

REF NO.

If you want to write to us or call in,  
our address is:

**Beech Hurst,  
Weyhill Road,  
Andover, Hants  
SP10 3AJ**

Or you can visit our Office at:

**Council Offices  
Duttons Road,  
Romsey, Hants  
SO51 8XG**

# Application for Housing Benefit and Council Tax Benefit

Benefits can help  
you pay your rent  
and council tax

If you need help filling in this form

**Please phone:** 01264 368500

**Minicom:** 01264 368052

**Opening hours:**

Mon - Thurs 8.30am - 5pm   Fri 8.30am - 4.30pm

email: [benefits@testvalley.gov.uk](mailto:benefits@testvalley.gov.uk)

or visit our website at: [www.testvalley.gov.uk/benefits](http://www.testvalley.gov.uk/benefits)

For office use only

Issue Date: \_\_\_\_\_

Date Received \_\_\_\_\_

Ref No. HB/CTB0606

Housing Benefit  
and Council Tax  
Benefit





## IMPORTANT

- Please write in **BLACK INK**.
- Answer **YES** or **NO** by putting a tick in the relevant box.  
**DO NOT** put a cross in any boxes.
- Please fill in all sections that apply to you.  
**DO NOT** leave answers blank or we will send the form back to you.

If you **do not** pay rent for your home you can fill in a shorter version of the form if you prefer

**Are you** (please tick one box)

a private tenant?  a housing association or social landlord tenant?

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

By partner we mean:

- A person you are married to or live with as if you are married, 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.

## Part 1 About you and your partner

**Surname or family name**

**Other names**

**Any other names you have used**

**Title** (Mr, Mrs, Ms, other)

**Address including room number if you have one**

Do not tell us your partner's address if it is the same as yours.

**What date did you move to this address?**

**Your daytime phone number**

You do not have to tell us this, but it may help us to deal with your claim more quickly.

**What is this number?**

Please tick.

**Date of birth**

**You**

**Your partner**

Postcode

Postcode

Code                  Number

Code                  Number

Home  Work  Mobile  Textphone

Home  Work  Mobile  Textphone

**National Insurance (NI) number**

You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number.

We need to see proof of this.

**Have you or your partner claimed Housing Benefit or Council Tax Benefit before?**

**When did you last claim?**

**Which council did you claim from?**

**What name did you use for the claim?**

**What address did you claim for?**

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

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

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

**You**

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

If you do not have a National Insurance number, or cannot find it, tick this box.

No

Yes  Please tell us about it below.

 /  / 



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

No

Yes

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

**Your partner**

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

If your partner does not have a National Insurance number, or cannot find it, tick this box.

No

Yes  Please tell us about it below.

 /  / 



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

No

Yes

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

**We need to see proof of your identity and NI number. See the checklist at Part 15.**

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

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?

When did you go in?

When will you come out, if you know this?

Do you or your partner get Disability Living Allowance?

Care

Mobility

Do you or your partner get Attendance Allowance?

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

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?

You

No

Yes  We will write to you about this.

 /  / 

No

Yes  Please tell us about it below.

 /  / 
 /  / 

No

Yes  How much?

£

£

No

Yes  We will write to you about this.

No

Yes  We will write to you about this.

No

Yes  We will write to you about this.

Your partner

No

Yes  We will write to you about this.

 /  / 

No

Yes  Please tell us about it below.

 /  / 
 /  / 

No

Yes  How much?

£

£

No

Yes  We will write to you about this.

No

Yes  We will write to you about this.

No

Yes  We will write to you about this.

Do you or your partner pay towards the upkeep of a student?

**You**

No

Yes  How much do you pay and how often?

£ every

Do you or your partner have a vehicle from a Mobility scheme?

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

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

£ a year

Please tick if you or your partner are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

- 
- 
- 
- 
- 
- 

**Your partner**

No

Yes  How much do they pay and how often?

£ every

No

Yes

No

Yes  Tell us if this is full or part time.

Full time  Part time

£ a year

- 
- 
- 
- 
- 
- 

We will contact you if we need any more information.

We need to know about any children in your household who are:

- under 16,
- aged 16 to 20 and registered for work or youth training, or
- aged 16 to 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No  Go to **Part 3**.

Yes  If there are more than six 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
Last 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? <small>We need to see proof of this.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Fifth child	Sixth child	Seventh child	Eighth child
<b>Last name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<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="/ /"/>
<b>What is the child's sex?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>The child's relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>The child's relationship to your partner</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Usual address, if different from yours</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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Child Benefit number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who gets the Child Benefit for them?</b> We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the child registered blind?

First child	Second child	Third child	Fourth child
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.	Yes <input type="checkbox"/> We need to see proof of this.

Does the child get Disability Living Allowance?

First child	Second child	Third child	Fourth child
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?	Yes <input type="checkbox"/> How much?

Care

First child	Second child	Third child	Fourth child
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Mobility

First child	Second child	Third child	Fourth child
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

We need to see proof of this.

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?

First child	Second child	Third child	Fourth child
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> Please tell us about it below.	Yes <input type="checkbox"/> Please tell us about it below.	Yes <input type="checkbox"/> Please tell us about it below.	Yes <input type="checkbox"/> Please tell us about it below.

Tell us the name and registration number of the child minder.

First child	Second child	Third child	Fourth child
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How much do you pay a week?

First child	Second child	Third child	Fourth child
£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

We need to see proof of this.

		Fifth child	Sixth child	Seventh child	Eighth child
<b>Is the child registered blind?</b>		No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
<b>Does the child get Disability Living Allowance?</b>		No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> 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"/>
		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.
<b>Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?</b>		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.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
<b>Tell us the name and registration number of the child minder.</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much do you pay a week?</b>		<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week	<input type="text"/> a week
		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.

**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 aged 16 and over who nobody gets Child Benefit for.

No  Go to **Part 4**.

Yes  Fill in this section.

Last name

Other names

Date of birth

**Their relationship to you or your partner**

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

**Do they get Income Support, Income-Based Jobseeker's Allowance or pension credit (Guarantee Credit)? \***

**Do they get Disability Living Allowance or Attendance Allowance? \***

**Are they registered blind? \***

**Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training? \***

First person	Second person	Third person
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

No

Yes

No

Yes

No

Yes

No

Yes  How much?

£  a week

No

Yes  How much?

£  a week

No

Yes  How much?

£  a week

No

Yes

No

Yes

No

Yes

No

Yes  Tell us which.

No

Yes  Tell us which.

No

Yes  Tell us which.

\* We need to see proof of this

	First person	Second person	Third person
Do they pay rent or money for board and lodgings to you or your partner? *	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
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"/>
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"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment? *	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.
When did they go in?	<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"/>
When are they due to come out (if you know)?	<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 normally work for 16 hours or more a week? *	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.

\* We need to see proof of this

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

Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and any savings and investments.

First person	Second person	Third person
--------------	---------------	--------------

No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.

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"/>
------------------------	------------------------	------------------------

3 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"/>
------------------------	------------------------	------------------------

3 Capital and Investments?

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

How much is held?

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

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 or living together as if they were married?
- Civil Partners or living together as if they were Civil Partners?

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"/>

Are you or your partner getting or waiting to hear about a claim for Income Support, Income-Based Jobseeker's Allowance or Pension Credit?

No  Go to Part 5.  
Yes  Answer both the questions in this part.

Are you or your partner actually getting Income Support, Income-Based Jobseeker's Allowance or Pension Credit at the moment?

You	Your partner
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> When did you start getting it? <input type="text" value=" / /"/>	Yes <input type="checkbox"/> When did they start getting it? <input type="text" value=" / /"/>

Are you or your partner still waiting to hear about a claim for Income Support, Income-Based Jobseeker's Allowance or Pension Credit?

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> When did you claim? <input type="text" value=" / /"/>	Yes <input type="checkbox"/> When did they claim? <input type="text" value=" / /"/>

Which benefit are you getting or waiting to hear about?

Income Support <input type="checkbox"/>	Income Support <input type="checkbox"/>
Income-based Jobseekers Allowance <input type="checkbox"/>	Income-based Jobseekers Allowance <input type="checkbox"/>
Pension Credit <input type="checkbox"/>	Pension Credit <input type="checkbox"/>

We must see evidence of your benefits, allowances or pensions before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

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 evidence of your income. We will write to you about this.

What kind of work do you do?

**You**

**Your partner**

When did the business start?

 /  / 
 /  / 

What is the business address?


Do you have any business partners?

No   
 Yes  Tell us their name and address.

No   
 Yes  Tell us their name and address.


How many hours a week do you usually work?



Do you get a Business Start-up Allowance?

No   
 Yes  How much and how often?

No   
 Yes  How much and how often?

£  every

£  every

Do you pay into a private pension scheme?

No   
 Yes  How much and how often?

No   
 Yes  How much and how often?

£  every

£  every

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

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.

What kind of work do you do?

You

Your partner

What is your employer's name and address?



When did you start this job?

What is your payroll, employee or staff number?

Are you employed for a limited period?

No   
Yes  When will you finish?

No   
Yes  When will they finish?

How often do you get paid?

How much do you get paid before tax and National Insurance are taken off?

How are you paid, for example, in cash, by cheque or straight into a bank or building society account?

When was your last pay rise?

When will your next pay rise be?

How many hours a week do you usually work?

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   
Yes

Are you getting any other sick pay or maternity pay from your employer at the moment?

No   
Yes

Do you pay into a private or company pension scheme?

No   
Yes  How much and how often?

£  every

Your partner

No   
Yes

No   
Yes

No   
Yes  How much and how often?

£  every

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence. If you get tips or bonuses, tell us about these in Part 14.



**Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? \***

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Maternity Allowance
- Working Tax Credit
- Incapacity Benefit
- Industrial Injuries Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- Pension Credit (including Savings Credit)
- Retirement Pension
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Financial Assistance Scheme
- London Bombings Relief Charitable Fund

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

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

**The name of the benefit or pension \***

Waiting to hear

Getting now

You
<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

Your partner
<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

**The name of the benefit or pension \***

Waiting to hear

Getting now

<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

**The name of the benefit or pension \***

Waiting to hear

Getting now

<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

<input type="text"/>
<input type="checkbox"/>
<input type="checkbox"/> How much and how often?
£ <input type="text"/> every <input type="text"/>

**\* We need to see proof of this**

**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?**

This includes occupational pensions, work pensions and private pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, 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 10**.
- Yes**  Answer the questions on this page.  
 You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

**What is the money for?**

**Who gets it?**

**How much do they get?**

**How often?**

**When did they start getting this income?**

**When is the income likely to go up?**

Other money 1	Other money 2	Other money 3
£	£	£
Every	Every	Every
/ /	/ /	/ /
/ /	/ /	/ /

Does anyone owe money to you, your partner, or any children you are claiming for?

What for?

How much?

Who is it owed to?

Are you expecting to get any money in the next 12 months?

For example, a redundancy payment or a payment instead of notice or holiday.

What for?

How much?

Other money 1

No   
Yes  Tell us about it below.

£

Other money 2

No   
Yes  Tell us about it below.

£

Other money 3

No   
Yes  Tell us about it below.

£

No   
Yes  Tell us about it below.

£

No   
Yes  Tell us about it below.

£

No   
Yes  Tell us about it below.

£

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Do you own your home?

No  Go to the next question.  
 Yes  Go to **Part 12**.

What sort of building do you live in?

Tick one box only.

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

Who is responsible for decorating your home?

Landlord  Tenant  Unknown

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




Bedsitting rooms




Bedrooms




Bathrooms or shower rooms




Toilets




Kitchens




Other rooms




**Do you use your home for business?**

No

Yes

**Do you have a main home somewhere else?**

If your main home is somewhere else in the UK or abroad, tick Yes, even if you do not pay rent for it.

No

Yes  Tell us about it below.

**What is the address of your other home?**

  
  
  
 Postcode

**Do you pay rent on this other home?**

No

Yes  How much?

 £

**Do you pay rent for your home?**

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

No  Go to **Part 12**.

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.

**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.

**Is your landlord or landlord s agent either:**

- **The former partner of, or related to, you or your partner? or**
- **related to your or your partner s children?**

*Related* includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes  What is the relationship?

is my landlord s or agent s

**When did you start renting your home?**

**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.

**What sort of tenancy do you have?**

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

**How long is the tenancy for?**

to

**What is the property let as?**

Tick the box that applies.

- Furnished
- Partly furnished
- Hardly any furniture
- Unfurnished

**How much rent do you pay and how often?**

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

£  every

**Does anyone else share the rent with you and your partner?**

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

- No
- Yes  Tell us the details below.

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

For example, every week, every fortnight, every four weeks, 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?**

/  /

**We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.**

**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 in a year?

**Are you behind with your rent?**

- No
- Yes  By how many weeks?

**Who has to pay the Council Tax bill for your home?**

Tick the box that applies.

You or your partner

Your landlord

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?  
Please tick.

Breakfast

Lunch

Evening meal

**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 

**Fuel for cooking**

No

Yes  How much?

 every 

**Laundry**

No

Yes  How much?

 every 

**Cleaning rooms or windows**

No

Yes  How much?

 every

Gardening

No

Yes  How much?

£

Garage or parking space

No

Yes  How much?

£

Do you have to rent the garage as part of your tenancy agreement?

No

Yes

Personal care and support

No

Yes  How much?

£

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?

£

What for?

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?

Have you sublet your home?

No

Yes  Who lives there now?

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

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

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, and stocks and shares.

**Money in bank accounts**

No

Yes

How many accounts?

Total amount

£

**Money in building society accounts**

No

Yes

How many accounts?

Total amount

£

**Money in post office accounts**

No

Yes

How many accounts?

Total amount

£

**Premium Bonds**

No

Yes

How many accounts?

Total amount

£

**Unit trusts, ISAs, PEPs, TESSAs or other investments**

No

Yes

How many accounts?

Total amount

£

**Income bonds or capital bonds**

No

Yes

How many accounts?

Total amount

£

**Money or property held in trust**

No

Yes

How many accounts?

Total amount

£

**Any other savings or investments**

No

Yes

How many accounts?

Total amount

£

Types of other savings or investments

**Shares — approximate value**

Name of the company the shares are held in

Number of shares held

**Shares — approximate value**




**Shares — approximate value**




We must see evidence of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Do you, your partner or any children you are claiming for 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 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.

Apart from your home, do you, your partner or any children you are claiming for own any other property or land in this country or abroad?

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

No

Yes  We will write to you about it.

Have you or your partner received a Far Eastern Prisoner of War Compensation payment?

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

No

Yes

You  Your partner

Who received the payment?

Have you or your partner received a compensation payment made to victims of atrocities that happened during the second world war? We need to know this to make sure we do not count it as part of your savings.

No

Yes

You  Your partner

Who received the payment?

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No

Yes  We will write to you about it.

- If you are awarded Housing Benefit, in most cases you can choose where we pay your money to.  
We can arrange to pay your money:
  - by BACS - direct into your bank.
  - or direct to your landlord.
- If you are awarded Council Tax Benefit, we will pay this into your Council Tax account.

Would you like your Housing Benefit to be paid to yourself by BACS?

No  Go to the next question.

Yes  Please complete the details below:

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

Name of bank or building society

Account number

Sort code

Type of account - for example a deposit or current account

Building society savings account - not a cheque or mortgage account

Name of building society

Account number

Roll number

GIRO account

Account number

National Savings Bank investment account - NOT an ordinary account

Account number

Would you like your Housing Benefit to be paid direct to your landlord?

If you ticked Yes, do not forget to fill in the authorisation sheet at the end of this claim form. Then tear it off and give it to your landlord to sign.

No

Yes  Go to Part 14.

**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 *Paying benefit to your landlord* form.

I will send you a filled-in *Paying benefit to your landlord* form later.

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies.

Please do not send valuable items through the post. If you can, bring them into our office. 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.

**If you do not provide all the evidence we need, we might not be able to pay you any benefit. 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 any benefit until we have all the evidence.**

• **Evidence of identity**

Such as a birth certificate, marriage certificate, 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.

• **Evidence of your address**

Such as a recent gas or electricity bill or a TV licence.

• **Evidence of National Insurance number**

Such as a National Insurance number card, payslips or letters from social security or the tax office.

• **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 three months.**

• **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.

• **Evidence of other income**

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

Such as pension 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 benefits, allowances or pensions**

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

Such as current award notices or letters confirming how much you get. If you do not have evidence, let us know straight away.

• **Evidence of private rent and tenancy**

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

• **Evidence of other money paid out**

Such as

- Letters about student grants or maintenance
- Agreements or receipts from registered child carers.

Date you want to claim benefit from

If this is earlier than today, were your circumstances the same as on this form?

No

Yes

Tell us why you have not claimed before. Please give full details and supply any evidence to support your reasons for the delay.

## Part 17 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

Please read this declaration carefully before you sign and date it.

- **I declare** that the information I have given on this form is correct and complete.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law.

- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let you know in writing about any change in my circumstances which might affect my claim.
- **I understand** that throughout the duration of my claim, home visits will take place to review my entitlement.

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**

Part 18 What to do next

**You should now have:**

- filled in the claim form for Housing Benefit and Council Tax Benefit
- collected any evidence 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 completed form and supporting documents to

**Revenues, Test Valley Borough Council**, Beech Hurst, Weyhill Road, Andover, Hampshire SP10 3AJ.

### Sharing information with your landlord

Sharing information with your private 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.

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

If you give us permission by signing this form, we will only share information with your landlord if:

- you have agreed that your Housing Benefit can be paid direct to your landlord.

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

- you have claimed or renewed your claim for 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 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 below.

**I give Test Valley Borough 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)

Date

Address

If 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 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 [input box]

Date [input box]

Full name (IN CAPITAL LETTERS) [input box]

Bank or building society cheque account or bank deposit account - not a mortgage account

Name of bank or building society [input box]

Account number [input box]

Sort code [input box]

[input box]

Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form. (This will be paid by BACS)

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.

Landlord's full name [input box]

Landlord's address [input box]

Details for benefit payments

Bank sort code [input box]

Account number [input box]

Bank account name [input box]

Name of person signing this form [input box]

Job title [input box]

Signature [input box]

Date [input box]

**Note to you: Where wage slips are not available**

Write your name, job title, works number and national insurance number on this form, then ask your employer to fill it in. When they have filled it in, return it to Revenues, Test Valley Borough Council.

**Name and Address.**

**Job title.**

**Reference Number.**

**National Insurance Number.**

**Work s number.**

**How often is the above employee paid?**

**Is the employee contracted out of the National Insurance Scheme?**

**If your employee is paid every week, please give details of their pay for the last five weeks below.**

**Date their employment started.**

**How many hours do they work each week?**

**Date of their last pay rise.**

**Date of their next pay rise.**

**Note to employer**

Please fill in this certificate and return it to your employee. Please fill in all sections. Thank you for your help.

Code	Number
------	--------

Every week  Every four weeks  Every calendar month  Other  Please give details \_\_\_\_\_

Yes

No

**Comments**

(Please give details of any week during which the employee lost pay through sickness or received a pay rise)

# Employer's certificate of gross earnings continued...

Private & Confidential

Average bonus or commission if it is not included below.

Gross pay so far this year.

Tax week number.

Net pay so far this year.

Tax week number.

National Insurance so far this year.

	Week or month one	Week or month two	Week three	Week four	Week five	Office use only
Week or month ending						
Gross pay						
Income Tax						
National Insurance						
Superannuation						
Other (please give details) _____ _____						
<b>Net pay</b>						

I confirm that the information I have given is true and complete

Your Signature

Business name and address.


Date

Official business stamp (if available)

**• Money****Tell us if anyone in your household:**

- Does any work at all, paid or unpaid
- Stops working
- Gets any new benefits, pensions or allowances
- Stops getting Income Support, Job Seekers Allowance (income based) or any other benefit or money

**• Personal Circumstances****Tell us if:**

- You get married
- You have a child
- You get divorced
- You start living with someone as if you are married
- You and your partner separate

**• If someone dies****Someone should tell us if:**

- You die
- Your child you have claimed for dies
- Your partner dies
- Anyone else living with you dies

**• Your Home****Tell us if you or your partner:**

- Move to a different address
- leave home temporarily, for example for a long holiday, or a stay in hospital or a nursing home
- Decide to buy where you live

Revenues Service  
Beech Hurst, Weyhill Road,  
Andover, Hants SP10 3AJ  
Phone: 01264 368500  
Minicom: 01264 368052  
[www.testvalley.gov.uk](http://www.testvalley.gov.uk)

**Tell us also if:**

- Someone comes to stay with you
- Anyone in your household leaves school or starts or stops a training scheme
- Anyone living in your home starts or stops getting Income Support or Job Seeker's Allowance (income based)
- Someone living in your home starts work
- Someone living in your home gets any new benefits, pensions or allowances

**• Savings/Investments****Tell us if:**

- Your savings go up or down
- You buy or sell any shares

If you spend or give away savings or investments, we may continue to count them as if you still have them.

**• Sickness****Tell us if you or your partner:**

- Go into or come out of hospital
- Get or stop getting Sickness or Incapacity Benefit

**• Income Support or Job Seeker's Allowance (income based)**

**If your Income Support or Job Seeker's Allowance (income based) stops, you must tell us it has stopped because:**

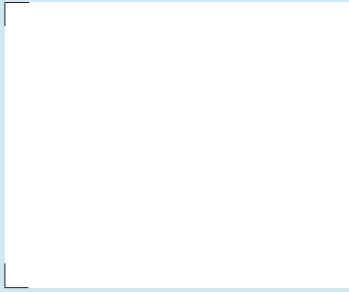
- Your Housing Benefit and Council Tax Benefit will also stop. But you can still claim these benefits on your new income.

**• Other changes we need to know about**

We have told you about some of the changes we need to know about, but if you are not sure that we have to know about any change, tell us anyway.

**• Why we need to know about changes**

The amount of benefit you get is worked out on the information that you have given us. If anything changes and you do not tell us, you might get the wrong amount of benefit.



Date stamp



Claim Ref:



### Important Customer Information

Please complete your name and address in the box above if it is not already showing. When we receive your form we will date stamp this page and return it to you to acknowledge that we have received your application.