



Name and Address	Ref:

Date requested:	
Date issued :	
Date received :	

North Devon Council Housing Benefit and Council Tax Benefit Claim Form

Please fill in this form in black or blue ink.

You must answer all the questions on the form.

- You must return this form to us immediately even if you do not have all the proof we ask for.
- Please send in original documents as proofs, we cannot accept photocopies.
- If you need help with this form or you need more information please contact us by telephone:

Surnames A to CRO 01271 388390
 CRU to HAS 01271 388389
 HAT to MAZ 01271 388396

Surnames Mc to SHAK 01271 388384
 SHAL to Z 01271 388395

Public Enquiries:

If you have any questions to ask about this form our staff will be ready to help. Our offices are open as follows: -

Lynton House –

Monday to Friday 8.45am to 4.00pm.

The Ilfracombe Centre, 44 High Street, Ilfracombe, EX34 9QB

Monday to Friday 9am to 5pm

The Amory Centre, 125 East Street, South Molton, EX36 3BU

Monday to Friday 8.30am to 5pm

Please return this form to:

NORTH DEVON COUNCIL
 REVENUES & BENEFITS BUSINESS UNIT
 LYNTON HOUSE
 COMMERCIAL ROAD
 BARNSTAPLE, EX31 1DG

If you need this form in alternative languages or require additional assistance owing to language barriers, please contact our Customer Services on 01271 388260.

Notes

Please read these notes before you fill in the form. If you do not have all the information we ask for, fill in the form and send it to us immediately. Send us the rest of the information within one month. If we do not receive the information within one month you may lose benefit.

When will your benefit start.

Normally, your benefit will start from the Monday after your first contact with your Local Authority or The Department of Work and Pensions. For this to apply you must return your completed form within one calendar month of issue.

If you made your claim when you applied for Pension Credit, Income Support or Job Seekers Allowance, Housing and Council Tax Benefit will normally start from the Monday following the start date of these benefits.

How we will pay your benefit. If you are a new private tenant, we will pay your Housing Benefit every two weeks in arrears to yourself. In cases where we are able to pay your Landlord these payments will be made 4 weeks in arrears. Any Council Tax Benefit you are awarded will be credited to your Council tax account and will show on your Council Tax bill.

Second Adult Rebate.

Second adult rebate is to help people who do not qualify for the 25% Single Person Discount from their Council Tax because of other people living in the household with them (second adults) who are on a low income and are:

- Aged 18 or over
- Not liable for Council Tax
- Not your spouse or partner

The income and capital of the claimant, the person liable for Council Tax, is not taken into consideration in deciding a claim for second adult rebate.

You only need to complete sections A, C and K to claim second adult rebate.

Under 25-year-olds. If you are under 25 and single, your Housing Benefit may be reduced. This will not apply if you have a partner, receive child benefit for a child in your care, have another adult living with you who does not pay you rent (for example a friend or relative) if you have been or are getting certain disability benefits or if you are a care leaver under 22 years of age.

Students Most full time students cannot claim Housing Benefit. If you are a couple, one of whom is a full time student, the non student partner must be the claimant.

Backdating. If you wish your claim to be backdated, you must give the date you wish it to begin and the reasons for your delay in claiming. You have to demonstrate 'good cause' for not making a claim at an earlier date. Good cause must be demonstrated for the whole of the period from the start of the backdated period to the date of the request. Please explain on a separate sheet or use section J.

Savings and Investments. If you and your partner have joint savings and /or investments of more than £16,000, we cannot pay you benefit, unless you are in receipt of Guaranteed Pension Credit.

Local Scheme. The National Benefits scheme ignores £10 a week of any War Widows Pension or War Disablement Pension. We have a local scheme that ignores the full War Widows Pension or War Disablement Pension. We meet the cost of the extra benefits. You must include the pension on the claim.

Change of circumstances. You must tell us in writing, of any change in the personal or financial circumstances of you or any person within your household. (This includes non-dependants). You must tell us straight away or you may lose benefit.

National Insurance Numbers. You must tell us the National Insurance numbers of everyone over the age of 16 living in your home. If you do not, we cannot deal with your claim.

Local Housing Allowance. From 7th April 2008 the Government have introduced a new scheme. Certain private tenants will be exempt from referral to the Rent Officer Service and will come under this new scheme. In most cases we will pay LHA directly to the claimant. You cannot choose to have your LHA paid directly to your Landlord. As a tenant you are responsible for paying your rent to your Landlord. The easiest way for you to receive LHA is to have it paid into your bank or building society account. If you do not have a bank account you can ask for a leaflet which will tell you more about bank or building society accounts.

Please indicate which benefit you wish to claim, **Housing Benefit** **Council Tax Benefit**

Second adult rebate If you are claiming Second Adult Rebate, Please fill in parts A, C and K only.

A - About you and your partner - Including civil partnerships

By partner we mean someone you are married to or lives with you as if you were married.

Surname	Other Names	Title	Date of Birth	National Insurance Number
You				<input type="text"/>
Your Partner				<input type="text"/>

National Insurance number - We cannot deal with your claim unless you give us the National Insurance numbers. Proof of these are also needed. They can be found on payslips. P60s or benefit award notices.

Address you wish to claim for: -
 (include the room or flat number) _____
 Post code _____
 Mobile Phone number _____
 Daytime Phone number _____

At this address are you or will you be (only tick one box)

- Owner / occupier** **Private tenant**
Housing association tenant **Hostel dweller**
 (eg North Devon Homes)
Boarder **Other** **Please specify** _____

What date did you move or plan to move to this property?

You
<input type="text"/>

Your Partner
<input type="text"/>

Please give any other names you have used or been known by

You
<input type="text"/>

Your Partner
<input type="text"/>

Please give your previous address

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

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

Dates you lived there

From To

From To

Did you get Housing Benefit or Council Tax Benefit there?

Yes No

Yes No

A - About you and your partner (continued)

You

Your Partner

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

Yes No

Yes No

What is your nationality?

If you or your partner are not British on what date did you last enter and apply to stay in the UK?

Have you or your partner, been incapable of work for more than 28 or 52 weeks because of illness or disability? **(You may qualify for more benefit if the claimant is the person who has been incapable of work for 52 weeks or 28 weeks if terminally ill)**

Yes No

Yes No

Are you or your partner registered blind?

Yes No

Yes No

If "yes" what is your registration number?

Do you or your partner get Attendance Allowance?

Yes No

Yes No

Do you or your partner get Disability Living Allowance?

Yes No

Yes No

Does anyone get Carers Allowance for looking after you or your partner? **(Please tick yes, if you do not receive the allowance but have underlying entitlement to carer's allowance)**

Yes No

Yes No

If "Yes", please say who it is paid to

Are you or your partner in hospital, residential home or legal custody at the moment?

Yes No

Yes No

If "yes", please state which and give the date

When do you expect to come home?

Proof of incomes.

Please provide evidence of your entitlement to Attendance Allowance or Disability Living Allowance by sending in one of the following: -

- The latest award letter
- A bank statement showing the payment

A - About you and your partner (continued)

Students.

You

Are you or your partner a student?

Yes No

If "Yes", What is the name of the University or College?

What is the name of the course?

Is the course full time or part time?

How many guided learning hours each week?

What date will the course end?

What are the Term dates?

Autumn term: From To

Spring term: From To

Summer term: From To

Do you get a student grant or loan?

Yes No

Your Partner

Yes No

From To

From To

From To

Yes No

Notes about students.

Full time students cannot claim Housing Benefit. The exception to this is if you are:

- Looking after a child or young person
- Aged 60 or over
- Disabled
- Receiving Income Support or Jobseekers Allowance (Income Based)
- Aged under 19 in further education but not higher education
- A partner of a full time student

All part time students can claim Housing Benefit.

Details and proof of your grant, parental contributions and covenant income are needed to work out your benefit.

B - Children living in your household who you or your partner receive child benefit for

	First Child	Second Child	Third Child	Fourth Child
Surname				
First Name				
Date of birth				
Relationship to you				
If over 15 when will they leave school?				
What savings or investments do they have?				

If you have more than four children, please give us the details in section J

Do they have income of their own other than savings? Yes No Yes No Yes No Yes No

If "Yes", give details

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Do they get Disability Living Allowance? Yes No Yes No Yes No Yes No

Are they registered Blind? (We will need to see proof of this) Yes No Yes No Yes No Yes No

Do you pay childcare costs for any of these children? Yes No Yes No Yes No Yes No

If "Yes", give details of the childminder, nursery or after school club.

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Carer's registration number?

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What are each child's weekly childcare costs?

£	£	£	£
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Name of the registering local authority?

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Proof of incomes.

Please send in evidence of child benefit and /or any other incomes for each of the above children.

Proof of Child care costs

Please send in receipts of the childcare costs you pay, they must show the costs, times and name of the person providing the care. Each childminder, nursery or similar scheme must be registered with a Local Authority.

C - About any other people living in your home

Apart from you, your partner and any dependant children, does anyone else live in your home?

Yes No **If "No", go to Part D**

If "Yes" How many are there?

If "Yes", please list everyone else in your home including relatives, boarders, lodgers, subtenants, friends or anyone else who lives with you. You do not need to give income details for boarders, lodgers, joint tenants, joint owners or subtenants. Do not include children you get child benefit for.

	First Person	Second Person	Third Person
Title			
Surname			
First Name			
Date of birth			
National insurance number			
Relationship to you			

If you have more than three people living with you please give us the details in section J

Do they pay you rent? Yes No Yes No Yes No

If "Yes", How much do they pay and how often do they pay it?

Do they work? Yes No Yes No Yes No

If "Yes", what are their earnings each week before Tax and National Insurance? £ £ £

Do they get Income Support, Income based Jobseekers Allowance or Guaranteed Pension Credit Yes No Yes No Yes No

Do they get any other state benefits? Yes No Yes No Yes No

If "Yes", give the benefit name and the amount each week
 £ £ £

Please state the amount of any other weekly income £ £ £

Where does this come from?

Proof of incomes.

We need proof of income for anyone else who lives with you, to make sure you receive all the benefit you are entitled to.

If you do not send in this information, you may receive a reduced level of benefit.

C - About any other people living in your home (continued)

	First Person	Second Person	Third Person
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Do they get Disability Living Allowance or Attendance Allowance?

Yes No Yes No Yes No

If "Yes" how much do they get each week?

£	£	£
---	---	---

What was their interest from savings in the last 12 months?

£	£	£
---	---	---

Do they provide care for someone in your home for more than 35 hours each week other than their partner or child?

Yes No Yes No Yes No

Is the care provided for you or your partner?

Yes No Yes No Yes No

Are they a student?

Yes No Yes No Yes No

Note - This includes Nursing Diploma students, Youth training trainees and apprentices.

Are they severely mentally impaired?

Yes No Yes No Yes No

Are they in hospital or prison?

Yes No Yes No Yes No

If "yes", please state which and give the date

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Are any of these partners?

Yes No Yes No Yes No

If "yes", please say who

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Proof of incomes.

Please provide evidence of their entitlement to Attendance Allowance or Disability Living Allowance by sending in one of the following -

- The latest award letter
- A bank statement showing the payment

E - Self-employed earnings

You

Are you self-employed? Yes No

If "no", please go to part F

If "Yes", What is your trade or profession?

When did the business start?

Do you use your home for business purposes? Yes No

Do you pay into a private pension scheme? Yes No

How many hours do you work each week?

Proof of self employed earnings

Please send in your latest audited accounts but if you do not have any we will send you a form to list your income and expenditure.

Your Partner

Is your partner self-employed? Yes No

If "no", please go to part F

If "Yes", What is your trade or profession?

When did the business start?

Does your partner use your home for business purposes? Yes No

Does your partner pay into a private pension scheme? Yes No

Is your partner registered for V.A.T? Yes No

F - Other income

Private pension and annuities -Do you or your partner receive a private pension or annuity? (If you have more than two pensions please continue in section J)

You	Your Partner
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Private pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	<input type="text" value="£"/>		<input type="text" value="£"/>	
And how often it's paid	<input type="text"/>		<input type="text"/>	
Pension company's details	<input type="text"/>		<input type="text"/>	

Second private pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	<input type="text" value="£"/>		<input type="text" value="£"/>	
And how often it's paid	<input type="text"/>		<input type="text"/>	
Pension company's details	<input type="text"/>		<input type="text"/>	

Do you or your partner receive payments from an annuity or home income plan?

You	Your Partner
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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state which	<input type="text"/>		<input type="text"/>	
and give the amount	<input type="text" value="£"/>		<input type="text" value="£"/>	
How often it's paid	<input type="text"/>		<input type="text"/>	
Annuity or plan details	<input type="text"/>		<input type="text"/>	

F - Other income

You	Your Partner
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Do you or your partner get Income Support, Job Seekers Allowance (Income Based) or Guaranteed Pension credit?

Yes No

Yes No

Do you or your partner receive any of the following pensions

You	Your Partner
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<p>State retirement pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>Widows pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>Widowed parents allowance</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>War disablement pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>War widow's pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>War dependant's pension</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>Bereavement Benefits</p> <p>If "Yes" please state the amount</p> <p>Start date and how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>
<p>Any other pensions</p> <p>If "Yes" please state the amount</p> <p>And how often it's paid</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>£ <input type="text"/></p> <p><input type="text"/></p>

Proof of pensions

Please provide evidence of your entitlement to any of the pensions and allowances listed above by sending in the latest award letter.

F - Other income (continued)

Do you or your partner receive any of the following?

	You	Your Partner
Job seekers allowance contribution based Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Employment & Support allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Training allowances Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Return to work credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid. <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Child benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Child tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Working tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Disabled persons tax credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Pension credit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Short term incapacity benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Long term incapacity benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>

F - Other income (continued)

Do you or your partner receive any of the following?

	You	Your Partner
Incapacity benefit in youth Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Attendance allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Disability living allowance - care Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Disability living allowance - mobility Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Severe disablement allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Industrial injuries benefit Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Maternity allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Carers allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>
Any other allowance Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please state the amount £ <input type="text"/> And how often it's paid <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/> <input type="text"/>

Proof of incomes

Please provide evidence of your entitlement to any of the benefits and allowances listed above by sending in the latest award letter (Please note we will need ALL pages of your award letters particularly Working Tax Credits)

F - Other income (continued)

Do you or your partner receive any of the following?

	You	Your Partner
Statutory sick pay from employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Youth training schemes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Maintenance payments received for adults	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Maintenance payments received for children	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Student grant or loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Payment from boarders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Payments from letting or subletting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Payments from charities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>
Payments from voluntary groups	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
And how often it's paid	<input type="text"/>	<input type="text"/>

G - Other information

You	Your Partner
-----	--------------

Are you or your partner caring for anyone who receives Attendance Allowance or the care element of Disability Living Allowance? Yes No Yes No

Have you or your partner been in full-time education in the last year, or do either of you plan to be? Yes No Yes No

If "Yes", please give the course dates

Have you or your partner applied for any other benefit and not received it? Yes No Yes No

If "Yes", please tell us which benefit and the date you claimed it – you will need to send us the award letter

Are you or your partner provided with an invalid carriage or car? Yes No Yes No

Do you or your partner make contributions towards a student grant? Yes No Yes No

If "Yes", how much? £ £

H-Cash, savings and investments (whether in the UK or abroad)

Do you or your partner have any of the following? **If so we will need 3 months statements**

You	Your Partner
-----	--------------

Current account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
Name of bank or building society	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Second current account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
Name of bank or building society	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Deposit account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
Name of bank or building society	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Second deposit account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the amount	£ <input type="text"/>	£ <input type="text"/>
Name of bank or building society	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>

H-Cash, savings and investments continued (whether in the UK or abroad)

Do you or your partner have any of the following? **If so we will need proof**

	You		Your Partner
--	-----	--	--------------

A Building Society account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Name of bank or building society	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Second Building Society account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Name of bank or building society	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
A Post Office account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Second Post Office account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Giro accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
PayPal account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the amount	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Account number	<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	
Are you a regular Ebay trader?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Premium Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Income Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
National savings certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	
Share or unit trusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input style="width: 80%;" type="text"/>		£ <input style="width: 80%;" type="text"/>	

H-Cash, savings and investments (whether in the UK or abroad)

Do you or your partner have any of the following? **If so we will need proof**

P.E.P	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input type="text"/>		£ <input type="text"/>	
T.E.S.S.A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input type="text"/>		£ <input type="text"/>	
I.S.A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input type="text"/>		£ <input type="text"/>	
Stocks, Sharesave, SAYE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the value	£ <input type="text"/>		£ <input type="text"/>	

(If you have any other types of capital or investments please list in section J)

Property and Land

Do you, your partner or any children you are claiming for own or partly own any property, land or time share, either in the UK or abroad, other than the home you live in?

You

Your Partner

Please tick "Yes", even if you have a mortgage or loan on it

Yes

No

Yes

No

If "yes", please give the address

You

Your Partner

You

Your Partner

You

Your Partner

Total value of properties you own or have interest in?

£

£

Does a sick, disabled or elderly relative live in any?

Yes No

Yes No

Does an ex partner live in any?

Yes No

Yes No

Do any of your children aged under 16 live in them?

Yes No

Yes No

I- Rent details

You should **only** fill this section in if you are **liable pay rent** to a Landlord or Housing Association.
If you are an owner-occupier, go to section J

When did your tenancy begin?

Your landlord's name

Your landlord's address

Your landlord's phone number

Your agents name and address (if you have one)

Your agent's phone number

Are you, your partner or your children **related** to your landlord or their partner? Yes No

If "Yes", please state what the **relationship** is

Have you claimed Housing Benefit in the last twelve months? Yes No

Was the last tenancy with the same landlord? Yes No

Have you got a written tenancy agreement? Yes No

Has the rent officer or rent tribunal registered a fair rent for your home? Yes No

Have you applied for a Pre-tenancy determination? Yes No

Have you been served with a shorthold tenancy notice? Yes No

If "yes", give the period of the tenancy From To

Are you renting the property as part of a shared or co-ownership scheme? Yes No

Proof of rent

Please send in your tenancy agreement or an up to date rent book with your claim. If you do not have these, please ask your landlord to complete **section L** of this form.

We will not pay Housing Benefit if you –

- Live with and pay rent to a close relative.
- Pay your ex-partner rent to live in the home you used to share with them.
- Are responsible for your landlord's child.
- Rent your home from a company of which you are a director or employee.
- Rent your home from a trust of which you are a trustee or beneficiary.
- Rent your home from a trust of which your child is a beneficiary.
- Previously owned the home, which you now rent, except in certain circumstances.
- Live in your home as a condition of your job.

I- Rent details (continued)

How much is the rent?

£

How often is the rent due? Every week

Every two weeks

How often is the rent due? Every four weeks

Every month

Other

Do you have any rent-free weeks?

Yes

No

If "Yes", how many do you have each year?

Has your rent gone up in the last twelve months?

Yes

No

If "Yes", give the date of the increase

Was the increase agreed in the tenancy agreement?

Yes

No

Do you have any joint tenants?

Yes

No

If "Yes", what is your share of the rent? £

Is your home furnished?

Yes

No

If "Yes", is it partly furnished?

or fully furnished?

Who is responsible for decorating the inside of your home?

Landlord

Me

Don't know

Are any meals provided?

Yes

No

If "Yes", which meals?

Breakfast?

Lunch?

Evening meal?

Does your landlord live in the same building as you?

Yes

No

Do you pay water rates direct to the Water authority?

Yes

No

If "yes", let us see the bill

If your rent includes money for any of the following, tick the correct boxes and fill in the amount you pay

Please tick either "Yes" or "No"			If "Yes" how much Do you pay?
	Yes	No	
Water charges			£
Cooking			£
Heating			£
Lighting your home			£
Hot water			£
Garage or parking space			£
Furniture			£
Cleaning shared areas			£
Personal Laundry			£

Please tick either "Yes" or "No"			If "Yes" how much do you pay?
	Yes	No	
Laundry facilities			£
Cleaning your room			£
Cleaning your windows			£
Lighting shared areas			£
Lift			£
Porter or estate staff			£
Emergency alarm			£
Council Tax			£
Other (TV, Video)			£

Does your landlord provide general counselling and support?

Yes

No

If "Yes", how much is included in your rent for it?

£

every

Does your home have central heating?

Yes

No

If your rent includes a charge for using a garage or parking space, could you rent your home without it?

Yes

No

Housing Benefit limits

We may refer your rent to the Rent Service, who are independent Government valuers

I - Rent details (continued)

Type of accommodation

Which of the following do you live in?

Terraced house	<input type="checkbox"/>	Detached house	<input type="checkbox"/>	Semi detached house	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Semi detached bungalow	<input type="checkbox"/>	Annexe	<input type="checkbox"/>
Flat in a block	<input type="checkbox"/>	Flat in house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	A room or rooms in a house	<input type="checkbox"/>	Caravan or mobile home	<input type="checkbox"/>
Ground rent only	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="text"/>	
Hostel	<input type="checkbox"/>	Hotel or guest house	<input type="checkbox"/>	Room number	<input type="text"/>

Which floor is your home on?

Basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>	First floor	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>		

How many floors are there in the whole building?

If you live in a single room, looking at the front of the building, whereabouts is your room?

At the front	<input type="checkbox"/>	In the centre	<input type="checkbox"/>	At the back	<input type="checkbox"/>
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Number of rooms – We need to know how many rooms there are in the building you live in and who uses them?

	Living Rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate Toilets	Total
Number of rooms in the whole building?							
Number of rooms used only by you and your family?							
Number of rooms you share with other people?							

Pre-Tenancy determination (PTD)

In some cases you may find out the rent officer's figures before you sign up for a tenancy by asking for a PTD. This only applies if you do not come under the Local Housing Allowance scheme. Ask the Benefits Section for an application form and details about this.

K- Declaration

Declaration

Please read these statements carefully and sign below. We cannot deal with your claim if you haven't signed it.

- We can prosecute anybody who knowingly gives us false information or documents or withholds any information.
- This is my claim for Housing Benefit, and or Council Tax Benefit, or second Adult Rebate.
- I will tell you straight away if the information on any letter you send me is incorrect.
- The information I have given is true and complete to the best of my knowledge and belief.
- You can check any information on this form. This includes sending a Certificate of Earnings direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Benefit for any other address.
- I understand that you may contact or exchange information with the Home Office, Department for Work and Pensions, Employment Service, HMRC, Child Support Agency other Government departments, Local Authorities and other departments of North Devon Council:
 1. In order to check or give the information I have given on the form;
 2. As allowed by law, to obtain other information to prevent or detect fraud in obtaining public funds.
- I understand that you will not deal with my claim if I do not give the National Insurance number of everyone aged 16 or over who lives in my home.
- I will tell **North Devon Council** straight away if there are any changes in my circumstances so that you can work out my Housing Benefit or Council Tax Benefit again. (Examples of this include coming off **Income Support, Job Seekers allowance, Incapacity benefit, Employment Support Allowance or any other state benefit**, getting a pay rise and people moving in or out of my home.) If I do not, and I get too much benefit, I understand that I will have to pay it back, and may also be prosecuted under the Social Security Administration Act (1992) or The Theft Act (1968) or The Theft Act (1978).
- I understand that you have the right to claim back **in full** overpaid benefit and that:
 1. If I receive too much Council Tax Benefit or Second Adult Rebate it will be added to my Council Tax Account.
 2. If I am a private tenant and receive too much Housing Benefit, you will claim it back from my ongoing Housing Benefit or by sending me a bill.

By signing this declaration you are giving your consent for North Devon Council to process your information for the above purpose.

Please note in joint claims we will discuss your claim with your partner.

Claimants Signature

Date:

- I am the **partner** shown in the claim form. I confirm that the information given about me in the form is correct.
- I have also read the above declaration or someone has read it to me.

I confirm that I understand the declaration

Partners Signature

Date:

IF SOMEONE ELSE HAS FILLED OUT THIS FORM FOR YOU, YOU MUST FILL IN THE FOLLOWING: -

Name of the person who filled in the form

Their signature

Their relationship to you

LOCAL HOUSING ALLOWANCE

Most tenants renting from a private landlord and making a new claim for Housing Benefit or who move home on or after 7 April 2008, will get Local Housing Allowance. Your benefit will be calculated using Local Housing Allowance rates. The rates are set each month for different size properties by The Rent Service and the rate you are entitled to is based on the number of people who live with you and their ages. Local Housing Allowance is the maximum amount that you can receive, this may reduce depending on your income, savings and circumstances. The Local Housing Allowance rates are available in advance from our website at www.northdevon.gov.uk (under Benefits and Local Housing Allowance). The rates are also displayed in Lynton House and the Local Area Offices at South Molton and Ilfracombe.

Payment

If your Housing Benefit is calculated under Local Housing Allowance your benefit will normally be paid to you, directly into your bank account. If you feel this will present problems contact the Customer Support Team on 01271 388360 for more information.

We may make the first payment of benefit to your landlord if rent arrears have arisen, after that we will we will pay your benefit to you directly.

The safest and easiest way to receive your benefit is directly into your bank account as it avoids the risk of cheques being stolen or delayed in the post. We cannot pay housing benefit into a Post Office Card Account. If you do not provide your bank details we will pay your housing benefit by cheque and you will need a bank account in your name so you can cash the cheque. If you need help to open a bank account contact the Customer Support Team on 01271 388360.

Payment of Housing Benefit to Landlords

If you fall into one of the following groups your benefit will not be assessed under the new scheme and we can pay your Housing Benefit directly to your landlord.

- Housing Association Tenants e.g. North Devon Homes, Devon and Cornwall Housing Society etc.
- You have a tenancy that started before 15th January 1989
- You live in a caravan, mobile home, hostel or houseboat
- The Rent Officer has decided that a substantial part of your rent is for board and lodge.

Please complete the form overleaf to indicate how you would like to have your Housing Benefit paid.

Name: _____ Claim Ref: _____

Address: _____

Please pay my Housing Benefit to me into my bank account
The details are given on my claim form

(Please provide a recent bank statement to confirm your account number)

Please pay my Housing Benefit to me by cheque as I do not
have a bank
or building society account

(If you do not have a bank account, please contact the Customer Support team on 01271 388360 for help and advice on opening the account.)

I have read the notes on the back of this form and wish my Housing Benefit to be paid to my Landlord as:

I am a Housing Association tenant

My tenancy began before 15th January 1989

I live in a caravan or mobile home

My rent includes charges for meal

I will be claiming **Local Housing Allowance** but wish to be considered under the Safeguards Procedures to have my rent paid to my Landlord as I believe that I will have difficulty managing my rent payments

If you are claiming **Local Housing Allowance** and wish payments to be made to your landlord please give details of why you believe that you will not be able to manage your rent payments - provide supporting evidence if possible.

I wish to have my rent paid to my Landlord because: -

Signature: _____ **Date:** _____

SHARING INFORMATION WITH YOUR LANDLORD

You can complete this section if you are a **private tenant** or a **Housing Association tenant**. Sharing information with your landlord or letting agent can sometimes help us to deal with your claim more quickly which reduces the risk of you falling behind with your rent if your claim is delayed.

If you give us permission we would be able to inform your landlord or letting agent whether:

- You have claimed housing benefit or
- We have made a decision on your claim or
- We need more information to finalise your claim and what that information might be

We will not give your landlord or letting agent any information about your **personal circumstances** or your **financial situation**.

It will not affect your claim if you do not give us permission to speak to your landlord, and if you give permission now you can change your mind at any time by contacting us.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission. But under the Data Protection Act 1998 we need your permission to discuss anything else with them.

I give North Devon Council permission to share information about the progress of my claim and Housing Benefit payments with my landlord or letting agent named below:

Name of Landlord / Letting Agent: _____

Address of Landlord / Letting Agent: _____

Landlords Tel No: _____ Mobile No: _____

Your Name: _____ **Your address:** _____

_____ **Postal Code:** _____

Telephone no: _____ Mobile No: _____

Signature _____ Date _____

Changes of Circumstances

Below is a list of some of the changes in circumstances that you need to report to us as they may change the amount of money you are being awarded.

Changes to your and your partners income

- Income Support/ JSA /IB ceases
- You, your partner or a non dependant starts work or become self employed
- You, your partner or a non dependant have an increase or a decrease in wages or hours
- You start to receive working or child tax credits, or you have a change in the amount of money you receive from them.
- Your child benefit starts or stops
- Your child leaves school or further education

Changes to people who live with you

- If someone comes to live with you
- If someone living with you moves out
- If someone lives with you and their income increases or decreases

Changes to your household and property

- There is a change to the number of people living in your property
- You vacate the property
- You move to a different room in the same house
- There is an increase in your rent

Changes to your savings

- You or your partner's savings increase to over £6,000.
- Your savings change, or increase to over £16,000

Other changes

- If you are absent from your home for more then 13 weeks
- If anyone in you house hold starts to receive Incapacity Benefit, Carers Allowance or Disability Living Allowance

You should tell us about any changes straight away. If you do not tell us within one calendar month of the date of change, and the change means that you should get more benefit, we may only award the new benefit from the Monday after you tell us.

However, if your benefit goes down because of a change in circumstances (e.g. your income increases, someone moves in with you, etc), benefit legislation says that we have to go back to the date of the change. Any benefit overpaid because you do not tell us of the change will have to be paid back. If you are unsure whether you should tell us about a change that has occurred, please contact us for advice

I have read the above statement

I have had the above statement read to me

L- Rent proof

If you are a private tenant and have no other form of rent evidence, please ask your landlord to fill in this page where applicable.

Full name of your tenant or boarder

Their address

How much rent do you charge £

How often is the rent due? Every week Every two weeks
Every four weeks Every month

When did you start charging this rent When did the tenancy start

Are there any joint tenants Yes No If "Yes" How many are there

And what is the total rent for the property £

Do you allow any rent-free weeks? Yes No

If "Yes", how many do you allow each year

Which floor is the tenant's home on? Basement Ground floor First floor
Second floor Third floor All floors

If your tenant lives in a single room, looking at the front of the building, whereabouts is the room?

At the front In the centre At the back

If the rent you charge includes money for any of the following, please tick the correct boxes and fill in the amount.

	Yes	No	If "Yes" please state how much is charged?
Water charges			£
Cooking			£
Heating			£
Lighting your home			£
Hot water			£
Garage or parking space			£
Furniture			£
Cleaning shared areas			£
Personal Laundry			£

	Yes	No	If "Yes" please state how much is charged?
Laundry facilities			£
Cleaning your room			£
Cleaning your windows			£
Lighting shared areas			£
Lift			£
Porter or estate staff			£
Emergency alarm			£
Council tax			£
Other (TV, Video)			£

Do you provide general counselling and support? Yes No

If "Yes", how much is included in the rent for it? £ every

Number of rooms – We need to know how many rooms there are in the building your tenant lives in and who uses them.

	Living Rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate Toilets	Total
Number of rooms in the whole building							
Number of rooms used only by the tenant and their family							
Number of rooms Shared with other people							

Does your tenant share a room? Yes No

If "Yes" how many beds are there in the room

Do you provide any meals? Yes No

If "Yes" which meals, Breakfast Lunch Evening meal
 Are you or your partner related to your tenant, your tenant's partner or your tenant's children? Yes No

Declaration **The information I have given on this form is true and complete. You can make any enquiries you need to check the details. I will notify North Devon Council promptly if the tenant changes rooms or vacates the accommodation.**

Landlord or agent's name

Landlord or agent's address

I have read and understand the above declaration

Landlord or agent's signature _____ Date _____

In some circumstances we may be able to pay your tenants Housing Benefit directly to you. In these cases this will be paid into your bank account.

(We may need to write to you separately for further information regarding payments made direct).

Please return this form to:

NORTH DEVON COUNCIL
 REVENUES & BENEFITS BUSINESS UNIT
 LYNTON HOUSE
 COMMERCIAL ROAD
 BARNSTAPLE, EX31 1DG

PRIVATE AND CONFIDENTIAL

NORTH DEVON COUNCIL
LYNTON HOUSE, COMMERCIAL ROAD
BARNSTAPLE, EX31 1DG

EMPLOYERS CERTIFICATE OF EARNINGS

Please fill in your details below and hand the certificate to your employer. When they have filled it in, return it to us immediately at the above address.

YOUR NAME & ADDRESS

DATE
YOUR SIGNATURE
PAYROLL NUMBER

To The Employer – Please help the employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give us details of employee's earnings for the last five weeks or two months.

Week or month ending	Pay before tax and deductions	Statutory sick pay/maternity	Income Tax	National insurance contributions	Superannuation/Pension	Tax Credit
Total	£	£	£	£	£	£

Gross to date £ Tax to date £ National insurance to date £

Are these normal earnings? Yes No

If "No", please give reasons why not and tell us the normal amount before deductions.

--

Has your employee opted out of the national insurance scheme? Yes No

Average hours they work each week Date of last pay rise

Date employment started Date of next pay rise

Employee's National Insurance number

How are payments made? Cash / Cheque / BACS

Employer's name and address

Official stamp

Employer's signature

PRIVATE AND CONFIDENTIAL

EMPLOYERS CERTIFICATE OF EARNINGS

NORTH DEVON COUNCIL
LYNTON HOUSE, COMMERCIAL ROAD
BARNSTAPLE, EX31 1DG

Please fill in your details below and hand the certificate to your employer. When they have filled it in, return it to us immediately at the above address.

YOUR NAME & ADDRESS

DATE
YOUR SIGNATURE
PAYROLL NUMBER

To The Employer – Please help the employee by giving us the following information and returning the certificate to your employee. Thank you for your help.

Please give us details of employee's earnings for the last five weeks or two months.

Week or month ending	Pay before tax and deductions	Statutory sick pay/maternity	Income Tax	National insurance contributions	Superannuation/Pension	Tax Credit
Total	£	£	£	£	£	£

Gross to date £ Tax to date £ National insurance to date £

Are these normal earnings? Yes No

If "No", please give reasons why not and tell us the normal amount before deductions.

--

Has your employee opted out of the national insurance scheme? Yes No

Average hours they work each week Date of last pay rise

Date employment started Date of next pay rise

Employee's National Insurance

How are payments made ? Cash / Cheque / BACS

Employer's name and address

Official stamp

Employer's signature

Checklist

Send your form to this office immediately even if you do not have all of the proof.

Is the claim complete?

Have you answered every question?

Have you enclosed the following for you and you partner?

Proof of Identity	<input type="checkbox"/>	<input type="checkbox"/>
Proof of National Insurance number	<input type="checkbox"/>	<input type="checkbox"/>
Payslips or certificate of earnings	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any pensions you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any benefits or allowance you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other income you receive	<input type="checkbox"/>	<input type="checkbox"/>
Proof of savings and investments	<input type="checkbox"/>	<input type="checkbox"/>
Rent proof form	<input type="checkbox"/>	<input type="checkbox"/>
Request to pay your landlord direct (if this is what you want to do)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any payment you make to a pension scheme	<input type="checkbox"/>	<input type="checkbox"/>
Proof of payment you make to a childminder, nursery or after school club	<input type="checkbox"/>	<input type="checkbox"/>
Proof of income, savings and investments of anybody you have entered in section C	<input type="checkbox"/>	<input type="checkbox"/>
If you are claiming benefit for a new address, have you told the Benefits Agency?		

Once you have checked that you have filled in all of this form and have enclosed the proof, please read and sign the declaration on page 22.

Send your form to this office immediately even if you do not have all the above proof.

Your benefit will normally start on the Monday **after** we receive the form.

Proofs

Original documents

We will need to see and photocopy the original documents we ask for on this form. We will send back documents we receive in the post as soon as possible. If you bring your documents to our office we will photocopy them immediately.

We cannot accept your own photocopies

Important

If you do not have all the proof we ask for, fill in the form and send it to us immediately. Send us the proof within one month.

Don't delay - claim today!

More information

If you would prefer us to contact a relative or friend if we need more information, please give their details here.

Name:

Daytime Tel:

Address:

Explanation of terms used in the form to help you complete it.

- Tenant** - Someone who pays you rent and either lives in part of your home or in another home you own. For benefit purposes the above can also include people who hold a licence to occupy a dwelling.
- Joint Tenants** - Where two or more people are named in the tenancy agreement and have the same tenancy rights in a single property.
- Sub-tenant** - Anyone (other than a member of your family, boarder or any other joint occupier) who pays you rent to live in part of your home.
- Boarder** - See also sub-tenant above. The difference between a boarder and a tenant or sub - tenant is that boarders have at least some meals provided as part of the rental agreement.
- Joint Owners** - Where two people have the same interest in a property.

Related to your landlord - see close relative below

- Close relative** - Is your partner or your child's:- parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, step-son, step-daughter, brother, sister or partner of any of these.
- Partner** - Someone you are married to or someone, who you live with as husband or wife.
- Student** - Someone who is attending a course of study at an educational establishment. This includes: study at any level, full or part-time, with or without grants, state funded and private, both term times and vacation (but not between different courses). The above includes Nursing Diploma students.

Students who retain the right to Housing Benefit :-

- Pensioners
- Disabled people
- People in receipt of Income Support or Jobseekers Allowance
- Student couples with dependant children
- People responsible for a child
- People under 19 years of age undertaking a course of further education
- Lone Parents

Do you know someone who is claiming Housing Benefit or Council Tax Benefit which they are not entitled to?

Please ring our Benefit Fraud Hotline. This is a 24-hour answer phone service. We will keep any information you give us confidential.

You can also visit our website at www.northdevon.gov.uk



www.northdevon.gov.uk

February 2009