

# Housing Benefit and Council Tax Benefit claim form

# East Devon

District Council

Date issued:

Reference numbers:



**If you have any special needs and you are having problems getting to our offices or filling in this form, please ring 01395 517446 and ask for the Benefits Section. You may also contact us by fax on 01395 517414 or by e-mail at [benefits@eastdevon.gov.uk](mailto:benefits@eastdevon.gov.uk)**

**To start your claim from the earliest possible date, you need to return this form to us immediately, even if you do not have all the proof we ask for.**

**You need to send us the missing proof within one month otherwise we will have to cancel your claim.**

- 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.
- We will process this claim only if you provide us with original documents or proof.
- We cannot accept photocopies.
- You must answer every question.

## How to fill in the form

- Please fill in this form in black ink. There are notes on the form to help you. There is more information about the Housing Benefit and Council Tax Benefit schemes on a separate leaflet which you can get from our Benefits Section.
- It will take longer to deal with your claim if you do not fill in the form properly.
- **If you need help with this form or you need more information, please contact us (see the details below), or you could contact an organisation such as Citizens Advice.**

## 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](mailto: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](http://www.eastdevon.gov.uk/revenues)  
DX 48705 Sidmouth

# Notes

Please read these notes before you fill in the form. If you do not have all the information we asked for, fill in the form and send it to us immediately. Send us the rest of the information within one month. If we do not receive this within one month, we will have to cancel your claim.

## 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 a separate sheet.

## 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 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.

## 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; or
- your rent goes up or down (private tenants only).

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.

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  
 Yes

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

## You

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 <small>You do not have to tell us this, but it may help us to deal with your claim more quickly.</small>	Your number

## Your partner

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.	
	Your partner's number <small>(if this is different to yours)</small>

(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.

# You

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

Are you a joint owner or joint tenant?

Yes  No

If 'Yes', how many other joint owners or tenants are there?

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?

Have you lived in the United Kingdom, Republic of Ireland, the Channel Islands or the Isle of Man for all of the last two years?

Yes  No

If 'No', what is your nationality?

# Your partner

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

Please give any other name (for example, their maiden name) you 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?

Has your partner lived in the United Kingdom, Republic of Ireland, the Channel Islands or the Isle of Man for all of the last two years?

Yes  No

If 'No', what is their nationality?

## Notes

### Move-in date

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

# You

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

Yes  No  If 'Yes', how many weeks?

Are you registered blind?

Yes  No

If 'Yes', what is your registration number?

Do you get Attendance Allowance?

Yes  No

Do you get Disability Living Allowance?

Yes  No

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

Yes  No

If 'Yes', please say who gets it.

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

Yes  No

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

When do you expect to come home?

# Your partner

Has your partner not been able to work for more than 52 weeks because of illness or disability?

Yes  No  If 'Yes', how many weeks?

Is your partner registered blind?

Yes  No

If 'Yes', what is their registration number?

Does your partner get Attendance Allowance?

Yes  No

Does your partner get Disability Living Allowance?

Yes  No

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

Yes  No

If 'Yes', please say who gets it.

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

Yes  No

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

When do they expect to come home?

## Notes

# B

## Children you or your partner get Child Benefit for (See the notes.)

Do you or your partner receive Child Benefit for any children?

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	/ /	/ /	/ /	/ /	/ /
If the child is over 15, give the approximate date he or she will leave school.	/ /	/ /	/ /	/ /	/ /
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 or 18 and in full-time education.

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
Amount of savings or investments each child has (See the notes.)	£	£	£	£	£
Do they have income of their own other than savings or investments?	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 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)					

# Notes

## Proof

### Your child's savings and income

If you have said that your child has savings, investments or income, we will contact you.

### Childcare

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

- receiving Income Support;
- receiving Jobseeker's Allowance (income based); 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 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 are their earnings each week before income tax and National Insurance? (See the notes.)	£	£	£
Do they receive Income Support or Jobseeker's Allowance (income based)?	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?	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 benefit name and amount each week. (See the notes.)			
	£	£	£

## 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 let us see their last five payslips if they are paid every week, their last three payslips if they are paid every fortnight, or their last two payslips if they are paid every month.

#### State benefits

Please let us see one of these.

- The latest award letter
- The payment book

- A bank statement showing the payment

**We strongly advise that you bring payment books to our office rather than post them. See the back page for details of our offices and benefit surgeries.**

	First person	Second person	Third person
Amount of any other income each week, including private pensions. (See the notes.)	£	£	£
Where does this income come from? (Continue on a separate sheet if necessary.)			
Do they get Disability Living Allowance or Attendance 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"/>
If 'Yes', how much do they get each week? (See the notes.)	£	£	£
What was their 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 a student? (This includes Nursing Diploma students, Youth Training trainees and apprentices.) (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"/>
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?	/ /	/ /	/ /
Do they have a partner? (See the glossary.)	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 say who.			

# Notes

## Proof

### Other income

Please let us see proof of the income.

### Disability Living Allowance

Please let us see one of these.

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

**We strongly advise that you bring payment books to our office rather than post them.**

See the back page for details of our offices and benefit surgeries.

## Students

We need proof that these people are students.

Nursing Diploma students used to be known as Project 2000 Nurses.



# Earnings (See the notes.)

## You

Are you in paid work? Yes  No

If 'No', and your partner is not working, go to part E.

If 'Yes', please give your employer's name and address.

If the employment is for a fixed period, when will it end?

Job title

Type of work done

Payroll or reference number      Date you started this job

 /  / 

How often are you paid?      Weekly  Monthly   
Other (please give details)

How many hours do you work each week?

Amount paid before any deductions are made  £

Please tell us about any bonuses, overtime or commission you expect to receive.

How are you paid?

Cash in hand  By cheque  Direct to bank account

When was your last pay rise?  /  /

Please also confirm the date of any future pay increase (if you know).

Do you pay into a pension scheme?      Yes  No   
(See the notes.)

If 'Yes', is it: a company scheme?  a private scheme?

Do you have more than one job?      Yes  No

If 'Yes', please give details for all of the above in section J.

Do you receive any tips or gratuities?      Yes  No

If 'Yes', please give details in section J.

## Your partner

Is your partner in paid work?      Yes  No

If 'No', go to part E.

If 'Yes', please give your partner's employer's name and address.

If the employment is for a fixed period, when will it end?

Job title

Type of work done

Payroll or reference number      Date your partner started this job

 /  / 

How often is your partner paid?      Weekly  Monthly   
Other (please give details)

How many hours does your partner work each week?

Amount paid before any deductions are made  £

Please tell us about any bonuses, overtime or commission your partner expects to receive.

How is your partner paid?

Cash in hand  By cheque  Direct to bank account

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

Please also confirm the date of any future pay increase (if you know).

Does your partner pay into a pension scheme?      Yes  No   
(See the notes.)

If 'Yes', is it: a company scheme?  a private scheme?

Does your partner have more than one job?      Yes  No

If 'Yes', please give details for all of the above in section J.

Does your partner receive any tips or gratuities?      Yes  No

If 'Yes', please give details in section J.

## 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.

# E

## Self-employed earnings (See the notes.)

Are you in paid work? Yes  No

Is your partner self-employed? Yes  No

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

Do you have trading accounts? Yes  No

Do you use your home for business purposes? Yes  No

Do you pay into a private pension scheme? Yes  No

Are you registered for VAT? 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.

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

Does your partner have trading accounts? Yes  No

Do they use your home for business purposes? Yes  No

Do they pay into a private pension scheme? Yes  No

Are they registered for VAT? Yes  No

How many hours do they work each week?

Is your partner the sole trader in the business? Yes  No

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

# F

## 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 or your partner receive Income Support, Jobseeker's Allowance (income based) or the guaranteed part of Pension Credit?

If 'Yes', go to part I.

If 'No', fill in the following (you must answer each question).

**You**

**Your partner**

Yes  No

Yes  No

If you are receiving the savings part of Pension Credit, tick 'No' and continue to answer the questions below.

Do you receive any of the following? <b>Pensions</b>	You			Your partner		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', how much do you get? £	How often is it paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>	£	
Pension Credit (the savings part)	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"/>	£	

## Notes

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

### Proof

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

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

### War Disablement Pension

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

We strongly advise that you bring payment books to our office rather than post them. Please see the back page of this form for details of our benefit receptions and surgeries.

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

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?
<b>Benefits and allowances</b>						
Jobseeker's Allowance (contribution based)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Employment Training 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"/>	£	
Disability Working Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Attendance Allowance (for people over 65)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Disability Living Allowance						
- care component	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
- mobility component	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Carer's Allowance	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"/>	£	
Any other benefit or allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	

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.

## Notes

### Proof

#### Child Benefit

Please let us see one of the following for each child.

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

**We strongly advise that you bring payment books to our office rather than post them. Please see the back of the form for details of our benefit receptions and surgeries.**

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

Do you receive any of the following?

Other income (Please confirm the date it is paid from.)	You		Your partner			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', how much do you get?	How often is it paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', how much does your partner get?	How often is it paid?
Statutory Sick Pay (paid by your employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Statutory Maternity Pay or Statutory Paternity Pay (paid by your employer)	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"/>	£	
Youth Training Scheme payment or Training Credits	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Maintenance payments you receive	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
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"/>	£	
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 (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.



## Other information

You

Your partner

Have you or your partner been in full-time higher education in the last year, or do either of you plan to be?

Yes  No

Yes  No

If 'Yes', please give details of the course dates.

 /  to  / 
 /  to  / 

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

Yes  No

Yes  No

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

 /  / 
 /  / 

Are you or your partner provided with an invalid carriage or car?

Yes  No

Yes  No

## Notes

### Students

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

### Money from charities or other income

You do not have to tell us about payments from the Macfarlane Trust 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.)

Do you receive Income Support or Jobseeker's Allowance (income based)?

Yes  No

If 'Yes', please go to part I. If 'No', please list all your cash, savings and investments and let us see statements showing transactions for the last two full months (see the notes).

If you do not have enough space for all your investment details, please use section J.

Do you or your partner have any of the following?	You			Your partner		
A current account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
Other current account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
A deposit account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
Other deposit account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
A building society account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
A post office or giro account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
Premium Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
Cash savings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
Income bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £
National Savings Certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £ Date of issue Issue number	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much? £ Date of issue Issue number
Share or unit trusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details in section J.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details in section J.
Stocks, Sharesave, SAYE, other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details in section J.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details in section J.

Do you or your partner have any other cash, savings or investments, funeral plan contracts, personal injury lump-sum payments or money owing to you which you have not included above (such as PEPs, TESSAs or ISAs)? If 'Yes', please give details. Yes  No

Do you or your partner own any property or land other than your home? Yes  No

Yes  No

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

Have you or your partner lent anyone money which they still have to pay back? Yes  No

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.

#### Building society accounts

Please let us see your up-to-date

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.



# Private rent details (See the notes.)

You should fill this in only if you pay rent to a landlord other than the council.  
If you are a council tenant or an owner-occupier, go to section J.

When did your tenancy begin?

 / 

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? (See the notes.)

Yes  No

If you give permission, please sign in the box opposite.

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 30 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

Have you claimed Housing Benefit in the last 12 months?

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

Did you apply for a pre-tenancy determination?

Yes  No

Have you been served with a shorthold tenancy notice?

Yes  No

If 'Yes', give the period of the tenancy.

from  /  /  to  /  /

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

## 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.

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 ask your landlord to fill in the 'Proof of rent' form attached.

#### 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 want to give us permission to discuss your claim with your landlord, please tick the 'Yes' box above and sign the box on the next line.

## 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

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

**You must tick 'Yes' or 'No.'**

	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			£	Personal care			£
Cooking			£	Lighting shared areas			£
Heating			£	Lift			£
Lighting your home			£	Porter or estate staff			£
Hot water			£	Laundry facilities			£
Garage or parking space			£	Council Tax			£
Furniture			£	Other (for example, TV, video)			£
Personal laundry			£	General counselling and support			Please fill in part N.
Cleaning shared areas			£	Emergency alarm system			Please fill in part N.
				Cleaning your room and windows			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.

## 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?

## 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.

### Pre-tenancy determination (PTD)

You can find out the rent officer's figures before you sign up for a tenancy by asking for a PTD. Ask the Benefits Section for an application form and details about this.

### If your rent includes support

**charges, we will need to ask you or your landlord for more information.** Please also fill in part N.



# Paying your benefit (See the notes.)

## Housing Benefit - private landlord tenants

We will pay your Housing Benefit in one of the following ways.  
(Please tick the appropriate box to show us how you want us to pay it.)

Direct to your bank or building society account

If you want us to pay your benefit direct to your bank or building society account, 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 <input type="text"/>	Your bank's sort code <input type="text"/>

Direct to you by cheque

Direct to your landlord  (You and your landlord will need to fill in section M.) (See the notes.)

## **J** Extra information

Please give us any extra information that you feel might help us when we work out your benefit.  
For example, if you have more than one job or work irregular hours.


## Notes

We can pay your Housing Benefit direct to you by cheque or direct to your bank or building society account.

We may make the first payment direct to your landlord unless you can show that you have paid your rent in full.

We can pay your Housing Benefit direct to your landlord. You and your landlord must fill in part M at the back of this form.

If you choose payment direct to your landlord, we will give them details of the payments we send and details of any overpaid benefit.

# Checklist (See the notes.)

**Is your claim complete?**

**Have you answered every question?**

**Have you enclosed the following for you and your partner?**

	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 claiming benefit for a new address, have you told the Department for Work and Pensions?**

**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.**

**Once you have checked that you have filled in all of this form, and have enclosed all the proof, please read and sign the declaration over the page. Send your form to this office immediately or take it to one of our benefit receptions, even if you do not have all of the above proof. (See the notes.) Your benefit will normally start on the Monday after we receive your form.**

## Notes

### Proof

#### Original documents

We will need to see and photocopy the original documents we ask for on this form. We will send back documents we receive in the post as soon as possible. If you bring your documents to our offices, we will photocopy them immediately.

**We cannot accept your own photocopies.**

### Important

If you do not have all the proof we ask for, fill in the form and send it to us immediately. Send us the other proof within one month. If we do not receive the proof within one month, we will cancel your claim.

**Don't delay - claim today!**

#### More information

If you would prefer us to contact a relative or friend if we need more information, please give their details here.

We will need to send them an appointee form to fill in.

Name:

Address:

Daytime phone number:



# Declaration

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 and 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 or give the information I have given on the form, to get more information, to prevent or detect crime and to protect public funds, as allowed by law.
- 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 person claiming:

Date:  /  /

Your partner's signature:

Date:  /  /

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 .....

**Please return this form to the address given on the front page or take it to one of our benefit receptions.**



# 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: £
----------	-----------

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			
<b>Total</b>			

**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:

How do you want us to pay your tenant's benefit to you?

By BACS

By cheque

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 516551

## 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 and address:

Job title:

National Insurance number:

Reference number:

Works number:

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

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 516551

## 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 and address:

Job title:

National Insurance number:

Reference number:

Works number:

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

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
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
<b>Total</b>	£	£	£	£	£
Gross pay to date as at / /	£	£	£	£	£

Is Statutory Sick Pay included in any of these payments?

Yes  No

If 'Yes', please say how much.

£

Is Working Tax Credit included in any of these payments?

Yes  No

If 'Yes', please say how much. ....

£

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
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
<b>Total</b>	£	£	£	£	£
Gross pay to date as at / /	£	£	£	£	£

Is Statutory Sick Pay included in any of these payments?

Yes  No

If 'Yes', please say how much.

£

Is Working Tax Credit included in any of these payments?

Yes  No

If 'Yes', please say how much. ....

£

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

Name and business address of employer:

Official business stamp (if available):

# East Devon District Council certificate of state benefit

To be filled in by the Department for Work and Pensions

Fill in this part if it applies.

Full name:

National Insurance number:

Address:

Date of birth:            /            /

Person applying			Weekly amount	
Type of benefit	Start date	End date	£	p

Department for Work and Pensions stamp

Department for Work and Pensions

Signature:.....

Date:.....

Claim reference: .....

**When you have filled in this document, you should return it to:**



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



# Useful addresses and phone numbers

## **Citizens Advice Bureau**

Lea Combe House  
Lyme Close  
Axminster  
EX13 5AR

Open: Fridays  
10am to 1pm

## **Citizens Advice Bureau**

Mid Devon District Council  
Claremont  
65 Fore Street  
Cullompton  
EX15 1JY

Open: Fridays  
10am to 2pm  
Phone: 01884 234926  
Fax: 01884 251527

## **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 Andrews Road  
Exmouth  
EX8 1AW

Open: Monday to Friday  
10am to 12.30pm and 2pm to 4pm  
Phone: 01395 264645  
Fax: 01395 269202

## **Citizens Advice Bureau**

Honiton Library  
48-50 New Street  
Honiton  
EX4 8BS

Open: Mondays, Tuesdays, Thursdays  
and Fridays  
9.30am to 12.30pm  
Phone: 01404 44213  
Fax: 01404 47927

## **Citizens Advice Bureau**

The Community Partnership Building  
Mill Street  
Sidmouth  
EX10 8DF

Open: Mondays  
9.30am to 12.30pm

## **Citizens Advice Bureau**

28 Gold Street  
Tiverton  
EX16 6PY

Open: Mondays, Tuesdays, Wednesdays  
and Fridays  
10am to 4pm  
Phone: 01884 234926

## **Jobcentre Plus**

Chard Street  
Axminster

Open: Mondays and Thursdays  
9.30am to 12.30pm and 1.30pm to 4.30pm  
Phone: 01297 656300

## **Jobcentre Plus**

Clarendon House  
Western Way  
Exeter  
EX1 2DA

Open: Monday to Friday  
9am to 5pm (except Wednesdays which is  
open 10am to 5pm)  
Phone: 01392 474700

## **Jobcentre Plus**

4-6 Rolle Street  
Exmouth

Open: Mondays, Tuesdays and Thursdays  
9am to 12.30pm and 1.30pm to 5pm  
Phone: 01395 396200

## **Jobcentre Plus**

128 High Street  
Honiton

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

## **Jobcentre Plus**

1-2 Mill Street  
Sidmouth

Open: Tuesdays  
9.30am to 12.30pm and 1.30pm to 4.30pm

## **Department for Work and Pensions**

Income Support, Jobseeker's  
Allowance and Incapacity Benefit  
claims only  
PO Box 93  
Plymouth  
PL1 3LE

Open: Monday to Friday  
9am to 5pm (except Wednesdays which is  
open 10am to 5pm)  
Phone: 01752 27200

## **All other claims**

Clarendon House  
Western Way  
Exeter  
EX1 2DA

Open: Monday to Friday  
9am to 5pm (except Wednesdays which is  
open 10am to 5pm)  
Phone: 01392 474700

## **The Pension Service**

PO Box 139  
Swansea  
SA6 8WD

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

## **North & East Devon Health Authority**

Dean Clarke House  
Southernhay East  
Exeter  
EX1 1PQ

Phone: 01392 205205  
Fax: 01392 270910

## **Rent Service**

Hawthorn House  
Emperor Way  
Sowton  
Exeter  
EX1 3QS

Phone: 01392 441020  
Fax: 01392 444306

## **Shelter Housing Aid Centre**

Virginia House  
40 Looe Street  
Plymouth  
PL4 0EB

Phone: 01752 221187  
Fax: 01752 255254

# 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 Jobseeker's Allowance (income based)
- 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.



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



East Devon District Council  
Knowle, Sidmouth, Devon EX10 8HL  
Phone: 01395 517446  
Fax: 01395 517414  
E-mail: [benefits@eastdevon.gov.uk](mailto:benefits@eastdevon.gov.uk)



# 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