

For office use only	
Reference number:	
Date of issue	
Reason for issue	

Name:	Are you: (Please tick the relevant box.)
Address:	a New Fylde Housing tenant? <input type="checkbox"/>
	a housing-association tenant? <input type="checkbox"/>
	a private tenant? <input type="checkbox"/>
	an owner-occupier? <input type="checkbox"/>
Room or flat number:	a boarder? <input type="checkbox"/>

Claim for Housing Benefit (HB) and/or Council Tax Reduction (CTR)

Important: we cannot deal with your claim without proof of your identity, National Insurance number, income and rent. Please read section 16 of this claim form and make sure you send us all the proof we need.

Help with your Rent and Council Tax

If you are on a low income and have less than £16,000 in savings you may qualify for help. It is very important that you answer all the questions so we can process your claim. Notes are included to help you.

Please send this form back as soon as possible. If you are entitled, the HB award will normally start from either the date you moved in or the Monday after we receive your completed claim form. The CTR award will normally start from the date you moved in or the date you made your claim. You can send this form back to us even if you cannot yet provide proof of your income or any other details. You can send the proof or details later. If you cannot get it to us within one calendar month you must let us know. Please make sure that your name, address and National Insurance number are clearly shown on anything you send us. Please contact us if we have not replied within one calendar month of you sending us this form.

You must pay your rent or Council Tax (or both) in full until we advise you whether you are entitled to any help. We will keep the information you give us confidential.

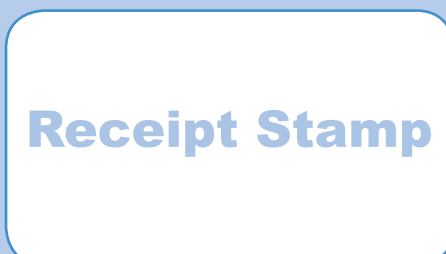
We must protect the public funds we handle so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds. We will put the information onto a computer system registered under the Data Protection Act 1998.

If you have any questions or need help filling in this form, please contact us on 01253 658658 or visit us at Fylde Direct, One-Stop Shop, 292 Clifton Drive South St Annes.

Please return all forms to:

Fylde Council
Town Hall
South Promenade
St Annes
FY8 1LW

Phone: 01253 658658
www.fylde.gov.uk



If you have any information on suspected Housing Benefit or Council Tax fraud ring the Fraud Hotline:



We will keep any information you give us confidential.

Please write clearly in black ink (if possible) and answer all the questions by ticking the 'Yes' or 'No' boxes. Do not put a line through parts that do not apply to you.

Section 1: About you and your partner if you have one

By partner, we mean:

- a person you are married to or have a civil partnership with; or
- a person you live with as if you were their husband, wife or civil partner (A civil partnership is a formal arrangement that gives same - sex partners the same legal status as a married couple).

If you have a partner, we work out your benefit based on both your incomes.

You must answer all the questions about them also.

	You	Your partner
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Previous names or other names you are known by	<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"/>
National Insurance number (We must receive this before we can pay your claim.)	<input type="text"/>	<input type="text"/>
If you do not have a National Insurance number or cannot find it, please tick this box.	<input type="checkbox"/>	<input type="checkbox"/>
Phone number (This will speed up your claim if we need to contact you.)	<input type="text"/>	<input type="text"/>
When did you start living at this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you do not tell the Department for Work and Pensions about your change of address it will delay your claim (see section 15 point 6). If you make this claim before you move into your new home, we will not pay your claim until you give us a written statement of the date you moved in.

Please give your last address if you have moved in the last 12 months.	<input type="text"/>	<input type="text"/>
Please give us the dates you lived there.	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
Status at your last address. (For example, owner, tenant, living with a friend and so on.)	<input type="text"/>	<input type="text"/>
Have you claimed Housing Benefit, Council Tax Benefit or Council Tax Reduction from any council before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what date did you last claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you claim in?	<input type="text"/>	<input type="text"/>
What address did you last claim for?	<input type="text"/>	<input type="text"/>
Have you told the council you previously claimed from that you have moved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 1: About you and your partner if you have one (continued)

You

Your partner

Are you in hospital at the moment?

Yes No

Yes No

If 'Yes', when did you go in?

When will you come out (if you know)?

If you have been in hospital, a nursing home or a rest home for more than 52 weeks, give the dates.

from / /
to / /

from / /
to / /

Does anyone receive Carer's Allowance to care for you?

Yes No

Yes No

If yes, name of the person:

Do they live with you?

Yes No

Yes No

Have you ever claimed Carer's Allowance?

Yes No

Yes No

(Tick 'Yes' if you were not entitled to Carer's Allowance because you were better off getting another State benefit.)

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

Yes No

Yes No

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

/ /

/ /

Are you a student?

If 'Yes', please send us your student Council Tax exemption certificate.

Yes No

Yes No

Do you study:

full-time?

full-time?

part-time?

part-time?

How much of your income is taken into account when working out your grant or loan?

Are you any of the following:

■ An apprentice

Yes No

Yes No

■ On youth training

Yes No

Yes No

■ In legal custody

Yes No

Yes No

■ Severely mentally impaired

Yes No

Yes No

■ Registered blind

Yes No

Yes No

■ Long-term sick or disabled

Yes No

Yes No

We will contact you if we need any more information.

Evidence you must send us

- Proof of Income Support, Income-based Jobseeker's Allowance or Income Related Employment Support Allowance.
- Proof of your and your partner's National Insurance number.
- Proof of your and your partner's identity. (See section 16 for details of proof we accept).

Section 2: About your children

You may be able to get more help if there are children in your household and they are:

- under 16;
- 16 or 17 and registered for work or training under a youth training scheme; or
- 16 – 20 and in full-time education doing a course not higher than GCE A Level, SCE Higher Level or GNVQ (advanced).

Do you have any children who live with you? Yes (Please go to the next question.) No (Please go to section 3.)

Do you or your partner get Child Benefit for the children who live with you? Yes No
If 'Yes', please give their details below.

	First child	Second child	Third child	Fourth child
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Benefit number	<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"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If they have any savings or income, please say how much.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What date does your Child Benefit end?	<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"/>
Are you fostering this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a disabled child, do you or your partner receive any Disability Living Allowance for him or her?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details.	<input type="text"/>			
If you have a disabled child, do they require their own bedroom due to their disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details.	<input type="text"/>			
Do they go to a school or school-based nursery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give the school's name and address.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Evidence you must send us

We will need to see proof of your Child Benefit and any other benefit or income you receive for your child. We will also need to see proof of any savings.

Section 3: Other people who live with you

Do not include yourself, your partner or any children you get Child Benefit for. Do not include lodgers, boarders, joint owners, joint tenants or subtenants who are not related to you and are paying rent. (A subtenant is someone who pays to live in part of your home and you do not provide meals for them. A boarder or lodger is someone who pays to live with you and you provide meals for them.) If there are more than three people, please give their details on a separate sheet.

Do you have other people who live with you? Yes (Please go to the next question.) No (Please go to section 4.)
If 'Yes', please give their details below.

	First person	Second person	Third person
Surname	<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"/>
National Insurance number	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship to you (for example, parent, brother, sister or friend)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they an apprentice, a care worker or on a training scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a student or student nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in legal custody at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', when are they expected to come out?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: Other people who live with you (continued)

Are they in hospital? Yes No Yes No Yes No

If 'Yes', when did they go in?

When will they come out? (If you know)

About their income

	First person	Second person	Third person
Their weekly income before tax and National Insurance. (If they are working)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Number of hours they work each week	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Do they receive any of the following?			
- Income Support or income based Jobseeker's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Contributions based Jobseeker's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Universal Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weekly works pension before tax and National Insurance	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Give the amounts and details of any other income and state benefits they receive, including pensions.	Source Income	Source Income	Source Income
	£	£	£
	£	£	£
Give their total income each year from investments and savings.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you have a carer who is required to stay with you overnight? Yes No

Has anyone come to live with you or moved out in the last 12 months? Yes No

If 'Yes', please give their names and the dates they lived in the property.

If any of the people shown above are married to each other, are civil partners, or are living together as if they are married or civil partners, please give details.

is the partner of

Evidence you must send us

You must send proof of all the income, savings and investments shown above. Please send the last five pay slips (if they are paid weekly), the last three pay slips (if they are paid every two weeks) or the last two payslips (if they are paid monthly). These must be originals, not copies.

Section 4: Subtenants, boarders and lodgers

This section should not include anyone related to you.

A subtenant is someone who pays to live in part of your home and who you do not provide meals for.

A boarder or lodger is someone who pays to live with you, and who you provide meals for.

Do you have any subtenants, boarders or lodgers? Yes list them below
No (Go to section 5.)

	First person	Second person	Third person	Fourth person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Rent due to you each week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the rent include heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the rent include meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you and your partner receive Income Support or income based Jobseeker's Allowance go to section 9.

Section 5: Your and your partner's earnings from employment

Are you or your partner employed or self employed?

Yes fill in this section

No (Go to section 6.)

	You	Your partner
Do you or your partner work (either paid or unpaid)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you start your job?	/ /	/ /
What is the name and address of your employer?		
Your job title		
How many hours do you usually work each week?	hours	hours
Give your hourly rate of pay	£	£
Are you paid every:	week? <input type="checkbox"/> two weeks? <input type="checkbox"/> four weeks? <input type="checkbox"/> month? <input type="checkbox"/>	week? <input type="checkbox"/> two weeks? <input type="checkbox"/> four weeks? <input type="checkbox"/> month? <input type="checkbox"/>
What is your payroll number?		
Are you paid:	by cheque? <input type="checkbox"/> into your bank or building society? <input type="checkbox"/> in cash? <input type="checkbox"/>	by cheque? <input type="checkbox"/> into your bank or building society? <input type="checkbox"/> in cash? <input type="checkbox"/>
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
If you get any regular bonuses, commission or tips on top of your normal wage? How much do you get?	£	£
Are you getting Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay or Statutory Adoption Pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a permanent job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', when will the job end?	/ /	/ /
If you pay any pension contributions from your wages, how much?	£	£
Do you have more than one job (either paid or unpaid)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', please give full details as asked for above on a separate piece of paper.

Are you or your partner employed as a part-time firefighter a member of the territorial army reserve forces, or the coastguard or lifeboat service?

Yes No

Yes No

Are you or your partner self-employed?

Yes No

Yes No

If 'Yes', what type of business do you do?

When did the business start?

Business address

What government business startup allowances do you receive?

Is any part of your home used for business purposes?

Yes No

Are there any other partners in the business?

Yes No

If 'Yes', please give their names and addresses.

Do you do any other work at all?

(This could be voluntary work or any other work, even if it is not paid work.)

Yes (Please answer the questions over the page.)

No (Please go to section 6.)

Section 5: Your and your partner's earnings continued

You

Your partner

What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the people you work for?	<input type="text"/>	<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 for that work? (If you only get expenses or tips, tick 'Yes'.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>

Evidence you must send us

We need proof of your and your partner's pay for all jobs. If you do not send us this, it could delay your claim and we may contact your employer. We provide more details in section 16. If you or your partner are self-employed, you must send us the most recent accounts for the business. If you cannot provide these, or have only recently become self-employed, please contact our Benefits Department.

Section 6: Your and your partner's income

We need to know about all your income. This must include any income you or your partner receive for children shown in section 2. You must send us proof of all the income you mention below. We cannot pay benefit without proof.

If you or your partner do not receive any of the incomes shown below, please write 'none' in the amount boxes.

	You			Your partner		
	Amount	How often?	Method of payment	Amount	How often?	Method of payment
Employment Support Allowance						
Income Related Contributory (Paid from:/...../.....)						
Jobseeker's Allowance/Income Support/ Guarantee Credit/ (Paid from:/...../.....)	£			£		
Incapacity Benefit						
Short term (lower) <input type="checkbox"/> (Paid from:/...../.....)	£			£		
Short term (higher) <input type="checkbox"/> (Paid from:/...../.....)						
Long term <input type="checkbox"/> (Paid from:/...../.....)						
Maternity Allowance (Paid from:/...../.....)						
Carer's or Invalid Care Allowance (Paid from:/...../.....)	£			£		
Earnings top-up (Paid from:/...../.....)						
Bereavement Allowance (Paid from:/...../.....)						
State Retirement Pension	£			£		
Savings Credit (Paid from:/...../.....)	£			£		
Work or private pension	£			£		
Widow's Pension or Widowed Parent's Allowance	£			£		
War Widow's Pension	£			£		
Any other pension	£			£		
Severe Disablement Allowance	£			£		
Attendance Allowance	£			£		
War Disablement Pension (Please enclose your award letter.)	£			£		
Personal Independence Payment	£			£		
Disability Living Allowance (care component) Please give the rate shown in your order book. Higher <input type="checkbox"/> Middle <input type="checkbox"/> Lower <input type="checkbox"/>	£			£		
Disability Living Allowance (mobility component) including motability finance scheme Please give the rate shown in your order book. Higher <input type="checkbox"/> Lower <input type="checkbox"/>	£			£		
Industrial Injuries Benefit	£			£		
Industrial Death Benefit	£			£		
Child Benefit	£			£		
Working Tax Credit (Paid from:/...../.....)						
Child Tax Credit (Paid from:/...../.....) (Please enclose your award letter.)	£			£		
Universal Credit	£			£		

If you or your partner do not receive the incomes shown below, please write 'none' in the amount boxes.

	You			Your partner		
	Amount	How often?	Method of payment	Amount	How often?	Method of payment
Fostering Allowance	£			£		
Adoption Allowance	£			£		
Guardian Allowance	£			£		
Government Training Scheme	£			£		
Home Income Plan	£			£		
Maintenance received Is the payment for your children? Yes <input type="checkbox"/> No <input type="checkbox"/>	£			£		
Student loan or grant (please send proof of these) Please give the start and end dates of the academic year. Start date: / / End date: / /	£			£		
Payments from mortgage, loan or credit card payment protection policies	£			£		
If you or your partner receive rent from letting accommodation, please say how much and give the address of the property.	£			£		
Any other money you and your partner get Please say what it is.	£			£		

If your income is going to increase, please give the date the increase is due and what the new amount will be.

Date:/...../.....
New amount: £.....

Date:/...../.....
New amount: £.....

Have you applied for any other state benefit, pension or income?
If 'Yes', what have you applied for?

Yes No

Yes No

Are you having any deductions taken from your benefit for any Social Fund Loan or benefit overpayment?

Yes No

Yes No

If you have answered 'Yes', please give details below.

Do you receive money from a trust fund?
If 'Yes', is it a personal injury or a structured settlement (or both)?

Yes No

Yes No

Section 7: Money you pay out (outgoings)

We only take account of the outgoings we ask about below when we assess your entitlement.

Do you or your partner help to support a son or daughter who is under 25 and at university or college?

Yes No

Yes No

If 'Yes', send in proof of the course, term dates and how much money you give. Also send us the loan assessment form.

Do you or your partner pay any money into a personal pension scheme. (Not through your employer?)

Yes No

Yes No

If 'Yes', please send in the policy or scheme document.

Do you or your partner pay a registered childminder, nursery or after-school club to look after any children under 15 (under 16 if they are disabled)?

Yes No

Yes No

If 'Yes', fill in the boxes below and send proof of payments made and the childminder's or scheme's registration number.

Name of child	Weekly amount you pay	Name, address and registration number of the childminder or scheme
	£	
	£	
	£	
	£	

Section 8: Your and your partner's savings and investments

Tell us about your bank and building society accounts, even empty, overdrawn or not regularly used ones.
If you have more than one account in each section, please list them on a separate piece of paper.
If you or your partner do not have any of the savings shown below, please write 'none' in the amount boxes.

If any of these are joint accounts, enter the total amount in one column only.

Please continue on a separate sheet if necessary. Description	You		Your partner	
	Amount and where it is held		Amount and where it is held	
Cash	£		£	
Bank (current accounts) Please give the name of the bank and the amount held in each current account.	£		£	
Bank (deposit accounts) Please give the name of the bank and the amount held in each deposit account.	£		£	
Building society accounts Please give the name of the building society and the amount held in each account.	£		£	
National Savings Certificates Please give the issue number and number of units.	£		£	
	Issue number	Number of units	Issue number	Number of units
Premium bonds	£		£	
Post office accounts	£		£	
Stocks and shares (including unit trusts, government stocks and so on) Please give the name of the company and the number held.	£		£	
	Company	Number held	Company	Number held
Personal Equity Plan (PEP)	£		£	
TESSAs	£		£	
ISAs	£		£	
Accounts with other financial organisations (such as insurance companies) Please say where they are held.	£		£	
Any other type of savings Please give the name and type of account, the amount and where it is held.	£		£	

Are you waiting to hear about any pension, benefit, allowance or other income listed above?

Yes No Yes No

Have you received a Far Eastern Prisoner of War compensation payment?

Yes No Yes No

Are you expecting to get any money in the next 12 months (for example, redundancy pay, a payment instead of a holiday or notice)?

Yes No Yes No

Do you own or partly own any land, property or timeshare (other than the place where you live) either in the UK or abroad? If 'Yes', please give the address and details of how much it is worth.

Yes No Yes No

£

£

If you have a mortgage or loan for this, how much is left to pay?

£

£

Does anybody owe you any money?

Yes No

Yes No

Evidence you must send us

We need to know about any savings, investments and property that you or your partner have. We must see proof of your savings. For all bank accounts we must see two full months' statements. There are more details of the proof we need in section 16.

Section 9: About your rent

Do you pay rent for your home? (Tick 'Yes' if you would pay rent but already get Housing Benefit.)

Yes

No (Go to section 10.)

What date did your tenancy start? / /

Date you moved in? / /

What sort of tenancy do you have?

Assured tenancy

Housing-association tenancy

Assured shorthold tenancy

Shared ownership

Co-ownership scheme

Regulated or registered tenancy

Other (please give details)

Is your tenancy part of your contract of employment? Yes No

How long is your tenancy for?

Has your rent changed in the last 12 months? Yes (Send us evidence of the date it changed, and how much it changed by.)

No

When is your next rent increase due? / /

Do you have any weeks when you do not have to pay any rent? Yes No

If 'Yes', how many in a year?

Are you behind with your rent? Yes No

If 'Yes', by how many weeks?

Who receives the Council Tax bill for your home? You or your partner

Your landlord

Someone else

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

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

What is your share of the rent?

If you have a joint tenant, please give us their details and relationship to you or your partner.

Name

Date of birth / /

Name

Date of birth / /

How much rent does your joint tenant pay?

£

Do you provide any services for your landlord and receive a reduction in your rent (for example, cleaning, collecting rent from other tenants or preparing meals)? Yes No

If 'Yes', please give details.

Has your rent been registered with The Rent Service as a fair rent? (If 'Yes', you must send us the notice of registration form RO5.)

Yes No

Your landlord's name, address and phone number:

Your landlord's agent's name, address phone number:

Are you or your partner related in any way or have you been related in the past, to your landlord, your landlord's partner, or the landlord's agent or the landlord's agent's partner? Yes No

If 'Yes', please say what the relationship is and between who.

Are any of the children shown in section 2 related to your landlord or landlord's partner? Yes No

If 'Yes', please say what the relationship is and between who.

Did either you or your partner previously own the property that you rent? Yes No

Do you pay rent to a trustee of a trust which either your or your partner's child is a beneficiary of? Yes No

Do you pay rent to a company or trustee of a trust which anyone in your household is a director, employee, trustee or beneficiary of? Yes No

Section 9: About your rent continued

How much rent do you pay? £

Is your rent due:

every week?

every two weeks?

every four weeks?

every month?

other? (please say when)

What type of accommodation do you live in?

Terraced house

Semi-detached house

Residential nursing home

Detached house

Residential care home

Room or rooms

Terraced bungalow

Semi-detached bungalow

Detached bungalow

Shared room

Flat in a house

Flat in a block

Flat over a shop or office

Maisonette

Mobile home

Hostel

Guest house

Hotel

Other

What sort of accommodation do you have?

How many floors are there in the building?

What is the flat or room number?

Which floor do you live on?

All floors

Basement

Ground

First

Second

Third

Other (please say where)

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

Front

Centre

Back

In the table below tell us how many rooms you have in your home. (You must give us this information.)

	Single bedsit	Double bedsit	Bedrooms	Living room	Dining room	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the property	<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"/>
Rooms that only you or your household use	<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"/>
Rooms that you share	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your home have central heating? Yes No

Does your rent cover the use of a garage or parking space? Yes No

Is your home:

fully furnished?

partly furnished?

barely furnished?

unfurnished?

Who is responsible for decorating the inside of your home?

Your landlord

You

Don't know

Does your home have a garden? Yes No

Has your home been built or adapted for people with disabilities? Yes No

Does your rent include any of the following services?

Description	Yes	No	If 'Yes', how much?	Description	Yes	No	If 'Yes', how much?
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£	Warden, caretaker or porter	<input type="checkbox"/>	<input type="checkbox"/>	£
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£	Lift	<input type="checkbox"/>	<input type="checkbox"/>	£
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£	Garden maintenance	<input type="checkbox"/>	<input type="checkbox"/>	£
Heating your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£	Laundry service	<input type="checkbox"/>	<input type="checkbox"/>	£
Lighting your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£	Laundry facilities for you to use	<input type="checkbox"/>	<input type="checkbox"/>	£
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£	Cleaning your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	£
Lighting or cleaning shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£	Window cleaner	<input type="checkbox"/>	<input type="checkbox"/>	£
Personal or nursing care	<input type="checkbox"/>	<input type="checkbox"/>	£	Satellite dish or TV aerial	<input type="checkbox"/>	<input type="checkbox"/>	£
General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£	Emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£

Do you pay your landlord for any of the above on top of your rent?

Yes No

(If 'Yes', send us details.)

Are any general counselling and support services provided by your landlord or on their behalf at your accommodation?

Yes No

Do you pay for gas or electricity by a prepayment meter?

Yes No

Do you receive a water bill for this property?

Yes No

Section 9: About your rent continued

Does your rent include an amount for meals?

Yes No

If 'Yes', which meals are provided?

Breakfast

Lunch

Evening meal

Other

Please say what.

Who prepares and serves all the meals at the address where you live?

Are all the meals prepared at the address where you live?

Yes No

Are you or your partner living away from home at the moment?

Yes No

If 'Yes', why?

Do you have a main home somewhere else?

Yes No

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

If 'Yes', what is the address?

How much do you pay for your other home?

£

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

Evidence you must send us

Please send proof of your rent. This must be a tenancy agreement or rent book with a letter from your landlord. See section 16 for full details.

Section 10: Other information

Sharing information with your landlord could help us deal with your claim more quickly and so reduce the risk of you falling behind with your rent. We may need to confirm information with your landlord before we can make a decision on your claim, for example the start date of your tenancy. Please note, however, we will only do this if you have given us permission to contact your landlord.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed Housing Benefit;
- we have made a decision on your claim;
- we have made a payment to you; or
- we need more information to make a decision on your claim.

We will not give your landlord any information about:

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

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. If you want to give us your permission to discuss your claim with your landlord, please sign below.

I give Fylde Council permission to share my information about the progress of this Housing Benefit claim with my landlord or their nominated representative.

Your or your partner's signature:

Date:

Section 11: Backdating

Housing Benefit

We can usually award HB from the Monday after we receive your claim. Sometimes we can begin the award from an earlier date if you have good reason for not claiming earlier.

If you want us to consider paying your HB from an earlier date please give full reasons for not claiming earlier. The reasons you provide must have applied for the whole of the period you want to claim for. You should provide as much information as possible and include any supporting evidence.

Date you want to claim benefit from

/ /

Reasons for not claiming earlier.

Council Tax Reduction

Please note that if you have not reached State Pension qualifying age there is no provision for the backdating of CTR which will usually be awarded from the date the claim was made or the date you moved into your property if your claim form is received within the same week.

Section 12: Application checklist

Before you return your application, check you have done the following

- | | | | |
|--------------------------|--|-----------------------------|--|
| <input type="checkbox"/> | Given your name and address on the application form | Yes | <input type="checkbox"/> |
| <input type="checkbox"/> | Answered all the questions on the form | Yes | <input type="checkbox"/> |
| <input type="checkbox"/> | Enclosed evidence of: | identity | National Insurance number <input type="checkbox"/> |
| <input type="checkbox"/> | All income (including any state benefits) <input type="checkbox"/> | All savings and investments | Rent <input type="checkbox"/> |

Remember, if you do not provide the evidence we ask for on this form, we will not be able to deal with your claim.

- Read and signed the declaration below Yes

We may also use the information on this form to tell you about other benefits.

If you do not want to receive this information, please tick this box.

Section 13: Your declaration

Please read this declaration carefully before you sign and date it. Warning: It is an offence to give false information.

I understand the following.

- I declare the information I have given on this form is correct and complete. If I give information that is incorrect or incomplete you may take action against me.
- I know I must let you know immediately of any changes to my income, capital, or people who I live with.
- I must report these changes to the Benefits department at Fylde Council, even if I have already informed the Department for Works and Pensions or any other department.
- I must check all notification letters I am sent regarding my claim and let the Benefits department know if anything is incorrect.
- I understand that it is a criminal offence not to report any changes in circumstances.
- You will use the information I have provided to process my claim. You may check some of the information with other sources within the council, rent offices and other councils.
- You may use the information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

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

This is my claim for Housing Benefit, Council Tax Reduction or both.

Your signature	<input type="text"/>	Your partner's signature	<input type="text"/>
Date	<input type="text" value="/ /"/>	Date	<input type="text" value="/ /"/>

Forms filled in by someone other than the person claiming

If you are filling in the form for someone else, sign below.
As far as possible, I have confirmed with the person claiming that the answers that I have written on this form are correct.

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

Your signature:

Please print your name:

Relationship to the person claiming

Section 14: Paying your Housing Benefit

- In most cases you can choose where to have your benefit paid. We can arrange to pay your money:
 - straight into a bank, building society, GIRO account or National Savings Bank account; or
 - by cheque.
- If you are awarded Council Tax Reduction, we will pay this into your Council Tax account.

In some cases we can pay your landlord direct i.e. if you are a tenant getting meals or a housing association tenant.

Payment direct into an account

We recommend that you get your money in this way because:

- it is safe and secure;
- it is convenient; and
- it may help you to save;
- you can get your money from many different places.

The account can be:

- in your name;
- in the name of your partner;
- in your and your partner's name;
- in the name of the person acting on your behalf; or
- in your name and the name of the person acting on your behalf.

If we cannot pay benefit into your account, we will pay you by cheque. Please note that we cannot make payments into post office card accounts.

You must tell us how you want us to pay your Housing Benefit.

Would you like your Housing Benefit paid straight into an account or by cheque?
(Tick the appropriate box.)

Straight into an account

By cheque

If you want benefit to be paid straight into a bank account, please provide the following information.

Name of bank or building society

Bank or building society sort code

Account name

Bank or building society account number

Your signature

Date / /

Please tick here if you would like us to pay your landlord directly and ask your landlord to complete this page.

Direct to your landlord

Please note Local Housing Allowance was introduced in April 2008 and tenants who are part of this scheme will receive Housing Benefit payments direct. In some cases, we may be able to pay your Housing Benefit to your landlord. If you wish us to consider direct payments to your landlord you will also need to provide reasons as to why payments should be made to your landlord and supply evidence to support your reasons.

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

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

I agree to the conditions set out below.

- I understand that Housing Benefit payments are not payments of rent but are payments of Social Security Benefit designed to help people with low incomes to pay their rent. If I receive Housing Benefit, it does not mean that there is a contract between myself and Fylde Council. It also does not affect my tenant's obligations to pay rent to me.
- I understand that whether you pay Housing Benefit directly to me depends on my tenant's circumstances. I understand that there may be times when a tenant owes me rent but Housing Benefit may not be available to cover that rent.
- I agree to repay any amount you overpay me which you can get from me under the Housing Benefit regulations.
- I understand that if I knowingly accept any payments of Housing Benefit for this tenant and I know that this tenant is not entitled to that payment, I will be committing an offence and may be prosecuted. I will tell you about any changes in my tenant's circumstances that I become aware of and which may affect their entitlement to Housing Benefit.
- I will keep accurate and truthful records of my tenant's rent accounts showing, for each rental period, the amount of rent which is due from the tenant, the amount of rent paid by the tenant and the amount of any arrears (if this applies). I will update these records regularly and agree that I will make them available to you if you ask to see them.
- I will tell you **immediately** if this tenant changes their accommodation. This includes to a flat or room at the same address.
- I understand that you will stop paying me directly if I do not keep to these conditions.
- I understand that you can only give me information about the amount of benefit payments and when my tenant receives them.
- I understand that you will not pay me directly unless I sign this form.

Landlord's signature

Date

Your name (Please write your name in CAPITAL LETTERS.)

Your landlord reference (if you know it)

If you are managing agents, please give the company address and postcode, plus the full name and address of the landlord.

Phone number

If you want Housing Benefit to be paid straight into a bank account, please provide the following information.

Name of bank or building society

Bank or building society sort code

Account name

Bank or building society account number

Your signature

Date

This page is intentionally blank.

1 What happens next?

We will calculate your entitlement and write to you advising you how much you will get, when it will start and how long it will last for. **Please check all the details.** If you disagree with any details, please write to us within one month of the date of our letter so that we can consider your claim again.

If you are entitled to Housing Benefit, we will either send it direct to your bank account or to yourself by cheque, so you must have a bank or building society account. If you pay Council Tax, we will use your CTR to reduce your bill. We will then send you a new Council Tax bill.

You have a legal right to an explanation of how we have calculated your claim. You can ask us to look at your case again and appeal to the HM Courts & Tribunals Service if you are still not satisfied with your HB entitlement.

You can ask us to look at your case again and appeal to the Valuation Office if you are still not satisfied with your CTR entitlement.

2 Proof you must send us

Please see section 16 for details of the proof you must send us.

Please do not delay sending your form back to us if you do not have all the proof we need. Send us the form or bring it in to the Fylde Direct and let us know that you have more information to send us. You will then have one calendar month to send in the proof we need.

You must provide original documents to prove the details you have given in this form. Without this proof we will not be able to pay your claim.

3 Checking your HB and/or CTR

We will write to you, visit you or phone you periodically to make sure your entitlement is correct. If you do not respond to our enquiries we may suspend or cancel your claim.

4 How we will use the information you give us

Fylde Council is committed to compliance with Data Protection legislation. Keeping your personal information accurate and secure is a vital part of providing efficient services to you.

The council will only use the information you give in this form, and in any proof you send, to process your claim except in the circumstances outlined in this notice. It will also only collect the minimum information necessary to fulfil that purpose.

When you provide information you will be told what it will be used for and whom it will be shared with. However, you need to be aware that the council is required to share your information, on occasion, between different sections of the council to help reduce crime or investigate fraud. An example of this is in reducing Housing Benefit fraud and involves the council sharing Council Tax, Housing Benefit, Electoral Registration and other licensing and registration data to ensure that claimants are not claiming illegally.

Other organisations the council may share data with in order to protect public funds include government departments, local authorities and financial institutions such as banks and credit reference agencies, the Department for Work and Pensions and HM Revenue & Customs.

The council also works closely with other councils and community organisations and often needs to share information with them in order to deliver your services. However, the council will not supply these organisations with your information unless it is satisfied that equal measures are in place to protect the information from unauthorised access. The council will also not supply your information to any organisation for marketing purposes without your prior consent nor will any information about you be given to anyone else, or be used for other purposes, unless allowed to do so by law.

The council has a responsibility to promote social wellbeing and works in partnership with other councils and agencies such as the Police, Fire and Rescue Service, the voluntary services and the Health Service in order to preserve life, reduce accidents, reduce crime and disorder and improve health.

To promote this social wellbeing the council may need to share your personal and sensitive information with other councils and partner agencies.

The Freedom of Information Act means you can ask the council what information it holds about you or how this information will be used.

5 Changes in your circumstances

You must write to the Benefits Department, Town Hall, St. Annes and tell us immediately if your circumstances change. Changes in circumstances you must tell us about include the following.

- If you or your partner stop or start getting Income Support or any other state benefit.
- If you or your partner start work or change jobs.
- If your or your partner's wages go up or down.
- If your or your partner's savings or investments go up or down.
- If the number of people living with you changes.
- If any of your children leave school.
- If you move (this includes moving to another flat or room at the same address).
- If you have a child.
- If you or your partner go into hospital.

It is a criminal offence to deliberately not tell us about any change in your circumstances. Remember - you will have to repay any HB and/or CTR you receive that you are not entitled to.

6 Changing address

If you are claiming for a new address and you receive Income Support, Income Based ESA or Income Based Jobseeker's Allowance, please contact the Job Centre Plus / DWP on 0845 608 8524.

7 Problems with your landlord

The law protects people living in rented property against harassment and illegal eviction. People living in rented accommodation have civil rights of occupation. In most cases, your landlord must give you notice if they want you to leave your accommodation. In certain circumstances, it is a criminal offence to evict you without a court order. If you need confidential advice about your rights, phone Fylde Housing Advice on 01253 658658. You can also contact 'Shelter' on 01253 87 43 24 or phone their 24-hour freephone helpline on 0808 800 4444.

8 Local Housing Allowance

In April 2008 Local Housing Allowance was introduced which changed the way we pay Housing Benefit for all private sector tenants. Tenants receive an LHA rate based on the area in which they live and the number of occupiers in their property. Please see below for details.

One bedroom for
Every adult couple or single adult
Any other adult aged 16 or over
Any two children of the same sex
Any two children, regardless of sex, under age 10
Any other child
A carer providing overnight care

Shared Rate
Single claimants under 35 years old will get the shared rate no matter what size property they choose to live in
Single claimants over 35 years old and couples regardless of age with no dependent children will get the shared rate if they live in shared accommodation unless they have two or more rooms (bedrooms or living rooms) that no-one else can use.

For Example:

Household	Number of Bedrooms allowed
Adult couple	1
1 female child under 10	1
1 male child over 10	1

LHA rate used to work out benefit	3 Bedroom rate
-----------------------------------	----------------

9 Housing association Tenants

In April 2013 a size criteria will be introduced for working age Housing Benefit tenants in the social sector. This means social sector tenants may have the maximum Housing Benefit they can receive restricted based on the number of bedrooms their household requires.

Any social sector tenant over the qualifying age for state pension credit or with a partner over that age will be exempt from the restriction.

We will look at the make up of your household and using the following size criteria calculate how many bedrooms you require.

One bedroom allowed for
Every adult couple or single adult
Any other adult aged 16 or over
Any two children of the same sex
Any two children who are younger than 10
Any other child (a 'child' is someone under 16)
A carer providing overnight care

We will then look at how many bedrooms the property has.

If you are under occupying by one bedroom we will reduce your maximum Housing Benefit by 14%.

If you are under occupying by two bedrooms or more we will reduce your maximum Housing Benefit by 25%.

For Example:

- An adult couple with a 17 year old daughter and a 10 year old son living with them is allowed three bedrooms.
- The Housing Association property they rent has 4 bedrooms and their rent is £130 per week.
- Based on the size criteria they are under occupying by 1 bedroom
- Their maximum Housing benefit will be reduced by 14%.
- $£130 - 14\% = £111.80 =$ maximum Housing Benefit that can be awarded.

10 Please note the Benefit Cap came into force on the 15th July 2013.

As a result of this, if you are a lone parent or couple of working age and the total of your DWP benefits plus Housing Benefit exceeds £500 per week, or, if you are a single person of working age with no children and the total of your DWP benefits plus Housing Benefit exceeds £350 per week your Housing Benefit may be capped. If you think you will be subject to the Benefit Cap please contact our office to discuss this further and to see if you may be exempt.

Section 16: Examples of evidence you must send us

You must only send us original documents (we will not accept photocopies).

If you do not want to send us these documents through the post, please bring them to Fylde Direct where they will be checked, copied and returned to you immediately.

If you do not send us this information, it will mean that we cannot pay your claim.

Proof of identity and proof of National Insurance number

You need to provide proof of both your and your partner's identity and National Insurance Number.

Please send us at least two of the following for both you and your partner.

- Original birth certificate
- Driving licence
- Divorce or annulment papers
- UK residence permit
- Benefit entitlement letter
- Gas, electric or water rates bill
- Wage slips from current employer
- Home Office acknowledgement letter
- Passport
- Credit card
- Life assurance policy
- Letter from a solicitor, doctor, social worker, probation office, or HM Revenue and Customs
- HM Forces certificate of employment
- EC or EBA national identity card
- NHS medical card
- Marriage certificate
- Bank statement (if dated within last four weeks)

Proof of rent

This can be either of the following.

- Tenancy agreement
- Rent book or rent account along with a letter from your landlord

It must include the following.

- The name and business address of your landlord or the managing agent
- The amount you pay
- How often you pay the rent, for example (every week, two weeks, four weeks or month)
- How long the tenancy will last
- The date the agreement started
- What is included in the rent (for example, meals, gas and electricity)
- Details of rent already paid and the date of payment

Proof of income

If you are employed, you must provide your last five pay slips (if you are paid weekly), your last three pay slips (if you are paid every two weeks) or your last two pay slips (if you are paid monthly). Or you can provide a letter from your employer on official company paper.

Your proof must include the following:

- The name and address of your employer the following;
- The number of hours you work and the period your proof covers;
- Your income before deductions in the year so far;
- Your income before deductions for the pay period;
- The income tax you have paid;
- National Insurance contributions you have paid;
- Occupational pension or personal pension payments;
- Your pay before and after deductions, and any other deductions, from your wage;
- How you are paid (for example, by cheque, in cash or into a bank account).

If you or your partner are self-employed, you must send us your most recent accounts. If you cannot provide these, or have only recently become self-employed, please contact our Benefits Section.

If you receive any benefit, we will need to see your benefit book or notification of the amount you receive from the DWP.

Proof of savings and investments

We will need to see two recent full months' bank statements for all accounts, plus statements, passbooks or certificates showing all savings and investments and how they are invested.

This page is intentionally blank.



Helpline: 01253 658658

Notice of a change in your circumstances

If your circumstances change, you must tell us straight away. We can then adjust your claim and make sure you are receiving the correct entitlement.

Your full name

Reference number

Your full address

Your phone number

Date of change

Details of change - please give as many details as possible.

Please provide proof of any changes. You must send us original documents (we cannot accept photocopies).

Declaration

The information on this form is true and complete. This information correctly represents my circumstances as they are at the present time.

I will tell you about any other changes in my circumstances.

Signature

Date

This page is intentionally blank.