

FOR OFFICE USE ONLY	
Date of first contact	
Date of issue	
Applicants name	
Issuing officers signature	
Claim reference number	



Tel: (01524) 582965  
 Fax: (01524) 582260  
 E-mail: [benefits@lancaster.gov.uk](mailto:benefits@lancaster.gov.uk)  
 Website: [www.lancaster.gov.uk](http://www.lancaster.gov.uk)

**Please return this form to:**

Benefits Team  
 PO Box 4  
 Lancaster  
 LA1 1QR

## A claim form for Housing Benefit and Council Tax Support

Any delay in returning this form could mean you lose benefit

APPLICATION DETAILS	Date received stamp
Name of applicant .....	
Address you want to claim for (including your flat or room number if applicable). ..... .....	
Postcode ..... Daytime telephone number .....	
What is this number? Home (✓) <input type="checkbox"/> Work (✓) <input type="checkbox"/> Mobile (✓) <input type="checkbox"/>	

**Filling in this form** (It is important that you read the notes provided before you fill in this form)

Please complete this form in pen using **black ink**. If you make a mistake just cross it out and put the right answer next to it. Do not use correction fluid or tape.

You must answer every question on the form. Where there is a NO/YES box please tick (✓) as appropriate.

**If you need help filling in this form**

If you have any questions about this form, or any difficulties in completing it, you can telephone the Benefits Team or call into the Customer Service Centres at Lancaster or Morecambe Town Halls. Please see the guidance notes enclosed for our opening times.

**If you are housebound and no-one else can help you to fill in this form we can arrange for a member of staff to visit you. Please make sure you give us your telephone number so that we can contact you to arrange this.**

Please tick (✓) the box that applies to you	(✓)
Are you renting your home from the Council?	
Are you renting from a private landlord or Housing Association?	
If you are renting from a private landlord are you charged for meals?	
Do you own your home?	
Do you own your own caravan/mobile home and wish to claim for ground rent?	



If you are married, in a civil partnership or have a partner who you live with, you must make a claim together. You must therefore answer all the questions for both of you.  
 If you or your partner is a student and your household consists of a student and a non-student, the person who is not a student must complete this form as the applicant.

**You**

**Your partner**

**Last name**



**Other names**



**Tell us any other last names you have used**



**Title**

Mr, Mrs, Ms, Other



**Date of birth**

 /  / 
 /  / 

**National Insurance number**

You can find this on payslips, letters from the Tax Office or on benefit award letters. You must provide proof of National Insurance numbers.

Letters  Numbers  Letter

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

Letters  Numbers  Letter

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

**Do you live at the address you are claiming benefit for?**

No  Yes

No  Yes

**If 'Yes', state the date you moved in or if 'No', tell us the date that you expect to move in.**

 /  / 
 /  / 

**If you have not moved in yet, you must contact us as soon as you do to confirm the date.**

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

No  Yes

No  Yes

**If 'Yes', when did you claim?**

 /  / 
 /  / 

**What address did you claim for?**

  
  


Postcode

  
  


Postcode

**What date did you leave this address?**

 /  / 
 /  /

**You**

**Your partner**

Have you come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 5 years?

No  Yes  We will contact you about this

What is your nationality?



What date did you come to live in this country?

 /  / 
 /  / 

What country did you previously live in?



Do you or your partner help to support a son or daughter at university or college?

No  Yes  We will contact you about this

No  Yes  We will contact you about this

Are you or your partner a student or student nurse?

A student or student nurse is a person who is attending a course of study at an educational establishment, including a sandwich course.

No  Yes  Please contact us immediately for an additional form.

No  Yes  Please contact us immediately for an additional form.

If you are under 22, have you previously been subject to a care order or in the care of a Local Authority?

No  Yes  We will contact you about this

If you are under 35 have you previously lived in a Homeless Hostel?

No  Yes

or are you subject to a Multi-Agency Public Protection Arrangement?

No  Yes  We will contact you about this

Has anyone who normally lives with you moved into or out of your home in the last 12 months?

No  Yes  If 'Yes', state the name of the person

Did they move in? (✓)

Or move out? (✓)

What date did they move in?

 /  / 

Or move out?

 /  / 

**PROOF THAT WE NEED**

You must provide original documents as proof of your National Insurance number and the National Insurance number of your partner, if you have one.

You must also provide all the other proof that we have asked for in this part. Original documents only will be accepted. We cannot work out your benefit without the proof that we need.

	<b>You</b>	<b>Your partner</b>
Are you or your partner registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof
Are you or your partner long-term sick or disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner get Disability Living Allowance or a Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof
If 'Yes', how much per week?	Care: £ <input style="width: 150px;" type="text"/> Mobility: £ <input style="width: 150px;" type="text"/>	Care: £ <input style="width: 150px;" type="text"/> Mobility: £ <input style="width: 150px;" type="text"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send proof
Do you or your partner have a vehicle from a Motability Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner in a hospital, residential care home or nursing home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when did you go in?	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
When do you expect to come out?	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please state the name and address of that person	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Postcode <input style="width: 150px;" type="text"/>	
Have you or your partner claimed Carer's Allowance but have been refused because you receive another benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you or your partner submitting sickness certificates to the Department for Work and Pensions?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes' please tell us the date of the first certificate	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
Do you or your partner need an overnight carer?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will contact you about this	No <input type="checkbox"/> Yes <input type="checkbox"/> We will contact you about this

**PROOF THAT WE NEED**

Please make sure that you have provided all the proof we have asked for in this part. Original documents only will be accepted. We cannot work out your benefit without the proof that we need.

In this part, please tell us about any children who live in your home. You may be entitled to extra benefit for children you get Child Benefit for if they normally live with you and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training;
- aged 16 or over, but still under 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

**Do you want to claim for any children?**

**No**  Please go to **Part 3**.

**Yes**  **How many children do you want to claim for?**

**Please tell us about the children you want to claim for below.**

Full name	Child's sex	Relationship to you	Date of birth	Please tick (✓) if in full-time education
1.			/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	

If you wish to claim for more than 6 children, state their name(s) and the details we have asked for above, in **Part 12** of this form.

**If a child's usual address is different from yours, please state the name of the child and the address of where they are living**

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

**If a child has left school or will leave school in the next 12 months, please give their name and leaving date**

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

**Do you or your partner get any money from a council or voluntary agency to help pay for looking after any of the children mentioned in this part?**

**No**  **Yes**  We will contact you about this.

**Are any children registered blind or getting Disability Living Allowance?**

**No**  **Yes**  Please send proof.

**If 'Yes', please state which child (children)**

**Do you pay any childminding costs for any child?**  
For example, to a registered childminder, nursery or after school club.

**No**  **Yes**

**If 'Yes', please state which child (children)**

**How much do you pay?**

£

**How often?**

We may need to request further information about this.

**PROOF THAT WE NEED**

We need to see proof of the Child Benefit you receive for all the children you are claiming for. We also need to see proof of Disability Living Allowance paid for any child and proof that a child is registered blind. If you pay child care costs we need to see receipts for the amount you pay along with the child care provider's registration number.

## Part 3

## About other people who live with you

In this part please tell us about any adults who usually live with you and your partner **except any boarders, lodgers or subtenants** that you may have. **Boarders** are normally adults who you are not related to, who live in your home, pay you rent and who you provide meals for. **Subtenants** are normally adults who are also not related to you and who live in your home. They pay you rent but you do not provide any meals for them. You can tell us about these in **Part 4**. You must include joint owners and joint tenants in this part. A joint tenant is someone who is named on your tenancy agreement.

**Do any adults normally live with you and your partner?**

No  Please go to **Part 4**.

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

Yes  Please tell us about these adults, below.

Full name	Date of birth	Relationship to you, or your partner for example aunt, brother, daughter, father, grandmother, stepdaughter	Is this person a joint tenant, or joint owner of the address that you live at?
	/ /		
	/ /		
	/ /		
	/ /		

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

No  Yes

If 'Yes', tell us their names:

<input type="text"/>	is the partner of	<input type="text"/>
<input type="text"/>	is the partner of	<input type="text"/>

If any of the persons named above are joint tenants or joint owners, you do not need to answer the following questions about them, Please go straight to **Part 4**.

**Does anyone who lives with you normally work for 16 hours or more per week?**

No  Yes

If 'Yes', state the name of the person(s)

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
-------------------------	-------------------------	-------------------------

**Tell us their earnings before deductions for things like tax and National Insurance**

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

Please send their last 5 pay slips if paid weekly, the last 3 pay slips if paid fortnightly, or the last 2 pay slips if paid monthly.

**Does anyone who lives with you receive any benefits/allowances?**

No  Yes  Please send proof and complete the boxes below.

**The name of the person(s) receiving the benefit/allowances**

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
-------------------------	-------------------------	-------------------------

**The name of the benefit/allowance they receive**

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

**How much do they receive?**

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

**How often?**

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

Is anyone who lives with you registered blind?

No  Yes

If 'Yes', state the name of the person

Please send proof

Is anyone who lives with you a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No  Yes

If 'Yes', state the name of the person

Please send proof

Is anyone who lives with you severely mentally impaired?

No  Yes

If 'Yes', state the name of the person

Is anyone who normally lives with you in legal custody at the moment?

No  Yes

If 'Yes', state the name of the person

When did they go in?

 /  / 

When are they expected to come out?

 /  / 

Is anyone who normally lives with you in hospital at the moment?

No  Yes

If 'Yes', state the name of the person

When did they go in?

 /  / 

When are they expected to come out?

 /  / 

Does anyone who lives with you have any other income at all?  
Income means earnings, as well as interest from savings and so on.

No  Yes

If 'Yes', state the name of the person

1.

2.

3.

What is the income they receive




How much do they receive?

We need to see proof of their income. For proof of earnings, see previous page.

£

£

£

How often?

Every

Every

Every

**You must always tell us about any change to the income or any other circumstances of anyone you have named in this part.**

**PROOF THAT WE NEED**

Please make sure that you have provided all the proof that we have asked for in this part. If you do not provide the proof we can still work out your benefit but you may not receive all that you are entitled to.

## Part 4

## About boarders, lodgers and subtenants

In this part, please tell us about any other adults who normally live with you and your partner apart from those mentioned in **Part 3**. These will be boarders, lodgers or subtenants.

By boarders and lodgers, we mean people who pay rent to live with you and who you provide meals for.

By subtenants, we mean people who pay rent to live in part of your home but who you do not provide any meals for.

Do any other adults normally live with you and your partner?

No  Please go to **Part 5**.

Yes  Please tell us about them below.

Full name	How much is their rent? <b>Please forward proof of the rent that you charge.</b>	How often is it due? (Weekly, fortnightly, 4 weekly, monthly)	Please tick (✓) if the rent includes meals.
	£		
	£		
	£		
	£		

If any of the above are married to each other, civil partners or living together as if they are married or civil partners, please give details here.

Name  is the partner of

Name  is the partner of

## Part 5

## About Income Support, Jobseeker's Allowance (income based), Employment Support Allowance and Pension Credit

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

**You**  
No  Yes

**Your partner**  
No  Yes

If 'Yes', when did it start?

/  /

/  /

If you or your partner have answered 'Yes' to the above question please go straight to Part 12. If you are unsure if you have been awarded Income Based Jobseekers Allowance or Income Related Employment and Support Allowance, please do not go straight to part 12, but answer all the questions.

If you have both answered 'No', please answer the following question:

Have you or your partner applied for Income Support, Jobseeker's Allowance (income based), Employment Support Allowance (income related) or Pension Credit?

No  Yes

No  Yes

If 'Yes', when did you claim?

/  /

/  /



## Part 6

## About your earnings

In this part, please tell us about earnings that you or your partner get from paid work.

Please tell us about your **main job** and **second job** in this part. Tell us about any other paid work in **Part 12** of this form.

	<b>You</b>	<b>Your partner</b>
<b>Do you or your partner do any full time, part time or self-employed work?</b>	No <input type="checkbox"/> Please go to <b>Part 7</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Please go to <b>Part 7</b> . Yes <input type="checkbox"/>
<b>Are you or your partner self-employed?</b> If 'Yes', please contact us immediately as you may need to complete an additional form.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please go to <b>Part 7</b> unless you work for an employer in addition to your self-employment	No <input type="checkbox"/> Yes <input type="checkbox"/> Please go to <b>Part 7</b> unless you work for an employer in addition to your self-employment
<b>How many jobs do you have?</b>	<input type="text"/>	<input type="text"/>

### Main Job

	<b>You</b>	<b>Your partner</b>
<b>What is your employer's name and address?</b>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>What is your employer's telephone number</b>	<input type="text"/>	<input type="text"/>
<b>If you work at a different address please tell us about it here</b>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>What kind of work do you do?</b>	<input type="text"/>	<input type="text"/>
<b>How many hours a week do you work?</b>	<input type="text"/>	<input type="text"/>
<b>When did you start this job?</b>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<b>Are you employed for a limited period?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', when will the job finish?</b>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

	<b>You</b>	<b>Your partner</b>
<b>How much do you get paid?</b>	<input type="text" value="£"/>	<input type="text" value="£"/>
<b>How often do you get paid?</b>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
<b>How are your wages paid?</b> (For example, in cash, by cheque, straight into your bank and so on).	<input type="text"/>	<input type="text"/>
<b>Do you receive any bonuses, commission or tips on top of your normal pay?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', how much?</b>	<input type="text" value="£"/>	<input type="text" value="£"/>
<b>How often?</b>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
<b>When was your last pay rise?</b>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
<b>Are you getting sick pay, maternity pay, paternity pay or adoption pay from your employer at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you pay into a private or company pension scheme?</b> This includes Free Standing Additional Voluntary Contributions.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', how much do you pay?</b>	<input type="text" value="£"/>	<input type="text" value="£"/>
<b>How often do you pay into the scheme?</b>	<input type="text" value="Every"/>	<input type="text" value="Every"/>

**Second Job**

	<b>You</b>	<b>Your partner</b>
<b>What is your employer's name and address?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
<b>What is your employer's telephone number?</b>	<input type="text"/>	<input type="text"/>
<b>If you work at a different address please tell us about it here</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', when will the job finish?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
How much do you get paid?	£ <input type="text"/>	£ <input type="text"/>
How often do you get paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How are your wages paid? (For example, in cash, by cheque, straight into your bank and so on).	<input type="text"/>	<input type="text"/>
Do you receive any bonuses, commission or tips on top of your normal pay?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
When was your last pay rise?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Are you getting sick pay, maternity pay, paternity pay or adoption pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**PROOF THAT WE NEED**

Please enclose you and your partner's original payslips for each employment. This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. Do not delay returning this form if you do not have the necessary slips. Please send them as soon as they are available. We may need to write to your employer if you cannot give us the proof that we need.

If you make payments into a private pension scheme other than through your earnings, please provide original evidence of the amount you pay and a letter from the pension scheme provider confirming that it is a private pension contribution.

## Part 7

## About any other work

In this part, please tell us about any other work that you or your partner do. This could be voluntary work or any other work, even if it is not paid work.  
It includes allowances paid to Local Authority Councillors as well as earnings from part-time reserve work such as with the Territorial Army, Fire Service, Lifeguard Service and so on.

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

No  Please go to **Part 8**.

Yes  Please answer the questions on this page.

**You**

**Your partner**

What kind of work do you do?

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

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

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

When did you start this work?

 /  /  /  / 

Do you get paid?

If you only get expenses or tips, still tick 'Yes'.

No  Yes

No  Yes

If 'Yes', how much?

 £ £

and how often?

 Every Every

### PROOF THAT WE NEED

We must see proof of the payments you receive before we can decide how much benefit you can get. Please send original payslips if you or your partner are paid. This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month.

In this part, please tell us about any benefits, pensions, allowances and credits you or your partner receive. We need to know the amount you are entitled to **before** any deductions such as repayments for overpaid benefits, Social Fund loans, and payments to the Child Maintenance and Enforcement Commission (formerly the Child Support Agency).

**Are you or your partner getting any benefits, pensions, allowances or credits or waiting to hear about any that you have claimed?**

**No**  Please go to **Part 9**.

**Yes**  Please answer all the questions below.

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

- Bereavement Allowance
- Carers Allowance
- Child Benefit
- Child Tax Credit
- Contribution based Jobseekers Allowance
- Employment Support Allowance
- Fostering Allowance
- Guaranteed Income Payments from the Armed Forces & Reserve Forces Compensation scheme (AFCS)
- Guardians Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity/Paternity Allowance
- Severe Disablement Pension
- State Pension
- War Disablement Benefit
- War Widow/Widower's Pension
- Widowed Parent's Allowance
- Working Tax Credit
- Any other benefit not listed

**There is room below for details of 3 payments each. If you have more than 3, please give details in Part 12.**

	<b>You</b>	<b>Your partner</b>
<b>1. The name of the benefit, pension, allowance or credit</b>	<input type="text"/>	<input type="text"/>
<b>Waiting to hear</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>Getting now</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>How much?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>How often?</b>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
<b>How is this benefit paid?</b> (For example into your bank or post office account)	<input type="text"/>	<input type="text"/>
<b>2. The name of the benefit, pension, allowance or credit</b>	<input type="text"/>	<input type="text"/>
<b>Waiting to hear</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>Getting now</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>How much?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>How often?</b>	<input type="text" value="Every"/>	<input type="text" value="Every"/>
<b>How is this benefit paid?</b> (For example into your bank or post office account)	<input type="text"/>	<input type="text"/>

	<b>You</b>	<b>Your partner</b>
<b>3. The name of the benefit, pension, allowance or credit</b>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<b>Waiting to hear</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>Getting now</b>	(✓) <input type="checkbox"/>	(✓) <input type="checkbox"/>
<b>How much?</b>	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
<b>How often?</b>	<input style="width: 90%; height: 20px;" type="text" value="Every"/>	<input style="width: 90%; height: 20px;" type="text" value="Every"/>
<b>How is this benefit paid?</b> (For example into your bank or post office account)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Do you or your partner receive any other benefits, pensions, allowances or credits not already shown?</b>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Please give details in <b>Part 12.</b>	Yes <input type="checkbox"/> Please give details in <b>Part 12.</b>
<b>Have you or your partner deferred a State Pension?</b> (Decided to receive the payments at a later date)	No <input type="checkbox"/> Yes <input type="checkbox"/> <b>We may need to contact you further about this.</b>	
If you are waiting to hear about any benefits, pensions, allowances or credits that you have claimed, please tell us:		
<b>who made the claim</b> (✓ as appropriate)	<b>You</b> <input type="checkbox"/>	<b>Your partner</b> <input type="checkbox"/>
<b>the date the claim was made</b>	<input style="width: 100%; height: 20px;" type="text" value=" / /"/>	
<b>the benefit, pension, allowance or credit that has been claimed</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>Does anyone receive any benefits, pensions, allowances or credits on your behalf?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', please state the name and address of that person</b>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Postcode <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Postcode <input style="width: 90%;" type="text"/>
<b>What do they receive on your behalf?</b>	1. <input style="width: 95%; height: 20px;" type="text"/> 2. <input style="width: 95%; height: 20px;" type="text"/> 3. <input style="width: 95%; height: 20px;" type="text"/>	1. <input style="width: 95%; height: 20px;" type="text"/> 2. <input style="width: 95%; height: 20px;" type="text"/> 3. <input style="width: 95%; height: 20px;" type="text"/>

**PROOF THAT WE NEED**

**We must see proof of the benefits, pensions, allowances and credits you receive such as award notices or letters. Only original documents will be accepted.**

In this part, please tell us about any private, occupational, works or service pensions that you or your partner have, including:

- pensions that are paid for previous employment.
- pensions paid in respect of a former partner who has died.
- pensions paid to someone else on behalf of you or your partner.
- state pensions paid from abroad.
- pensions paid as a result of payments you have made in the past as Free Standing Additional Voluntary Contributions.
- lump sum payments instead of a pension.

**Do you or your partner get a private pension from a former employer, a private pension fund, have you received a lump sum payment instead of a pension or have you deferred a private pension?**

**No**  Please go to **Part 10**.  
**Yes**  Please answer the questions below.

**You**

**Your partner**

**How many private, occupational, works or service pensions do you receive?**



There is room below for details of 2 pensions each. If you have more than 2 pensions please give details in **Part 12**.

**PENSION 1**

**Please give the name and address of the organisation that pays the pension**

Postcode

Postcode

**How much do you receive?**

£
---

£
---

**How often?**

Every
-------

Every
-------

**When did the payments start?**

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

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

**How is the pension paid?**

(Example, by cheque, straight into your bank account and so on).

--

--

**Date the pension last went up?**

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

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

**Date the pension will next go up?**

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

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

**PENSION 2**

**Please give the name and address of the organisation that pays the pension**

Postcode

Postcode

**How much do you receive?**

£
---

£
---

**How often?**

Every
-------

Every
-------

**When did the payments start?**

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

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

**How is the pension paid?**

(Example, by cheque, straight into your bank account and so on).

--

--

**Date the pension last went up?**

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

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

**Date the pension will next go up?**

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

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

	<b>You</b>	<b>Your partner</b>
<b>Have you or your partner deferred a private pension?</b> (Decided to receive the payments at a later date.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', when will you start receiving payments?</b>	/ /	/ /
<b>Please give the name and address of the organisation that will pay the pension</b>		
	Postcode	Postcode
<b>Does anyone receive a pension on your behalf?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', please state the name and address of the person</b>		
	Postcode	Postcode
<b>Which pension(s) do they receive on your behalf?</b>	1. 2.	1. 2.
<b>Have you received a lump sum payment instead of a private pension?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>If 'Yes', please state the name of the organisation that made the payment</b>		
<b>How much was the payment?</b>	£	£
<b>When was it paid?</b>	/ /	/ /

**PROOF THAT WE NEED**  
 We must see proof of the pensions you receive such as a letter from the organisation that you receive the pension from, or the last payment slip sent to you by them. Only original documents will be accepted.  
 The proof must be for the current year and show the gross amount of the payment and any deductions for tax and so on. You must also send proof of any lump sum payment received instead of a pension.  
 We may need to write to your pension provider if you cannot give us the information we ask for.



This part of the form is for you to tell us about any money coming in that you have not already told us about on this form. For example:

- Training grants.
- Maintenance or child support for you, your partner or any of the children you have told us about on this form.
- Maintenance paid directly to a mortgage account.
- Income from other properties or land that you own.
- Regular payments to you or anyone in your family towards household bills or other day-to-day living expenses.
- Money you receive from a trust fund, charity, voluntary organisation, or as a gift.

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

**Do you or your partner, or any children you are claiming for, receive any maintenance payments or have any other money coming in that you have not told us about on this form?**

No  Please go to **Part 11**.

Yes  Please answer the questions below.

Where is the money from?

What is the money for?

Who is the money paid to?

How much is paid?

£

How often?

Every

When did the payment start?

/  /

Is the payment due to change?

No  Yes

If 'Yes', when?

/  /

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

No  Yes

If 'Yes', what for?

How much?

£

Do you or your partner have any other money coming in that you have not already told us about on this form?

No

Yes  Please give details in **Part 12**.

### **PROOF THAT WE NEED**

We must see proof of other money you have coming in such as a letter from the court showing how much maintenance you are getting, an award letter from the Child Maintenance and Enforcement Commission (formerly the Child Support Agency), or a letter from whoever pays you the maintenance or other income. Only original documents will be accepted.

In this part, please tell us about any capital, savings and investments, including land, that you or your partner have. **If you have more than £16,000 in value, you may not qualify for Housing Benefit or Council Tax Support. Please contact us for further information.**

You must tell us about **current accounts** and saving accounts with a bank or building society, cash, post office accounts, internet accounts, premium bonds, stocks and shares, redundancy payments and investment accounts such as Individual Saving Accounts (ISAs), Tax Exempt Special Savings Accounts (TESSAs) and National Savings Certificates.

These are only examples. This list does not cover everything. If you think you or your partner own something else that should be treated as savings and investments, please give details.

You should give details of all your accounts including any that you hold jointly with other people.

**Do you or your partner have any bank accounts?** No  Yes  Please give details below.

Tell us here about bank accounts, including current accounts.

Name of Bank	Account number	Whose name(s) is the account in?	How much is in the account?
			£
			£
			£
			£

Please send proof of these accounts and the money you have in them. You can send either the last 3 months statements (but not mini-statements) or the bank book. However, please try to avoid sending bank books through the post.

**Do you or your partner have any building society accounts?** No  Yes  Please give details below.

Tell us here about building society accounts.

Name of Building Society	Account number	Whose name(s) is the account in?	How much is in the account?
			£
			£
			£
			£

Please send proof of these accounts and the money you have in them. You can send either the last 3 months statements or the building society book. Please try to avoid sending passbooks through the post.

**Do any of your accounts include a lump sum payment received due to deferring a State Pension?** No   
Yes  We will contact you further about this.

**Do you or your partner have any post office accounts?**

No  Yes  Please give details below.

This includes savings accounts and current accounts.

Tell us here about post office accounts.

Type of account	Account number	Whose name(s) is the account in?	How much is in the account?
			£
			£
			£
			£

Please send proof of these accounts and the money you have in them. You can send either the last 3 months statements or the post office passbook. Please try to avoid sending passbooks through the post.

**Do you or your partner have any premium bonds, stocks, shares, bonds or unit trusts?**

No  Yes  Please give details below.

Tell us here about premium bonds, stocks, shares, bonds and unit trusts.

Type e.g. TSB shares, premium bonds	How many?	Who do they belong to?	What is their value?
			£
			£
			£
			£

Please send the certificates.

**Do you or your partner have any National Savings Certificates?**

No  Yes  Please give details below.

Tell us about National Savings Certificates.

What is the issue number?	How many are held?	Who do they belong to?	What is their value?
			£
			£
			£
			£

Please send the certificates.

**Do you or your partner have a 'PayPal' account?**

No  Yes  Please send us proof of this account.

**How much is the balance in this account?**

£

**Whose account is it?**

**Do you or your partner have any other capital, savings or investments?**

No  Yes  Please give details below.

Tell us here about any other capital, savings or investments.

Type e.g. TESSAs, ISAs	Account number	Who do they belong to?	How much is in the account?
			£
			£
			£
			£

**Are you or your partner waiting for any payments from a building society or a savings plan such as an endowment policy, or a redundancy or severance payment?**

No  Yes  We will contact you about this.

**Have you or your partner received a Far Eastern Prisoner of War payment or a compensatory payment from the German Government?**

No  Yes  We will contact you about this.

**Do you or your partner own or partly own any property, land or timeshare either in the UK or abroad, other than the home you live in?**  
Property includes a holiday home or property that you rent to someone else.

No  Yes

**If 'Yes', what is the address?**

Postcode

**Is the property up for sale?**

No  Yes  If 'Yes', from what date?

**Does anyone else live in the property?**

No  Yes

**If 'Yes', is the tenant a relative?**

No  Yes  What relationship are they to you and your partner?

**Do you or your partner get rent from the property?**

No  Yes

**If 'Yes', how much?**

£

**How often?**

Please provide proof.

**PROOF THAT WE NEED**

We must see proof of all the capital, savings and investments you have told us about. We have told you what proof we need to see under each section. The proof must go back to at least 3 months before you make your claim. Only original documents will be accepted however, please try to avoid sending bank or building society passbooks through the post. We cannot accept mini-statements or summary statements.



In this part, please tell us about the rent or board and lodging charge that you pay to a **private landlord or a Housing Association**. A private landlord is a person or organisation other than the Council.  
**If you do not pay rent or you pay rent to the Council, please go to Part 15.**

When did you start renting your home?

 /  / 

When did your current tenancy begin?

 /  / 

What sort of tenancy do you have?

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

How long is the tenancy for?

 /  /  to  /  / 

Do you have a tenancy agreement?

No  Yes  Please send the original copy of the agreement.

Has your rent been registered as a fair rent by the Rent Service?

No  Yes  Please send the registration document.

How much is the rent for your home?

£  Every  (week/fortnight/4 weeks/month)

Please send proof of the rent you pay (rent book, receipts etc.)

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

No  Yes  How many?

Are you behind with your rent?

No  Yes  If 'Yes', how many weeks behind are you?

How much do you owe? £

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

No  Yes  What is their share of the rent? (quarter, third, half etc.)

Tell us their name(s)

Has your rent changed in the last 12 months?

No  Yes  Send us proof of the date it changed, and how much it changed.

When is the next rent increase due?

 /  / 

Has anyone in your household died in the last 12 months?

No  Yes  If so, please state who and the state of their relationship to you?

Have you fostered a child or become an approved foster carer in the last 12 months?

No  Yes

**Who receives the Council Tax bill for your home?**

You or your partner

Your landlord

**Who receives the Water Rates bill for your home?**

You or your partner

Your landlord

**Does your rent include money for meals?**

No  Yes

**If 'Yes', please tick which meals you have**

Breakfast  Lunch  Evening Meal

**Does your rent include any of the following? (please tick )**

**If 'Yes', please state how much**

Heating in your own home

No  Yes

£

Lighting in your own home

No  Yes

£

Hot water in your own home

No  Yes

£

Fuel for cooking

No  Yes

£

Personal care and support

No  Yes

£

Medical or nursing care

No  Yes

£

Laundry facilities for you to use

No  Yes

£

Personal laundry your landlord does for you

No  Yes

£

Cleaning the outside windows of your home

No  Yes

£

Cleaning the inside of your home

No  Yes

£

TV Licence

No  Yes

£

Satellite/cable subscription

No  Yes

£

Gardening

No  Yes

£

## Part 13

## About rent and your tenancy – continued

Does your rent include any of the following? – continued

If 'Yes', please state how much

Garage or parking space or facility or permit

No  Yes

£

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

No  Yes

Are there any other services included in your rent?

No  Yes

£

Please state what these other services are

Do you pay any service charges separate from your rent?

No  Yes

How much?

£

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, or lift maintenance.

What for?

### PROOF THAT WE NEED

We must see proof of the rent that you pay. You must send original documents such as your rent book or rent receipts. You must also send your original tenancy agreement and rent registration document if applicable. Please make sure that your landlord, or his/her agent, completes the landlord declaration form.

## Part 14

## About your landlord and where you live

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

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

  
  
  
  
Postcode

What is your landlord's telephone number?

If your landlord has an agent, tell us their full name and address

By *agent* we mean the person or organisation you actually pay your rent to.

  
  
  
  
Postcode

What is the agent's telephone number?



**What sort of building do you live in?** Tick one box only.

Detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bedsit or rooms	<input type="checkbox"/>	Other	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	If <b>other</b> , please give details	<input type="checkbox"/>
Semi-detached bungalow	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	<input type="text"/>	

**If you live in a caravan, do you own or rent it?**

Own it  Rent it  Do you pay ground rent? No  Yes

**If you live on a houseboat what is the length of the boat**

**How many rooms are there in your accommodation?** Please fill this section in, even if you live in a caravan or houseboat

	<b>In the whole building?</b>	<b>Just for you and your household?</b>	<b>That you share with other people?</b>
Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room and kitchen combined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsitting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If other, please specify what this room is**

**Please tick to show if the property is let as:**

Furnished  Minimally furnished  Partly furnished  Unfurnished

**Is there more than one floor in the building?**

No  Yes

**How many floors are there?**

**Which floor is your home on?**

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

**Other (please specify)**

Where in the building do you live?

At the front

In the middle

At the back

Does your home have central heating?

No  Yes

Who is responsible for decorating the inside of your home?

Your landlord

You

Don't know

Do you have a main home somewhere else?

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

No  Yes

If 'Yes', what is the address?

Postcode

How much do you pay for this home if you rent it?

£

We may need to contact you further about this.

If you are renting from a Housing Association please state your rent account number

Are you, your partner or children related to the owner of the property, the landlord, or agent, or to any of their partners?

*Related includes related through marriage, even if the marriage has ended.*

No  Yes

If 'Yes', what is the relationship?

Do you rent your accommodation from a company of which you, your partner, or a member of your household are a director or employee?

No  Yes

Do you rent your accommodation from a trust of which you, your partner, your former partners or a member of your household including your children are a trustee or beneficiary?

No  Yes

Did you and/or your partner previously own the dwelling which you now rent?

No  Yes

Do you occupy the property as a condition of your employment or that of your partner's?

No  Yes

Is any part of your home used for business purposes?

No  Yes

If you have answered 'Yes' to any of the above questions, we will need to contact you for further information.

- If you are awarded Council Tax Support, the Council will pay this into your Council Tax account.
- If you are a Council tenant, the Council will pay any Housing Benefit you are awarded into your rent account.
- If you are a Council tenant or you are claiming Council Tax Support only, please go to **Part 17**.
- If you are not a Council tenant and are awarded Housing Benefit, the Council will pay this directly into your bank account, building society account or any other account except a post office card account or Individual Savings Account (ISA). You must give details of your account in the section below.

**If you are renting from a Housing Association and would like the Council to consider paying your Housing Benefit directly to them, please tick this box.**

Now go to **Part 16**.

### Payments directly into an account

If you do not have a bank or building society account for your Housing Benefit to be paid into, please contact the Benefits Team for further advice.

**Please give the details of the account you wish your Housing Benefit to be paid into:**

**Name of bank or building society**

**Branch address**

Postcode

**Building Society reference/  
roll number (if applicable)**

**Bank/Building Society  
account number**

**Sort code**

  

**Name of account holder**

You can set up a standing order from most accounts for the payment of your rent to your landlord. This would ensure that your rent is paid on time and reduce the risk of you falling behind with your payments. Please ask your account provider for more details.

**It may be possible to pay your Housing Benefit to your landlord if you feel that you would have difficulty managing the payments yourself.**

**If you would like us to consider this, please ring the Benefits Team for further advice.**

Sharing information with your landlord or agent could help us deal with your claim more quickly and could reduce the risk of you falling behind with your rent.

We can contact your landlord or his agent without your permission to confirm some information, for example, the start date of your tenancy. However, under the Data Protection Act we need your permission to discuss anything else.

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

- You have made a claim for Housing Benefit;
- We need more information from you to make a decision about your claim;
- We have made a payment to you and if so, the date, amount and period that the payment covers;
- Your benefit changes, stops or is suspended.

**We will not give your landlord any information about:**

- Your personal or household circumstances or
- Your financial circumstances.

If you do give us permission to discuss your claim with your landlord or agent, you can withdraw the permission at any time.

It will not affect your claim if you do not give us permission to speak with your landlord or his agent. However, giving us permission could help prevent any problems you may have with your landlord concerning payment of your rent, as we will be able to let your landlord or his agent know what is happening with your claim.

If you want to give us permission to discuss your claim with your landlord or his agent, please sign below.

**I give Lancaster City Council permission to share information about my Housing Benefit claim with my landlord or his agent.**

Signature

Date

 /  / 

We can avoid paying you too little or too much benefit if you immediately tell us about any changes in your circumstances. You must tell us about any changes that may affect your benefit.

Fair Processing Notification

We will use the information you provide in this form and by other means to process your claim for benefit, in a manner compatible with the Data Protection Act.

We may check the information provided by you, or by someone else about you, against other details we already have. By law we may also ask other local authorities, agencies, organisations and government departments to give us information they have about you to:

- make sure the information is accurate
- prevent or detect fraud; and
- protect public funds

Information given on this form may be passed to Experian, a credit agency, and used by our investigation team in order to check for undeclared co-habiters. The information that you give to the council will also be used to provide you with the services that you need. In this respect, your information may be shared with other council departments, but only the minimum necessary to achieve the objective, and only where you have given your consent or where the law allows.

Information shared in relation to the above will remain secure at all times, and will only be shared with those people who are responsible for providing you with the service or information that you require.

If you want to know more about the Councils approach to data protection please contact [benefits@lancaster.gov.uk](mailto:benefits@lancaster.gov.uk) or telephone (01524) 582965. Any benefit we provide will be based on the information you have given us. We will write to you with a decision about your claim. We will aim to do this within 14 days, or as soon as reasonably possible. The letter will tell you all the details we have used to work out your benefit. If you disagree with any of these details, you should tell us immediately. The letter also tells you how to appeal against our decision.

We can usually award benefit/support from the Monday after the day we receive your claim. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming sooner. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim in good time.

Date you want to claim benefit from

/ /

Tell us why you have not claimed earlier. Please include information about how and when you found out you could claim

Continue on a separate sheet if necessary. Please remember to put your name and address on the sheet.

[Large empty box for providing reasons for not claiming earlier]

During this earlier period, were your circumstances different from those you have told us about on this form?

No

Yes  Please tell us about it below

What has changed?

We need proof of the change in your circumstances for this period.

[Large empty box for providing details of changed circumstances]

This checklist is to help you make sure that you are sending us a complete claim. Your claim will be processed more quickly if you send all the information and proof that we have asked for at the same time as you send your form in.

If you cannot send the proof that we need at the moment, send the form back to us now and send the proof as soon as possible and within 1 calendar month. We can start to process your claim, but we will not be able to pay you any benefit until we have all the proof we have asked for. Remember, we must see **original** documents, not copies.

Please do not send valuable items through the post. If you can, bring them into the Customer Service Centres at Lancaster or Morecambe Town Halls. We will take the details we need and give you the documents back straight away. If you cannot call in, please telephone us for more advice.

Please use the following checklist to indicate what documents you are sending with your claim and which are to follow.

	Proof needed	Please tick (✓)	
		Enclosed	To follow
Part 1	At least 2 documents to prove identity & National Insurance number, for example a birth certificate, passport, medical card, driving licence or recent gas or electricity bill.		
Part 2	Child Benefit award letter.		
Part 3	Payslips, benefit award notices for other people living with you.		
Part 4	Money paid to you by boarders, lodgers and sub tenants.		
Part 6	Payslips, proof of private pension contributions.		
Part 8	Tax Credit award letters, current benefit award notices, letters from Job Centre Plus, the Pension Service or the Department for Work and Pensions office confirming how much you get.		
Part 9	Last private pension payment slip, letter from pension provider.		
Part 10	Letter from the court or Child Maintenance and Enforcement Commission (formerly the Child Support Agency) showing how much maintenance you are getting.		
Part 11	Bank statements, building society or post office books. Premium Bond certificates and National Savings Certificates. Proof of ISA's, stocks, shares & unit trusts. We cannot accept mini-statements or summary statements. Proof must go back to <b>3 months</b> before you make your claim. Proof of income from other properties that you own.		
Part 12	Any documentation relevant to your claim that you have not already provided proof of.		
Part 13	Rent book, rent receipts, tenancy agreement, or rent registration certificate.		

**If you do not provide all the proof we need, we may not be able to pay you any benefit. We need the same proof for your partner, if you have one, and for any other adults living in your home.**

We must protect the public funds we handle, so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds, and with other departments within the Council.

A council officer may visit you at some time in the future to check that the details you have given in this form have not changed. The officer will tell you who they are and fully explain the procedure to you.

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 also sign the declaration.

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

- **I understand** that I am making this claim to you, my local council.
- The information I have given on this form is correct.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I could be prosecuted or face other action.
- **I agree** that you will use the information I have provided to process my claim for benefit. You may check some of the information with others, as allowed by law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. This includes any application to receive means tested free school meals. You may give some information to other organisations (such as government departments, local authorities and private companies such as banks and organisations that may lend me money) if the law allows this. You may use the information I have provided for managing Council Tax and to recover overpayments through a debt-collection agency and/or county courts.
- **I understand** that the information I have provided may be shared with other Council Departments where appropriate.
- **I know** that I must let Lancaster City Council Benefits Department know straight away about any changes in circumstances which might affect my claim.

Your signature

Date

 /  / 

Your partner's signature

Date

 /  / 

Please give us your home phone number, or the phone number of someone we can call if we need to contact you about your claim.

Please give us your e-mail address.

#### If this form has been filled in by someone other than the person claiming

Please tell us why you are filling this form in 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.

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

 /  /

