

Housing Benefit and Council Tax Benefit claim form

East Devon

District Council

Date issued:

Reference numbers:

Postcode:

If you need help please phone 01395 517446 and ask for the benefits section.

You may also contact us by fax on 01395 517414 or by email at benefits@eastdevon.gov.uk

- **You should not delay filling in and sending us this claim form.**
- **You will lose benefit if you don't do this immediately.**
- **You will need to provide various documents or proof to support your claim for benefit. Please see the notes at the bottom of each page.**
- **We will process this claim only if you provide us with original documents or proof.**
- **We cannot accept photocopies.**
- **You must answer every question and sign the declaration on page 19.**

How to fill in the form

- If you phone us on the above number and fill in this form over the phone, we will be able to deal with your claim more quickly.
- Please fill in this form in black ink. There are notes on the form to help you.



To request this information in an alternative format or language please call 01395 516551 or email csc@eastdevon.gov.uk

We consider requests on an individual basis



Please return this form to:

East Devon District Council
Benefits Section
Council Offices
Knowle
Sidmouth
Devon EX10 8HL

Enquiries

By phone:

Housing Benefits and Council Tax Benefit
01395 517446

Benefit Fraud Hotline

01395 517494

stopbenefitfraud@eastdevon.gov.uk

Enquiry Counter

Council Offices, Sidmouth
Monday to Friday
8.30am to 5pm

Town Hall, Exmouth
Monday, Tuesday, Thursday
and Friday
9am to 1pm
2pm to 4.30pm

Benefit surgeries

Please see the back page for details

For office use only:

www.eastdevon.gov.uk/revenues
DX 48705 Sidmouth

Please read these notes before you fill in the form

There is more information about the **Housing Benefit and Council Tax Benefit** schemes in separate leaflets which you can get from our benefits section.

When your benefit will start

We can normally pay Housing Benefit only from the Monday after we receive your form. If you are a new tenant, we can pay it from the start of your tenancy, but only if we get your form on or before the Sunday after your tenancy starts. We cannot normally pay Housing Benefit for any time before you move in. Council Tax Benefit has similar rules.

How we will pay your benefit

If you are a new private tenant, we will pay your Housing Benefit every four weeks for the period that has just passed. If you are a council tenant, we will transfer your Housing Benefit direct to your rent account. We will transfer your Council Tax Benefit direct to your Council Tax bill.

Second Adult Rebate

This different form of Council Tax Benefit is available to anyone who does not have a partner (or whose partner is not counted for Council Tax purposes) but does not qualify for the Council Tax single-person discount because they share their home with another person who:

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

Under 25-year-olds

If you are under 25 and single, your Housing Benefit may be reduced. This will not apply if you:

- have a partner;
- receive Child Benefit for a child in your care;
- have another adult living with you who does not pay you rent, for example, a relative or friend; or
- get certain disability benefits.

Before you sign a tenancy agreement, you should contact us to discuss this.

Backdating

Housing Benefit and Council Tax Benefit will normally start from the Monday after we receive your claim form. It may be possible to backdate your claim if you can show you have a good cause why you did not claim earlier. If you think you have a good reason, please explain this on page 18.

Savings and investments

If you or your partner (or both of you) have savings and investments of more than £16,000, we cannot pay you benefit unless you are receiving the guaranteed part of Pension Credit. However, we do not count some savings and investments such as Prisoner of War and World War II atrocities compensation payments.

Local scheme

The National Benefits scheme ignores £10 a week of any War Widow's, War Widower's or War Disablement Pension. We have a local scheme that ignores the full War Widow's, War Widower's or War Disablement Pension. We meet the cost of the extra benefits. You must include the pension on the claim form.

Local Housing Allowance

This is a standard allowance which will apply to most private tenants. The allowance is set by the Valuation Office Agency and will be based on the size of your household and the area you live in. The Valuation Office Agency will set the details of the allowances every month, and we will publish them on our website at www.eastdevon.gov.uk.

Changes in circumstances

You must tell us promptly about any changes in your circumstances, for example if:

- you move home;
- you or your partner have any changes in income;
- you stop receiving Income Support or Jobseeker's Allowance;
- you stop receiving Child Benefit for a child;
- your rent goes up or down (private tenants only); or
- anyone moves into or out of your home.

This list does not cover every change. If you have been overpaid benefit as a result of the change, you will need to pay this money back. If you have been underpaid benefit, we will normally be able to send you the full amount we owe you only if you told us about the change within one calendar month of the date the change happened.

If you receive the guaranteed part of Pension Credit, you must tell us if:

- your rent or tenancy changes (except for council rent increases);
- the income of people living with you changes;
- anyone moves into or out of your home;
- you are likely to be away from home for more than 13 weeks; or
- your entitlement to the guaranteed part ends.

If you receive the savings part of Pension Credit, you must tell us if:

- your rent or tenancy changes (except for council rent increases);
- you are likely to be away from home for more than 13 weeks;
- the income of people living with you changes;
- anyone moves into or out of your home (including dependent children);
- your entitlement to Child Tax Credit changes;
- your entitlement to Child Benefit changes;
- your savings increase to £16,000 or more;
- the income or savings of partners who are not included in Pension Credit claim changes; or
- your entitlement to the savings part ends.

National Insurance numbers

You must tell us the National Insurance numbers of you and your partner (if you have one) and supply proof of them.

How we collect and use information

We collect information to work out Housing Benefit and Council Tax Benefit. Other council departments may use the information. We may check the details that you provide, or that someone else gives us about you, with other details we hold. We will store the data on a computer system registered under the Data Protection Act 1998.

We may also get information about you from other people, or give information to them, to:

- check the accuracy of information;
- prevent or detect crime; and
- protect public funds in other ways, as allowed by law. These other people include government departments, agencies the Government employ for research, and local authorities. We will not give information about you to anyone outside the council, unless the law allows us to.

We are registered for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information, you can ask at the address on the front of this form.

Parking permits

A free parking permit is available to disabled badge holders who receive Housing Benefit or Council Tax Benefit. You will need to provide proof that you are the registered keeper of the vehicle.

To get a parking permit please phone us on 01395 571563, 01395 517585 or 01395 571643.

If you are claiming Second Adult Rebate, please fill in parts A, C and K only.



About you and your partner (See the notes.)

Please answer questions fully and tick the correct boxes.

Do you have a partner who normally lives with you? **No** If you have a partner, you must answer all the questions about them.
 Yes

You

Your partner

Surname	
Title (for example, Mr, Mrs, Miss, Ms)	
Other names	
Date of birth	/ /
National Insurance Number	
Address and postcode (include the room or flat number)	
Daytime phone number	
Email address	

Surname	
Title (for example, Mr, Mrs, Miss, Ms)	
Other names	
Date of birth	/ /
National Insurance Number	
Do not tell us your partner's address if it is the same as yours	
Daytime phone number	
Email address	

(Please tick one box only.)

Are you:

- joint owners? (If 'Yes', please confirm the names of the other owners.)
- an owner-occupier?
- a council tenant?
- a private tenant?
- a housing association tenant?

- a hostel resident?
- a boarder?
- other? (Please give details.)

Please tick the benefits you want to apply for.

- Housing Benefit
- Council Tax Benefit

Council Tax Second Adult Rebate

(You will need to fill in parts A, C and K only.)

Notes

'Partner' means someone you are married to or a person you live with as if you are married to them or a civil partner or person you live with as if you are civil partners. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

National Insurance number

We cannot deal with your claim unless you give us the National Insurance numbers. You will need to provide proof of the National Insurance numbers. You can find these on payslips, P60s, benefit books or letters from social security or the tax office. If you do not have a National Insurance number, we will need

to ask you more questions so the Department for Work and Pensions can give you one.

Phone number

It is important to include this to speed up your claim.

Email address

This will allow us to send you notifications, letters and council-tax bills by email in the future.

You

What date did you, or do you plan to, move into this address?

Please give any other name (for example, your maiden name) you have used.

Please give your previous address.

Address and postcode

Dates you lived there

Did you own the property?

Yes No

Did you rent the property?

Yes No

Have you previously received Housing Benefit or Council Tax Benefit?

Yes No

If 'Yes', what address was this received for?

Dates you claimed

Which council did you claim from?

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

Yes No

If 'Yes', what is your nationality?

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

Your partner

What date did your partner move into this address, or when do they plan to move in?

Please give any other name (for example, their maiden name) they have used.

Please give their previous address.

Address and postcode

Dates your partner lived there

Did your partner own the property?

Yes No

Did your partner rent the property?

Yes No

Has your partner previously received Housing Benefit or Council Tax Benefit?

Yes No

If 'Yes', what address was this received for?

Dates your partner claimed

Which council did your partner claim from?

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

Yes No

If 'Yes', what is their nationality?

If their nationality is not British, on what date did they enter the UK?

Notes

Move-in date

This is usually the first time you spend the night at the property.

United Kingdom

This is England, Northern Ireland, Scotland and Wales.

You

Have you not been able to work for more than 28 weeks because of illness or disability?

Yes No

Are you registered blind?

Yes No

If 'Yes', what is your registration number?

Are you in a hospital or a residential home at the moment?

Yes No

If 'Yes', please give the date you went into hospital or a residential home.

When do you expect to come home?

Your partner

Has your partner not been able to work for more than 28 weeks because of illness or disability?

Yes No

Is your partner registered blind?

Yes No

If 'Yes', what is their registration number?

Is your partner in a hospital or a residential home at the moment?

Yes No

If 'Yes', please give the date your partner went into hospital or a residential home.

When do they expect to come home?

Does someone else deal with your affairs on your behalf?
(For example they hold a power of attorney or they are your appointee.)

Yes No

If 'Yes', please give us their name, address and daytime phone number here.

Name

Address

Daytime phone number

If you don't have someone who deals with your affairs for you, we will send you all letters and so on, and we will only be able to discuss your claim with you over the phone. If you want to receive your letters but would like us to be able to discuss your claim with someone else, for example a friend or relative, please give us their name and address here.

Name

Address

Name

Address

B

Children who live with you

Do you or your partner have any children who live with you?

Yes Please fill in the table below and use section J if you have more than five children.

No Please go to part C.

	First child	Second child	Third child	Fourth child	Fifth child
Surname					
Other names					
What is the child's sex?					
Date of birth	/ /	/ /	/ /	/ /	/ /
Who gets Child Benefit for them?					
What relationship are they to you?					
Are they registered 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of these children get Disability Living 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notes

You may be able to get extra help for children.

You can get Child Benefit if a child lives with you and is:

- aged under 16;
- aged 16 or 17 and registered for work or youth training; or

- aged 16, 17, 18 or 19 and in full-time education or on an approved training course.

In some cases Child Benefit can be paid until the young person's 20th birthday.

The educational course must not be at a higher level than GCE A level, SCE higher level or GNVQ (advanced).

	First child	Second child	Third child	Fourth child	Fifth child
Do you pay childcare costs for any of these children, such as fees for childminding, a nursery, or after-school clubs? (See the notes.)	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the name of the childminder, nursery or after-school club caring for each child?					
Please give the registration number.					
- Childcarer's registration					
- Name of the registering local authority					
What is the weekly cost of childcare for each child?	£	£	£	£	£
Working Tax Credit Childcare Scheme (reference number)					
Do any of these children also live with someone else?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the address?					

Notes

Proof

Childcare

We will need to see proof of your childcare costs unless you are:

- receiving Income Support;
- receiving income-based Jobseeker's Allowance; or
- working less than 16 hours a week.

If none of these applies, please let us see receipts showing how much you pay, and who you pay. It must show the cost, times and name of the person providing the care. Each childminder, nursery or similar scheme must be registered with a local authority.



About any other people who live in your home (See the notes.)

Please include all older children who you no longer get Child Benefit for. Use section J if there are more than three people.

Apart from you, your partner and any dependent children, does anyone else live in your home?

Yes If 'Yes', how many?

No If 'No', go to part D.

Please list everyone else in your home. This should include your parents, your grandparents, children you do not receive Child Benefit for, boarders, lodgers, joint tenants and so on, but do not include children you get Child Benefit for.

	First person	Second person	Third person
Surname			
Title (Mr, Mrs, Miss, Ms)			
Other names			
Date of birth	/ /	/ /	/ /
Relationship to you			
Please continue to answer the questions below unless the person listed is a joint tenant, boarder or lodger.			
Do they receive Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension 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"/>
Do they get any other state benefits or allowances? If 'Yes', please give the benefit name and amount each week. (See the notes.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	£	£	£

Notes

Proof

Important

We need details of the income of anyone else who lives with you, unless they are children you get Child Benefit for, joint owners, joint tenants, boarders or lodgers.

If you do not send us this information, you may receive a reduced level of benefit.

Earnings

Please send proof of earnings, for example, payslips or a P60.

State benefits

Please let us see one of these.

- The latest award letter
- A bank statement showing the payment

	First person	Second person	Third person
Are they a student?	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 studying for a nursing diploma, on youth training or an apprentice?	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 work 16 hours or more each week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What do they earn each week before paying tax and National Insurance? (See the notes.)	£	£	£
Amount of other income each week, including private pensions and tax credits. (See the notes.) Please provide details.	£	£	£
What was the interest from savings in the last 12 months?	£	£	£
Do they provide care for someone in your home for more than 35 hours each week? (The person they care for must not be their partner or 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"/>
Is the care provided for you or your partner?	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 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"/>
Is Child Benefit being paid for this person?	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 a hospital or in prison?	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 date they went into hospital or prison.	/ /	/ /	/ /
When do you expect them to come out of hospital or prison?	/ /	/ /	/ /

If any of the people shown above are married or living together as a couple, please give details.

is the partner of

Notes

Proof

Other income

Please let us see proof of income.

Disability Living Allowance

Please let us see one of these.

- The latest award letter
- A bank statement showing the payment

Students

We need proof that these people are students.

D

Income

	You	Your partner
Do you or your partner get any of the following?		
Income support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit? If 'Yes', go to part I.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance Allowance? If 'Yes', how much do you get each week?	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/>
Disability Living Allowance? If 'Yes', how much do you get each week? Care part Mobility part	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> £ <input type="text"/>
Does anyone get, or is anyone entitled to, Carer's Allowance for looking after you? If 'Yes', please say who.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
Do you or your partner receive a car or other type of transport because of your disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

E

Earnings

	You	Your partner
Are you in paid work? If 'No', go to part F. If 'Yes', please give your employer's name and address.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>
If your job is for a fixed period, when will it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Payroll or reference number	<input type="text"/>	<input type="text"/>
Date you started this job	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often are you paid?	<input type="text"/>	<input type="text"/>
What period does this cover?	<input type="text"/>	<input type="text"/>
How many hours do you work each week?	<input type="text"/>	<input type="text"/>

Notes

Proof

Earnings

Please let us see your last five payslips if you are paid every week, your last three payslips if you are paid every fortnight, or your last two payslips if you are paid every month. Please also send us your partner's payslips.

If you cannot find the payslips (or they are handwritten) or it is a new job, please ask your employer to fill in the certificate of earnings at the back of this form.

If you carry out any work that you do not get paid for or you receive income in kind, please give details in section J.

Private pension payments

Please let us see proof of the pension scheme and the payments you make.

	You	Your partner
Do your hours vary each week?	<input type="text"/>	<input type="text"/>
How much do you earn before any deductions are made?	£ <input type="text"/>	£ <input type="text"/>
If you receive any expenses, please tell us what they are and how much they are for.	<input type="text"/>	<input type="text"/>
Please tell us about any bonuses, overtime, commission or tips you receive or expect to receive, and the period this covers.	<input type="text"/>	<input type="text"/>
How are you paid?	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please also confirm the date of any future pay increase.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you pay into a pension scheme? (See the notes.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it a company scheme or a private scheme?	<input type="text"/>	<input type="text"/>
Do you receive Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay from your employer? If 'Yes', please state which one you receive and the date it started.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>
Do you have more than one job? If 'Yes', please give details for all of the above in section J.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



Self-employed earnings (See the notes.)

Are you self-employed? Yes No Is your partner self-employed? Yes No

If 'No', go to part G. If 'Yes', what is your trade or profession?

Do you have trading accounts? Yes No

If 'No', please complete section Q

Do you use your home for business purposes? Yes No

Do you pay into a private pension scheme? Yes No

How many hours do you work each week?

Are you the sole trader in the business? Yes No

If 'No', give details of the partnership and your share in the business.

Is a member of your household an employee in this business? Yes No

If 'Yes', please give their name.

If 'No', go to part G. If 'Yes', what is their trade or profession?

Does your partner have trading accounts? Yes No

If 'No', please complete section Q

Do they use your home for business purposes? Yes No

Do they pay into a private pension scheme? Yes No

How many hours do they work each week?

Are they the sole trader in the business? Yes No

If 'No', give details of the partnership and their share in the business.

Is a member of their household an employee in this business? Yes No

If 'Yes', please give their name.

Notes

If you and your partner have trading accounts, please provide them. If not, please fill in the form at section Q and let us have any accounts or other proof you have.

If you are a director of a limited company you will need to fill in the earnings section. You will need to provide payslips as well as the company accounts.



Other income (but not your earnings)

(See the notes.) Please look at the list below and over the page.

You must tick 'Yes' or 'No' to each question. If 'Yes', please show the amount and how often it is paid.

Do you receive any of the following?	You		Your partner		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', how much do you get?	How often is it paid?	If 'Yes', how much does your partner get?	How often is it paid?
State Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Private or company pension (Date of increase due)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Widow's pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Widowed Mother's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
War Widow's or Dependant's Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
War Disablement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Industrial Disablement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Any Other Pensions	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Contribution-based Jobseeker's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Contribution-based Employment and Support Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Child Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Child Tax Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Working Tax Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Short-term Incapacity Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Long-term Incapacity Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Severe Disablement Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Industrial Injuries Disablement Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Maternity Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Fostering or Guardian's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Widowed Parent's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Bereavement Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Statutory Adoption Pay	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Maintenance payments you receive for your child	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£
Maintenance payments you receive for yourself	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£

Notes

Proof

For each type of income you or your partner receive, please let us see one of the following.

- The latest award letter
- A bank statement showing the payment

War Disablement Pension

Please let us see the letter of award showing the breakdown of this pension.

If you send original documents through the post, we cannot accept responsibility for items that are lost in the post.

Do you receive any of the following?

	You			Your partner		
		If 'Yes', how much do you get?	How often is it paid?		If 'Yes', how much does your partner get?	How often is it paid?
(Please confirm the date it is paid from.)						
Have you or your partner been in full-time higher education in the last year, or do either of you plan to be?	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
If 'Yes', please give details of the course dates.	/ / to / /			/ / to / /		
Student grant or loan or access fund or bursary	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Education Maintenance Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Payments from boarders	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Amount from letting or subletting part of a property	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Payments from charities or voluntary organisations	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Any other income, benefits or allowances (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	

Please give details if any of the above income is due to increase.

Are any of the benefits or allowances above reduced because you are paying back a social fund loan, overpayment and so on?

Yes No

If 'Yes', please tell us the amount your benefit or allowance is reduced by each week.

Have you or your partner delayed receiving your state pension?

Yes No

If 'Yes', give details.

Have you received a lump sum from a pension you have delayed receiving?

Yes No

If 'Yes', give details.

You

Yes No

Your partner

Yes No

Have you or your partner applied for any other benefit or pension and not yet received it?

If 'Yes', please tell us which benefit and the date you claimed it. You will need to send us the award letter.

	/ /		/ /
--	-----	--	-----

Notes

Students

Full-time students can get Housing Benefit in special cases only. See the glossary or ask us for details.

Please let us see the letter for your student grant, loan or bursary which shows the breakdown of the award.

Money from charities or other income

You do not have to tell us about payments from the Macfarlane Trust, the Independent Living Fund or the Eileen Trust. You must show all other income.

Any other income

This could include payments you receive from insurance policies to cover mortgage repayments and loss of earnings. Income in kind includes credits you receive under local exchange trading schemes.

Please answer all the questions.



Cash, savings and investments

(See the notes.)

If you receive one of the following, please go to section I.

Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, or Pension Credit (Guarantee Credit).

If you do not have enough space, please use section J.

Do you or your partner have any bank, building society, post office accounts or ISA's? Yes No

If 'Yes', please give details below.

Type of account	Account number	Amount	Held by
		£	
		£	
		£	
		£	
		£	
		£	

Do you or your partner have any stocks or shares (including SAYE)? If 'Yes', please give details below.

Yes No

Name of company	Number of shares	Held by

Do you or your partner have any National Savings Certificates or Premium Bonds? If 'Yes', please give details below. Yes No

Name	Issue type	Amount invested	Date of issue	Held by
		£	/ /	
		£	/ /	
		£	/ /	
		£	/ /	
		£	/ /	
		£	/ /	

Do you or your partner have any other cash, savings, investments, funeral-plan contracts, personal injury lump-sum payments, compensation payments, or money owing to you which you have not included above? If 'Yes', please give details. We may need to contact you for more information.

Yes No

Do you, your partner or your children own any property (other than the home you live in), land or holiday homes in the UK or abroad? This includes properties and land on which there is a mortgage or loan, held in trust or jointly held with another person. If 'Yes', please give the address. We may need to contact you for more information.

Yes No

Have you or your partner lent anyone money, or given away any money?

Yes No

If 'Yes', please give details. We may need to contact you for more information.

Notes

If you or your partner (or both of you) have savings and investments of more than £16,000, we cannot pay you benefit unless you are receiving the guaranteed part of Pension Credit.

Proof

Bank accounts

Please let us see statements showing transactions for the last two full months, even if the account is overdrawn.

An advice slip from a cash machine is not enough.

passbook or statements showing transactions for the last two full months, even if the account is overdrawn.

National Savings Certificates

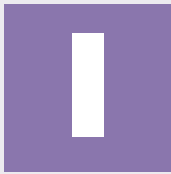
Please let us see the relevant certificate or bond document.

Shares, bonds, unit trusts

Please let us see the share certificates or the last dividend statement.

Building society and post office accounts

Please let us see your up-to-date



Private rent details (See the notes.)

If you are a council tenant or an owner-occupier, go to section J.

When did your tenancy begin?

How much is your rent (or your share of the rent if you are a joint tenant)?

Are you a joint tenant? Yes No

If 'Yes', please give us the names of the other joint tenants.

How much is the rent for the whole property?

How often is this amount due?

Weekly Fortnightly Four-weekly Monthly Three-monthly Other

Do you get any rent-free weeks? Yes No

If 'Yes', how many do you get each year?

Has your rent gone up in the last 12 months? Yes No

If 'Yes', give the date of the increase.

Your landlord's name

Your landlord's address and postcode

Your landlord's phone number

Your agent's name (if your landlord has one)

Your agent's address and postcode

Your agent's phone number

Do you give permission for us to discuss your claim with your landlord or agent?

 Yes No

Are you, your partner or any of your children related to your landlord or their partner?

 Yes No

If 'Yes', please say what the relationship is.

Do you live with and pay rent to a close relative? (See page 35 for the definition.)

 Yes No

Do you pay rent to your ex-partner to live in the home you used to share with them?

 Yes No

Are you responsible for your landlord's child or children?

 Yes No

Do you rent your home from a company of which you are a director or an employee?

 Yes No

Do you rent your home from a trust of which you are a trustee or a beneficiary?

 Yes No

Do you rent your home from a trust of which your child is a beneficiary?

 Yes No

Have you previously owned the home you now rent?

 Yes No

Do you live in your home as a condition of your job?

 Yes No

Was your last tenancy with the same landlord?

 Yes No

Do you have a written tenancy agreement? (If 'Yes', we need to see it.)

 Yes No

Has a rent officer or rent tribunal registered a fair rent for your home? (If you don't know, ask your landlord.)

 Yes No

Notes

Proof

Tenancy agreement

Please provide your tenancy agreement. If you do not have one, ask your landlord to fill in and return the attached proof of rent form on page 23.

If the amount of rent on your tenancy agreement has now changed, we will still need to see the agreement but you will

also need to either ask your landlord to fill in the 'proof of rent' form attached, or provide other evidence of the change.

Sharing information with your landlord

Under the Data Protection Act we would be able to tell your landlord only whether or not you have claimed for Housing Benefit and if we have made a decision on your claim. We would also be able to

tell them if we need any more information to make the decision on your claim and, if so, what the information is. We will not give your landlord any information about your personal circumstances or your financial circumstances.

If you are single, under 22 and not renting your property from a housing association, have you ever been in Social Services care? Yes No

Is your home used for business? Yes No If 'Yes', what percentage of the property is used for that purpose?

Does your rent include the use of a garage? Yes No If 'Yes', do you have a choice in renting it? Yes No

Tenancy details

Is your home furnished by your landlord? Yes No

If 'Yes', is it: fully furnished? partly furnished? barely furnished?

Who is responsible for decorating the inside of your home? Landlord Me Don't know

Are any meals provided? Yes No If 'Yes', which meals? Breakfast Lunch Evening meal

Does your landlord live in the same building as you? Yes No

Do you pay water charges direct to the water authority? Yes No

Does your home have central heating? Yes No

Do you have a garden? Yes No

If your rent includes money for any of the following, tick the correct boxes and fill in the amount you pay.

	Yes	No	If 'Yes', how much of your rent is for this?		Yes	No	If 'Yes', how much of your rent is for this?
Water charges	<input type="checkbox"/>	<input type="checkbox"/>	£	Personal care	<input type="checkbox"/>	<input type="checkbox"/>	£
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	£	Lighting shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£	Lift	<input type="checkbox"/>	<input type="checkbox"/>	£
Lighting your home	<input type="checkbox"/>	<input type="checkbox"/>	£	Porter or estate staff	<input type="checkbox"/>	<input type="checkbox"/>	£
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£	Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>	£
Garage or parking space	<input type="checkbox"/>	<input type="checkbox"/>	£	Council tax	<input type="checkbox"/>	<input type="checkbox"/>	£
Furniture	<input type="checkbox"/>	<input type="checkbox"/>	£	Other (for example, TV, video)	<input type="checkbox"/>	<input type="checkbox"/>	£
Personal laundry	<input type="checkbox"/>	<input type="checkbox"/>	£	General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	Please fill in part N.
Cleaning shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£	Emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	Please fill in part N.
				Cleaning your room and windows	<input type="checkbox"/>	<input type="checkbox"/>	Please fill in part N.

If you are sharing accommodation and household bills are not included in the rent, how are these bills paid?
Please provide proof.

Notes

Housing Benefit limits - private tenants only

We may refer your rent to the Rent Service, who are independent of us.

There are several sets of rules that mean we may have to work out your Housing Benefit on a lower rent than you actually pay.

If your rent includes support charges, we will need to ask you or your landlord for more information.

Please also fill in part N.

Number of rooms

We need to know how many rooms there are in the property you rent, and who uses them.

	Bedrooms	Bedsitting rooms	Living and dining rooms	Kitchens	Bathrooms	Separate toilets	Other rooms	Total
Number of rooms in the property you rent								
Number of rooms used only by you and your family								
Number of rooms you share with other people. (This includes your landlord or other tenants.)								

If you have said there are 'other rooms', please describe what these rooms are.

How many people live in the whole building?

Type of accommodation

Which of the following do you live in?

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Mobile home or caravan	<input type="checkbox"/>	Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Houseboat or mooring	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>	Other (Please give details.)	<input type="text"/>		
Purpose-built flat	<input type="checkbox"/>	Converted flat	<input type="checkbox"/>				

Which floor or floors is your home on?

Basement
Second floor

Ground floor
Third floor

First floor

How many floors are there in the whole building?

If you live in a single room, where is your room in the building (looking from the front)?

At the front In the centre At the back This will help the rent officer tell which room is yours.

Paying your benefit (See the notes.)

Housing Benefit — private landlord tenants

We will pay your Housing Benefit direct to your bank or building society. Please fill in the details below in CAPITAL LETTERS.

Name of bank or building society:															
Address of bank or building society:															
Name of account holder:															
Your account number										Your bank's sort code					

If you are a tenant of a registered social landlord (housing association), you can still have your rent paid direct to your landlord.

To do so, tick this box.

Notes

Your claim will take longer if you do not fully fill in this page.

We will assess all new claims under the Local Housing Allowance regulations.

This will mean that:

- we can only pay your Housing Benefit direct to your landlord if you are a tenant of a housing association; and
- if you are a private tenant we will pay your benefits to you.

For various reasons some people may not be able to manage their rent. In these cases we can pay the landlord direct.

You can get advice about opening an account from any bank or building society. Citizen's Advice can also give you advice, especially if you have already tried to open an account and have not been able to. Their contact details are on page 31 of this form.



Declaration

Is your claim complete? Have you answered every question?

Please see the checklist on page 20.

Please read these statements carefully before you sign and date the declaration. We cannot deal with your claim if you haven't signed it.

I understand the following.

- This is my claim for Housing Benefit or Council Tax Benefit, or both.
- I will tell you if the information on any letter you send me is incorrect.
- If I give information that is incorrect or incomplete, you may take action against me.
- You can check any information on this form. This includes sending a certificate of earnings direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Benefit for any other address.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both.
- You may contact or exchange information with the Home Office, Jobcentre Plus, The Employment Service, HM Revenue & Customs, Department for Work and Pensions, the Child Support Agency, credit reference agencies, other local authorities and other departments of East Devon District Council. You can do this to check the information I have given on the form, to get more information, to prevent or detect crime or fraud and to assess or collect any tax or charge, as needed by law and in line with the Data Protection Act 1998.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make.
- You may give some information to other government organisations, if the law allows this.
- I know I must let you know about any changes in circumstances which might affect my claim. I will write straight away about any changes. (Examples of this include coming off Income Support or Jobseeker's Allowance, increase in any benefits, getting a pay rise, working more hours, and people moving in and out of my home.) If I do not tell you and I get too much benefit, I understand that I will have to pay it back. You may also prosecute me under the Social Security Administration (Fraud) Act 1997.

I understand that you have a policy to claim back in full overpaid benefits.

- If I receive too much Council Tax Benefit or Second Adult Rebate, you will add it to my Council Tax account.
- If I am a council tenant and receive too much Housing Benefit, you will claim it back from my ongoing Housing Benefit or by sending me a bill.
- If I am a private tenant and receive too much Housing Benefit, you will claim it back from my ongoing Housing Benefit or by sending me a bill.

I have read and understand the above. I declare that the information I have given on this form is correct and complete.

Signature of the person claiming:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your partner's signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you have filled in this form for someone else, please fill in the following.

.....

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

.....

Name of the person who filled in this form

.....

Signature of the person

.....

Relationship to the person or people claiming

Declaration for when this form has been filled in or partly filled in by a member of staff in the Housing Benefit section.

I confirm that I have read or been read the information in this application form, which has been filled in on my behalf. The information is true and complete.

Your signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Please return this form to the address given on the front page or take it to one of our benefit receptions.

Checklist (See the notes.)

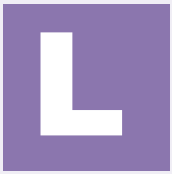
Have you enclosed the following for you and your partner?

We will need to see the original documents that we ask for on this form. We will photocopy and send back the documents as soon as possible, normally the same day that we receive them. If you bring your documents to our offices or benefit surgeries we will photocopy and return them immediately. **We cannot accept your own photocopies.**

	Enclosed	To follow
Proof of National Insurance numbers	<input type="checkbox"/>	<input type="checkbox"/>
Payslips or certificate of earnings	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any pensions you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any benefits or allowances you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other income you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your savings and investments	<input type="checkbox"/>	<input type="checkbox"/>
Tenancy agreement	<input type="checkbox"/>	<input type="checkbox"/>
Proof of rent form (if you do not have a tenancy agreement)	<input type="checkbox"/>	<input type="checkbox"/>
Request to pay your landlord direct (if this is what you want to do)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any payments you make to a pension scheme	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any payments you make to a childminder, a nursery or an after-school club	<input type="checkbox"/>	<input type="checkbox"/>
Proof of income, interest received on savings and investments of anybody you have entered in section C	<input type="checkbox"/>	<input type="checkbox"/>

If you are a local-authority tenant, you do not need to send us the proof of rent form or the request to pay your landlord direct.

We will return original documents to you by first-class post unless you sent them by recorded delivery or registered post, in which case we will return them in the same way. If you send original documents, such as passports, through the post, we cannot accept responsibility for items that are lost in the post.



Equal opportunities

Under the Race Relations Act we have a responsibility to gather details of our clients' backgrounds. This information is used to help us with our equal-opportunities policies.

The information is confidential and we will use it only to improve access to our services and help provide equal opportunities for everyone.

You do not have to fill in this survey if you don't want to.

Please tick the box to show which background you feel you belong to.

Asian

- Bangladeshi
- Indian
- Pakistani
- Other (Please state.)

Mixed ethnic background

- Asian and white
- Black African and white
- Black Caribbean and white
- Other (Please state.)

Any other ethnic background

- Other (Please state.)

Black

- African
- Caribbean
- Other (Please state.)

White

- Any white background
- Chinese
- Any Chinese background

Please tell us your nationality.

- British or mixed British
- Scottish
- English
- Welsh
- Irish
- Any other nationality (Please state.)

For office use only
Reference:
Successful / Unsuccessful



Proof of rent

To be filled in by the landlord or the landlord's agent

If you are a private tenant and do not have a tenancy agreement, your landlord must fill in this form. If the amount of rent shown on your tenancy agreement has now changed, we still need to see your agreement and you will also need to ask your landlord to fill this form in.

Full name of your tenant or boarder:	Their title (Mr, Miss, Mrs, Ms, other):
Their address and postcode (including the room number):	

Does your tenant have a tenancy agreement? Yes No If 'Yes', we need to see the original document.

How much rent do you charge? £ How often is this amount due? Every week

When did you start charging this rent? / / Every four weeks Every month Every three months

Date the tenancy started / / Do you allow your tenant any rent-free weeks? Yes No

Date the tenancy is due to end / / If 'Yes', how many do they have each year?

If there are any joint tenants:

how many joint tenants are there?

what is the total rent of the property? £

which floor is their home on?

All floors Basement

Ground floor First floor

Second floor Third floor

Does your tenant's rent include any of the following? If 'Yes', tell us how much.		
Water charges	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Cooking	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Heating	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Hot water	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Garage or parking space	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Furniture	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Laundry	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Cleaning shared areas	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
General counselling and support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please fill in part N.
Emergency alarm systems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please fill in part N.
Cleaning accommodation and windows	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please fill in part N.
Personal care	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>

Does your tenant's rent include any of the following? If 'Yes', tell us how much.		
Lighting shared areas	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Lift	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Porter or support staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Laundry facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Council Tax	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Other (TV, video)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>

- If you do not give an amount for every service you provide, we will use a standard figure as shown in the benefit regulations. If the rent includes care, we will need to ask you for more information.
- If you cannot give an amount for water charges, please tell us the water charges you pay for the whole property for this financial year.
- If you include services in the rent that are not listed above, please write the name of the service and the amount here.

Service:	Amount: £ <input type="text"/>
----------	--------------------------------

Type of room	Number of these rooms in the whole property	Number of rooms the tenant uses and does not share	Number of rooms the tenant shares with other tenants
Living rooms			
Bedrooms			
Bedsits			
Kitchens			
Bathrooms			
Toilets			
Other rooms			
Total			

Return this form to:

East Devon District Council
Benefits Section
Council Offices
Knowle
Sidmouth
Devon EX10 8HL

Does the tenant share a room? Yes No If 'Yes', how many beds are there in the room?

Do you provide any meals? Yes No If 'Yes', which meals? Breakfast Lunch Evening meal

Are you related to the tenant or their partner? Yes No

If 'Yes', what is the relationship?

Declaration

The information I have given on this form is true and complete. You can make any enquiries you need to check the details.

Landlord's name:	Phone number (including the code):
Landlord's address:	
Landlord's signature:	Date: / /



Request to pay your Housing Benefit direct to your landlord

This is not proof of your rent - please see section J.

We can pay your Housing Benefit direct to your landlord. Some landlords may insist on this as a condition of your tenancy. If you want us to do this, please fill in and return this form, and ask your landlord to fill in the bottom section.

Until I tell you otherwise, please pay my landlord all amounts which you would normally pay me under the Housing Benefit scheme.

Your full name: _____ Your benefit reference number: _____

Address you are claiming Housing Benefit for: _____

Name of your landlord or agent: _____

Address of your landlord or agent: _____

If you have asked for direct payments to your landlord and later ask for this arrangement to be changed, you will need to give us reasons for your request.

I understand that I must tell you about any changes in my circumstances that may affect my Housing Benefit.

Your signature: _____ Date: ____/____/____

Your landlord must fill in this section. Do not delay returning the rest of the form.
Tear out this page and send it in when your landlord has signed it.

As a landlord (or agent for the landlord) I agree to accept payments due to the tenant named above. I understand the following.

- I must tell you about any changes in the tenant's circumstances that I know about.
- I must tell you if the tenant moves out or changes rooms.
- I must repay any Housing Benefit that is overpaid to me which the tenant is not entitled to.
- I agree that you can claim back an overpayment from any future benefit you should pay to me for any of my tenants. This will not affect their rental liabilities.

Landlord's signature: _____ Date: ____/____/____

We prefer to pay your tenant's benefit by a direct credit to your bank account (BACS). If you want us to pay it in this way, please give details below. If you want, you can confirm the details in a separate letter.

Name of your bank or building society: _____

Branch: _____

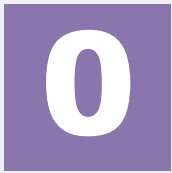
Account name: _____

Account number:

Sort code:

Return this form to:

East Devon District Council
Benefits Section
Council Offices
Knowle
Sidmouth
Devon EX10 8HL



Supporting People

You

Your partner

Do you receive support paid for by the Supporting People Team at Devon County Council?

Yes No

If 'Yes', say what the support is and how much you are charged each week.

General counselling and support

Yes No

Amount £

Cleaning your rooms or windows if you cannot do this yourself

Yes No

Emergency alarm system

Yes No

Does your partner receive support paid for by the Supporting People Team at Devon County Council?

Yes No

If 'Yes', say what the support is and how much your partner is charged each week.

General counselling and support

Yes No

Amount £

Cleaning their rooms or windows if they cannot do this themselves

Yes No

Emergency alarm system

Yes No

There may be information that we need to check with the Supporting People Team at Devon County Council, or that they need to check with us, before we can make a decision on your claim. This will be easier and will speed up your claim if you give us permission to share information.

If you want us to share information with the Supporting People Team, please sign below.

Signature: _____ Date: ____/____/____.



East Devon District Council

Benefits Section, Council Offices, Knowle, Sidmouth, Devon EX10 8HL

Phone: 01395 517446

Employer's certificate of gross earnings

Note to employer Please fill in this certificate and return it to the address shown above. Thank you for your help.

Employee's name Employee's address

Job title:	National Insurance number:
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Reference number:	Works number:
-------------------	---------------

How often are they paid? Weekly Fortnightly Four-weekly Monthly Other

What period does this cover (for example, the week or month that has just passed)?

Method of payment _____ Is the employee contracted out of the National Insurance Scheme? Yes No

If they are paid every week, please give details of the last five weeks' pay over the page.

If they are paid every four weeks or every month, please give details of their last two months' or eight weeks' pay over the page.

Date their employment started: / / Normal hours they work each week:

Date of their last pay rise: / / Date of their next pay rise: / /

Note

Please tell us about any week when the employee lost pay through sickness or when they got a rise in their basic pay.



East Devon District Council

Benefits Section, Council Offices, Knowle, Sidmouth, Devon EX10 8HL

Phone: 01395 517446

Employer's certificate of gross earnings

Note to employer Please fill in this certificate and return it to the address shown above. Thank you for your help.

Employee's name Employee's address

Job title:	National Insurance number:
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Reference number:	Works number:
-------------------	---------------

How often are they paid? Weekly Fortnightly Four-weekly Monthly Other

What period does this cover (for example, the week or month that has just passed)?

Method of payment _____ Is the employee contracted out of the National Insurance Scheme? Yes No

If they are paid every week, please give details of the last five weeks' pay over the page.

If they are paid every four weeks or every month, please give details of their last two months' or eight weeks' pay over the page.

Date their employment started: / / Normal hours they work each week:

Date of their last pay rise: / / Date of their next pay rise: / /

Note

Please tell us about any week when the employee lost pay through sickness or when they got a rise in their basic pay.

Week or month ending	Gross pay	Tax	National Insurance	Works Pension	Net pay
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
Total	£	£	£	£	£
Gross pay to date as at / /	£	£	£	£	£

Is Statutory Sick Pay included in any of these payments?

Yes No

If 'Yes', please say how much and when it started.

£

/ /

Employer's signature:	Date:	Name and position in the firm:

Name and business address of employer:

Official business stamp (if available):

Week or month ending	Gross pay	Tax	National Insurance	Works Pension	Net pay
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
Total	£	£	£	£	£
Gross pay to date as at / /	£	£	£	£	£

Is Statutory Sick Pay included in any of these payments?

Yes No

If 'Yes', please say how much and when it started.

£

/ /

Employer's signature:	Date:	Name and position in the firm:

Name and business address of employer:

Official business stamp (if available):



Self-employed income sheet

Please fill in both sides of this form if you are self-employed and do not have prepared profit and loss accounts. We will treat the information on this form as strictly confidential.

Surname	
Other names	
Address	
The name of your business (if any)	
The date your business began	
Type of business	

On page 30 please give details of your last trading year. If you have not been trading for this long, give figures for the whole period since your business started.

Please state the period covered.
From:
To:

Are the trading figures for the next six months likely to be similar to those you have given on page 30?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If 'No', please say why.	

If you make regular contributions under a retirement annuity contract or personal pension scheme, please give details below and include proof.

Amount paid:	
How often (for example monthly, weekly and so on):	

Declaration

I declare that the information given in this form is true and complete to the best of my knowledge and belief.

Your signature: _____ Date: ____/____/____

Notes

State benefit rules are different to HM Revenue & Customs rules, which is why we need to ask you for different information.

The amounts you give below must be relevant to your business income and spending only — please do not include any personal use. If any of these expenses are related to start-up costs for your business, please explain on a separate sheet of paper.

Income	Start up or expansion costs	£
Payments for services and goods supplied		
Rent from letting, subletting or business premises		
Interest on money held in the bank		
Tips		
VAT collected (if you are a VAT-registered trader)		
Regular payments from the Single Regeneration Budget		
Other (please list on a separate sheet)		
Gross income		
Spending		
Advertising		
Capital repayments on any loan used to repair an existing asset (for example, machinery or a vehicle) but only if the loan is more than any sum paid, or due to be paid, under an insurance policy for that repair		
Capital repayments on any loan used to replace an item of equipment or machinery which has worn out or has become outdated		
Cleaning business premises		
Employees' wages (paid to your partner)		
Employees' wages (paid to anyone else)		
Employer's statutory scheme contributions, and employer's contributions to a pension scheme which is approved by HM Revenue & Customs and the occupational pensions board		
Fuel		
Heating and lighting		
Hire or rental costs		
Interest payable under a credit sale, a consumer credit agreement or a hire purchase agreement		
Sum spent repairing an existing business asset (for example, machinery or a vehicle) but only if the cost of the repair is more than any sum paid under an insurance policy for that repair		
Legal fees or accountancy charges connected with the business		
Mortgage and loan interest		
Rent, rates, water charges and insurance premiums on business premises		
Stationery		
Stock purchases		
Miscellaneous items (for example, postage or training course costs)		
Phone, telex and fax costs		
Transport, for example business use of a car, including petrol costs, road tax, insurance and servicing. (Do not include home-to-work costs unless you work from home.)		
VAT paid (if you are a VAT-registered trader)		
Other (please give details on a separate sheet)		
Gross spending		

Useful addresses and phone numbers

Citizens Advice Bureau

The Town Hall
St Andrews Road
Exmouth
EX8 1AW

Open: Monday to Friday 10am to 3.30pm
Phone: 01395 264645
Fax: 01395 269202

East Devon Citizens Advice Bureau

Honiton Office
48-50 New Street
Honiton

Open: Mondays and Thursdays 9.30am to 12.30pm
Tuesdays and Fridays 9.30am to 3.30pm
Phone: 01404 44213

Sidmouth Office
Mill Street
Sidmouth

Open: Mondays 9.30am to 12.30pm

Axminster Office
Lime Close
Axminster

Open: Fridays 9.30am to 3.30pm
Phone: 01297 34365

Citizens Advice Bureau

Wat Tyler House
3 King William Street
Exeter
EX4 6PD

Open: Mondays, Tuesdays, Thursdays and Fridays 10am to 3.30pm
Phone: 01392 201210
Fax: 01392 201203

Citizens Advice Bureau

The Town Hall
St Andrew Street
Tiverton
EX16 6PG

Open: Tuesdays, Thursdays and Fridays 10am to 3pm
Phone: 01884 253688
Fax: 01884 253045

Jobcentre Plus

Clarendon House
Western Way
Exeter
EX1 2DA

Open: Monday to Friday 9am to 5pm
(except Wednesdays when it is open 10am to 5pm)
Phone: 01395 474700

Jobcentre Plus

128 High Street
Honiton

Open: Monday to Friday 9am to 5pm
(except Wednesdays when it is open 10am to 5pm)
Phone: 01404 403200

Jobcentre Plus

Only new claims for Income Support, Jobseeker's Allowance and Employment and Support Allowance for people who are aged 16-65.
PO Box 66
Plymouth
PL1 3LE

Open: Monday to Friday 9am to 5pm
(except Wednesdays when it is open 10am to 5pm)
Phone: 0800 055 6688

The Pension Service

PO Box 139
Swansea
SA6 8WD

Open: Monday to Friday 8am to 8pm
National Helpline: 0845 6060265

Devon Health Authority

Patient's Advice Liaison Service
St Edmunds Court
16 Okehampton Street
Exeter
EX4 1DU

Phone: 01392 385694

Valuation Office Agency

Valuation Office
4th Floor Broadwalk House
Southernhay West
Exeter
EX1 1TS

Phone: 0845 0264696

Exeter Homeless Action Group

Palace Gate House
Palace Gate
Exeter
EX1 1HX

Phone: 01392 430228

Fax: 01392 429292

Open: 9.30am to 4.30pm everyday
Gives advice on housing rights, accommodation options, deposit guarantee scheme, and emergency accommodation for 16- to 25-year olds.

Helplines

National Domestic Violence Helpline

24-hour helpline (seven days a week)

Phone: 0808 2000 247

Provides access to 24-hour emergency refuge accommodation as well as an information service.

Elder Response Line

Monday to Friday 10am to 4.30pm

Phone: 0808 8088 141

Helpline for anyone concerned about abuse of the elderly.

NSPCC

24-hour helpline (seven days a week)

Phone: 0808 800 5000

If you are worried about a child's safety or welfare, or if you need help or advice.

Childline

24-hour helpline (seven days a week)

Phone: 0800 11 11

Free helpline for children and young people in distress or danger within the UK - to talk about any problem, including abuse.

The Salvation Army

Phone: 01392 822100

Fax: 01392 822111

Offers help and support (food and clothing in emergency situations).

The Samaritans

10 Richmond Road

Exeter

EX4 4JA

Phone: 01392 411711

24-hour listening line

Glossary of the terms used in the form

Boarder

The difference between a boarder and a tenant or subtenant is that boarders have at least some meals provided as part of the rental agreement.

Civil partnership

A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.

Close relative

This can be your parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, stepson, stepdaughter, brother, sister, or a partner of any of these.

General counselling and support

This is where you live in 'supported accommodation' (see the next column). The landlord, or someone acting for them, helps you and other tenants meet the terms of the tenancy agreement or maintain the security or safety of the property.

Joint tenants

This is where two or more people are named in the tenancy agreement and have the same tenancy rights in a single property. This is not the same as two or more people having tenancies for different rooms in one property. See also 'boarders' and 'subtenants'.

Joint owners

This is where two people have the same interest in a property.

Partner

This is someone you are married to or a person you live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.

Related to your landlord

This relationship can be the same as 'close relative' above.

Student

This is someone who is attending a course of study at an educational establishment. This includes study at any level, full- or part-time study with or without grants, state-funded and private study, and during term times and vacation (but not between different courses).

This also includes Nursing Diploma students (previously the Project 2000 training scheme) if they receive a bursary.

Full-time students who have the right to claim Housing Benefit

- Pensioners
- Single parents
- Disabled people
- People receiving Income Support or income-based Jobseeker's Allowance
- Student couples with dependent children
- People responsible for a child
- People under 19 years of age taking a course of further education

Subtenant

This is anyone (other than a member of your family, a boarder or any other joint occupier) who pays you rent to live in part of your home.

Supported accommodation

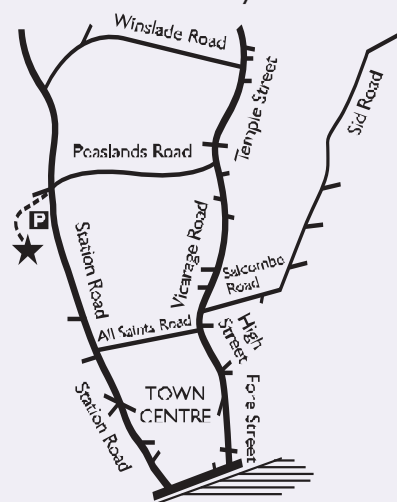
This is housing where the landlord is assisted (helped) under Section 30 of the Jobseeker's Allowance Act 1995 (grant for resettlement places). Supported accommodation can also be run by:

- a housing authority;
- a non-metropolitan county council;
- a registered social landlord; or
- a voluntary organisation.

The landlord, or someone acting for them, also provides care, support and supervision. You will also be living in what is classed as supported accommodation if you hold a valid community care assessment (CCA) provided by the local Social Services.

Tenant

This is someone who pays you rent and either lives in part of your home or lives in another home you own.



East Devon District Council
Knowle, Sidmouth, Devon EX10 8HL
Phone: 01395 517446
Fax: 01395 517414
Email: benefits@eastdevon.gov.uk
www.eastdevon.gov.uk

You can take the forms and supporting documents to the Sidmouth and Exmouth offices or to any of the benefit surgeries.



Housing Benefit and Council Tax Benefit surgeries and enquiry offices

Surgeries

Opening times

Axminster
(The Guildhall)

- Every other Tuesday
1pm to 4pm

Honiton
(Senior Citizens Centre, New Street)

- Thursdays
1pm to 4pm

Seaton
(Coffee Lounge, Town Hall)

- Every other Wednesday
9am to 12noon

Enquiry offices

Council Offices, Sidmouth

- Monday to Friday
8.30am to 5pm

Town Hall, Exmouth

- Mondays, Tuesdays, Thursdays and Fridays
9am to 1pm
2pm to 4.30pm

