity or a hostel who have a choice about how their benefit is paid. For all other private tenants, benefit will be paid directly into your account. Please fill in your details in Option 1 above.

If you have difficulty managing your affairs, it may be possible to pay your landlord. To help the Benefit Service decide if we can do this, complete part 12 of the form. We may need to write to you for more information.

2

☐

Paid direct to your landlord's bank or building society, if your landlord agrees to accept these arrangements

This method is just as safe and easy as the first, but we will pay your Housing Benefit to your landlord's account instead of yours. We will write to your landlord for his account details. Benefit will generally be paid four weeks in arrears. Please read the section on 'sharing information'.

If you rent your property from a private landlord you must fill in this section if you would like us to pay your benefit direct to your landlord. You must answer all questions and give us as much information and evidence as possible. We will use this information to decide whom we pay. If we do decide to pay your landlord, we will write to them for information about their bank details. The decision to pay your landlord will be reviewed regularly.

Please tell us if any of the following would cause you difficulties with paying your rent:

- | | | |
|--|------------------------------|-----------------------------|
| Learning difficulties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Physical disabilities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mental Health problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Coping with addiction, for example alcoholism, substance abuse or gambling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' to any of the above, please tell us how they would affect you paying your rent.

Do you currently receive any support / help in managing your finances?

Yes ☐ No ☐

If 'Yes', please tell us who helps you.

Do you have anyone who could help / support you to manage your finances?

Yes ☐ No ☐

If 'Yes', please tell us who could help.

Do you currently have any rent arrears?

Yes ☐ No ☐

If you have answered 'Yes', please tell us how much, and what period the arrears cover.

Part 12 - direct payments to landlords continued

Have you previously had any difficulties in keeping your rent payments up to date?

Yes ☐ No ☐

If 'Yes', please tell us why.

Do you have multiple debts?

Yes ☐ No ☐

If 'Yes', please supply details.

Do you have anyone helping you manage these debts?

Yes ☐ No ☐

If 'Yes', who is helping you?

Are any deductions being made from your income to repay debts?

Yes ☐ No ☐

Please use the space below to give us any further information in support of your request to pay benefit to your landlord.

We may be able to backdate your benefit for a limited period, but only if there is a very good reason why you did not claim earlier. If you would like to apply

for your claim to be backdated, please give us the dates you think it should be backdated from, and the reason why you did not claim earlier.

Backdated from

If you would like it backdated for a specific period, please give the relevant dates.

From

to

Please tell us the reason why you did not claim benefit earlier. We cannot consider your request without this information. You may be required to supply supporting evidence.

Before you return this form please read through the checklist below and make sure you are sending in all the information we have asked for. We cannot assess your benefit claim until we see proof of every statement you made on this form. The proof we need to see is listed in the notes at the start of each part of the form. We must see original documents not

photocopies. If some items of proof are not available you should still return the form – you may lose benefit if you delay. Please tick the boxes to tell us what proof you will send in later.

Remember, if you don't send in the proof with this form it will take longer to deal with your claim.

Identity:

You must send in two items of proof for both you and your partner.

☐

The right to claim public funds:

If you are not a UK citizen you should provide proof that you are entitled to claim public funds.

☐

Part 14 - proof to follow continued

National Insurance:

For both you and your partner, you must provide an official document that includes your National Insurance Number.

☐

Dependants and child care costs:

We need to see proof of Child Benefit for each of your dependants. Child care costs – you must show confirmation from the provider of how much you pay, the times care is provided and their registration number.

☐

Working Tax Credit / Child Tax Credit:

You should provide your award letter confirming how much you get, how it is paid and when it started.

☐

Non Dependants:

Confirmation of your non dependants income

☐

Income Support, other benefits / allowances:

This should be the latest award notice that confirms the type of benefit / allowance, the amount and when it started.

☐

Pensions:

You should provide proof confirming how much you get, how and when it is paid and when it started.

☐

Earnings:

We need to see 5 recent consecutive weekly payslips, 3 recent consecutive fortnightly pay slips or 2 recent consecutive monthly pay slips or a certificate of earnings properly completed and stamped by your employer.

☐

Capital, savings and investments:

You must send in proof of any savings or investments you have, including current accounts. If you are sending in bank statements they should be the two most recent. Savings books must have been recently updated.

☐

Proof of any other income:

You should provide a document confirming how much you get, how it is paid and when it started.

☐

Rent Liability:

This does not apply to Council Tenants. You will need to supply a Tenancy Agreement or if not available, a rent book or a letter from your landlord confirming how much rent you pay, the date your tenancy commenced and what is included in the rent.

☐

Request to pay your landlord:

If you are a private tenant and want us to pay benefit direct to your landlord you must send in supporting evidence.

☐

Backdating:

If you have asked for your claim to be backdated you should supply evidence to support your claim.

☐

Changes in your circumstances.

While you are getting benefit you must, by law, tell us about any changes in your circumstances which might affect your claim. You will lose benefit if you fail to notify the Benefits Service within 1 month for Housing Benefit and 21 days for Council Tax Reduction of the change. If we pay you too much money because you did not tell us about a change you will have to pay it back.

Remember **you** are responsible for telling us about changes to your circumstances.

Here are some examples of changes which you must tell us about:

- if there is a change in your income,
- if your benefit changes or stops,
- if anyone joins or leaves your household,
- if anyone in your family goes into hospital,
- if your rent increases,
- if you change address.

Even if someone has filled in this for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct, but they do not have to sign. Please read this declaration carefully before you sign and date it.

- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. The council may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let you know about any change in my circumstances which might affect my claim.
- **I declare** that the information I have given on this form is correct and complete. I have checked the information myself or have had it read back to me.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Reduction, or both. The council may check some of the information with other sources as allowed by the law.

Signature of person claiming

Date

Partner's signature

Date

forms filled in by someone other than the person claiming

Please tell us why you are filling in this form for someone else.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Sharing Information

Sharing Information with your landlord

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share this information with your landlord if you:

- are a local authority tenant; or
- we have agreed to pay benefit direct to your landlord.

In either case under the General Data Protection Regulation 2018 and Data Protection Act 2018 we need your permission to share information. If you give us permission we would be able to tell your landlord:

- whether or not you had claimed Housing Benefit and, if so, whether or not we have made a decision on your claim; and
- if we need further information to make a decision on your claim and, if so, what information we need.

There may be other information about your claim that we need to check with your landlord, such as the date

your tenancy started, before we can make a decision about your claim. If this is the case, we may have to ask your landlord even if you have not given us permission to discuss your claim with them. If you have not given us permission by signing the section below, we will not discuss anything else with your landlord.

We will not give your landlord any information about your personal or household circumstances or your financial circumstances.

Sharing Information with a third party

If you would like us to share information about your claim with someone other than your landlord you should also complete the section below. You may choose for us to share information with anyone else, for example a relative or someone from an advice centre who is helping with your claim. If you wish us to share information with a third party we will give them the same information that we would give to a landlord, but in addition we would also discuss, if asked:

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

**I give Wandsworth Council permission to share information with the following
(please tick either or both):**

☐ My landlord

☐ A third party

If you have ticked 'third party' please give their name and address:

Name

Address

Telephone number

Email address

Signature of claimant

Date

IF YOU WISH TO GIVE PERMISSION PLEASE SIGN FORM IN THE BOX ABOVE

Ethnic monitoring at Wandsworth Council

Please tell us about yourself (please note that you do not have to complete this part of the form if you do not wish to). This information is collected to help ensure we deliver a fair and impartial service to all members of our community.

1. White

British ☐Irish ☐

Any other White background (for example European)* ☐

2. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background* ☐

3. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background* ☐

4. Black or Black British

Caribbean

African

Any other Black background*

5. Chinese or other ethnic group

Chinese

Any other background* ☐

***If you answered 'Any other' to any of the above please enter a description:**

--

Certificate of earnings

To be filled in by employers

Employee's name Mr ☐ Mrs ☐ Miss ☐ Ms ☐ _____

Employee's home address: _____

Payroll, employee or staff number: _____ Tax code: _____

National Insurance number: _____ Occupation: _____

Gross earnings, including overtime and any extra payments for the past five weeks if they are paid weekly, or past two months if they are paid monthly.

Weekly paid employees hours worked date started employment

Week ending (write the date)	Hours worked	Gross pay £	Income tax £	National insurance £	Superannuation or personal pension scheme £	Tax Credit £	Other deductions £	Pay after deductions £
1								
2								
3								
4								
5								

Monthly paid employees hours worked date started employment

Calendar month ended (write the date)	Hours worked	Gross pay £	Income tax £	National insurance £	Superannuation or personal pension scheme £	Tax credit £	Other deductions £	Pay after deductions £
1								
2								

Method of payment cash ☐ BACS ☐ cheque ☐ gross paid to date

If you have given this employee a pay rise in the last six months, please give the dates and the amount of the rise.

I certify that the information given on this form is correct.

Employer's name and address: _____

Name of person completing form: _____

Telephone: _____

Signature: _____

Position in firm: _____

Date: _____

Official stamp

if there is no official stamp, please provide a supporting letter on headed paper.

This form must be signed by a company director, company secretary, personnel officer or the person in charge.

If you have questions about this form
please call (020) 8871 8080.

www.wandsworth.gov.uk/benefits

benefits@wandsworth.gov.uk