

Reference No.

Date issued / /

Date of first contact / /



Ceredigion County Council
Canolfan Rheidol
Rhodfa Padarn
Llanbadarn Fawr
Aberystwyth SY23 3UE
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Claim form for Housing Benefit, Council Tax Reduction and Free School Meals

PLEASE READ THE NOTES AT THE FRONT AND BACK OF THIS FORM CAREFULLY.

YOU MUST RETURN YOUR COMPLETED FORM IMMEDIATELY. IF YOU DO NOT HAVE ALL OF THE SUPPORTING EVIDENCE AVAILABLE AT THE MOMENT PLEASE TELL US WHAT IS MISSING AND WHEN IT WILL BE SENT IN. IF THE SUPPORTING EVIDENCE IS NOT SENT IN WITHIN ONE MONTH YOUR ENTITLEMENT TO BENEFIT WILL BE AFFECTED.

IF YOU RECEIVE UNIVERSAL CREDIT YOU CAN ONLY CLAIM HOUSING BENEFIT IF YOU ARE LIVING IN SUPPORTED OR TEMPORARY ACCOMMODATION, OR IF YOU RECEIVE A BENEFIT THAT INCLUDES A SEVERE DISABILITY PREMIUM. (YOU CAN STILL CLAIM COUNCIL TAX REDUCTION WHILST IN RECEIPT OF UNIVERSAL CREDIT)

A WELSH VERSION OF THIS FORM IS AVAILABLE UPON REQUEST

What are Housing Benefit, Council Tax Reduction and Free School Meals?

Housing Benefit is help towards paying your rent if you rent your home from a Housing Association or a private landlord.

A Council Tax Reduction (formerly known as Council Tax Benefit) is help towards reducing your Council Tax bill.

Free School Meals (See Section 2 Part A - Below)

Further details can be found at www.ceredigion.gov.uk.

So we can work out your benefit properly we need to know about your circumstances. We need to know what your income is and about any savings you may have. If you have a partner, we need details of their income and savings too. We also need to know about other people who live with you and, if you rent your home, how much rent you pay.

Please answer **all** the questions by ticking either Yes or No and writing details where asked. If you do not answer all the questions, we will have to write to you for the information, which might delay your benefit.

If there is not enough room on the form for you to write everything that you need to, please use the space in section 12 of this form. It will help us if you make it clear which part of the form your information is about. If you need any advice about claiming benefit or have difficulty in filling in the form or providing proof, please contact us on the above phone number. You are also welcome to call at any District Office listed below.

- Canolfan Rheidol, Aberystwyth
- Council Offices, Market Street, Aberaeron
- Council Offices, Morgan Street, Cardigan
- Council Offices, Market Street, Lampeter

What proof must I give?

At the start of some sections there is a list of items that you can send us as proof to support the answers you give. These **must** be **original documents**. We will aim to return your documents to you within two working days of receiving them. If you do not want to post them to us, you can bring them to any of the District Offices.

Checklist of Evidence

Name

Current Address

Information Provided			To be Provided	
You	Partner		You	Partner
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Identity: Such as birth/marriage certificate, passport, driving licence, EEC identity card, recent utility bill.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of address: Such as a recent utility bill or TV licence.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of your National Insurance Number: Such as NINO card, payslips or letters from DWP/HMRC.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	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, ISA's, 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.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of earnings: This means your last five consecutive payslips if you are paid every week, your last three consecutive payslips if you are paid every two weeks, or your last two consecutive payslips if you are paid every month.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Self employed income: 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 activities so far.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of other income: E.g. pension slips from a former employer. We need to see evidence of any money people pay you for board and lodgings.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of benefits, allowances or pensions: Such as current award notices or letters confirming how much you get for PIP, Child Benefit, Tax Credits, DLA, State Retirement Pension, Universal Credit etc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of private rent and tenancy: Such as a rent book, rent statement, a tenancy agreement or a letter from your Landlord.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of other money paid out: Receipts from registered child carers.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Non-dependant's income: E.g. proof of their earnings or any benefits they are entitled to.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Reasons for backdating (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Any other information to be provided - please state below.	<input type="checkbox"/>	<input type="checkbox"/>

Please state:

I confirm that my original documents have been returned to me.

I have provided the above documents in support of my claim. I agree to provide additional information requested by (enter date)

Customer's signature

This may **not** be all the information we need to process your claim. When your claim is checked in detail, we may write to you for further information or proof. If you do not provide all the information that is requested from you, you may lose benefit.

A student is someone who is on a course at a school, college or university. Part-time students may get Housing Benefit and a reduction in their Council Tax but full-time students usually cannot. Full time is roughly 16 hours of tutorials each week. As a full-time student, you could get benefit if you:

- are receiving Income Support or income-based Jobseeker's Allowance;
- are a lone parent;
- and your partner are both students and are responsible for a child or children;
- are disabled;
- are aged 60 or over;
- are under the age of 20 and in further education (A Levels, BTEC or similar); or
- are responsible for a foster child.

You could also get benefit if your partner is a student but you are not. The person who is not the student must make the claim. If you are in any doubt, please contact us before filling in this form.

About section 10 - Accounts, savings and investments

If you, your partner or you both together have savings of £16,000 or over, you will not usually get Housing Benefit or a reduction in your Council Tax. If you are in any doubt, please contact us before filling in this form.

Section 1 About you

Are you applying for help with your rent? No Yes

Are you applying for help with your Council Tax? No Yes

If you are applying for a reduction in your Council Tax ONLY, you do not need to complete Section 11 of this form.

Throughout the form we ask questions about you and your partner. By partner, we mean someone that you are married to or live with as if you are married, a civil partner or someone you live with as if you are civil partners.

	You	Your partner
Title (Mr, Mrs, Ms, Miss)	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Previous name or any other name you are known by	<input type="text"/>	<input type="text"/>
Address and postcode	<input type="text"/>	
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/>
National Insurance number	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime phone number	<input type="text"/>	Mobile No. <input type="text"/>
E-mail address:	<input type="text"/>	

Are you getting Income Support, income based Jobseeker's Allowance, income related Employment and Support Allowance Universal Credit or Pension Credit (Guarantee Credit)? No Yes No Yes

Have you applied for Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Universal Credit or Pension Credit (Guarantee Credit)? No Yes No Yes

Your nationality

Have you or your partner come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No Go to page 4

Yes Please tell us about this here.

If you or your partner have been granted refugee status, 'exceptional leave to remain', are seeking asylum, or have been granted asylum, please send us the immigration papers. We need to see these to work out whether you or your partner are entitled to claim public funds and may contact you further about this. We may also contact the Home Office to check this information

What is your nationality?

You
<input type="text"/>

Your partner
<input type="text"/>

What date did you last arrive in the UK?

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

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

Are you seeking asylum in the UK?

No Yes

No Yes

Your Home

Have you or your partner moved into your home in the last 12 months?

No Go to next page

Yes Please tell us about this here.

When did you move to your current address? If you have not moved in yet, tell us when you expect to move in.

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

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

What was your **last** address?

<input type="text"/>

<input type="text"/>

When did you leave here?

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

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

Was the property owned by you?
or rented by you?

No Yes
No Yes

No Yes
No Yes

Did you claim Housing Benefit, Council Tax Benefit or CTRS there?

No Yes

No Yes

Did you claim Universal Credit at the above address?

No Yes

No Yes

Section 2 Part A Free School Meals (FSM)

Children whose parents receive the following support payments are eligible to receive Free School Meals:

Income Support

Income Based JSA

Income Related ESA

Guarantee Element of State Pension Credit

Working Tax Credit Run-On

Support under Part VI of the Immigration & Asylum Act 1990

Child Tax Credit provided they are not entitled to Working Tax Credit and their annual income does not exceed £16,190 (as assessed by HMRC)

Universal Credit as long as your earnings do not exceed £7,400 per annum.

NB: If you qualify for FSM then you will also be considered for a Pupil Development Grant payment to assist with the purchase of school uniform if your child is eligible.

Please tick this box if you do not wish to be considered for assistance with Free School Meals:

Section 2 Part B

About your children

Please give details about any children who live with you and for whom you or your partner get Child Benefit. If other children live with you permanently and you or your partner do not get Child Benefit for them, they should be included in section 3 on the next page.

Have you or your partner applied for, or are getting, Child Benefit?

No

Go to section 3.

Yes

Please tell us about this here.

You must send proof that Child Benefit is being paid for the children who live with you. This can be your award letter or bank statement if Child Benefit is paid into your bank or savings account.

All documents provided must be originals. We cannot accept photocopies.

First names	Last name	Date of birth	Male or female	The child's relationship to you
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Do any of these children get Disability Living Allowance?

No Yes

Which child?

Do you receive maintenance payments? If yes, how much?

No Yes

£ Per week / month

Are any of the children registered blind?

No Yes

Who?

Have any of the children been registered blind in the last 28 weeks?

No Yes

Who?

Section 2 Part C

Childcare

You **may** be able to get more benefit if you have a child who is looked after by a **registered** childminder or who goes to a nursery, playscheme or after-school club.

Do you or your partner make payments for child care?

No

Go to section 3.

Yes

Please tell us about this here.

We need to see five consecutive receipts if you pay weekly, or two if you pay monthly, and your contract if you have one. If the amount you pay varies during term time, holidays or due to your shift rota, please give full details over a three-month period and provide proof of payment.

What is the name and address of your registered childminder, or the nursery, playscheme or after-school club?

What is their registration or reference number? This will be on your contract.

What is the name of the child or children being cared for?

How much do you spend each week on child care?

£

Does the amount you pay vary, for example, during term time, holidays or according to your shift rota?

No Yes

Section 3

Other people living in your home

Other than those named in sections 1 and 2, does anyone else live in your home?

No

Go to section 4.

Yes

Please tell us about them here.

Please fill in:

- **Part A** for people who are members of your family, or someone who lives with you and for whom you do not charge rent (we call these non-dependants); and
- **Part B** on the next page for people who pay rent to live in your home, such as boarders, lodgers or tenants.
- **Part C** for Carers who stay with you on an occasional basis

Part A Non-dependants

You must send proof of income for anyone living in your home. This can be proof of the benefits they are getting, or up-to-date, consecutive payslips (five if they are paid weekly or two if they are paid monthly), or a letter from their employer giving full details. If you cannot send proof, you may not get all the benefit you are entitled to. If there are more than three people, please use the space in section 12 to provide details.

All documents provided must be originals. We cannot accept photocopies.

	Person one	Person two	Person three
Title and Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Relationship to you (such as son, daughter, friend, none and so on).	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Pension Credit (Guarantee Credit), income based Job Seekers Allowance, Universal Credit or income related Employment Support Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What are their earnings before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any other income, such as State Retirement Pension, Working Tax Credit, Pension Credit, Universal Credit or works pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What do they get?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much are they receiving?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any interest on their savings?	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 do they get each year?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they:			
a student, student nurse, in full-time education, an apprentice, on Youth Training, in hospital, prison or a place of detention, a care worker or 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"/>
Please say which.	<input type="text"/>	<input type="text"/>	<input type="text"/>
We may contact you for more details.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of the above married to each other or living together as if they are married?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us their names.	<input type="text"/>	is the partner of	<input type="text"/>

Part B Boarders, lodgers or tenants

Full name	Date of birth	How much are they charged?	How often?
	/ /	£	
	/ /	£	

Do you give them meals? No Yes

Is a charge for heating included in their rent? No Yes

Part C Carers (please also see section 11 part B)

Carers who stay on an occasional basis

Name of carer	Date of birth	Estimation of how often they stay
	/ /	
	/ /	

Section 4

Students

Are you or your partner a student? No Go to section 5.
Yes Please tell us about this here.

Please read the notes at the beginning of this form before filling in this section. We need to see the following as proof of your income.

- Your grant award or certificate for the current academic year.
- Details of any student loans you have taken out during the current academic year.

All documents provided must be originals. We cannot accept photocopies.

	You	Your partner
Are you a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you studying:	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>
What course of study are you following (further education course, HND, BSc, MSc)?	<input type="text"/>	<input type="text"/>
Which college do you attend?	<input type="text"/>	<input type="text"/>
When does the current academic year start?	<input type="text"/> / /	<input type="text"/> / /
When does the current academic year end?	<input type="text"/> / /	<input type="text"/> / /
How many years does the course cover?	<input type="text"/> years	<input type="text"/> years
What is your current year of study?	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>

Please provide a breakdown of all student income you receive, i.e. National Assembly Learning Grant, Student Loan, Dependants Learning Allowance, Maintenance Grant, Scholarship, Bursary etc.

Section 5

About you and your partner

The answers you give to the following questions will make sure that you get the right amount of benefit because of disability. You must provide proof of what you get.

All documents provided must be originals. We cannot accept photocopies.

Part A

Do you get Disability Living Allowance or a Personal Independence Payment?

How much:

for care?

for mobility?

Do you get Attendance Allowance?

How much?

Do you get Constant Attendance Allowance?

Have you claimed for any of these benefits and are waiting to hear about the outcome?

Which benefit have you applied for?

What date did you apply for the benefit?

Are you registered blind?

Have you been registered blind in the last 28 weeks?

Are you in hospital at the moment?

When did you go in?

When do you expect to come out?

You

No Yes

£

£

No Yes

£

No Yes

No Yes

/ /

No Yes

No Yes

No Yes

/ /

/ /

Your partner

No Yes

£

£

No Yes

£

No Yes

No Yes

/ /

No Yes

No Yes

No Yes

/ /

/ /

Part B

Have you been too ill to work for more than 28 weeks?

Please give the date you last worked.

Do you get Mobility Supplement paid with your War Disablement Pension?

Have you been given, or do you get an allowance for, an invalid carriage or any other vehicle?

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

Please tell us who gets the allowance.

What is their address?

Have you claimed Carer's Allowance but have been refused because you get another benefit?

When did you claim?

Which benefit do you get instead?

You

No Yes

/ /

No Yes

No Yes

No Yes

No Yes

/ /

Your partner

No Yes

/ /

No Yes

No Yes

No Yes

No Yes

/ /

Section 6

Pension

Do you pay into a private pension scheme? No **Go to section 7.**
 Yes Please tell us about this here.

How much do you pay? £ £
 How often (weekly, fortnightly, four-weekly, monthly)?

We will need to see a letter from your pension company confirming the pension scheme and evidence of the amount you pay, such as payments on your bank statement.

Section 7

Your earnings

Are you or your partner working (including voluntary work), receiving Statutory Sick Pay or Statutory Maternity/Paternity Pay? No Go to section 8.
 Yes Please tell us about this here.

We need to see proof of earnings for you and your partner, Statutory Sick Pay or Statutory Maternity Pay and we may contact your employer to check the details you give. If you are self-employed, the list of the proof we need is on the next page. If you work for an employer, we accept the following proof.

- Five of your most recent consecutive payslips if you are paid weekly, three if you are paid fortnightly or two if you are paid four-weekly or monthly. However, we cannot accept brown-envelope payslips.
- Please ask your employer to fill in the Certificate of Earned Income attached to the back of this form if you do not have any payslips, or you receive brown-envelope payslips.
- A letter from your employer on headed paper giving details of your expected earnings if you have only just started a new job. You will need to send payslips when you receive them to confirm your earnings.
- If you have told us that your wages are paid into an account, please remember to tell us about this account in Section 10 (Accounts, savings and investments).

All documents provided must be originals. We cannot accept photocopies.

Working for an employer

	You	Your partner
Are you working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Who do you work for?	<input type="text"/>	<input type="text"/>
What is the company's address?	<input type="text"/>	<input type="text"/>
Company phone number.	<input type="text"/>	<input type="text"/>
What is your job title?	<input type="text"/>	<input type="text"/>
What is your payroll number (this will be on your payslip)?	<input type="text"/>	<input type="text"/>
How many hours do you normally work each week?	<input type="text"/> hours	<input type="text"/> hours
How often are you paid (weekly, fortnightly, four-weekly, monthly)?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/> / /	<input type="text"/> / /
How is your wage paid (by cheque, cash, into your bank account)?	<input type="text"/>	<input type="text"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
When is your next pay rise due?	<input type="text"/> / /	<input type="text"/> / /
Do you work regular overtime or get regular bonuses, tips or commission?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you get?	£ <input type="text"/> each	£ <input type="text"/> each

You**Your partner**

If this job is for a fixed period, please tell us the date it will end.

 / /
 / /

Do you get Statutory Sick Pay or Statutory Maternity Pay?

SMP SSP

SMP SSP

How much?

£

£

When did it start?

 / /
 / /

Do you have more than one job?

No Yes

No Yes

What is the name and address of your second employer?

How many hours do you normally work each week?

 hours

 hours

How often are you paid (weekly, fortnightly, four-weekly, monthly)?

When did you start this job?

 / /
 / /

How much are you paid?

£

£

If you or your partner have more than two jobs, please provide details in section 12.

Self-employed

Are you or your partner self-employed?

No

Go to section 8.

Yes

Please tell us about this here.

We need to see the following as proof of your income.

- Your latest accounts (Income and Expenditure Account or Trading, Profit and Loss Account and Balance Sheet).
- The business bank statements for the last three months and the original letter from the DWP detailing any Government Business Allowance.
- If you have a business partner, the partnership agreement and information to confirm the percentage of the business income you receive.
- If you have only started trading in the last three months, or do not have any accounts, please contact the Benefits Section for advice. The number is on the front of this form.

You**Your partner**

What kind of work do you do?

What is the name of your business?

What is the address of the business?

When did the business start?

 / /
 / /

Is any part of your home used for business purposes?

No Yes

How many hours do you normally work each week?

 hours

 hours

Do you have a business partner?

No Yes

No Yes

Do you have a Government Business Allowance?

No Yes

No Yes

Is this the only work you do?

No Yes

No Yes

Section 8

Benefit income

Do you or your partner receive any of the benefits listed below or are waiting to hear about a benefit that you have claimed for?

No Go to section 9a.

Yes Please tell us about this here.

You must send us up-to-date proof of all your benefits. This could be a letter showing how much you get, an up-to-date payment slip or a bank statement showing the payment being made into your account. You can also use your order book as proof of how much you get but you should **not** send it through the post.

All documents provided must be originals. We cannot accept photocopies.

You must fill in **all** boxes. Please write 'none' if you do not receive the benefit or if you have claimed a benefit you are waiting to hear about, indicate which benefit you have applied for.

Benefits received	You	Your partner	How often?
Bereavement Allowance	£	£	
Carer's Allowance	£	£	
Contribution-based Jobseeker's Allowance	£	£	
Child Tax Credit	£	£	
Employment and Support Allowance (ESA)			
Income related	£	£	
Contribution based	£	£	
What date did ESA start?	/ /	/ /	
Are you receiving an ESA component?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Please state which			
Guardian's Allowance	£	£	
Incapacity Benefit short-term lower rate	£	£	
short-term higher rate	£	£	
long-term rate	£	£	
What date did your Incapacity Benefit start?	/ /	/ /	
Industrial Injuries Disablement Benefit	£	£	
Maternity Allowance	£	£	
Pension Credit (Savings Credit)	£	£	
Severe Disablement Allowance	£	£	
Statutory Adoption Allowance	£	£	
Statutory Paternity Pay	£	£	
State Retirement Pension	£	£	
Universal Credit	£	£	
War Disablement Pension	£	£	
War Widow's Pension	£	£	
Widowed Mother's Allowance	£	£	
Widowed Parent's Allowance	£	£	
Widow's Pension	£	£	
Working Tax Credit	£	£	

Have you or your partner chosen to defer receipt of your State Retirement Pension?

No Yes We will write to you about this

Section 9 About other income coming in

Part A

Do you or your partner have any money coming in that you have not already told us about on this form? This includes occupational - private pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub tenants. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or MacFarlane Trust or Armed Forces Independent Payment.

No Go to Part 9b.
Yes Answer the questions on this page.

Other Money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>

Other Money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>

Other Money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>

Part B For people under 22 years of age

If you are **under** 22 years of age, please answer these questions.

Have you previously been in Social Services care under a court order? No Yes

Have you previously been given accommodation by Social Services? No Yes

If you have answered 'Yes' to either of these questions, we may contact you for more information.

Section 10

Accounts, savings and investments

Please tell us here about any accounts, cash savings and investments you or your partner have. This includes **all** bank, building society or post office accounts that you have, even if the accounts are overdrawn. We also need to know about any savings you have invested in bonds, savings certificates, stocks, shares, unit trusts and any property or land that you or your partner own. **Please tick 'No' if something does not apply to you or your partner.**

We need proof of all your accounts, savings and investments. We accept the following.

- Bank, building society and post office statements or passbooks. These must cover at least the last two months. We cannot accept balance slips showing the current amount.
- A letter from your bank or building society. This should show the type of account held, the account number, the current balance and details of any transactions you have made in the last two months.

For investments or other savings (such as unit trusts and savings certificates) we need to see documents that prove that you own them.

All documents you send must be originals. We cannot accept photocopies.

Part A

Do you or your partner have any accounts?
These include current, deposit and savings accounts with a bank, building society, post office accounts and any other accounts with a financial organisation.

No Yes

If 'Yes', please tell us about them here.

Sort code and number	Amount	Whose account is it?
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

You

Cash savings

No Yes

£

Premium Bonds

No Yes

£

ISA, TESSA, PEP etc.

No Yes

£

Your partner

No Yes

£

No Yes

£

No Yes

£

Do you or your partner have any stocks, shares, bonds, unit trusts or National Savings Certificates?

No Go to part B below.

Yes Please tell us about them here.

Stocks, shares, bonds and unit trusts

Name of company		Number held	
Name of company		Number held	
Name of company		Number held	

National Savings Certificates

Issue number		Number of Units	
Issue number		Number of Units	
Issue number		Number of Units	

Part B

Have you bought payments under an annuity?

No Yes

No Yes

Are you entitled to any money from a trust?

No Yes

No Yes

Do you have any business interest which you have not told us about on this form?

No Yes

No Yes

If you have answered 'Yes' to any of these questions, we will contact you for more details.

Do you have any other kind of savings or investments?

No Yes

No Yes

How much is held?

Please provide proof.

£

£

Where is this money saved or invested?

Do you or your partner own any other property or land besides the one you are claiming for?

No Go to section 11.

This includes properties in this country and abroad.

Yes Please answer these questions.

What is the full address of the property or land?

Does anyone else own this property or land with you and your partner?

No Yes

Give us details in Section 12

Is the property or land up for sale?

No Yes

When did you put it on the market?

Please provide proof.

/ /

What is its current value?

£

Is the property or land mortgaged?

No Yes

How much do you owe on the mortgage?

£

How much are the monthly mortgage payments?

Please provide proof.

£

Is this property occupied?

No Yes

Please give the occupants' names and relationship to you (such as parent, ex-partner, tenant, none and so on).

All documents provided must be originals. We cannot accept photocopies.

Section 11 Part A

About your rent

If you are applying for a reduction in your Council Tax ONLY, you do not need to complete this section of the form.

We need to see **original proof** of the rent you have to pay. We accept the following proof.

- Your tenancy agreement
- Your rent book
- If you do not have either of these, please ask your landlord or agent to provide a letter confirming your rental liability.

If your rent is registered with the Rent Officer, we also need to see your current registration document.

Your tenancy

You must provide details of your landlord and agent if you have one.

	Your landlord	Your agent
Title (Mr, Mrs, Ms, Miss)	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
When did you start renting your home? (start of your tenancy)		<input type="text"/> / <input type="text"/> / <input type="text"/>
What date did you move into the property?		<input type="text"/> / <input type="text"/> / <input type="text"/>
Have you applied for a pre-tenancy determination on this property?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Has your rent been registered as a fair rent by the Rent Officer?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a shorthold tenancy?		No <input type="checkbox"/> Yes <input type="checkbox"/>
How long is your tenancy for? 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> other (please state) <input type="text"/>		
Does anyone else share the rent with you and your partner?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tell us their names.	<input type="text"/>	<input type="text"/>
How much notice do you have to give to give up your tenancy?		<input type="text"/>
How much is your rent?		£ <input type="text"/>
How often is your rent due? weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> four-weekly <input type="checkbox"/> other <input type="text"/>		
What was the date of your last rent increase?		<input type="text"/> / <input type="text"/> / <input type="text"/>
If you are behind with your rent, please tell us how many weeks you are behind.		<input type="text"/> weeks
Do you have any rent-free weeks?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home a shared ownership (known as part-rent part-buy)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home a co-ownership (a financial arrangement with a housing association)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Has anyone who used to live with you died within the last 12 months?		No <input type="checkbox"/> Yes <input type="checkbox"/>

The property you live in

Is your home:

- | | | | | | |
|---------------------|--------------------------|--|--------------------------|--|--------------------------|
| a house? | <input type="checkbox"/> | a flat in a block? | <input type="checkbox"/> | a room or rooms? | <input type="checkbox"/> |
| a bungalow? | <input type="checkbox"/> | a flat in a house? | <input type="checkbox"/> | sheltered or supported? | <input type="checkbox"/> |
| a bed-sit? | <input type="checkbox"/> | a flat over a shop? | <input type="checkbox"/> | a maisonette? | <input type="checkbox"/> |
| board and lodgings? | <input type="checkbox"/> | caravan, mobile home or houseboat? | <input type="checkbox"/> | Do you pay site rent/ground rent only? | <input type="checkbox"/> |
| other? | <input type="checkbox"/> | Please say what it is <input type="text"/> | | | |

What type of property do you live in?

- Terraced Semi-detached Detached

How many floors does the whole building have?

If you rent a room, flat or bed-sit, **you must complete this section, or your claim could be delayed.**

Which floor is your home on?

2nd Floor	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>
Basement	<input type="checkbox"/>

Other (please specify)

If you are facing the front of the building, is your home:

- at the front? in the centre? at the back?

What is your room or bed-sit number?

How many flats or bed-sits are there in the building?

How much furniture is provided by your landlord? Is it:

- fully furnished? partly furnished? barely furnished? unfurnished?

Is your landlord responsible for decorating inside your home? No Yes

Does your home have central heating? No Yes

Do you have a garage? No Yes

Can you choose whether to rent the garage? No Yes

Do you have a garden? No Yes

Do you have a parking space? No Yes

Please tell us the number of rooms in the property.

	Living rooms	Bedrooms	Bed-sits	Kitchens	Bathrooms	Toilets	Other rooms
How many of these rooms are there in the building?							
How many are only used by you and your family?							
How many of these rooms do you share with other people?							

Services

Please tell us if any of the following services are included in your rent.

Water rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Window cleaning	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Cleaning inside the room or flat	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Cleaning, lighting or heating shared areas	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Laundry equipment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Laundry or bed linen washed for you	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Garage	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Emergency alarm system	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Counselling and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Nursing and personal care	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Other service (please say what it is)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Breakfast	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Lunch	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>
Evening meal	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>

We may write to you to get more information about these.

- Are you or your partner related to your landlord, or your landlord's partner or your agent or your agent's partner? No Yes

Please say how you are related (such as ex-partner, parent, brother, brother-in-law, stepbrother and so on).

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

Who?

What is their relationship?

- Has your landlord ever lived in your property? No Yes
- Are you or your partner a director of, or employed by, the company which is your landlord? No Yes
- Is your ex-partner or your partner's ex-partner a director of, or employed by, the company which is your landlord? No Yes
- Is any of your household a director of, or employed by, the company which is your landlord? No Yes
- Do you pay rent to a trust where either you or your partner are trustees? No Yes
- Do you pay rent to a trust where either your ex-partner or your partner's ex-partner is a trustee? No Yes
- Do you pay rent to a trust where any member of your household (including children) is a trustee? No Yes
- Have you or your partner ever owned or part-owned the property you are renting? No Yes
- Do you have to rent your home as a condition of your employment? No Yes
- Are you living in accommodation that is maintained by a religious order? No Yes

If you have answered 'Yes' to any of the above questions, please provide further details in section 12. We may contact you further about this.

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 What is the address?

Postcode

How much do you pay for this home? £

How often?

Part B

You **may** be entitled to a higher rate of Housing Benefit if any of the following apply:

- Either you or your partner are disabled and unable to share a bedroom
- You have children who are unable to share a bedroom due to a disability
- You, your partner, or a child in your household, require overnight care from a non resident overnight carer

In all of the above cases the disabled person or child will need to be in receipt of DLA at the higher or middle rate, PIP Daily Living Component or Attendance Allowance.

Please advise me in Section 12 if any of the above apply in order that I can make further enquiries with you.

Section 12 Backdating and anything else you need to tell us

Your Benefit will normally be awarded from the Monday following the date you first contact the Authority, provided that a completed application form is received within one month of that date.

Backdated Benefit is not awarded as a matter of course; however Benefit can be backdated in **exceptional** circumstances where you can show 'good cause' for not claiming from an earlier date. This 'good cause' must exist throughout the period for which you are requesting backdated Benefit.

Some examples of 'good cause' are:

- If you were ill and had no-one to make the claim for you; or
- If you were wrongly advised by an official as to whether there was an entitlement to Benefit; or
- If you did not understand that you could claim because of age, language difficulties etc.

This list is not exhaustive and there could be other reasons that may constitute good cause. If you believe that you had 'good cause' for not claiming sooner please outline your reasons below.

Date you want to claim benefit from

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

No

Yes

Please use this space to tell us why you did not claim earlier. Please also use this space to tell us anything else you think we should know about.

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

Paying your benefit

Are you behind with your rent? No Yes If 'Yes', by how many weeks?

Those tenants entitled to LHA from 7 April 2008 will normally be paid their Housing Benefit directly to themselves. It will then be their responsibility to pay their full rental liability to their Landlord themselves. However, we will consider making direct payments to Landlords for tenants who are unable to manage their own financial affairs, or who are not capable of taking responsibility for the payment of their own rent, or if they are 8 weeks or more in arrears with their rent. In addition, LHA can be paid direct to your landlord if it can be shown that you have negotiated a lower, more affordable rent with your Landlord in order to secure or retain your tenancy. Please contact us if you want to discuss this in more detail.

Housing Association Tenants and tenants exempt from LHA - payments can be made to you, your landlord or your landlord's agent.

Do you want payments made to: you? your landlord (non LHA) your landlord's agent (non LHA)

If you want us to pay your benefit to you, it will be paid into **your** bank or building society, please complete the details below.

Unfortunately, we are not able to pay into some accounts, such as Individual Savings Accounts (ISAs), Post Office Card Accounts and some Savings Accounts. If you are not sure about the account you want to use, please ask your bank or building society.

Name and full address of your bank or building society

Names as they appear on the account

Branch sort code

--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--

Building society account/roll number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you have any concerns or need any help or advice, please contact the Housing Benefit Section on 01970 633252

Sharing information

Sharing information with your landlord could help us deal with your claim more quickly. We may need to ask them details about your claim, such as the start date of your tenancy or they may need to know if we need more information to work out your claim and what that information may be. **We will not give your landlord any information about your personal, household or financial circumstances.** You can withdraw your permission at **any** time.

Can we share information about your claim with your landlord or agent? No Yes

If 'Yes' please sign here.

Section 14

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, they should sign this declaration as well.

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I authorise the Council to make any enquiries that are necessary to validate the information provided on this form.
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Reduction and Free School Meals. You may check some of the information with other sources within the Council, rent offices, other councils and government organisations.
- You may use any information I have provided in connection with this and any other claim for social security benefits or Discretionary Housing Payments that I have made or may make. You may give some information to other Government organisations and other departments in the Council as the law allows.
- You may also use any information I have provided to keep my, or my partner's, Council Tax account up to date and to award or remove any relevant discounts; and to assess my potential entitlement to Pupil Development Grant.
- Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, the contents of this form may have to be disclosed in response to a request.
- Under the Data Protection Act 1998, however, your own personal data will be processed and held securely and not be released to unauthorised third parties without your consent, except where the law allows. The Council may, however, disclose your personal information to other local authorities and governmental departments and agencies for data-matching purposes with a view to the possible prevention and detection of fraud, corruption, money laundering and other forms of crime and for the proper administration of your affairs, where appropriate.

I know I must let you know of any change in my circumstances or the circumstances of anyone in my household which may affect my claim. **I know** I must let you know of any change as soon as I know about it.

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

Your signature

Date

Your 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.

Name of the person who filled in this form

Signature of the person

Relationship to the person claiming

Date

How we collect and use information

We will use the information you provide to process your claim for Housing Benefit, Council Tax Reduction and Free School Meals. Where appropriate, information may be passed to the Department for Work and Pensions, The Employment Service, other councils, the Supporting People Team and other organisations as the law allows. Information may be used for council tax or housing rent administration or in deciding whether to award a Discretionary Housing Payment (DHP). The Council has a duty to protect the public funds it administers and may therefore use the information provided for data matching exercises, and for the detection and prevention of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Further information is available on the Wales Audit Office website at: <http://www.wao.gov.uk/whatwedo/1252.asp>

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

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

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

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

We at **Ceredigion County Council** are the data controllers for the purposes of the Data Protection Act and if you want to know more about what information we have about you please ask.

Equal Opportunities

Ceredigion County Council operates an Equal Opportunities Policy. It helps to ensure that all our customers have equal access to our services and that we treat people fairly. To help us to continue in carrying out this policy and improve the delivery of our service please could you fill in the section below. The completion of this section is voluntary and will not affect your claim for benefit. All the information you provide will be treated as confidential.

1. White

- British
- Irish
- Any other white background
(Please tell us below)

2. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
(Please tell us below)

3. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(Please tell us below)

4. Black or Black British

- Caribbean African
- Any other black background
(Please tell us below)

5. Other ethnic groups

- Chinese
- Any other background
(Please tell us below)

Benefits Investigations

Do you know of anyone making false claims for Benefits? If you want to report anyone anonymously you can telephone the dedicated confidential Fraudline number.

Benefits Investigation Fraudline 0800 854440

You will be able to speak in confidence to a benefits fraud investigator during office hours or leave a message on the answer phone out of office hours. You do not have to give your name or address.



**CYNGOR SIR
CEREDIGION
COUNTY COUNCIL**

Ceredigion County Council
Canolfan Rheidol
Rhodfa'r Padarn
Llanbadarn Fawr
Aberystwyth
SY23 3UE
Phone: 01970 633252

**CERTIFICATE OF EARNED INCOME
PRIVATE AND CONFIDENTIAL**

To be completed by employee:

Name

Address

Employee/Works number National Insurance number

Occupation

Signature

To be completed by employer:

I would be grateful if you could assist your employee by confirming the details above, providing the information requested below, and returning it to the address at the top of this letter. If you hold a National Insurance number, which is different to that shown, please insert it here:

Please indicate how often the employee is paid. If "other" please state the period. **Weekly** **Fortnightly** **4-Weekly** **Calendar Monthly**

Other (please specify)

Please indicate the method of payment. Eg cash, cheque, direct into bank account. Normal Basic pay Normal Hours worked

Pay details for the last 5 weekly, 3 fortnightly, or 2 monthly/4 weekly periods (including overtime, bonus, Sick Pay (whether Statutory or Private), Statutory Maternity Pay, Commission, etc)

Pay Period Ending	Number of Hours Worked	Gross Pay	National Insurance Contributions	Superannuation / Pension Contributions	Income Tax	Please confirm gross to date in respect of.		
						Pay	Tax	National insurance

Name

Name & Business Address

Telephone Number

I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE

Signature

Position in Business

PLEASE ENDORSE WITH BUSINESS'S AUTHORISATION STAMP

