

# Housing Benefit claim form

## Application form for the Local Council Tax Reduction Scheme

CARLISLE  
CITY COUNCIL



[www.carlisle.gov.uk](http://www.carlisle.gov.uk)

### Filling in the form

- If you are just claiming **Second Adult Reduction**, only fill in **Parts 1, 3, 16, 17 and 18** of this form.
- Please send any proof with the claim form.
- Use black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape. Please initial any alterations.
- Answer 'Yes or No' questions by ticking ✓ the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. **Do not put a cross in any boxes.** If you answer a question with a cross or do not answer a question we will have to send the form back, and this will delay the claim.
- The application form states what supporting evidence is required to allow us to process a claim. These documents must be original, photocopies will not be accepted.
- Receipts will be given for claims accepted at the Customer Contact Centre, Civic Centre, Carlisle.

### Don't delay - claim today!

Please return this form as quickly as possible, even if you do not have everything we ask for. You can send the rest to us later.

**Please return the form either by:****Post to:**

Freepost CE497  
Revenues & Benefit Services  
Carlisle City Council  
Civic Centre  
Carlisle  
CA3 8BR

**Or in person at Carlisle City Council's Customer Contact Centre in the Civic Centre, Ground Floor:**

We are open between 9.00am and 5.00pm Monday to Thursday and 4.00pm Fridays.

Email: [hben@carlisle.gov.uk](mailto:hben@carlisle.gov.uk)

Phone: 01228 817200

Fax: 01228 817266

Opening times for telephone enquiries:

Monday to Thursday 9.00am – 5.00pm

Friday 9.00am – 4.00pm.

## Checklist including Second Adult Rebate

We must see original documents, not copies.

Please do not send valuable items through the post. If you can, bring them into reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

**We need the same evidence for your partner, if you have one.**

If you cannot send the evidence we need at the moment, **send the form back to us now** and send the evidence later. We can start to process your claim, but we will not be able to pay you until we have all the evidence.

- **Evidence of identity/National Insurance Number including claims for Second Adult Rebate.**

Such as passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person. (Birth certificates and marriage certificates are acceptable as long as they do not have a disclaimer.)

- **Evidence of earnings**

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

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far. There is a Certificate of Earned Income on page 29 which you can ask your employer to complete.

**You will need to ensure you have:**

- filled in and signed the claim form for Housing Benefit or the Local Council Tax Reduction Scheme;
- collected any proof to support your claim - but remember not to send valuable items; and
- filled in the *Paying benefit to your landlord* form - if you want any benefit you may be entitled to paid to your landlord.

Send the above documents to us straight away. You can find our address on the front of this form.

- **Evidence of capital, savings and investments.**

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last two months.

- **Evidence of benefits, allowances or pensions**

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

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

- **Evidence of other income**

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

Such as pensions slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

- **Evidence of private rent and tenancy**

A tenancy agreement or a council verification of rent form. There is a verification of rent form on page 32 which you can ask your landlord to complete.

# A claim form for Housing Benefit and / or an application for the Local Council Tax Reduction Scheme

## For office use only

Date form was requested

 /  / 

Date form was issued

 /  / 

Local authority office date stamp

Initials

This claim form should be returned along with all supporting evidence by

/ /

Reference Number

If you are just claiming **Second Adult Reduction**, only fill in **Parts 1, 3, 16, 17 and 18 of this form.**

**Are you** (please tick every box that applies to you):

a hostel tenant?

an owner-occupier?

a joint owner occupier?

a private tenant?

a housing association or social landlord tenant?

living in Board & Lodgings?

## Part 1 About you and your partner

**Do you have a partner who normally lives with you?**

We use *partner* to mean

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

No

Yes  If you have a partner, you must answer all the questions about them, as well as yourself.

|  | You  | Your partner   |
|--|--|--|
| <b>Surname of family name</b>  | <input type="text"/>   | <input type="text"/>   |
| <b>Forename</b>  | <input type="text"/>   | <input type="text"/>   |
| <b>Any other names you have used</b>   | <input type="text"/>   | <input type="text"/>   |
| <b>Title</b> (Mr, Mrs, Ms, other)  | <input type="text"/>   | <input type="text"/>   |
| <b>Address, including room number if you have one</b><br>Do not tell us your partner's address if it is the same as yours. | <input type="text"/><br><input type="text"/><br><input type="text"/>   | <input type="text"/><br><input type="text"/><br><input type="text"/>   |
|  | Postcode   | Postcode   |
| <b>What date did you move to this address?</b>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| <b>Your daytime phone number</b>   | Code <input type="text"/> Number <input type="text"/>  | Code <input type="text"/> Number <input type="text"/>  |
| <b>What is this number</b><br>Please tick.   | Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/> | Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/> |
| <b>Date of birth</b>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |

**National Insurance (NI) number**

You can find this on payslips, letters about your benefit or letters from the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.

**You**

|   |                      |                          |
|---|----------------------|--------------------------|
| Letters   | Numbers              | Letter                   |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>     |
| If you do not have a NI number, or cannot find it, tick this box. |                      | <input type="checkbox"/> |

**Your partner**

|  |                      |                          |
|--|----------------------|--------------------------|
| Letters  | Numbers              | Letter                   |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>     |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>     |
| If your partner does not have a NI number, or cannot find it, tick this box. |                      | <input type="checkbox"/> |

**Your e-mail address.**



**Have you or your partner ever received Housing Benefit, Council Tax Benefit, Universal Credit or a Local Council Tax Reduction?**

No   
 Yes  Please tell us about it below.

No   
 Yes  Please tell us about it below.

Which one of the above did you claim?



When did you last get Housing Benefit, Council tax Benefit, Universal Credit or a Local Council Tax Reduction?

 /  / 
 /  / 

Which council did you claim from?



What address did you claim for?

  
  
  
 Postcode

  
  
  
 Postcode

**If you have moved from this address, have you told the council you claimed from?**

No   
 Yes

No   
 Yes

**If you or your partner have moved home in the last 12 months, tell us your last address if it is different from the above.**

  
  
  
 Postcode

  
  
  
 Postcode

Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.



**We need to see proof of your and your partner's identity and NI number. See the checklist.**

**You**

**Your partner**

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?

The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner in hospital at the moment?

No

Yes  Please tell us about it below.

No

Yes  Please tell us about it below.

When did you go in?

When will you come out, if you know?

Living / Care

Mobility

Do you or your partner have a carer other than a member of your household who stays overnight in your property?

No

Yes  How many nights per week?

Do they have their own bedroom?

No

Yes

Are you or your partner a student?

By *student* we mean anyone who is attending a course of study at an educational establishment, including student nurses.

No

Yes  Tell us if this is full or part time.

Full time  Part time

Further  Higher

Are you in Further or Higher education?

Full time  Part time

Further  Higher

Which college do you attend?

What is the full title of your course?

Do you receive a grant or loan?

No

Yes

How much? £

We need to see proof of this

Are you in legal custody (this includes being released on temporary licence or an end of custody licence)

No

Yes

Where are you currently being held?

When did you enter legal custody?

 /  / 

What is your earliest release date?

 /  / 

### Your partner

No

Yes  How many nights per week?

No

Yes

No

Yes  Tell us if this is full or part time.

Full time  Part time

Further  Higher



No

Yes

How much? £

We need to see proof of this

No

Yes

 /  / 
 /  /

We need to know about any children in your household for whom you receive child benefit:

Are there any children in your household as described above?

**No**  Go to Part 3.

**Yes**  If there are more than four children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

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

|   | First child                      | Second child                     | Third child                      | Fourth child                     |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Surname of family name  | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| Other names   | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| Date of birth   | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> |
| What is the child's sex?  | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| The child's relationship to you                                       | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| The child's relationship to your partner                              | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| Usual address, if different from yours                                | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
|   | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
|   | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| Child Benefit number  | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |
| Who gets the Child Benefit for them?<br>We need to see proof of this. | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             | <input type="text"/>             |

|  | First child   | Second child  | Third child   | Fourth child  |
|--|---|---|---|---|
| Is the child registered blind?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 |
| Does the child get Disability Living Allowance?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?                       | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?                       | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?                       | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much?                       |
| Care   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
| Mobility   | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
| Is the child unable to share a bedroom due to their disability?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please provide further details. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please provide further details. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please provide further details. | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please provide further details. |
| Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club? | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about it below.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about it below.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Please tell us about it below.  | No <input type="checkbox"/><br>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"/>  | <input type="text"/>  |
| How much do you pay a week?  | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  | £ <input type="text"/>  |
|  | We need to see proof of this.   | We need to see proof of this.   | We need to see proof of this.   | We need to see proof of this.   |
| Are these term time only costs?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 | No <input type="checkbox"/><br>Yes <input type="checkbox"/>                                 |



**Now tell us about all the people who usually live with you and your partner.**

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

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

**Do any adults usually live with you and your partner?**

By *adults* we mean people over 16 who nobody gets Child Benefit for.

No  Go to **Part 4**.

Yes  Fill in this section.

|  | First Person  | Second Person   | Third Person  |
|--|---|---|---|
| <b>Surname or family name</b>                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Other names</b>                               | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Date of Birth</b>                             | <input type="text" value="/"/> / <input type="text" value="/"/> | <input type="text" value="/"/> / <input type="text" value="/"/> | <input type="text" value="/"/> / <input type="text" value="/"/> |
| <b>Their relationship to you or your partner</b> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

|  | Letters              | Numbers              | Letter               | Letters              | Numbers              | Letter               | Letters              | Numbers              | Letter               |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Their National Insurance number</b> | <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 get Universal Credit, Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income related Employment and Support Allowance?**

No

Yes

No

Yes

No

Yes

**Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment (PIP)?**

No

Yes  How much?

£  a week

No

Yes  How much?

£  a week

No

Yes  How much?

£  a week

**Are they registered blind?**

No

Yes

No

Yes

No

Yes

|   | First Person   | Second Person  | Third Person   |
|---|--|--|--|
| 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"/> Tell us which?<br><input type="text"/>                            | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which?<br><input type="text"/>                            | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which?<br><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"/>   | No <input type="checkbox"/> Yes <input type="checkbox"/>   | No <input type="checkbox"/> Yes <input type="checkbox"/>   |
| 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"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Does this include money for heating?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they severely mentally impaired?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Are they in legal custody at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When are they expected to be released?<br><input type="text"/> |
| What is the name of the establishment where they are currently detained?                          | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Are they in hospital at the moment?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Tell us about it below.  |
| When did they go in?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| When are they due to come out (if you know)?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

**First Person**

**Second Person**

**Third Person**

**Do they normally work for 16 hours or more a week?**

No   
 Yes  Tell us their earnings before any deductions.

£  per

We need to see proof of their earnings.

No   
 Yes  Tell us their earnings before any deductions.

£  per

We need to see proof of their earnings.

No   
 Yes  Tell us their earnings before any deductions.

£  per

We need to see proof of their earnings.

**Do they have any other income at all?**

Make sure you tell us about all other income they have. This includes any social security benefits or allowances and interest from savings and investments.

No   
 Yes  Tell us about it below.

No   
 Yes  Tell us about it below.

No   
 Yes  Tell us about it below.

1 Name of the first other income.

How much is it before deductions?

£  per

£  per

£  per

2 Name of the second other income.

How much is it before deductions?

£  per

£  per

£  per

3 Name of the third other income.

How much is it before deductions?

£  per

£  per

£  per

We need to see proof of their income.

We need to see proof of their income.

We need to see proof of their income.

**Are any of the people who normally live with you married to each other, civil partners, or living together as if they were married or civil partners?**

No   
 Yes  Tell us their names below.

is the partner of

is the partner of

## Part 4 About Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) and income-related Employment, Support Allowance and Universal Credit

Are you or your partner getting or waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income-related Employment, Support Allowance or Universal Credit?

No  Go to Part 5.

Yes  Answer both the questions in this part and then go to Part 5.

### You

Which benefit are you or your partner getting or waiting to hear about?

Income Support   
 Income-based Jobseeker's Allowance   
 Pension Credit (Guarantee Credit)   
 Universal Credit   
 Income-related Employment and Support Allowance

### Your Partner

Income Support   
 Income-based Jobseeker's Allowance   
 Pension Credit (Guarantee Credit)   
 Universal Credit   
 Income-related Employment and Support Allowance

Are you or your partner actually getting Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income-related Employment, Support Allowance and Universal Credit at the moment?

No   
 Yes  When did you start getting it?  /

No   
 Yes  When did you start getting it?  /

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, Pension Credit (Guarantee Credit) or income-related Employment, Support Allowance and Universal Credit?

No   
 Yes  When did you claim?  /

No   
 Yes  When did they claim?  /

**We must see proof of your benefits, allowances or pension before we can decide how much Housing Benefit or Council Tax Reduction you can get. Read the checklist to see what you can use as a proof.**

Are you or your partner self-employed?

No  Go to **Part 6**.

Yes  Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

### You

### Your Partner

What kind of work do you do?



When did the business start?

 /  / 
 /  / 

What is the business address?

  
  
 Postcode

  
  
 Postcode

Is the company a limited company?

No

Yes  If so, how many Directors does the company have?

No

Yes  If so, how many Directors does the company have?

Do you have any business partners?

No

Yes  Tell us their name and address.

No

Yes  Tell us their name and address.

  
  
 Postcode

  
  
 Postcode

How many hours a week do you usually work?



Do you get a Business Start up Allowance?

No

Yes  How much and how often?  
 £ every

No

Yes  How much and how often?  
 £ every

Do you pay into a private pension scheme?

No

Yes  How much and how often?  
 £ every

No

Yes  How much and how often?  
 £ every

We must see proof of your earnings before we can decide how much Housing Benefit or Council Tax Reduction you can get. Read the checklist to see what you can use as proof. Please request the self-employment proforma from us if you do not have a full set of accounts.

Do you or your partner work for an employer?

No  Go to **Part 7**.

Yes  Answer the questions on this page. If you or your partner 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.

|  | You  | Your partner   |
|--|--|--|
| What kind of work do you do?   | <input type="text"/>   | <input type="text"/>   |
| What is your employer's name and address?  | <input type="text"/><br><input type="text"/><br><input type="text"/> Postcode  | <input type="text"/><br><input type="text"/><br><input type="text"/> Postcode  |
| 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"/><br>Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/> | No <input type="checkbox"/><br>Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/> |
| How much do you get paid and how often?  | £ <input type="text"/> every <input type="text"/>  | £ <input type="text"/> every <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"/>   |
| When was your last pay rise?   | <input type="text"/> / <input type="text"/> / <input type="text"/>   | <input type="text"/> / <input type="text"/> / <input type="text"/>   |
| When will your next pay rise be?   | <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"/>   |
| Are you 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"/><br>Yes <input type="checkbox"/> Which payment? <input type="text"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/> Which payment? <input type="text"/>  |
| Are you getting any other sick pay or maternity pay from your employer at the moment?  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  | No <input type="checkbox"/><br>Yes <input type="checkbox"/>  |
| Do you pay into a private or company pension scheme?   | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>                | No <input type="checkbox"/><br>Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>                |

**We must see proof of your earnings before we can decide how much Housing Benefit or Council Tax Reduction you can get. We need to see 5 weekly or 3 fortnightly or 2 monthly payslips. Read the checklist to see what you can use as proof.**

**Do you or your partner have any money coming in that you have not already told us about?**

This includes second jobs, bonuses, tips, occupational pensions, work pensions, annuities, maintenance or child support for you, money from a trust fund, training allowances and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

No  Go to **Part 9**.

Yes  Answer the questions on this page.  
 You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust or the Skipton Fund.

|  | Other money 1  | Other money 2  | Other money 3  |
|--|--|--|--|
| What is the money for?   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Who gets it?   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| How much do they get?  | £ <input type="text"/>   | £ <input type="text"/>   | £ <input type="text"/>   |
| How often?   | <input type="text" value="Every"/>   | <input type="text" value="Every"/>   | <input type="text" value="Every"/>   |
| How is this paid?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| When did they start getting this income?                                     | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  |
| When is the income likely to go up?  | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  | <input type="text" value=" / /"/>  |
| Does anyone owe money 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. |
| What for?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| How much?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Who is it owed to?   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| Are you or your partner expect to get any money in the next 12 months?       | 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. |
| For example, a redundancy payment or a payment instead of notice or holiday. |  |  |  |
| What for?  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| How much?  | £ <input type="text"/>   | £ <input type="text"/>   | £ <input type="text"/>   |

**We must see proof of any money coming in before we can decide how much Housing Benefit or Council Tax Reduction you can get. Read the checklist to see what you can use as proof.**

**Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed?** Read the list of benefit and credits below and tell us about any that you or your partner are getting now or have claimed. **Please put a line through any boxes that do not apply to you or your partner.** We will need to see evidence of the benefit or credit, such as an award letter.

No  Go to **Part 10**.

Yes  Tell us about the benefits below.

|   | You                      |                        |                       | Your partner             |                        |                       |
|---|--------------------------|------------------------|-----------------------|--------------------------|------------------------|-----------------------|
| Pensions                                      | Yes                      | How much do you get?   | How often is it paid? | Yes                      | How much do you get?   | How often is it paid? |
| State retirement pension                      | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Pension Credit (Savings Credit)               | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Widow's Allowance or Bereavement Allowance    | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Pensions                                      | Yes                      | How much do you get?   | How often is it paid? | Yes                      | How much do you get?   | How often is it paid? |
| Widowed Parent's Allowance or Widow's Pension | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| War Widow's or War Dependant's Pension        | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| War Disablement Pension                       | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Industrial Injury/Disablement Pension         | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Exceptionally Severe Disablement Allowance    | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Benefits and allowances                       | Yes                      | How much do you get?   | How often is it paid? | Yes                      | How much do you get?   | How often is it paid? |
| Contribution-based Job Seeker's Allowance     | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Child Tax Credit                              | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Working Tax Credit                            | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Employment Training Allowance                 | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Child Benefit                                 | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |



| Benefits and allowances <small>continued</small>                   | You                      |                        |                       | Your partner             |                        |                       |
|--|--------------------------|------------------------|-----------------------|--------------------------|------------------------|-----------------------|
|  | Yes                      | How much do you get?   | How often is it paid? | Yes                      | How much do you get?   | How often is it paid? |
| Long-term Incapacity Benefit                                       | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Employment and Support Allowance                                   | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Severe Disablement Allowance                                       | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Maternity Allowance  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Fostering Allowance  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Universal Credit   | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Attendance Allowance   | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Disability Living Allowance / Personal Independence Payment (PIP): |                          |                        |                       |                          |                        |                       |
| Mobility Component   | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Living / Care Component  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |
| Carer's Allowance  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> | £ <input type="text"/> | <input type="text"/>  |

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

No   
Yes

No   
Yes

Have you or your partner 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   
Yes

No   
Yes

Have you or your partner deferred (put off) receiving a pension?

No   
Yes  If Yes, which one?

Do you or your partner have any bank, building society or Post Office accounts?

No  Go to Part 12.

Yes  Tell us about your accounts, even empty or overdrawn ones or accounts you do not use very often. If there are more than 5 accounts, tell us about the others on a separate sheet of paper and send it with this form.

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

|                  |   |                      |                             |                      |
|------------------|---|----------------------|-----------------------------|----------------------|
| <b>Account 1</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 2</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 3</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 4</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 5</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 6</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 7</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |
| <b>Account 8</b> | Name of bank or building society or Post Office | <input type="text"/> | Account number              | <input type="text"/> |
|                  | Whose name is the account in?                   | <input type="text"/> | How much is in the account? | <input type="text"/> |

**Do you or your partner have any capital, savings or investments in the UK or abroad?**

This includes Cash, Premium Bonds, National Savings Certificates, and stocks and shares.

No  Go to **Part 13**.

Yes  Answer all the questions in this part. We must see evidence of all the capital, savings and investments.

**Do you or your partner have any premium bonds?**

No

Yes  Value

**Do you or your partner have any stocks, shares, bonds or unit trusts?**

No

Yes  Please enter details below.

|              |                      |           |                      |        |                                |
|--------------|----------------------|-----------|----------------------|--------|--------------------------------|
| Company name | <input type="text"/> | How many? | <input type="text"/> | Value? | <input type="text" value="£"/> |
| Company name | <input type="text"/> | How many? | <input type="text"/> | Value? | <input type="text" value="£"/> |
| Company name | <input type="text"/> | How many? | <input type="text"/> | Value? | <input type="text" value="£"/> |

**Do you or your partner have any other capital, saving or investments?**

For example, cash, TESSAs, ISA, TOISAs, compensation, National Savings Certificates, or any other money you have not told us about on this form.

No

Yes  Please enter details.

**Do you or your partner or any children you are claiming for, own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?**

Tick Yes even if you have a mortgage or loan due for the property, land or timeshare.

No

Yes  What is this address?

|                                       |
|---------------------------------------|
| <input type="text"/>                  |
| <input type="text"/>                  |
| <input type="text"/>                  |
| <input type="text" value="Postcode"/> |

**How much is it worth?**

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

**Is it currently for sale?**

No

Yes  If Yes, how long has it been for sale?

**What agency is handling the sale?**

**Do any of your savings or investments include:**

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

No

Yes  We will write to you about it.

**We must see proof of any capital, savings or investments before we can decide how much benefit you can get. Read the checklist to see what you can use as proof.**

**Do you own your home or have a mortgage?** No  Answer all the questions below. Yes  Go to **Part 15**.

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

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

**Does your home have any of these?** Tick the boxes that apply.

central heating  a garden  a garage  a parking space

**How many floors are there?**

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

| <b>How many rooms are there in the building?</b> | <b>In the whole building</b>               | <b>Just for you and your household</b>     | <b>That you share with other people</b>    |
|--|--|--|--|
| Living rooms                                     | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Bedsitting rooms                                 | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Bedrooms   | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Bathrooms or shower rooms                        | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Toilets  | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Kitchens   | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Other rooms                                      | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |

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

Why are you not living at home?

When did you 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

If you are making or have made a claim for Universal Credit and only require Council Tax Reduction please tick this box  and go to Part 16.

Do you or your partner pay rent for your home?

Tick Yes if you would pay rent but you already get Housing Benefit.

No  Go to Part 15.

Yes  Answer the next question.

What is your landlord's full name and business address?

By landlord we mean the person or organisation who owns the property you live in.

Form with three lines for name and address, and a Postcode field.

If your landlord has an agent, tell us their full name and address.

By agent we mean the person or organisation you actually pay your rent to.

Form with three lines for name and address, and a Postcode field.

Is your landlord or agent, or your landlord's or the agent's partner:

- your former partner;
• your partner's former partner;
• related to you or your partner;
• related to your partner's children?

Related includes related through marriage or civil partnership, even if it has ended. For example, ex-wife, ex-husband, ex-civil partner, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes  What is the relationship?

Text input field for relationship.

is my landlord's or agent's

Text input field for relationship.

When did you or your partner start renting your home?

Date input field ( / / )

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

Date input field ( / / )

What sort of tenancy do you have?

For example, shorthold, assured, tied rent or something like this.

Text input field for tenancy type.

How long is the tenancy for?

Date input field ( / / )

Date input field ( / / )

What is the property let as?

Tick the box that applies.

Furnished

Partly furnished

Hardly any furniture

Unfurnished

**How much rent do you or your partner pay and how often?**

For example, every week, every fortnight, every four weeks or calendar monthly.

£  every **Does anyone else share the rent with you and your partner?**No Yes  Tell us the details below.

Tell us their names and their relationship to you and your partner.

How much of the rent do they pay and how often?

For example, every week, every fortnight, every four weeks or calendar monthly.

£  every **Has your 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 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 **R05**.**Do you have any weeks when you do not have to pay rent?**No Yes  How many in a year? **Are you behind with your rent?**No Yes  By how many weeks?



If you are in receipt of Local Housing Allowance, payment will be made directly into your bank/building society account.

### Payment direct into an account

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

- it is safe and secure;
- it is convenient - you decide when and how much you want to withdraw;
- using an account may help you to save;
- from some accounts you could have regular bills paid (this could save you money but you will need to make sure that there is enough money in your account to pay the bills - if not, you may be charged a fee); and
- you can get your money from many different places.

The account can be:

- in your name;
- in the name of your partner (we use partner to mean a person you are married to or a person you live with as if you are married to them);
- in both the names of yourself and your partner; or
- in both the names of yourself and the person acting on your behalf.

If we cannot pay you directly into an account, we will pay you by cheque.

If your landlord is a Registered Social Landlord or you are an exempt tenant from Local Housing Allowance, you can choose where to have your Housing Benefit paid. Please tick your preferred payment method:

- direct into your bank or building society account  
(Please input your bank details below)
- by cheque (where you do not have a bank account or are unable to open one)
- direct to your landlord. (Please input your landlords bank details below)

Please input your landlords bank details below and ask them to sign the declaration on the next page.

Name of the bank or building society

Address of the bank or building society  
(including the postcode)

Postcode

Whose name is the account in?

Account Number

Sort Code



If you are not a private tenant and you want us to pay your benefit straight to your landlord, you must sign this declaration.

### 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 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

Full name

(in CAPITAL LETTERS)

Date

Please make Housing Benefit payments direct to my landlord (Please tick the box)   
Your landlord must sign the declaration below if you choose this option.

---

### Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form.

**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

Full name

(in CAPITAL LETTERS)

**Permission to discuss your details with a third party**

Sharing information with a third party e.g. 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 before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

By law, we must tell your landlord about certain decisions we make on your claim, for example, when we decide to pay your benefit to your landlord.

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 the third party whether:

- you have claimed Housing Benefit;
- 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 the third party 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 a third party.

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

**I give you permission to share information about the progress of my Housing Benefit claim / application for Local Council Tax Reduction with my landlord / their Agent or my representative as detailed below.**

**Name of Landlord / Agent  
or my representative**  
(in CAPITAL LETTERS)

**Address of Landlord / Agent  
or my representative**

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

Postcode

**Your signature**

**Date**

## Part 16 Anything else you need to tell us

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**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.**

## Part 17 Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

**Date you want to claim Housing Benefit and /or Local Council Tax Reduction from.**

**During this earlier period, were your circumstances different to those you have told us about on this form?**

No

Yes  Please tell us about it below.

What has changed?

We need proof of any changes in your circumstances for this period.

Why have you waited until now to make your claim? You may be required to provide evidence to support your backdate request.

### Use of your personal information

Carlisle City Council will use the information you provide to process your claim for housing benefit and/or council tax reduction. Your information will not be used for any other purpose unless allowed by law.

The information you provide may be processed by third party organisations on behalf of the shared service, but only for the purpose of dealing with your claim.

Carlisle City Council may check some of the information you provide with other council services, other councils and government departments, for example the Department for Work and Pensions, the Inland Revenue and the Home Office.

We may also get information about you from certain other organisations or give information about you to them to:

- Make sure the information is accurate;
- Prevent or detect crime; and
- Protect public funds.

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

### Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign. **Please read this declaration carefully before you sign and date it.**

- I understand that this claim is made to you, my local council. I understand that the information will be processed by Carlisle City Council, it may also be processed by contractors working on behalf of the council for the purposes of processing my claim. You may check some of the information with or disclose it to other sources as allowed by law.

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I know that I must let you know in writing straight away about any change in my circumstances which might affect my claim.

### 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 as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

 /  /

# Certificate of Earned Income

**To the Employer:**

Would you please assist your employee by completing this certificate. Please return the completed certificate to the **Benefits Section** in the enclosed reply paid envelope.

Employee's Name  NINO  Occupation

Employee's Work No.  Employee's Address

How often is the employee paid? Weekly  Fortnightly  4-Weekly  Cal Monthly

Other (please specify)  Postcode

Date employment commenced  /  /  How is the employee paid?  eg. cash, cheque, direct to bank account

What is the normal basic pay  £  What are the normal hours worked?

**If employee has just commenced employment please provide forecast of expected earnings and tick here.**

Date of last wage increase  /  /

Date of next wage increase  /  /

Date S.S.P./S.M.P. started  /  /

Please give the pay details for the last 5 weeks, 3 fortnightly or 2 monthly/4 weekly periods. Include overtime, bonus SSP, SMP etc.

| Week/Month Ending | Number of hours worked | Gross Pay for period | N I for period | Tax paid for period | Occupational or personal pension contribution | Net Pay for period |                                      |
|-------------------|------------------------|----------------------|----------------|---------------------|---|--------------------|--------------------------------------|
|                   |                        |                      |                |                     |   |                    | Total Gross Pay to date              |
|                   |                        |                      |                |                     |   |                    | Total Income Tax to date             |
|                   |                        |                      |                |                     |   |                    | Total N I to date                    |
|                   |                        |                      |                |                     |   |                    | Total Superannuation Pension to date |
|                   |                        |                      |                |                     |   |                    | Tax Week/Month                       |

If Statutory Sick Pay or Maternity Pay is included in the gross pay please indicate clearly which and how much.

Employer's Name  Business Address

Nature of Business  Business Tel. No.

Postcode

Employers Official Stamp

**I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE** Signature  Position in Business

Please endorse with Employers Official Stamp.



# Verification of Rent Form

**To be completed by claimant**

Name

Address

Your Signature

Postcode

**To be completed by the landlord/agent**

Date of Tenancy  /  /

Date moved in  /  /

Date of change  /  /

Amount of Rent

Length of Tenancy

Frequency of payment

Is this a Joint Tenancy? Yes  No

If so, please provide details of joint tenant(s)

Is this a Periodic Tenancy? Yes  No

Does your rent include any of the following services? Please delete as applicable.

|                      |        |                        |        |                                   |        |
|----------------------|--------|------------------------|--------|-----------------------------------|--------|
| Water Charges        | Yes/No | Fuel for cooking       | Yes/No | Does your rent include any meals? | Yes/No |
| Heating              | Yes/No | Lighting               | Yes/No | If Yes, which meals?              |        |
| Heating of Hot Water | Yes/No | Cleaning rooms/windows | Yes/No | Breakfast                         | Yes/No |
| Laundry              | Yes/No | Parking Space          | Yes/No | Lunch                             | Yes/No |
| Garage               | Yes/No | Gardening              | Yes/No | Dinner                            | Yes/No |
| Emergency Alarm      | Yes/No | Personal Care/Support  | Yes/No |                                   |        |

If Emergency Alarm/Personal Care/Support is included please provide details of the amount included in the rent

Please detail any other charges

If your tenant's rent does not include services please say how they pay for them

Landlord Name

Agents Name

Address   
  
Postcode

Address   
  
Postcode

Signature  Date  /  /

Signature  Date  /  /

