

Housing Benefit and Council Tax Reduction application form

Section 1

Please use a black pen to fill in this application form.



You			
Title (Mr, Mrs, Miss, Ms, other)			
First name			
Middle name (or names)			
Surname			
National Insurance number			
Date of birth (DD,MM,YYYY)			
Home phone			
Work phone			
Mobile phone			
Fax number			
Email address			

Your partner			
Title (Mr, Mrs, Miss, Ms, other)			
First name			
Middle name (or names)			
Surname			
National Insurance number			
Date of birth (DD,MM,YYYY)			

Your address			
Flat number			
Address			
Address 2			
Post code			

You may lose Housing Benefit & Council Tax Reduction if you delay returning this form.

You must use this form to claim Housing Benefit or Council Tax Reduction (or both). Return this form within one calendar month of the date the form was issued.

Glasgow City Council will treat this as an application for Discretionary Housing Benefit (DHP). Should the change result in your Housing Benefit entitlement being reduced due to the removal of the spare room subsidy. Please note separately if you do not want to be considered for DHP.



Office use only	Date receipt stamp	Reference number
		Council tax number
		IDOC
		Date form was issued



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Section 1

Second Adult Rebate **What is a Second Adult Rebate?
See the information pack.**

Are you applying for a Second Adult Rebate only? You Yes No

If you have ticked Yes, fill in sections 1, 9, 11 only.

My claim

I own and live in my own home. <input type="checkbox"/>	I rent my home from a housing association. <input type="checkbox"/>	I rent my home from a private landlord. <input type="checkbox"/>
I want to apply for Housing Benefit only. <input type="checkbox"/>	I want to apply for Council Tax Reduction only. <input type="checkbox"/>	I want to apply for Housing Benefit and Council Tax Reduction <input type="checkbox"/>

Do you jointly own or rent your home with anyone apart from your partner? (If so, please name them)

Yes No

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Have you sublet your home? Yes No

Do you have your landlord's permission? Yes No

Who lives there now?

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Your nationality

Are you and your partner British? If not, what date did you last enter and apply to stay in the UK? (The UK is England, Northern Ireland, Scotland and Wales.)	You	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partner	Yes <input type="checkbox"/>	No, <input type="checkbox"/>
	Date	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>

If you, and/or your partner (or both) are not British, please say what nationality you are.

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

Which language do you want us to communicate with you in? (We may need to use our translation service for this.)

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Section 1

Previous applications and addresses									
Have you/your partner ever received Housing Benefit or Council Tax Reduction?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
When did you receive it?	You			Partner					
Which council did you Receive Housing Benefit & Council Tax Reduction from?	You			Partner					
Have you told the council you have moved?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
In the last 12 months, have you lived at any addresses other than that given on page one?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so, what was the address?									
Were you a homeowner, a tenant or a lodger at this address? Please give details.	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your partner owned any property in the last five years? If so, please give details?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you or your partner a student?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Partner Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is your course full-time or part-time? You will be asked to provide evidence.	You Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>			Partner Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>					
Please tick those that apply. If none apply, please write 'none' in the box.	Are you			Is your partner					
	an apprentice?			an apprentice?					
	on training?			on training?					
	in legal custody?			in legal custody?					
	severely mentally impaired? (See the information pack)			severely mentally impaired? (See the information pack)					
	long-term sick or disabled?			long-term sick or disabled?					
	a foreign exchange student?			a foreign exchange student?					



If you have children who live with you

	Child 1			Child 2			Child 3		
Surname									
Other names									
Date of birth (DD,MM,YYYY)									
Male or female									
Relationship to you									
Relationship to your partner									
Usual address if different from yours									
Child Benefit number									
Who receives the Child Benefit for them?									
Is the child registered blind?	Yes	No		Yes	No		Yes	No	
Do they get Disability Living Allowance or Personal Independence Payment?	Yes	No		Yes	No		Yes	No	
How much DLA/PIP do they get each week?									
Do you or your partner pay a registered childminder, nursery or after-school club to look after any children? If you pay a registered childminder, please provide their name and registration number.	You	Yes	No	Partner	Yes	No			

If you have more than three children please give their details on the 'Extra information' page.

Other people who live in your house

How many other people live in your house? **If none, go to section 2.**

	First person	Second person	Third person	
Surname				
Other names				
Date of birth (DD,MM,YYYY)				
Relationship to you				
Do they get any benefit?	Yes	No	Yes	No
Type of benefit				
Amount				
How often	Every week	Every week	Every week	
	Every two weeks	Every two weeks	Every two weeks	
	Every month	Every month	Every month	
	Other			

Other people who live in your house

	First person			Second person			Third person		
Are they registered blind?	Yes	No		Yes	No		Yes	No	
Are they students?	Yes	No		Yes	No		Yes	No	
If so, do they study full-time or part-time?	F/T	P/T		F/T	P/T		F/T	P/T	
Are they in legal custody?	Yes	No		Yes	No		Yes	No	
Are they in hospital?	Yes	No		Yes	No		Yes	No	
If so, when did they go in?									
When are they due out?									
Do they get any other income at all?									
Where does the money come from?									
How much is it before deductions?									
If any of the people shown are married or living as a couple. If yes, please confirm who this is.	Yes	No		Yes	No		Yes	No	

Subtenants, boarders and lodgers

Do you have any subtenants, boarders or lodgers?	Yes	No		If no, go to section 2.					
	First person			Second person			Third person		
Surname									
Other names									
Relationship to you									
Rent charged each week									
Does the rent include heating?	Yes	No		Yes	No		Yes	No	
Does the rent include meals? If so, please tick which ones	Yes	No		Yes	No		Yes	No	
Breakfast									
Lunch									
Dinner									





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Section 2

Benefits you receive

This is a very important part of the form, as the type of benefit (or benefits) you receive may have an effect on how much Housing Benefit or Council Tax Reduction you are entitled to. Please look at the list of benefits below and say what benefits you and your partner receive and how often you receive them. If the benefit you receive is not on the list please write it in anyway.

If you receive Income Support, Income Based Jobseeker's Allowance or Pension Credit Guaranteed, you do not need to fill in Section 3 and 5.

Type of benefit

- > Attendance Allowance
- > Adoption Pay
- > Bereavement Allowance
- > Child Benefit
- > Child Tax Credit
- > Disability Living Allowance
- > Employment and Support Allowance
- > Fostering Allowance
- > Guardians Allowance
- > Income Support
- > Incapacity Benefit
- > Industrial Death Benefit
- > Industrial Injuries Disablement Benefit
- > Jobseeker's Allowance (contribution based)
- > Jobseeker's Allowance (income based)
- > Maternity Allowance
- > Pension Credit (Guarantee Credit or Savings Credit)
- > Severe Disablement Allowance
- > Statutory Maternity Pay
- > Statutory Paternity Pay
- > State Retirement Pension
- > Statutory Sick Pay
- > War Pension
- > War Widows Pension
- > Widow's or Widower's Benefit
- > Universal Credit
- > Personal Independence Payment

Benefits you receive

	You	Partner
Type of benefit		
Amount		
How often do you receive it?		
Type of benefit		
Amount		
How often do you receive it?		
Type of benefit		
Amount		
How often do you receive it?		
Type of benefit		
Amount		
How often do you receive it?		
Type of benefit		
Amount		
How often do you receive it?		





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Section 3

Earnings

Do you or your partner work for an employer?	You	Yes	No	Partner	Yes	No
Are you self-employed?	You	Yes	No	Partner	Yes	No
If you have answered no to both these questions, go to section 4.						

If you are self-employed, please fill in all other parts of the application form which are relevant to your circumstances. We will send you a self-employed appendix for you to fill in as well.

How many jobs do you work in total, either paid or unpaid?	You			Partner		
Give details of all jobs you do, with employers' details.	You			Partner		
Start date				Start date		
Job title						
Payroll or staff number						
Employer						
Address						
Phone						
Is it a permanent job?	You	Yes	No	Partner	Yes	No
If not, when will it end?	You			Partner		
How often do you get paid?						
What is your pay before deductions?						
How are you paid?	You	Into your bank	Cheque	Cash	Partner	Into your bank
						Cheque
						Cash
When was your last pay rise?	You			Partner		
When is your next pay rise?	You			Partner		
How many hours do you work each week?	You			Partner		
Do you get any regular bonuses or commission? If so, how much? If none, write none.	You	Yes	No	Partner	Yes	No
Do you pay into a private or company pension scheme?	You	Yes	No	Partner	Yes	No

Use the 'Extra information' page of this form to provide more details.

Section 4



Your other income

This section deals with income you receive but have not mentioned earlier in the form under earnings or benefits.

Do you or your partner receive an occupational pension? (This also means receiving the pension of a partner who has died.)	You	Yes	No	Partner	Yes	No
Do you or your partner have any other income?	You	Yes	No	Partner	Yes	No
What type?	You			Partner		
How much?	You			Partner		
How often?	You			Partner		
What type?	You			Partner		
How much?	You			Partner		
How often?	You			Partner		

You will need to provide original documents as evidence.

Use the 'Extra information' page of this form to provide more details.

Money you pay out

Do you or your partner pay any money into a personal pension scheme, but not through your employer?	You	Yes	No	Partner	Yes	No
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Section 5



Your capital, savings and accounts

Tell us about the capital or savings you have and where you keep them. Please include any empty accounts. If you or your partner do not have any savings please write 'none' in the amount boxes. If there is not enough space for your details please write the rest of the details in the 'Extra information' page part of the form. We will ask you to provide original documents as evidence of your claim.

Bank accounts - amounts held and the names of the banks	You	Partner
Building society accounts - amounts held and the names of the building societies	You	Partner
Any other accounts (post office accounts, ISAs, PEPSs, TESSAs)	You	Partner
Premium Bonds, Income Capital Bonds, shares	You	Partner



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Section 5



Your capital, savings and accounts

Money or property held in trust	You	Partner
National Savings Certificates	You	Partner
Do you have any cash savings?	You	Partner
Please tell us if any of your savings or investments include money from the sale of a house or money from a charity.		
Apart from your home, do you or your partner, or any children you are claiming for, own any property or land in this country or abroad?	Yes	No
	Please give details	



Section 6



Where you live

Do you pay rent for your home?	Yes	No	If your rent is being met by benefit payments, answer yes. If you answer no, go to part 9.
When did you start renting your home?			
What date did you move in?			
Are you or your partner living away from home at the moment? If so, please state why.	Yes	No	
When did you last live at home?			
When do you expect to return home?			

Types of tenancy

What sort or type of tenancy do you have?	See the information pack for details of the different types of tenancy.		
How long is the tenancy for?		to	
How many rooms are in this property?			
How many do you use?			
What rooms are these, (for example living room, bathroom, kitchen and bedroom or bedrooms.)?			
Who do you pay rent to? Please provide a name and address.			
Do they have an agent? If so, please provide the agent's name and address.	Yes	No	





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Section 6

Types of tenancy

Are you, your partner or any of your or your partner's children related to your landlord or agent or to your landlord's or the agent's partner?	Yes	No	

Is your tenancy connected with your employment? If so, please give details.	Yes	No	

How much rent do you pay?		weekly, monthly, 4 weekly, fortnightly.
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Have you fallen behind with your rent? If so, by how many weeks?	Yes	No	

Does anyone else share the rent with you and your partner? If so, please tell us their name and their relationship to you.	Yes	No	

What is your share of the rent?	
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Has your rent changed in the last 12 months? When is the next increase due?	Yes	No	

Services included in the rent

Does the rent include any services (or example stair cleaning)?	Yes	No	See the information pack for a list of services.

Write the type of service in the box below alongside the charge for that service. The types of service offered vary from tenancy to tenancy, so check your tenancy agreement for details of the services provided to you. See our list of services in the information pack.

Type of service	
Amount	
Type of service	
Amount	
Type of service	
Amount	
Type of service	
Amount	





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Section 7

How you want to be paid

You have a choice of how you want your benefit paid.

Please note that customers in receipt of LHA (private landlord tenants) cannot choose to have their Housing Benefit paid directly to their Landlord. (Please refer to guidance notes for further information)

Please send my benefit direct to my bank account	A	Please send my benefit direct to my landlord	B
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If you selected A above, please provide your bank account details.

Name of your account provider	
Address of your bank	
Account number	
Name of account holder	
Bank sort code	
Roll number (Halifax only)	

If you selected B above, please read the following information and fill in the relevant sections.

Please pay my Housing Benefit direct to my landlord.	<p>I understand that I must always tell you about any change in my circumstances.</p> <p>If I do not tell you about changes in my circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit. I may be prosecuted if I do not tell you about any change in my circumstances.</p>
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If you have asked to have your payment sent direct to your landlord you must get your landlord to sign this form.

Landlord's name	
<p>Landlord's declaration. I agree to accept Housing Benefit payments for the tenant named on this form.</p>	<p>I understand by law I must tell you straightaway if I find out about any change in the tenant's circumstances.</p> <p>You can stop paying benefit to me if I do not tell you about any changes in the tenant's circumstances.</p> <p>I can be prosecuted if I accept Housing Benefit which I know I am not entitled to.</p> <p>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 other tenants. This will not affect their rent.</p>
Landlord's signature	
Date (DD,MM,YYYY)	

Section 8



Sharing information with your landlord or your representative

There are many advantages to allowing us to share your information with your landlord. However you do not need to agree to this.

Agreement

I give Glasgow City Council permission to share my information about the progress of this Housing Benefit and Council Tax Reduction application with my landlord or my representative.

Your signature

Date (DD,MM,YYYY)

How we will share your information with your Landlord or Representative

Sharing information with your landlord or Housing Association could help us deal with your application quickly. We may need to confirm information with your landlord before we can make a decision on your application, (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 certain details of your application with your landlord, such as confirming that you have applied or our progress in making a decision on your application. We will not give your landlord any information about you and your family's personal circumstances, and your finances.

If you agree to Glasgow City Council sharing your information with your landlord or Representative, please sign the above mandate. If you have a change in your circumstances, a new mandate will need to be completed.





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Section 11

Your declaration

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

Warning:
It is an offence to give false information.

By signing this declaration, you agree that all your currently declared information is accurate and that you will notify us when these circumstances change.

I have completed and submitted this Housing Benefit and Council Tax Reduction application form. Where I have completed the form with assistance from another party, I have supplied the answers to the questions as entered on this completed application form.

I understand the following: You will use this information I have provided to process my application for Housing Benefit and Council Tax Reduction. You may check other sources as allowed by law. You may also use this application to assess entitlement to Single Persons Discount for Council Tax, Social Security benefits, clothing grants, income maximisation for assessment of care packages that I have made or may take, school clothing grants or to assess changes in relation to home care services.

The applicant should sign the form below:

Your signature

Date (DD,MM,YYYY)

If someone has filled in this form on your behalf

If someone has filled in this form on your behalf please say why.

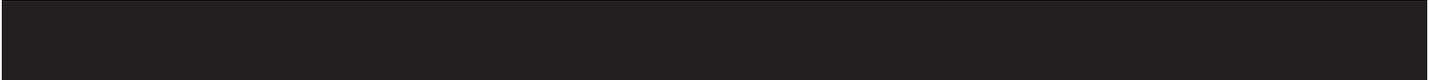
Declaration As far as I know, the answers I have written on this form are correct.

Signature

Relationship to the person applying.

Phone number

Date (DD,MM,YYYY)





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Certificate of earned income

To be filled in by the employee

Name	
Address	
Employee's number	
National Insurance number	
Signature	
Date	

To be filled in by the employer

Please help the employee by confirming the details above, providing the information we ask for below and returning it to your local Revenues and Benefits centre. If you hold a National Insurance number which is different to that shown above please write it in this box.

Please say how often the employee is paid. If you have ticked 'other' please say what period.	Every week	Every fortnight	Every four weeks
	Every calendar month	Other	
Please say what method of payment you use (for example cash, cheque, direct to bank account).	cash	cheque	direct to bank account
	normal basic pay		
	normal hours worked		

Pay details for the last five weeks, the last three two-week periods or the last two months or four weekly periods (including Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), overtime, bonuses and so on.) If SSP or SMP is included in the gross pay, please say which and how much.

Date the period ends	Number of hours worked	Gross pay	National Insurance contributions		Occupational or personal pension contributions	Tax paid by employee	
			Over the period covered by certificate	Year to date		Over the period covered by certificate	Year to date

Any extra information	
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Name of person	
Position in the business	
Name of the business	
Address	
Business phone number	

The information I have given is true and complete	
Signature	
Date	

Confirm with business authorisation stamp