


Council tax reduction claim form

Please return this form as quickly as possible, even if you do not have everything we ask for you can send any supporting documents later.

Name
Address
Post code

Filling in the form

Please fill in any questions that are relevant to you in black ink. If someone fills in this form for you please indicate this on the declaration page at the back of the form.

Where you see the sign  on the form, this indicates that proof is required.

If you need assistance in completing your form you can contact us by phone or email. Contact details are given on this page.

If you are awarded Council Tax Reduction it will be credited to your account.

How we collect and use information

We will use the information given in this form, and any supporting information that you provide to process your claim for Council Tax Reduction.

We may share information with Government agencies such as the Department of Works and Pensions but only where this is permissible by law. Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy.

www.broxbourne.gov.uk/communications-marketing/privacy-notice/1

Don't delay - claim today.

Please return the form by post to:

**Benefits Service, Broxbourne Council,
Bishops' College, Churchgate, Cheshunt,
Hertfordshire EN8 9XG**

Phone: 01992 785503

Email: benefits@broxbourne.gov.uk

Official use only	
Date issued	Wef
CT property reference	Award £
CT account reference	Processed by
Rent reference	Date processed
Claim reference	Documents returned

Official stamp

www.broxbourne.gov.uk



**BOROUGH OF
BROXBOURNE**

www.broxbourne.gov.uk

Note for filling in the claim form

About this form

The council tax reduction form has been designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Second Adult Rebate

Second Adult Rebate is council tax reduction you can get if you share your home with someone who is not your partner, is on low income, is 18 or over, and does not pay you rent.

If you are claiming Second Adult Rebate, only fill in Parts 1, 3, 13, and 15.

Evidence

We need to see evidence of some of the things you tell us about. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for.

How we collect and use information

We will use the information you give in this form, and any supporting evidence you send us to process your claim for housing benefit, council tax reduction and any other welfare benefits.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law. We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give them information, to:

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

These third parties include government departments, local authorities and private-sector companies 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 us to.

Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy. For more information visit www.broxbourne.gov.uk/communications-marketing/privacy-notice/1

Changes you must tell us about

Tell the Council straight away if any of the following apply:

- anyone starts to receive Carer's Allowance for looking after you
- any of your children leave school or leave home
- anyone moves in or out of your home (including lodgers, joint tenants and subtenants)
- your capital, savings or investments change
- you or anyone living with you becomes a student enters a youth training scheme, goes into hospital or a nursing home, goes into prison, gets, changes or leaves a job.
- your rent changes
- you move house
- you or your partner will be away from home for more than a month
- you receive a decision from the Home Office
- anything you have told us about changes.

You must tell us about these changes in writing - a phone call is not enough.

If you don't tell us about these changes, you may lose money you are entitled to or you may get too much benefit.

You must make sure you tell us about these changes. Don't rely on someone else to pass on the message.

It is an offence not to tell us about any change of circumstance that affects your benefit.

We may take court action against you.

If we pay you too much benefit, you will probably have to pay it back.

Part 1 About you and your partner continued

Are you living away from home at the moment?

No Yes

If **yes**, tell us why you are not living at home:

When did you last live at home?

____ / ____ / ____

When do you expect to go back home?

____ / ____ / ____

Tell us the address where you are living at the moment:

Postcode

If your home has been sublet, tell us who lives there now:

YOU

If you have moved home in the last 12 months, tell us your last address.

Postcode

Were you the home owner, a private tenant, a housing association tenant or a boarder at this address?

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?

No Yes

If **yes**, We will write to you about this.

What is your nationality?

____ / ____ / ____

If your nationality is not British, on what date did you last enter the UK? The UK is England, Northern Ireland, Scotland and Wales.

Are you an EEA worker?

No Yes

Are you or your partner in hospital at the moment?


No Yes

If **yes**, when did you go in?

____ / ____ / ____

When will you come out (if you know this)?


____ / ____ / ____

Do you or your partner get Disability Living Allowance or Personal Independence Payment? 

No Yes


Do you or your partner get Attendance Allowance? 

No Yes

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

No Yes

(If anyone claims Carer's Allowance for looking after you in the future please let us know).

Have you or your partner ever claimed Carer's Allowance or Invalid Care Allowance? 

No Yes

Still tick 'Yes' if you claimed but were not paid any money

YOUR PARTNER

Postcode

No Yes

If **yes**, We will write to you about this.

____ / ____ / ____

No Yes

No Yes

If **yes**, when did you go in?

____ / ____ / ____

When will you come out (if you know this)?

____ / ____ / ____

No Yes

No Yes

No Yes

No Yes

Part 1 About you and your partner continued

YOU

YOUR PARTNER

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



No Yes

No Yes

Are you or your partner a student?



No Yes

No Yes

Do you study full-time or part-time?

full-time part-time

Do you study full-time or part-time?

full-time part-time

Part 2 About children

You may be able to get more benefit if there are children in your household and they are:
 • aged under 16 • aged 16 to 20 and in full-time further education or approved training.

Are there any children in your household?

No –

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

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
--	---------	---------	---------	---------

Surname or family name

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

Other names

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

Date of birth

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

The child's relationship to you

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

The child's relationship to partner

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

Usual address if different to yours

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

Child Benefit number



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

Who gets the Child Benefit for them?



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

Is the child registered blind?



No Yes No Yes No Yes No Yes

Does the child get Disability Living Allowance?



No Yes No Yes No Yes No Yes

Do you pay for childcare?



No Yes No Yes No Yes No Yes

If yes, please tell us the name and registration number of the childcare provider.

If yes, please tell us the name and registration number of the childcare provider.

If yes, please tell us the name and registration number of the childcare provider.

If yes, please tell us the name and registration number of the childcare provider.

<input type="text"/>

<input type="text"/>

<input type="text"/>

<input type="text"/>

How much do you pay a week?

£

How much do you pay a week?

£

How much do you pay a week?

£

How much do you pay a week?

£

Part 3 About other people who live with you

Do any adults usually live with you and any partner you have?

No – Go to Part 4

Yes – Answer all the questions in this section

By adults we mean people over 16 who nobody receives Child Benefit for. Do not tell us about people who just share a hall, bathroom or toilet with you.

Now tell us about all the people who usually live with you and your partner. If you want to tell us about more than three people, use a separate sheet of paper.

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

	PERSON 1	PERSON 2	PERSON 3
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they move in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some examples are: aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.			
When did they move in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance, Pension Credit, Employment and Support Allowance (Income-Related) or Universal Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please tell us which <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please tell us which <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please tell us which <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , how much? £ <input type="text"/>
Are they severely mentally impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they in legal custody at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes , when are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>

Part 3 About other people who live with you continued

Are they in hospital at the moment?

PERSON 1

No Yes

If **yes**, when did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

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



No Yes

If **yes**, tell us their earnings before any deductions

£ _____

Do they have any other income?



No Yes

First other type of income

How much is it before deductions?

£ _____ per week

Second other type of income

How much is it before deductions?

£ _____ per week

Third other type of income

How much is it before deductions?

£ _____ per week

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

No Yes

If **yes**, tell us their names

is the partner of

PERSON 2

No Yes

If **yes**, when did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

No Yes

If **yes**, tell us their earnings before any deductions

£ _____

No Yes

First other type of income

How much is it before deductions?

£ _____ per week

Second other type of income

How much is it before deductions?

£ _____ per week

Third other type of income

How much is it before deductions?

£ _____ per week

No Yes

If **yes**, tell us their names

is the partner of

PERSON 3

No Yes

If **yes**, when did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

No Yes

If **yes**, tell us their earnings before any deductions

£ _____

No Yes

First other type of income

How much is it before deductions?

£ _____ per week

Second other type of income

How much is it before deductions?

£ _____ per week

Third other type of income

How much is it before deductions?

£ _____ per week

No Yes


If **yes**, tell us their names

is the partner of

We must see evidence of all income and interest from savings for the people shown above. Read the checklist in part 16.

Part 4 About your Allowances and Credits

Includes: Income Support, income based Job Seekers Allowance, Pension Credit Guarantee, income related Employment Support Allowance and Universal Credit.


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

YOU

No Yes

If **yes**, when did you start getting it?

____ / ____ / ____

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

No Yes

If **yes**, when did you claim?

____ / ____ / ____

YOUR PARTNER

No Yes

If **yes**, when did you start getting it?


____ / ____ / ____

No Yes

If **yes**, when did you claim?

____ / ____ / ____

Part 5 About benefits, tax credits and state pensions

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? 

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

Please put a line through any boxes that do not apply to you or your partner. We will need to see evidence of the benefit or credit, such as an award letter.

No – Go to Part 6

Yes – Tell us about the benefits below.

Pensions

















YOU

	Yes	How much do you get?	How often is it paid?
State retirement pension	<input type="checkbox"/>	£ _____	_____
Pension Credit (Savings credit)	<input type="checkbox"/>	£ _____	_____
Widow's Allowance or Bereavement Allowance	<input type="checkbox"/>	£ _____	_____
Widowed Parent's Allowance or Widow's Pension	<input type="checkbox"/>	£ _____	_____
War Widow's or War Dependent's Pension	<input type="checkbox"/>	£ _____	_____
War Disablement Pension	<input type="checkbox"/>	£ _____	_____
Industrial Injury/Disablement pension	<input type="checkbox"/>	£ _____	_____
Exceptionally Severe Disablement Allowance	<input type="checkbox"/>	£ _____	_____

YOUR PARTNER

	Yes	How much do you get?	How often is it paid?
State retirement pension	<input type="checkbox"/>	£ _____	_____
Pension Credit (Savings credit)	<input type="checkbox"/>	£ _____	_____
Widow's Allowance or Bereavement Allowance	<input type="checkbox"/>	£ _____	_____
Widowed Parent's Allowance or Widow's Pension	<input type="checkbox"/>	£ _____	_____
War Widow's or War Dependent's Pension	<input type="checkbox"/>	£ _____	_____
War Disablement Pension	<input type="checkbox"/>	£ _____	_____
Industrial Injury/Disablement pension	<input type="checkbox"/>	£ _____	_____
Exceptionally Severe Disablement Allowance	<input type="checkbox"/>	£ _____	_____

Benefits and allowances

	YOU			YOUR PARTNER		
	Yes	How much do you get?	How often is it paid?	Yes	How much do you get?	How often is it paid?
Contribution-based Job Seeker's Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Working Tax Credit	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Employment Training Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Child Benefit	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Employment and Support Allowance - contribution based	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Disability Living Allowance:						
Mobility Component	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Care Component	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Personal Independence Payment	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Carer's Allowance (Still tick yes if you claimed but were not paid any money)	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Maternity Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Fostering Allowance	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Any other benefit, pension or money from the government	<input type="checkbox"/> 	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>

Are you repaying a Social Fund loan or overpayment for any of these benefits?

No Yes If yes, which one?

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

No Yes If yes, give details

Part 6 Income other than earnings

Do you or your partner have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?



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

No – Go to **Part 7**

Yes – Answer the questions on this page. Please put a line through any boxes that do not apply to you or your partner.

YOU

Private pension 1 paid by

Yes How much do you get? How often is it paid?

 £

Date of next increase / /

Private pension 2 paid by

 £

Date of next increase / /

Pension Protection Fund Payments

 £

Youth Training Scheme payment or Training Credits

 £

Maintenance for you

 £

Maintenance for your child - including CSA

 £

Student grant, bursary or loan

 £

Payments from boarders

 £

Weekly amount from letting or sub-letting part of a property

 £

Payments from a charity

 £

Any other income e.g. Redundancy or Loan Protection Payments (please give name)

 £

YOUR PARTNER

Yes How much do you get? How often is it paid?

 £

Date of next increase / /

 £

Date of next increase / /

 £

 £

 £

 £

 £

 £

 £

 £

 £

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive pay slips before we can decide how much benefit you can get.

Part 8 About being self-employed

YOU

Are you or your partner self-employed?

No – Go to **Part 9**

Yes – Answer the questions on this page

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

What kind of work do you do?

When did the business start?

 / /

What is the business address?

Postcode

Are you a Director of the business?

No

Yes

Are there any other partners in the business?

No

Yes

If **yes**, tell us their name and address

Postcode

How many hours a week do you usually work?

Do you get a business start-up allowance?

No

Yes

If **yes**, tell us how much

 £

How often?

 Every

Do you pay into a private pension scheme?

No

Yes

If **yes**, tell us how much

 £

How often?

 Every

YOUR PARTNER

No – Go to **Part 9**

Yes – Answer the questions on this page

 / /
Postcode

No

Yes

No

Yes

If **yes**, tell us their name and address

Postcode

No

Yes

If **yes**, tell us how much

 £

How often?

 Every

No

Yes

If **yes**, tell us how much

 £

How often?

 Every

We must see evidence of your earnings before we can decide how much benefit you can get.

Part 9 About any other work

YOU

Do you or your partner do any other work?

This could be voluntary work, therapeutic work or any other work.

No – Go to Part 10

Yes – Answer the questions on this page

What other work do you do?

What is the name and address of the person you do this work for?

Postcode

When did you start this work?

 / /

How many hours a week do you usually work?

Do you get paid for this work?

No Yes

If yes, tell us how much

£

How often?

Every

YOUR PARTNER

No – Go to Part 10

Yes – Answer the questions on this page

Postcode

 / /

No Yes

If yes, tell us how much

£


How often?

Every

We must see evidence of any earnings before we can decide how much benefit you can get.

Part 10 About bank accounts, savings, investments and property

YOU

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


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

No Yes

Answer all the questions in this part. We must see evidence of all your capital, savings and investments. We will need statements or pass books covering the last 2 months at least.

Please answer these questions for yourself and your partner.

Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.

Do you have bank, building society or post office accounts? 

(including current accounts)
If yes, please give details.

No Yes

	Account number/name/other details	Your balance/value	Partner's balance/value
<input type="checkbox"/> Yes	<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"/>

Part 10 About bank accounts, savings, investments and property

Do you have stocks, shares, unit trusts?



If yes, list the names of investments and number of shares held.

No

Name

Number held

Yes

Do you have National Savings Certificates?



If yes, list the issue, purchase date and number of units.

No

Name

Number held

Yes

People who have more than £16,000 in capital are not eligible to receive benefit (although special rules apply to people over 60). Capital includes money, property, land or capital held outside the United Kingdom.

Do you have other investments, redundancy payments, premium bonds, Tassas, ISAs, SAYE, cash, etc?



If yes, please give details. Use this space if you need to tell us more about any of the above savings.

No

Yes

Have you or your partner received any backdated benefit or deferred payments, such as state pension, which you have added to your savings?



No

If yes, please give details

Yes

Do you or your partner own or partly own any property or land except the home you live in, either in the UK or abroad?



Tick 'yes', even if you have a mortgage or loan for the property or land. This includes jointly owned properties.

No

If yes, please give the address

Yes

Postcode

How much is it worth?

£

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

£

Have you or your partner received a compensation payment relating to the Second World War?

No

Yes

Part 11 Backdating

For council tax support claims, we automatically treat your claim as being made three months prior to the receipt of the form (as long you were liable to pay council tax)

Tell us the date you want to claim benefit from

 / /

Tell us all the reasons why you could not claim before today (continue on a separate sheet if necessary).

Part 12 **Anything else you need to tell us**

Use the box below to tell us anything else you think we should know about.
Use a separate sheet of paper and attach it to this form if you need to.

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

Part 14 Declaration

Even if someone else has partly or fully filled in this form for you, you **MUST** sign this declaration if you can. If you have a partner they should sign below to confirm that all the details about them are correct. Please read this declaration carefully before you sign and date it.

I understand the following:

- 1 If I give information that is incorrect or incomplete, you may take action against me. This may include court action
- 2 You will use the information I have provided to process my claim for housing benefit, council tax reduction or both, or to assess any discount or grant for Council services. You may check the information with other sources including credit reference agencies as the law allows.
- 3 You may use any information I have provided for this and any other claim for social security benefits that I have made or may make.

This includes Discretionary Housing Payment. You may give some information to other government organisations, such as government departments and local councils, if the law allows this.

Details provided on your form may be used in accordance with the Government's directive for Local Authorities with regard to benefit investigations. This will include checks on undeclared cohabiters and may also include reference to Experian who are a data matching agency. By signing this declaration you give consent for data on your claim to be used for these purposes where necessary.

I know I must let the Council's Benefit Section know immediately in writing about any change in circumstances or the circumstances of anyone living with me, which might affect my claim. If I do not, you may take action against me. This may include court action.

I declare that this is my claim for housing benefit and/or council tax reduction and the information I have given on this form is correct and complete. I authorise the Council to make any necessary enquiries to check that the information is true and correct.

I have read and understood this declaration, and my responsibilities in reporting any changes in my circumstances to the Council.

Signature of person claiming

Date

Signature of partner

Date

If this form has been partly or fully filled in by someone who is not the person claiming, please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. If I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that the declaration applies to me.

Name of the person who filled in this form

Signature of person

Relationship to the person claiming

Date