



Local Taxation and Benefits
North East Lincolnshire Council
Municipal Offices
Town hall Square
Grimsby
North East Lincolnshire DN31 1HU
email: benefits@nelincs.gov.uk



Local Taxation and Benefits
North Lincolnshire Council
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A claim form for Housing Benefit and Council Tax Reduction

If you would like to receive this information in another language or in another format such as large print or Braille, please phone the Benefit Section on **01472 326287** (North East Lincolnshire) **0300 3030164** (North Lincolnshire).

IMPORTANT INFORMATION ABOUT YOUR CLAIM

Reference to State Benefits in this form will cover:

- Income support - IS
- Jobseekers Allowance - JSA
- Employment and Support Allowance - ESA
- Pension Credit Guaranteed Credit - PCGC
- Pension Credit Savings Credit - PCSC
- Universal Credit - UC

Reference to Disability Benefits in this form will cover:

- Disability Living Allowance - DLA
- Personal Independence Payment - PIP
- Attendance Allowance - AA

If you qualify for Housing Benefit or Council Tax Reduction your claim will usually begin from the Monday after your form is received. We will not be able to pay any Housing Benefit or award you a Council Tax Reduction until we have all of the evidence to go with your claim. **This evidence must be provided within one month of submitting your application form, but do not delay returning your form as this may result in a loss of benefit.**

You can return your form and evidence by post to the address given at the top of this page or bring them in to our offices. **Please do not send valuable items through the post.**

You must tell the Benefit Section at the council straight away about any changes in circumstances which might affect your claim. No other agency or government department is responsible for telling the council about these changes. You may be prosecuted at court if you fail to do so.

If you wish to claim Council Tax Reduction (CTR) or Second Adult Rebate (2AR) only complete Parts 1 - 10 and 14 - 17 and sign the declaration.

FOR OFFICE USE ONLY

Staff Initial					Date returned
Date form issued					
Date form to be returned by					
Claim reference	ETD		PI		Date form requested

Part 1 - About you and your partner

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, as well as yourself.

By partner we mean someone you are married to or live with as if you were married (regardless of gender). We will need to see proof of you and your partner's identity and National Insurance number.

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
All other names	<input type="text"/>	<input type="text"/>
Any other names you may have used (eg. maiden name)	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>	<input type="text"/>
Address, including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
What date did you move to this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your daytime phone number	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
email address	<input type="text"/>	<input type="text"/>
National Insurance (NI) number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>
Have you or your partner claimed Housing Benefit or Council Tax Benefit/ Council Tax Reduction before?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you last claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>

Part 1 - About you and your partner (Continued)

	You	Your partner								
If you have moved from this address, have you told the council you claimed from?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
If you or your partner have moved home in the last 12 months, tell us your last address.	<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/><hr/> </div> Postcode _____	<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/><hr/> </div> Postcode _____								
Were you the home owner, a private tenant, a council tenant or a lodger at this address?	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>								
If you are under 35, have you ever lived in a hostel?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
If so, please give details including the dates you lived there.										
Have you or your partner come to live in the UK, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.								
What is your nationality?	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>								
If your nationality is not British, on what date did you last enter and apply to stay in the UK?	<div style="border: 1px solid black; padding: 2px;"> / / </div>	<div style="border: 1px solid black; padding: 2px;"> / / </div>								
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
If yes, when did you go in?	<div style="border: 1px solid black; padding: 2px;"> / / </div>	<div style="border: 1px solid black; padding: 2px;"> / / </div>								
When will you come out, if you know this?	<div style="border: 1px solid black; padding: 2px;"> / / </div>	<div style="border: 1px solid black; padding: 2px;"> / / </div>								
Do you or your partner get Disability Living Allowance or Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
If yes, how much?	<table border="0"> <tr> <td style="text-align: right;">Living/Care</td> <td style="text-align: right;">Mobility</td> </tr> <tr> <td>£ <input style="width: 100px;" type="text"/></td> <td>£ <input style="width: 100px;" type="text"/></td> </tr> </table>	Living/Care	Mobility	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>	<table border="0"> <tr> <td style="text-align: right;">Living/Care</td> <td style="text-align: right;">Mobility</td> </tr> <tr> <td>£ <input style="width: 100px;" type="text"/></td> <td>£ <input style="width: 100px;" type="text"/></td> </tr> </table>	Living/Care	Mobility	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
Living/Care	Mobility									
£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>									
Living/Care	Mobility									
£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>									
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
Have you or your partner claimed, or been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								

Part 1 - About you and your partner (Continued)

	You	Your partner
If you are under 22 are you a care leaver?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tick if you are :		
	<input type="checkbox"/> an apprentice	<input type="checkbox"/> an apprentice
	<input type="checkbox"/> on youth training	<input type="checkbox"/> on youth training
	<input type="checkbox"/> in legal custody	<input type="checkbox"/> in legal custody
	<input type="checkbox"/> severely mentally impaired	<input type="checkbox"/> severely mentally impaired
	<input type="checkbox"/> registered blind	<input type="checkbox"/> registered blind
	<input type="checkbox"/> long-term sick or disabled	<input type="checkbox"/> long-term sick or disabled
Do you or your partner have a vehicle from a Mobility scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you or your partner are retired, did you get Invalidation or Incapacity Benefit just before you retired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES, have you or your partner received Housing Benefit or Council Tax Benefit/ Council Tax Reduction all the time since you retired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how much do you pay and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Are you or your partner a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how much of your income is taken into account when working out your grant? Please provide all the pages of your Student Finance Agreement.	£ <input type="text"/> a year <input type="text"/>	£ <input type="text"/> a year <input type="text"/>
Are you or your partner a foster carer?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what date did you or your partner become a foster carer?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 2 - About children

You need to tell us about any children living in your household who are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

If there are more than three children, use a separate sheet of paper to tell us all the information we ask for and send it with the application form. We will need to see proof of child benefit for each child.

If a child or children go to a childminder you will need to provide proof of the amount you pay. This will need to include the childminder's registration number (if they have one) and can be a letter or an invoice.

Are there any children in your household? No Go to Part 3. Yes

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

Part 2 - About children (Continued)

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
End date of child Benefit if child is 16 or over	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind? If yes we need to see proof	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child get Disability Living Allowance? If yes, how much?	No <input type="checkbox"/> Yes <input type="checkbox"/> Care <input type="text"/> £ Mobility <input type="text"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> Care <input type="text"/> £ Mobility <input type="text"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> Care <input type="text"/> £ Mobility <input type="text"/> £
Do you or your partner pay any childminding costs for this child to a childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Is the child fostered?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

NORTH EAST LINCOLNSHIRE ONLY

Free School Meals

Do you wish to apply for free schools meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Which school is the child attending?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child attending full time?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tell us any other names the child may be known as, at school	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 - About other people who live with you

You need to tell us about any adults who usually live with you and your partner (if you have one), that you have not mentioned in part 1. By adults we mean people over 16 who nobody gets Child Benefit for.

Do not tell us about people who just share a hall, bathroom or toilet with you, your landlord or your landlord's family.

We will need to see proof of all their income or benefits (or both) so we can make the correct non-dependant deduction. If we do not receive proof of their income, we will make the maximum deduction. If you are including a boarder or lodger we will not need income details or evidence for them.

A non-dependant is someone over the age of 16 who no-one gets Child Benefit for, or an adult relative or friend who lives with you.

Examples of relationship to you are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

If there are more than three people, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form. You do not need to include your partner, landlord or landlord's family.

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

Do any adults usually live with you? No Go to Part 4. Yes Fill in this section.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get any state benefits? (See page 1 for the definition)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Benefits? (See page 1 for the definition)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how much?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes tell us which	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in the armed forces?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What date did they move into your property?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below
How much?	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this include money for heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 3 - About other people who live with you (Continued)

	First person	Second person	Third person
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes when are they expected to come out?	/ /	/ /	/ /
Are they in hospital at the moment? If yes tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?	/ /	/ /	/ /
When are they due to come out (if you know)?	/ /	/ /	/ /
Are they working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How many hours per week do they work?	<input type="text"/> Hours	<input type="text"/> Hours	<input type="text"/> Hours
Tell us their earnings before any deductions We will need to see proof of their earnings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they receive an Occupational Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES, please state how much and how often it is paid	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Please give their total yearly income from any savings or investments.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If any non dependants are receiving benefits, please ask them to sign the declaration below to authorise us to make any necessary enquiries with the DWP about them which will help to ensure that payment of your claim is not delayed.

Declaration: I understand that the council may wish to make enquiries with the DWP about my benefits and I hereby authorise them to do so.

Non-dependant's signature:	N.I. Number
Non-dependant's signature:	N.I. Number
Non-dependant's signature:	N.I. Number

Part 3 - About other people who live with you (Continued)

	First person	Second person	Third person
Do they have any other income at all? If yes tell us about it below	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Are any of the people who normally live with you married to each other or living together as if they were married? We call these people *partners*. No Yes Tell us their names below

<input type="text"/>	Is the partner of	<input type="text"/>
<input type="text"/>	Is the partner of	<input type="text"/>

Part 4 - About State Benefits

We need proof of any state benefits you receive before we can decide how much Housing Benefit, Council Tax Reduction or Second Adult Rebate you can get. These benefits will be referred to as state benefits in the questions below. For a definition see page 1.

Are you or your partner getting or waiting to hear about a claim for any State Benefits? No **Go to Part 5.**
Yes Answer both the questions in this part.

	You	Your partner
Are you or your partner actually receiving any State Benefits?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you start getting it?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Which benefits are you getting?	<input type="text"/>	<input type="text"/>
Are you or your partner still waiting to hear about any State Benefits?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you claim?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Which benefits are you waiting to hear about?	<input type="text"/>	<input type="text"/>

Part 5 - About being self-employed

We need to have your trading accounts for the last financial year for you or your partner (or both of you).

We also need this information for any other adults living in your home.

Are you or your partner self-employed? No **Go to Part 6.** Yes Answer the questions on this page.

Who is self-employed? You Your Partner Both of you

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the name and address of the business?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Do you have any business partners?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, tell us their name and address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how much do you pay and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Is this your only business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If NO, please give details on a separate sheet of paper		

Part 6 - About working for an employer

We must see proof of any earnings before we can decide how much Housing Benefit, Council Tax Reduction or Second Adult Rebate you can get. We also need this information for any other adults living in your home.

If you are paid weekly we will need to see 5 weekly payslips, 2 monthly payslips or 3 payslips if you are paid fortnightly.

If you do not have proof of your earnings you can get an Earnings Certificate from the council.

Do you or your partner work for an employer?

No Go to Part 7.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

Who is working?

You Your Partner Both of you

	You	Your partner
Job title?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, when will you finish?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	<input type="text"/>	<input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How much do you get paid after tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you or your partner getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Date you started to receive it	Date you started to receive it

Part 6 - About working for an employer (Continued)

	You	Your partner
Are you or your partner getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>
Do you or your partner get any bonuses, overtime, commission or tips?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how often?	<input type="text"/> Every	<input type="text"/> Every

Part 7 - About any other work

If you or your partner do any other work for an employer (this could be full-time or part-time, paid or unpaid, or voluntary work). If you are currently off sick, on maternity leave or on paternity leave you should still fill this section in.

We also need this information for any other adults living in your home.

Do you or your partner do any other work at all? No **Go to Part 8.** Yes Answer the questions on this page.

Who is doing this other work? You Your Partner Both of you

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you only get expenses or tips, still tick Yes and give details.		
If yes, how much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
If yes, how often are you paid?	<input type="text"/> Every	<input type="text"/> Every
Are you or your partner employed as a part time fireman or as a member of the Territorial Army Reserve Forces, Coastguard or Lifeboat Service?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 8 - About state benefits and pensions

If you or your partner get any benefits, allowances or pensions from the Department for Work and Pensions (DWP). We also need this information for any other adults living in your home.

Tell us about any of the following benefits you or your partner are getting now or have claimed. (Tell us the full rates, before any deductions.)

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Employment and Support Allowance
- Contribution-based Jobseeker's Allowance
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay, or
- Statutory Paternity Pay
- State Retirement Pension
- Universal Credit
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? No Go to Part 9. Yes Tell us the full rate before any deductions below.
If you are sending a separate sheet of paper, tick this box.

Who is receiving benefits or pensions? You Your Partner Both of you

	You	Your partner
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
Getting now	<input type="checkbox"/> £ every by	<input type="checkbox"/> £ every by
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
Getting now	<input type="checkbox"/> £ every by	<input type="checkbox"/> £ every by
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
Getting now	<input type="checkbox"/> £ every by	<input type="checkbox"/> £ every by

Part 9 - About other money coming in

This section should include any money coming in from:

- occupational pensions;
- work and private pensions;
- maintenance;
- Child Support for you, your partner or any of the children you have told us about on this form;
- money from a trust fund;
- voluntary payments received from charitable organisations;
- training allowances;
- a student grant or loan;
- rent received (please give the address of the property being let as well as the amount received and the date you started receiving it); and
- other cash payments.

We also need this information for any other adults living in your home.

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form? No Go to Part 10. Yes

	Other money 1	Other money 2	Other money 3
What is the money for?			
Who gets it?			
How much do they get?	£	£	£
How often?	Every	Every	Every
How is this paid?			
When did they start getting this income?	/ /	/ /	/ /
When is the income likely to go up?	/ /	/ /	/ /
Does anyone owe money to you, your partner, or any children you are claiming for?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, what for?			
How much?	£	£	£
Who is it owed to?			
Are you expecting to get any money in the next 12 months?	No <input type="checkbox"/> Yes <input type="checkbox"/>	For example, a redundancy payment or a payment instead of notice or holiday.	
What for?			
How much?	£	£	£
Are you fully maintained by a religious order?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Part 10 - About bank accounts, savings, investments and property

We need to know, if you, your partner or any children you are claiming for have any bank accounts, savings, investments or property in the UK or abroad.

Please include all bank and building society accounts held in your name or jointly with your partner or any other person, and certificates for:

- Premium Bonds;
- National Savings Certificates;
- ISAs;
- Property;
- stocks and shares; and
- unit trusts.

We will also need proof of any interest or dividends you get on investments and savings.

We also need this information for any other adults living in your home.

We cannot pay you any benefit if you and your partner have over £16,000 in savings and investments, however, if you are of pension age this may not apply.

Do you, your partner or any dependant children you are claiming for have any of the following?

You MUST declare all of your bank accounts and savings.

Bank accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts?	<input type="text"/>	Total amount	£ <input type="text"/>
Building Society accounts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many accounts?	<input type="text"/>	Total amount	£ <input type="text"/>

Part 10 - About bank accounts, savings, investments and property (Continued)

WE NEED TO KNOW - the names of the banks/building societies where the accounts are held. We also require the name that the accounts are held in, the sort code and the account number. Please provide us with these details in the space provided below or on a separate sheet of paper.

Name of account holder	Name of Bank or Building Society	Account type and number	Balance

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

Money in Post Office® No Yes How many accounts? Total amount £

Premium Bonds No Yes How many bonds? Total amount £

Unit trusts, ISAs, PEPs, TESSAs or other investments No Yes How many? Total amount £

Income bonds or capital bonds No Yes How many bonds? Total amount £

Issue Number Number of units held Purchase value
Date of issue / /

Do you or your partner have any other money, property, savings or investments? No Yes What is it? Total amount or value £

Shares - approximate value	Type of other savings or investment	Number of shares held
£ <input type="text"/>	<input type="text"/>	<input type="text"/>
approximate value	<input type="text"/>	<input type="text"/>
approximate value	<input type="text"/>	<input type="text"/>

Do you or your partner have any National Savings Certificates? No Yes Please send us the **original** certificates as proof. We will return the certificates to you.

Do any of your or your partners savings or investments include: No Yes We will write to you about it.

- money from the sale of a house, or
- money from a charity

Apart from your home, do you or your partner own any other property or land in this country or abroad? No Yes We will write to you about it. Please give us the address.

If it is on a mortgage or a loan, still tick **Yes**.

<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/>
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Part 10 - About bank accounts, savings, investments and property (Continued)

Have you or your partner received: **No** **Yes** What payment did you receive?

- a Far Eastern Prisoner of War Compensation payment, or
- a compensation payment made to victims of atrocities that happened during the Second World War?

Who received the payment? **You** **Your partner**

Who received the payment? **You** **Your partner**

We need to know this to make sure we do not count it as part of your savings.

Have you, your partner or any dependant children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? **No** **Yes** We will write to you about it.

Part 11 - About where you live

Do you or your partner use your home for business? **No** **Yes**

Do you or your partner have a main home somewhere else? **No** **Yes** Tell us about it below.

What is the address?

Postcode _____

Are you or your partner living away from home at the moment? **No** **Yes** Tell us about it below.

Why are you or your partner not living at home?

When did you or your partner last live at home?

/ /

When do you expect to go back home?

/ /

What is the address of where you are living at the moment?

Postcode _____

Have you sublet your home? **No** **Yes** Who lives there?

Do you or your partner own your home or have a mortgage? **No** **Go to Part 12.** **Yes** (Please state if jointly owned)

Do you or your partner have a mortgage protection policy? **No** **Go to Part 14.** **Yes** **Go to Part 14.**

Part 12 - About rent or ground rent (Continued)

How much of the rent or ground rent do they pay and how often?
For example, every week, every fortnight, every four weeks or monthly.

£ every

Has your rent or ground rent changed in the last 12 months?

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

When is the next rent or ground rent increase due?

/ /

Has your rent been registered as a fair rent by a rent officer?

No Yes Please send us the notice of registration form **RO5**.

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

No Yes How many a year?

Are you behind with your rent?

No Yes By how many weeks?

What sort of building do you live in?
Tick one box only.

- | | | |
|---|---|--|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Studio flat |
| <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Flat in a house | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Terraced house | <input type="checkbox"/> Flat in a block | <input type="checkbox"/> Caravan, mobile home or houseboat |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Flat over a shop | <input type="checkbox"/> Board and lodgings |
| <input type="checkbox"/> Detached bungalow | <input type="checkbox"/> Bedsit or rooms | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Other - give details _____ | | |

Does your home have central heating? No Yes

Does your home have a garden? No Yes

Does your home have a garage? No Yes

Does your home have a parking space? No Yes

How many floors are there?

Do you and your household occupy only part of the building you have ticked?

No Yes Where in the building do you live?
At the front In the middle At the back

Which floors do you live on?
For example, ground floor, first floor.

How many rooms are there in the building?

	In the whole building	Just for you and your household	That you share with other people
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 12 - About rent or ground rent (Continued)

Could you afford to pay all the rent yourself when you moved into this property? No Yes

Have you suffered a bereavement in your household in the last 12 months? No Yes

Who has to pay the Council Tax bill for your home? You or your partner Your landlord Someone else

Tick the box that applies

If someone else, tell us who it is

What is the Council Tax reference number?

Does your rent include money for the following?

Meals No Yes How much? £ every

For which meals? Breakfast Lunch Evening meal
Please tick.

Water authority charges No Yes How much? £ every

Heating No Yes How much? £ every

Lighting No Yes How much? £ every

Hot water No Yes How much? £ every

Power No Yes How much? £ every

Fuel for cooking No Yes How much? £ every

Laundry No Yes How much? £ every

Linen No Yes How much? £ every

Cleaning rooms or windows No Yes How much? £ every

Use of colour or black and white TV No Yes How much? £ every

Gardening No Yes How much? £ every

Garage or parking space No Yes How much? £ every

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

Personal care and support No Yes How much? £ every

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance? No Yes How much? £ every

What for?

Was your last tenancy with the same landlord? No Yes

Is the property owned by Crown Estate? No Yes

Part 13 - How we will pay you

We will pay you direct, unless you are classed as 'vulnerable' (for example you do not have a bank account, have been made bankrupt or have a drug or alcohol addiction), in which case we may be able to make payments direct to your landlord. We will be able to pay your landlord direct if it is a condition of the tenancy (this applies whether you are a new or existing tenant).

If your landlord is a registered social landlord (for example Shoreline, North Lincs Homes, Guinness Northern Counties, Longhurst & Havelok Housing, Sanctuary) you can choose to have payments made direct to your landlord.

If you live in North East Lincolnshire we will pay you by BACS straight into a bank, building society, GIRO account or National Savings Bank account. This can only be into an account in your or your partner's name.

If you live in North Lincolnshire we can only pay your money into an account which has a sort code and account number. We cannot pay into accounts that only have a roll number. You can also receive your payments by cheque, but we prefer to pay by BACS.

If you are awarded Council Tax Reduction or Second Adult Rebate we will pay this into your Council Tax account.

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

Straight into an account Complete details below.

Direct to Landlord We can only pay to your landlord in some circumstances. For us to pay your Housing Benefit direct to your landlord you must complete the declaration 'Sharing information and paying Housing Benefit to your landlord' on pages 22 and 23.

We can only make payments into bank accounts in your name or your partner's name.

Payment into an account

What name or names is the account in?

Please tick one box only to say what type of account you want your money paid into. Then fill in the details of the account.

Bank or building society cheque account or bank deposit account - not a mortgage account - NORTH LINCOLNSHIRE & NORTH EAST LINCOLNSHIRE

Name of bank or building society

Sort code

Account number

Type of account - for example, a deposit or current account

Building society savings account - not a cheque or mortgage account - NORTH EAST LINCOLNSHIRE ONLY

Name of building society

Account number

Roll number

GIRO account - NORTH EAST LINCOLNSHIRE ONLY

Account number

National Savings Bank investment account - not an ordinary account - NORTH EAST LINCOLNSHIRE ONLY

Account number

Part 14 - Anything else you need to tell us

Please use this space to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form, tell us how many.

I am enclosing a filled-in *sharing information with your landlord* form.

COUNCIL TAX - SINGLE ADULT RESIDENT DISCOUNT

If you are the only adult in the property please complete this part of the form to apply for a 25% reduction.

IMPORTANT - IF ANOTHER ADULT MOVES INTO THE PROPERTY YOU MUST INFORM BOTH THE COUNCIL TAX AND HOUSING BENEFIT SECTIONS.

I (full name) hereby declare that I am the ONLY person

aged 18 years or over living at

 (address)

and have been since / / (exact date you became a single resident).

I agree to having this information passed to the Council Tax Section. I understand that this is my application for a Single Adult Resident Discount. I agree to immediately inform the Council Tax Section should another person over 18 years old move into the property. I understand that if I give false information or fail to report another person moving into the property then I may be committing a criminal offence for which I may be prosecuted at court.

Signed

Date

Part 15 - Backdating

We can usually award Housing Benefit or a Council Tax Reduction from the Monday after the day we receive your claim. Sometimes we can start the award from an earlier date if you have a good reason for not making a claim earlier. If you want us to consider doing this, tell us when you would like your claim to start from and why you did not claim earlier in the space below. Use a separate sheet of paper and send it in with this form if you need to.

Date you want to claim from

 / /

For this earlier period, were your circumstances the same as on this form?

No

Yes

Part 16 - Declaration

Please read the declaration carefully before you sign and date it. We cannot deal with your claim if you have not signed it.

If the form has been filled in by someone else, they will also need to sign the form, and tell us why they have filled it in.

I understand the following:

- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Reduction, or Second Adult Rebate.
- You may check some of the information with other sources within the council, rent offices, other councils and benefit agencies.
- The information supplied in connection with this claim may also be used for the administration and recovery of Council Tax.
- You may use any information I have provided in connection with this and any other claim for Welfare benefits/support that I have made or may make.
- You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as credit reference agencies and banks or organisations that may lend me money, if the law allows this, and a fraud investigation could include checks on any undeclared members of my household.
- You have a policy to claim back overpaid Housing Benefit. If I receive too much Housing Benefit you will claim it back from my on-going Housing Benefit or send me a bill. This is without prejudice to any other action that may be taken.
- You have a policy to take back any incorrectly paid Council Tax Reduction or Second Adult Rebate. If I receive too much Council Tax Reduction or Second Adult Rebate it will be taken from my Council Tax Account. This is without prejudice to any other action that may be taken.
- I must report changes in my circumstances in writing to the benefits section without delay. I will not assume that any other person or agency will report changes in circumstances on my behalf and understand that failing to report any changes in circumstances which affect my entitlement to Housing Benefit and/or Council Tax Reduction, could result in action being taken against me, including court action.
- If I give information that is incorrect or incomplete, you may take action against me. This could include court action.

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

Signature of person claiming

Date

Partner's signature

Date

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

I declare that I have asked all the questions on the form to the person claiming and accurately recorded the answers. I understand that it is an offence to knowingly assist a person to make a false claim and that to do so could lead to the council taking further action against me including prosecution.

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

Part 17 - Permission to disclose

If you would like us to discuss your claim with anyone else, such as a relative, friend, landlord or housing association please complete the boxes below. If someone has power of attorney for you please complete this section and provide us with proof.

Representative's full name, address and phone number.

I, the claimant, allow you to disclose information about my Housing Benefit or Council Tax Reduction claim (or both) to the representative.

Your name and address

Your signature

Sharing information and paying Housing Benefit to your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord (for example the start date of your tenancy or the amount of your rent) before we can make a decision on your claim. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else.

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

- you have claimed Housing Benefit (or renewed your claim);
- we have made a decision on your claim; or
- we need more information to make a decision on your claim, and what that information may be.

We will **not** give your landlord any information about:

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

You can withdraw your permission at any time.

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

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

We may not be able to pay your benefit to your landlord in all cases, but if you want us to consider this and have filled in part 13 of the form, you and your landlord will need to sign this section.

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

Signature

Full name
(In CAPITAL LETTERS)

Address

 Postcode

Date

 / /

Sharing information and paying Housing Benefit to your landlord (Continued)

We may not be able to pay Housing Benefit direct to your landlord in all cases.

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

Your declaration

Please pay my Housing Benefit straight to my landlord.

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

Signature

Date

/ /

Full name

(In CAPITAL LETTERS)

Your landlord's declaration

I agree to accept Housing Benefit payments for

(tenant's name) of

(tenant's address)

Postcode _____

I understand that by law:

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

Signature

Date

/ /

Checklist

Section of application form	Needed for my claim? (tick box)	Proof needed
Part 1 – About you and your partner		National Insurance number and identity
Part 2 – About children		Childminding charges
Part 3 – About other people who live with you		Income, pensions or benefits
Part 4 – About Income Support, JSA, ESA and Pension Credit		Any benefits received
Part 5 – About being self-employed		Self-employed accounts
Part 6 – About working for an employer		Wage slips
Part 7 – About any other work		Wage slips
Part 8 – About state benefits and pensions		Benefits or pensions from the DWP
Part 9 – About any other money coming in		Maintenance, work or private pensions, student grants etc.
Part 10 – About bank accounts, savings, investments and property		Bank or building society accounts etc.
Part 11 – About where you live		Details of the property you live in
Part 12 – About rent		Rent you pay - Tenancy Agreement
Part 13 – How we will pay you		Details of your bank or building society account
Part 14 – Anything else you need to tell us		
Part 15 – Backdating		Include anything that will support your request for backdating
Part 16 – Declaration		Make sure you have read, signed and dated the declaration
Sharing information and paying benefit to your landlord		Do you need to sign this section?

How we will collect and use information

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

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

We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds.

These third parties include government departments, other local authorities and private-sector organisations such as banks and organisations that may lend you money.

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

We are the data controller 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 that information, please ask us.

Payment Promise

If you are making a new claim for Housing Benefit, Council Tax Reduction or Second Adult Rebate, to enable us to process your claim in 10 working days you **must**:

- Fill in all sections which apply to your circumstances
- Supply all proof needed to complete your claim
- Take the form and any original documents needed to your nearest Local Link office (if you live in North Lincolnshire) or Customer Access Point (if you live in North East Lincolnshire). We will need to check that you have supplied all the documents we need.
- For the payment promise to apply, you must bring in all of the supporting documents on the same day as your form.
- When you submit your form and all the proof to us please write on the front page 'Payment Promise Application'.

If you live in North East Lincolnshire you must bring your form and documents into the Customer Access Point before 3pm for us to meet the payment promise timeline.

Fraud Hotline

If you believe that someone is claiming fraudulently you can report them to the 24-hour fraud hotline.

(01724) 296666 - If you live in North Lincolnshire

(01472) 326298 - If you live in North East Lincolnshire