

# Claim for Council Tax Support and Housing Benefit

Somerset West  
and Taunton

**Do not fill out this form until you have read these notes. After you have read and understood them, remove the notes by tearing along the perforated line.**

**Do not fill in this form** if you already get Council Tax Support or Housing Benefit from Somerset West and Taunton Council and you have moved to another address within the area or found work. Instead, complete a **Return to Work** or **Change of Address** form.

## About the form, how to claim and the proof we need

We have written this form in plain English so it is easier to understand. We need you to answer in full so we can pay you the right amount of benefit. For example, if you receive an allowance for a disability, it could mean you get more benefit. You may not have to fill in all parts of the form but you **must fill in all the parts that apply to you**.

We need to see proof of some of the things you tell us about. There is a checklist on pages 21 and 22 to help you. **If you are not sure if we need to see proof of something, phone us on 0300 304 8000.**

We will normally treat the day you first contacted us to send this form as the date you want to claim. We call this day the **“date of first contact”**. You have one month from the “date of first contact” to give us the completed form and all the proof we need.

We ask you to return the proof and form together, but if you do not have all the information to go with your form, make sure you give us your **claim within one month of the “date of first contact”**. If we get your form more than one month after the “date of first contact”, we can only pay any Council Tax Support or Housing Benefit you may be due from the Monday after we receive it.

**If we did not issue you with this form**, for example you downloaded it from our website or someone got the form for you, **phone us immediately on 0300 304 8000** and tell us you are going to claim. We will then treat the day of your call as the “date of first contact”.

We can arrange a **private appointment** with you to help you with your claim. If you give us the proof and information we need, we can work out your claim immediately.


**Fill in the form using black ink.** If you make a mistake, cross it out and put the right answer next to it.


**Do not use correction fluid or tape.** Answer **Yes** or **No** questions by putting a tick ✓ in the relevant box. If you are picking an answer from a list, tick ✓ the box that applies to you.


**Make sure you read and sign the declaration on page 20** when you have filled in the form,

**The sooner we get your form with all the proof we need, the sooner we can work out your claim.**

## Contact Information for help to claim Housing Benefit or Council Tax Support


 **Telephone 0300 304 8000** (lines open Monday to Friday 8am-6pm)


 **Due to COVID-19, our offices are closed. Please do not write to us or send us your claim through the post. Download this claim form and fill it in electronically. When you have finished, save it to your device.**

 **The checklist tells you the evidence we need to see to assess your claim. Use a smartphone or mobile device to take photographs of the evidence you need to support your claim. Send your completed claim and photos of your evidence to us by email. Make sure you put your full name and address in the email.**

 **Email:** [benefits@somersetwestandtaunton.gov.uk](mailto:benefits@somersetwestandtaunton.gov.uk)

**Visit:** [www.somersetwestandtaunton.gov.uk](http://www.somersetwestandtaunton.gov.uk)

 **Translation or other help:** If you need help because English is not your first language, contact us. We can also provide this form in large print, Braille or on audio tape.

 **Independent Advice:** The Citizens Advice Bureau can help you claim and offer a wide range of advice on other benefits. Telephone **01823 282235**

## About Housing Benefit

**Housing Benefit** can pay all or part of your rent. It may also help towards things you have to pay for, like cleaning of shared areas. You must pay your rent while you wait for us to work out your benefit. If you are having difficulties, contact your landlord immediately. We cannot help you pay deposits, rent in advance or mortgage payments.

## About Council Tax Support for people of pension age

**Council Tax Support for people of pension age allows us to pay all or part of your Council Tax.**

**Second Adult Rebate** is a form of Council Tax Support for anyone sharing their home with someone aged over 18 who is on a low income. You can claim Second Adult Rebate if:

- you are the only person in the property liable to pay Council Tax, and
- there is at least one other person living with you who is not your partner, or your tenant.

If you only want to claim Second Adult Rebate, **fill in Parts 1, 3, 9 and 16 to 20.**

The maximum Second Adult Rebate we can give is 25% off your Council Tax. When we work out Council Tax Support we always check to see if you can get Second Adult Rebate. We will give you the higher of either Council Tax Support or Second Adult Rebate.

## About Council Tax Support for people of working age

**The maximum Council Tax Support you can get is 80% of the Council Tax payable for a Band D property.** If you live in a property that is either Band E, F, G or H, we work out support based on the Council Tax that would be payable if you lived in a Band D property. If you live in a Band A, B, C or D property, the maximum Council Tax Support you can get will be 80% of your Council Tax liability.

**If you have savings and investments of more than £6,000 you are not entitled to any Council Tax Support.**

**Second Adult Rebate is not available to people of working age.**

## Changes you must tell us about

If you get Housing Benefit or Council Tax Support, we will carry out random checks to see if your circumstances have changed. **If something does change, you must tell us immediately.** Do not wait for us to check with you to report a change in your circumstances.

You must report changes in your circumstances by either **writing** to us or **telephoning** us on **0300 304 8000.** **You must tell us if**

- any of your children leave school or leave home
- anyone (including you) moves into or out of your home, including lodgers and subtenants
- your income or the income of anyone living with you, including benefits and tax credits, changes
- your capital or savings change
- you or anyone living with you starts work, becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or changes or leaves a job
- your rent changes
- you or your partner are going to be away from home for more than a month
- anything you have told us in your claim form changes.

This is not a full list. If you are not sure, ask us for advice. If you do not tell the council about changes, you may lose money you are entitled to or you may get too much benefit.

## How we will collect and use information

Somerset West and Taunton Council is under a duty to protect the public funds it administers, and may use the information you provide on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For more information, visit **[www.somersetwestandtaunton.gov.uk](http://www.somersetwestandtaunton.gov.uk)**.

# Housing Benefit and Council Tax Support claim form

## Part 1. You and your partner

By *partner* we mean someone you are married to, or live with as if you are married.

If your relationship is with someone of the same gender, you must still tick **Yes** ✓ to questions about your partner and provide information, even if your relationship has not been recognised as a Civil Partnership.

Do you have a partner who normally lives with you? Yes  No

If you have a partner, you must answer all the questions about them

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Any other family name or surname you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<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="/"/>
Your daytime telephone number	<input type="text"/>	<input type="text"/>
Mobile phone number	<input type="text"/>	<input type="text"/>
Email address <i>(if you would like us to contact you by Email)</i>	<input type="text"/>	<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"/>

You can find this on payslips or letters from Jobcentre Plus, the Pension Service or HM Revenue and Customs. We cannot work out your claim if we do not have your National Insurance number.

Please tell us the full address of the property you want to claim for including room number Do not tell us your partner's address if it is the same as yours.	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
What date did you move to this address?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Do you want to claim	Housing Benefit? <input type="checkbox"/>	Council Tax Support? <input type="checkbox"/>
Tick all boxes that apply	Second Adult Rebate? <input type="checkbox"/>	
Is the property you want to claim for	Owned or mortgaged? <input type="checkbox"/>	Rented from the Council? <input type="checkbox"/>
	Rented from a private landlord? <input type="checkbox"/>	Rented from a Housing Association? <input type="checkbox"/>
Tick all boxes that apply		

## Part 1. You and your partner (continued)

	You	Your partner
<b>If you have moved home in the last 12 months, tell us your last address</b>	          Postcode	          Postcode
Tell us if you were the homeowner, a private tenant, a council tenant or a lodger at this address	  	  
<b>Have you claimed Housing Benefit or Council Tax Support before?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you last claim?	 / /	 / /
Which Council did you claim from?	 	 
What address did you claim for?	          Postcode	          Postcode
If you are no longer at this address, have you told the Council you claimed from?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in last 5 years?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is your nationality?</b>	 	 
<b>If your nationality is not British, on what date did you last enter and apply to stay in the UK?</b> The <i>UK</i> is England, Northern Ireland, Scotland and Wales.	 / /	 / /
<b>Do you have the right to reside in the UK?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have recourse to public funds?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is your first language?</b>	 	 

## Part 1. You and your partner (continued)

	You		Your partner	
Are you or your partner currently working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If <b>No</b> , tell us the date you last worked	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
-------------------------------------------------	--------------------------------------------------------------------	--------------------------------------------------------------------

Please tick ✓ if you or your partner is:

- |                                           |                          |                          |
|-------------------------------------------|--------------------------|--------------------------|
| • registered blind                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • on youth training                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • in legal custody                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • severely mentally impaired              | <input type="checkbox"/> | <input type="checkbox"/> |
| • an apprentice                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • getting a Personal Independence Payment | <input type="checkbox"/> | <input type="checkbox"/> |

Are you or your partner a care leaver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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By **care leaver**, we mean a person who spent at least 13 weeks in foster or residential care, or in other arrangements outside their immediate or extended family, on or past their 16<sup>th</sup> birthday.

Do you or your partner get any sickness or disability benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you or your partner an in-patient at a NHS hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If <b>Yes</b> , tell us the date you went into hospital	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Does anyone get Carer's Allowance for looking after you or your partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------------------------------------------------------	------------------------------	-----------------------------	------------------------------	-----------------------------

If <b>Yes</b> , who gets this payment?	<input type="text"/>	<input type="text"/>
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Do you get Carer's Allowance for looking after anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If <b>Yes</b> , tell us who you look after	<input type="text"/>	<input type="text"/>
--------------------------------------------	----------------------	----------------------

Have you been told you are entitled to Carer's Allowance, even if you do not receive it, because you get another benefit instead?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does anyone have Power of Attorney for you or your partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If someone has Power of Attorney, please provide their details on a separate sheet of paper and send it with the form. **If you are sending a separate sheet of paper, tick this box.**

**We cannot work out your claim until we see proof of your identity, your address and your National Insurance number. The checklist on page 21 tells you what we need.**

## Part 2. Children

We need to know about any children normally living with you who are:

- under 16,
- aged 16 or 17 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  Yes

**Go to Part 3**

	First child	Second child
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>

Is the child registered blind or getting Disability Living Allowance or a Personal Independence Payment? Yes  No

Yes  No

	Third child	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>

Is the child registered blind or getting Disability Living Allowance or a Personal Independence Payment? Yes  No

Yes  No

If you have more than 4 children, use a separate sheet of paper to tell us all the information we ask for and send it with the form. **If you are sending a separate sheet of paper, tick this box.**

Do you receive child maintenance or support payments for any children living with you? Yes  No

If **Yes**, how much do you get?  £

How often do you receive it?  Every

Do you pay for childcare? Yes  No

For example, to a childminder, nursery or after school club.

Which children receive the childcare?

How much do you pay after any Government or employer contribution?  £

How often do you pay?  every

Does a Registered Childminder provide the care? Yes  No

If **Yes**, tell us their registration number.

**We must see proof of your children. The checklist on page 21 tells you what we need.**

## Part 3. Other people living in your home

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

We need to know about people who are currently working away but who use your property as their main home. Do not tell us about people who just share a hall, bathroom or toilet with you.

Do any adults usually live with you and your partner?

No

Yes

[Go to Part 4](#)

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

If you want to tell us about more than two people, use a separate sheet of paper to tell us all the information we ask for in Part 3 and send it with the form.

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

	First person	Second person
<b>Surname or family name</b>	<input type="text"/>	<input type="text"/>
<b>Other names</b>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Their relationship to you</b>	<input type="text"/>	<input type="text"/>
Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.		
<b>National Insurance number</b>	<input type="text"/>	<input type="text"/>
<b>Do they normally work for 16 hours or more a week?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , tell us their earnings before any deductions	£ <input type="text"/>	£ <input type="text"/>
<b>When did this person start work?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Do they get Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance or Pension Credit?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they severely mentally impaired?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are they in hospital or legal custody at the moment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , when did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
and when they are due to come home (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



## Part 3. Other people living in your home

	First person	Second person
<b>Do they have any other income?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Make sure you tell us about any other income they have. This includes interest from savings and investments.		
1. Where does this income come from?	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>
2. Where does this income come from?	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>
<b>Are any of the people who normally live with you married to each other or living together as partners</b> (see page 3 for what we mean by partner)		Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , tell us their names	<input type="text"/>	<input type="text"/>
		is the partner of (name)

The checklist on page 22 tells you what we need for the people who live in your home.

## Part 4. Income based Jobseeker's Allowance, Pensioner Guarantee Credit, income related Employment Support Allowance and Income Support

**Are you or your partner getting or waiting to hear about a claim for:**

- income based Jobseeker's Allowance?
- income related Employment Support Allowance?
- Pensioner Guarantee Credit?
- Income Support?

No   
Yes

[Go to Part 5](#)

Are you or your partner actually **getting**:  
income based Jobseeker's Allowance,  
income related Employment Support Allowance,  
Pensioner Guarantee Credit or Income Support at  
the moment?

Yes   
No

If **Yes**, which benefit are you getting?

When did you start getting it?

[Go to Part 13](#)

If **No**, are you or your partner **waiting to hear** about a claim for income based Jobseeker's Allowance, income related Employment Support Allowance, Pensioner Guarantee Credit or Income Support?

Yes   
No

If **Yes**, which benefit are you waiting for?

When did you claim?

We must see proof of your benefits or pensions before we can work out your claim.  
The checklist on page 22 tells you what we need.



## Part 5. Working for an employer

Do you or your partner work for an employer?

No

Yes

**Go to Part 6**

If you work for more than one employer, 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.

	You	Your partner
When did you start this job?	/ /	/ /
What kind of work do you do?		
What is the name and address of your employer?		
	Postcode	Postcode
How many hours a week do you work?		
How often do you get paid?	every	every
How much do you normally earn every week, or month?	£ every	£ every
When was your last pay rise?	/ /	/ /
When will your next pay rise be?	/ /	/ /
How are you paid? For example, by cash, cheque or straight into a bank account?		
Do you pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you pay?	£ every	£ every
Are you employed for a limited time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when will you finish work?	/ /	/ /
Do you receive a bonus, tips or profit sharing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you get?	£	£
How often do you receive it?	every	every
Are you currently getting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Statutory Sick Pay?</li> <li>• Statutory Paternity Pay?</li> <li>• Statutory Adoption Pay?</li> <li>• Statutory Maternity Pay?</li> </ul>		
Are you currently getting any other sick pay or maternity pay from your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**We must see proof of your earnings. The checklist on page 21 tells you what we need.**

## Part 6. Self-employment

Are you or your partner self-employed?

No   
Yes

[Go to Part 7](#)

	You	Your partner
When did you start this job?	/ /	/ /
What kind of work do you do?		
What is the business name and address?		
	Postcode	Postcode
How many hours a week do you work?		
If you have audited accounts, when will they be ready?	/ /	/ /
Do you pay into a pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you pay?	£ every	£ every
Do you get a Business Start-Up Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do you get?	£	£

**We must see proof of your self-employment income. See the checklist on page 21**

## Part 7. Any other work or income from a business

Are you or your partner a director of any limited company or receiving an income or dividend from any business?

Yes  No

This could be income you get from an investment or as a silent partner

If Yes, how much do you or your partner get?

£

How often do you receive it?

every

Do you or your partner do any other work at all?

No   
Yes

[Go to Part 8](#)

This could be voluntary work or any other work, even if it is not paid work

	You	Your partner
When did you start this job?	/ /	/ /
What other work do you do?		
What is the name and address of the person you work for?		
	Postcode	Postcode
How many hours a week do you work?		
Do you get paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you only get expenses or tips, still tick Yes and give details		
How much do you get before any deductions?	£	£
How often do you get paid?	every	every

## Part 8. Benefits, pensions & allowances

Are you or your partner getting any benefits, pensions or allowances or are you waiting to hear about a claim for any benefit, pension or allowance?

No   
Yes

[Go to Part 9](#)

Read the lists below and tell us about any benefits, pensions or allowances you or your partner have claimed or get now. Tell us the full rate of benefits, pensions or allowances before deductions.

### Benefits for illness or disability

- Attendance Allowance
- Carer's Allowance
- Disability Living Allowance
- Employment and Support Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Mobility Supplement
- Personal Independence Payment
- Severe Disablement Allowance
- Statutory Sick Pay
- War Disablement Benefit

### Other Benefits

- Bereavement Allowance
- Child Benefit
- Child Tax Credit
- Fostering or adoption allowance
- Government Training Allowance
- Guardian's Allowance
- Jobseeker's Allowance (contributions-based)
- Maternity Allowance
- Statutory Adoption pay
- Statutory Maternity or Paternity Pay
- Widow's or Widower's Benefit
- Working Tax Credit
- Universal Credit

### Pensions

- Pension Credit
- State Retirement Pension
- War Pension or War Widow's Pension

If you are getting or have claimed any benefit not listed, make sure you tell us about it

	You	Your partner
<b>The name of the benefit, pension or allowance.</b>	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="every"/>	<input type="text" value="every"/>
<b>The name of the benefit, pension or allowance.</b>	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="every"/>	<input type="text" value="every"/>
<b>The name of the benefit, pension or allowance.</b>	<input type="text"/>	<input type="text"/>
Waiting to hear?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Getting now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount received	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="every"/>	<input type="text" value="every"/>

**We must see proof of your benefits, pensions or allowances.  
The checklist on page 22 tells you what we need.**

## Part 9. Income from accommodation

Does anyone pay rent or money for board or lodgings to you or your partner for living with you? No  Yes

[Go to Part 10](#)

	First person	Second person
Name of the person making the payment	<input type="text"/>	<input type="text"/>
Amount charged	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>
Does the payment include money for:		
Food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 10. Other income

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

[Go to Part 11](#)

### We need to know about:

- Private pensions
- Any other pension
- Student grants or loans
- Maintenance or support not included in Part 2 of this form
- Occupational pensions
- Training allowances
- Early Years Grant
- Any money you expect to get in the next 12 months
- Work pensions
- Charitable income
- Money from a trust fund
- Any other income you have not already told us about

You do not need to tell us about money from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

	Other money 1	Other money 2
What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>
When did this income start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When is it likely to go up	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
	Other money 3	Other money 4
What is the money for?	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>
How often	<input type="text" value="every"/>	<input type="text" value="every"/>
When did this income start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When is it likely to go up	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

We must see proof of all income. The checklist on pages 21 and 22 tell you what we need.

## Part 11. Bank accounts, savings and investments

You must tell us about ALL accounts you have, even if the account has a nil or overdrawn balance. If you do not have an account, write "none". If you're overdrawn, write "overdrawn". If you have any money or investments abroad, you must tell us. Do not leave any space blank.

	You	Your partner
<b>Bank account(s)</b>	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Please tell us the <b>account numbers</b> for any accounts listed above	<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"/> <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"/>
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<b>Building society account(s)</b>	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Please tell us the <b>account numbers</b> for any accounts listed above	<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"/> <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"/>
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<b>Post Office accounts</b>	£ <input type="text"/>	£ <input type="text"/>
Please tell us the <b>account numbers</b> for any accounts listed above	<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"/> <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"/>
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<b>Accounts, savings, investments or any money held abroad</b>	£ <input type="text"/>	£ <input type="text"/>
<b>Premium bonds</b>	£ <input type="text"/>	£ <input type="text"/>
<b>PEPs, TESSAs and ISAs</b>	£ <input type="text"/>	£ <input type="text"/>
<b>National Savings Income Bonds</b>	£ <input type="text"/>	£ <input type="text"/>
<b>Other savings:</b> for example, other savings schemes, income bonds, trust funds	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
<b>Do you have any cash savings?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much	£ <input type="text"/>	£ <input type="text"/>
<b>Do you have any stocks, shares or unit trusts?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , give us details. If there is not enough space, enclose a separate sheet.	<b>Name</b> <input type="text"/>	<b>Number held</b> <input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

## Part 11. Bank accounts, savings and investments (continued)

	You		Your partner	
<b>Do you have any National Savings Certificates?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , give details below. If there is not enough space, continue on a separate sheet.				
Purchase date	Issue		Number of units held	
<input type="text" value="/ /"/>	<input type="text"/>		£ <input type="text"/>	
<input type="text" value="/ /"/>	<input type="text"/>		£ <input type="text"/>	

### Property

<b>Do you own, or have any financial interest, in any other property either here or abroad?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , what is the address of the property?		Postcode		
<input type="text"/>		<input type="text"/>		
Are you trying to sell the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tell us an approximate value of the property	£ <input type="text"/>		£ <input type="text"/>	
Is there a mortgage or money owing on the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , how much is owed?	£ <input type="text"/>		£ <input type="text"/>	
Is the property rented out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property lived in by a relative who is over 60 or sick, or by your previous partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If you have no cash or savings write none in this box</b>	<input type="text"/>		<input type="text"/>	

**We must see proof of your accounts, savings and any other investments you have. Read the checklist on page 22 to see what we need.**

## Part 12. Students

Are you or your partner a student?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<b>Go to Part 13</b>	
<b>Do you get a grant, loan or bursary?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>What qualification are you studying for?</b>	<input type="text"/>		<input type="text"/>	
<b>How long is the course for?</b>	<input type="text"/>		<input type="text"/>	
<b>How many hours do you study each week?</b>	<input type="text"/>		<input type="text"/>	
<b>What is the first day of your academic year?</b>	<input type="text" value="/ /"/>		<input type="text" value="/ /"/>	
<b>What is the last day of your academic year?</b>	<input type="text" value="/ /"/>		<input type="text" value="/ /"/>	

## Part 13. Temporary absence

Are you or your partner temporarily away from the address you are claiming for?

No   
Yes

[Go to Part 14](#)

What is your temporary address?

You
Postcode

Your partner
Postcode

What date did you move into your temporary home?

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

Are you renting your home to someone while you are away?

Yes  No

Yes  No

Do you intend to return to your home?

Yes  No

Yes  No

When do you expect to return home?

	/		/	
--	---	--	---	--

	/		/	
--	---	--	---	--

## Part 14. Paying rent

Do you pay rent or site fees to a private landlord or a Housing Association?

No   
Yes

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

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

Postcode

If your landlord has an *agent*, tell us their name and address. By *agent* we mean the person or organisation you actually pay your rent to.

Postcode

What is your landlord's or agent's telephone number?

--

What is your landlord's or agent's e-mail address?

--

Are you, your partner, or any of your own or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

No   
Yes

What is the relationship?

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

is my landlord's or agent's

Have you, your partner, or any of your own or your partner's children ever had any financial interest in the property?

No   
Yes

Could you afford the rent when you moved in?

No   
Yes



## Part 14. Paying rent (continued)

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

For example, every week, every fortnight, every 4 weeks or monthly

£  every

### How do you pay your rent?

For example, by cheque, cash, standing order, direct debit etc.

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

Yes  No

If **Yes**, tell us their names and their relationship to you and your partner.

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

£  every

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

Yes  No

If **Yes**, how many weeks are there when you do not have to pay rent?

### Do you or your partner own any part of the property?

Yes  No

### Do you pay site rent?

Yes  No

### If you started renting your home before 15 January 1989, has the Rent Officer registered a fair rent for your home?

Yes  No

### Does your home have central heating?

Yes  No

### Does your home have a garden?

Yes  No

### Does your home have a garage?

Yes  No

### Do you use your home for business?

Yes  No

### What sort of accommodation do you live in? Tick one box only

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

### How many floors are there in the whole building?

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

### How many rooms are there? In the whole property

### For you and your family

### Shared with other people

Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bath or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 14. Paying rent (continued)

### What sort of tenancy do you have?

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

### How long is the tenancy for?

 /  /  to  /  / 

### Is your home let as?

Fully furnished

Partly furnished

Hardly any furniture

Unfurnished

### Does your rent include money for the following? (If you get a separate bill, it is not included.)

	Included		Amount if known
Water and or sewerage rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Heating for you and your family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Lighting for you and your family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Hot water for you and your family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Cooking fuel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Cleaning for you and your family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Laundry done by your landlord	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Garden maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>
Heating, lighting or cleaning of rooms you share with others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£ <input type="text"/>

### Does your rent include any meals for you and your family?

Yes  No

If Yes, what meals are provided?

Breakfast  All meals

Half-board

### Do you live in supported accommodation?

Yes  No

If Yes, does your rent include...

	Yes	No	Amount if known
General Counselling or support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
An amount for an alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Personal care	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Caretaker, warden or estate staff	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Cleaning your room or windows because you are unable to do it yourself	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

### Are you behind with your rent?

Yes  No

If Yes, by how many weeks?

### Has your rent changed in the last 12 months?

Yes  No

If Yes, we need proof of the date it changed

### When is the next rent increase due?

 /  / 

**We must see proof of your rent and tenancy before we can work out your Housing Benefit. Read the checklist on page 22 to see what we need.**

## Part 15. How we will pay you and the choices you have

If we award Council Tax Support, we will pay it into your Council Tax account.

If you are a Council Tenant, we will pay any Housing Benefit (Rent Rebate) into your rent account.

**If you rent your home from a private landlord**, we will usually pay your benefit to you and it is then your responsibility to pay your rent to your landlord.

If you are in rent arrears we may make the first payment by cheque and we will send it to you but it will be payable to your landlord.

After the first payment we will pay your Housing Benefit into your bank account every fortnight

Paying your benefit into a bank or building society account by Direct Credit is the easiest and safest way to get your benefit. Please give us your account details below. We cannot pay into a Post Office card account.

Name of bank or building society

Whose name is the account in?

Account number that you want us to pay the money into. (Not a mortgage account)

Sort code

You can choose to have your Housing Benefit paid straight to your landlord if:

- You live in supported accommodation provided by a local authority, registered social landlord, charity or voluntary organisation
- You live in a caravan, houseboat, mobile home or a hostel
- You rent from a Housing Association
- Your tenancy started before 15 January 1989

If there is a reason why we should pay your benefit to your landlord and not to you, please tell us the reason in the box below.

Do you want us to pay any Housing Benefit you are due to your landlord or their agent?

If you tick **Yes**, give the payment form on page 23 to your landlord or agent.

Send it to us after they have completed it.

No

[Go to Part 16](#)

Yes

[Go to Part 16](#)

## Part 16. Backdating

We usually award benefit from the Monday after the day we get your claim. Sometimes, we can pay benefit from an earlier date **if you have very good reasons** for not claiming earlier.

Do you want us to backdate your claim?

No

[Go to Part 17](#)

Yes

Date you want to claim benefit from

 /  / 

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

No

Yes

Tell us why you did not claim earlier

## Part 17. Any other information

Is there any other information you think we should know?

No

Yes

[Go to Part 18](#)

Tell us any extra information below

## Part 18. Giving information about you

### Sharing information with your landlord

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

If we pay your Housing Benefit directly to your landlord or to your Council rent account, then we can discuss payment details (e.g. award dates and amounts) as we have to give your landlord this information. We may need to confirm information with your landlord, for example the date you started your tenancy. In these circumstances, we can contact your landlord without your permission.

If you give us permission to share information with your landlord, we would also be able to tell them:

- If you have claimed Housing Benefit,
- If we have made a decision on your claim,
- If we have made a payment to you, or
- If we need more information to make a decision and what it is we need.

You can withdraw your permission at any time.

We will not give your landlord any information about your personal or financial circumstances.

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 share information with your landlord, please sign below.

**I give the Council permission to share information about the progress of my claim for Housing Benefit with my landlord or their representative**

Signature

### Sharing information with other departments or authorities

Under the Data Protection Act 1998 we usually need your permission to discuss your claim with other Council Departments or authorities responsible for public funds. This means we may not be able to share information when we think you are entitled to extra help. For example, there may be help available towards fuel costs for people who get Housing or Council Tax Support. You may have to pay support charges in addition to your rent. If you get Housing Benefit, the County Council may help you pay these charges, but we could not tell them you get Housing Benefit.

If you want us to share the information you give in this form with other Council Departments or authorities responsible for public funds, please sign below.

**I give the Council permission to share any information about my claim for Housing Benefit or Council Tax Support with other Departments or authorities responsible for public funds.**

Signature

**You can withdraw your permission at any time.  
It will not affect your claim if you do not give us permission.**

## Part 19. 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 must sign the declaration as well. 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 know** the information I give will be used to work out Council Tax Support I may be due through Council Tax Reduction under S13a and Schedule 1a of the Local Government Finance Act 1992
- **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 provide to work out Housing Benefit or Council Tax Support, or both. You may check the information with other sources as allowed by law.
- **I understand** you may use any information I provide 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 realise** you may share information with Experian, a Credit Reference Agency
- **I understand** fraud investigators could make checks for people I have not declared as living in my home.
- **I agree to tell** the Council immediately, in writing, about any change in my circumstances that might affect my claim.
- **I have read** the accompanying notes on pages 1 and 2 and I know the type of information I must report and that I should not rely on anyone else to pass information to the Revenues and Benefits Service
- **I know** that if I do not report any changes that affect my award of Council Tax Support or Housing Benefit, or I give incorrect or incomplete information, I must pay any Council Tax that becomes due and pay any resulting Housing Benefit overpayment.

**Signature of person claiming**

**Date**

**Partner's signature**

**Date**

**If someone other than the person claiming has filled in this form, please tell us why you are filling in the form for them.**

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

**Name of the person who filled in the form**

**Signature of person who filled in the form**

**Date**

**Relationship to the person claiming**

## Part 20. Checklist

Please **tick** ✓ to say what evidence you are sending with this form.

**Use your smartphone or mobile device to take photographs of the evidence you need to support your claim.**

**Send your completed form and photos of your evidence to [benefits@somersetwestandtaunton.gov.uk](mailto:benefits@somersetwestandtaunton.gov.uk)**

**If you send any evidence separately, make sure you put your full name and address in the email.**

**If you do not provide all the evidence we need, we may not be able to pay you any benefit.  
We need the same evidence for your partner, if you have one.**

- **Evidence of identity**

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card with NHS number, driving licence, UK residence permit, EEC identity card, Home Office Standard Acknowledgment letter (SAL), recently paid utility bill, letter from the DWP or the HM Revenue and Customs

**We need at least 2 documents proving identity for each person.**

- **Evidence you are living at the address you are claiming for**

Such as a recently paid utility bill or a TV licence.

- **Evidence of National Insurance Number**

Such as a National Insurance number card, P45, P60, payslips or letters from DWP or HM Revenue and Customs.

- **Evidence of Children and childcare costs**

Such as a letter from the DWP or HM Revenue and Customs showing the name of the child, Child Benefit book or a Child Benefit award letter.

If you pay for childcare, we need to see a recent letter from the childcare provider giving their name and address, names of the children receiving care, the amount charged and the registration or a Childcare Payment Certificate completed by the childcare provider (see page 25).

- **Evidence of Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance and Pensioner Guarantee Credit**

***We need to see this for any other adults living in your home***

Such as a benefit payment book showing the current address and the amount received.

- **Evidence of earnings (from employment or self-employment)**

***We need to see this for any other adults living in your home***

Such as the last 5 weekly payslips or the last 2 monthly payslips, a Certificate of Earnings completed and authenticated by the employer (see pages 26 and 27) or a letter from the employer confirming the same details.

Self-employed persons must provide their most recent audited trading accounts or complete the income and expenditure certificate on page 28.

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

***We need to see this for any other adults living in your home***

Such as current award notices, pension or order books or letters from the DWP or HM Revenue and Customs showing how much is received.

---

- **Evidence of any other income**

***We need to see this for any other adults living in your home***

Such as a recent letter, grant notification or advice slip from the person or organisation paying the money or a letter from the Court showing maintenance payments. We also need to see evidence of any money you receive from a tenant, boarder, lodger or sub-tenant.

**The evidence you send must show the current amount paid, any deductions, and who receives it**

---

- **Evidence of money you pay out**

Such as a recent letter from the pension company showing the amount and frequency of payments and payslips showing the amount and frequency of pension contributions. If you pay for the upkeep of a student, we need to see their student grant award notice, showing the amount of contribution expected.

---

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

Such as bank statements, building society statements or passbooks, Post Office passbooks, certificates for premium bonds, National Savings, ISAs, PEPs, TESSAs, stocks, shares, income bonds and unit trusts.

**The evidence you send must show transactions for at least the last two months**

***You only need to provide this evidence if your capital or savings are more than £6,000***

---

- **Evidence of private rent and tenancy**

Such as a rent book, receipts, a letter from your landlord or a completed Rent Payment Certificate (see page 24).

**The evidence you send must be signed by your landlord or their agent and show your name, address, amounts paid, dates of payment and any arrears**

If this is your first claim at this address, we will need to see your tenancy agreement, a Notice Of Registration (form R05) if your rent has been registered or a letter from the landlord giving your name and address, the services included, rent payable, the date you moved in and notice required.

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## Direct Payment Form – Landlord’s Declaration

I am or I represent the landlord or landlady and I agree to the Council paying my tenant’s Housing Benefit to me.

Tenant’s Name

Tenant’s Address

Postcode

I will tell the Council **immediately** in writing of any of the following changes known to me

- Tenant moves out / moves to another flat or room
- Changes to tenant’s household (people moving in or out)
- Long absences by tenant
- Tenant starts work
- Any changes to the rent or services payable.

**If your tenant is entitled to benefit we will pay their Housing Benefit to you by Direct Credit**

Please give details of the bank or building society account you want any benefit to go into

Name of bank or building society

Whose name is the account in?

Account number that you want us to pay the money into. (Not a mortgage account)

Sort code

Account roll number

(Building society accounts only)

- I understand I may have to repay any overpaid Housing Benefit.
- I agree to repay any lawfully recoverable overpayment if asked to do so by the Council.

Authorised signatory

Date

## Proof of Rent Payment Certificate

Use this certificate only if you do not have any other proof of your rent payments. Your landlord must complete the section below and **must** give us his/her telephone number and address.

Tenant's Name

Tenant's Address

Postcode

Rent payable and frequency of payment

£

every

What does the rent include?

What date has the rent been paid up to?

Amount of any arrears (if any)

£

Date the tenant moved into the property

What notice is required?

Landlord or Agent's Name

Landlord or Agent's Address

Postcode

Landlord or Agent's signature

Date

Landlord or Agent's telephone number

## Proof of Childcare Payments

Name of person claiming benefit

Address of person claiming   
Postcode

Name of childcare provider

Address of childcare provider   
Postcode

Name of child or children being cared for

Registration number of childminder or playscheme

### How much does your childminder or playscheme charge?

If you pay different amounts at different times, for example school holidays, please tell us how much you pay and for how many weeks each year.

£  every week for  weeks

£  every week for  weeks

Which Council is your childminder or playscheme registered with?

Signature of person claiming benefit  Date  /  /

Signature of childminder or person representing playscheme  Date  /  /

Private and Confidential

## Certificate of earnings

Employee's Name  Employee's payroll or employment number

Employee's Address

**To the Employer**

Please fill in this form showing your employee's earnings. If you pay monthly, fill in the employee's last two months' wages. If you pay weekly, fill in the employee's last five weeks wages.

Period covered		Gross Pay	National Insurance	Income Tax	Pension	Overtime	Net Pay
From	To						
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£

Tell us the gross income paid to this employee for the current financial year  £

How do you pay your employee? (cash, cheque, or directly into their bank account)

If your employee receives a bonus, profit sharing or tips please state the amount and how often it is paid.

Amount  How often?

£

**I certify this to be a correct statement of the earnings paid to this employee.**

Employee's National Insurance Number

Signature of Employer

Business Address

**The employer must authenticate this form with the firm's official stamp**

If there is no official stamp, the employer must confirm details on company headed paper.

**N.B. It is a criminal offence to give false information in support of a claim for benefit.**

Please return the completed form to: -

**Somerset West and Taunton Council, PO Box 866, Taunton TA1 9GS**

Employer's Official Stamp

## Certificate of earnings

Employee's Name  Employee's payroll or employment number

Employee's Address

**To the Employer**

Please fill in this form showing your employee's earnings. If you pay monthly, fill in the employee's last two months' wages. If you pay weekly, fill in the employee's last five weeks wages.

Period covered		Gross Pay	National Insurance	Income Tax	Pension	Overtime	Net Pay
From	To						
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£
		£	£	£	£	£	£

Tell us the gross income paid to this employee for the current financial year

How do you pay your employee? (cash, cheque, or directly into their bank account)

Amount

How often?

If your employee receives a bonus, profit sharing or tips please state the amount and how often it is paid.

**I certify this to be a correct statement of the earnings paid to this employee.** Employee's National Insurance Number

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Business Address

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**Employer's Official Stamp**

# Self-employed income and expenditure certificate

For the period from  to  =  weeks/days

## Income

Total invoiced or billed including gratuities and tips

## Expenditure

Accountancy or book-keeping charges	<input style="width: 100px;" type="text" value="£"/>
Advertising	<input style="width: 100px;" type="text" value="£"/>
Bank charges	<input style="width: 100px;" type="text" value="£"/>
Business entertainment	<input style="width: 100px;" type="text" value="£"/>
Business rates (NNDR)	<input style="width: 100px;" type="text" value="£"/>
Capital repayments on loans, mortgages or hire purchase agreements	<input style="width: 100px;" type="text" value="£"/>
Carriage or packing and delivery costs	<input style="width: 100px;" type="text" value="£"/>
Depreciation	<input style="width: 100px;" type="text" value="£"/>
Drawings (wages or salaries paid to owners of the business)	<input style="width: 100px;" type="text" value="£"/>
Heat, light, hot water for business use only	<input style="width: 100px;" type="text" value="£"/>
Hire or leasing charges	<input style="width: 100px;" type="text" value="£"/>
Insurance	<input style="width: 100px;" type="text" value="£"/>
Interest on loans, mortgages or hire purchase agreements	<input style="width: 100px;" type="text" value="£"/>
Money spent setting up or expanding the business	<input style="width: 100px;" type="text" value="£"/>
Petrol for business use only	<input style="width: 100px;" type="text" value="£"/>
Postage and stationery for business use only	<input style="width: 100px;" type="text" value="£"/>
Rent for business use only	<input style="width: 100px;" type="text" value="£"/>
Repairs not covered by insurance	<input style="width: 100px;" type="text" value="£"/>
Road tax for business use only	<input style="width: 100px;" type="text" value="£"/>
Stock or materials necessary to carry out your business	<input style="width: 100px;" type="text" value="£"/>
Telephone for business use only	<input style="width: 100px;" type="text" value="£"/>
Use of home as office	<input style="width: 100px;" type="text" value="£"/>
Wages or salaries paid to employees (excluding drawings)	<input style="width: 100px;" type="text" value="£"/>
Water rates for business use only	<input style="width: 100px;" type="text" value="£"/>

If you have any other expenses not listed above, please provide details

Total expenditure

**Net profit**

## Declaration

I confirm the information I have given is true and complete. I will tell the Council immediately if the income I receive from self-employment considerably increases or decreases.

**Name of person running business**  **Date**

**Signature of person running business**  **Date**

**Name of person claiming benefit**

**Address of person claiming benefit**   
**Postcode**

**DO NOT COMPLETE THIS PART OF THE FORM IF YOU ARE THE OWNER OF A LIMITED COMPANY**