



Name and Address	Ref:	Date requested:	
		Date issued:	
		Date received:	

## North Devon Council Housing Benefit and Council Tax Reduction 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. Wherever possible, please scan or photograph the original documents and email them to us as a high quality image to [benefits@northdevon.gov.uk](mailto:benefits@northdevon.gov.uk)
- If you need help with this form, or you need more information, please contact us by telephone: **01271 388877** Monday to Friday 9am to 5.00pm or by email at [benefits@northdevon.gov.uk](mailto:benefits@northdevon.gov.uk)

**Please return this form to:**  
North Devon Council  
PO Box 379  
Barnstaple  
EX32 2GR  
[benefits@northdevon.gov.uk](mailto:benefits@northdevon.gov.uk)  
[www.northdevon.gov.uk](http://www.northdevon.gov.uk)

## **About Housing Benefit and Council Tax Reduction**

Housing Benefit can pay all or part of your rent. Council Tax Reduction helps you pay your Council Tax. There are different rules depending on whether you are working age or pension age.

See our website for more information: [www.northdevon.gov.uk](http://www.northdevon.gov.uk)

## **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 Housing Benefit or Council Tax Reduction start**

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

**How we will pay your Housing Benefit and/or Council Tax Reduction.** 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 Reduction you are awarded will be credited to your Council Tax account and will show on your Council Tax bill.

## **Second Adult Rebate (For Pension age claimants only).**

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 35-year-olds.** If you are under 35 and single, your Housing Benefit may be reduced. Local Housing Allowance rules mean most single people aged under 35 only qualify for the shared accommodation rate regardless of the type of accommodation they live in. 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 25 years of age. Special rules also apply if you are aged under 35 and have been a resident of a specialist homeless hostel for three months or more, or are managed under the Multi Agency Public Protection Arrangements.

**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. Backdating may only be considered for a maximum of one calendar month from the date of your written request. You have to demonstrate continuous '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, unless you are in receipt of Guaranteed Pension Credit. If you and your partner have joint savings of more than £6,000, we cannot pay you Council Tax Reduction (this does not apply to those over pensionable age).

**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 War Widows Pension or War Disablement Pension in full. 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 or by email 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 straightaway or you may lose benefit.

**National Insurance Numbers.** You must provide National Insurance numbers for you and your partner.

**PLEASE NOTE, THE STATUTORY NAME OF THIS COUNCIL IS NORTH DEVON DISTRICT COUNCIL**



# A - About you and your partner (continues)

Have you been a resident of a specialist homeless hostel for three months or more?

If Yes give details in **section J**

Yes

No

Yes

No

**You**

**Your Partner**

What is your nationality?

What is your partner's nationality?

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

If Yes, we may need more information.

We will contact you if necessary

If Yes, we may need more information.

We will contact you if necessary

When did you arrive?

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 or Personal Independence Payments?

Yes

No

Yes

No

Does anyone get Carer's Allowance for looking after you or your partner?  
(include any underlying entitlement award of Carer's Allowance)

Yes

No

Yes

No

If Yes please say who receives it

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?

Are you a Care Leaver under 25 years old?

Yes

No

If Yes give details in **section J**

## Proof of Income

Please provide evidence of your entitlement to Attendance Allowance, Disability Living Allowance or Personal Independence Payments by sending the latest award letter.

## A - About you and your partner (continues)

### Students.

You	Your Partner
Are you or your partner students?	
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>
If Yes what is the name of the University or College?	
<input type="text"/>	<input type="text"/>
What is the name of the course?	
<input type="text"/>	<input type="text"/>
Is the course full or part time?	
<input type="text"/>	<input type="text"/>
How many guided learning hours each week?	
<input type="text"/>	<input type="text"/>
What date will the course end?	
<input type="text"/>	<input type="text"/>
What are the Term dates?	
Autumn term: From <input type="text"/>	To <input type="text"/>
From <input type="text"/>	To <input type="text"/>
Spring term: From <input type="text"/>	To <input type="text"/>
From <input type="text"/>	To <input type="text"/>
Summer term: From <input type="text"/>	To <input type="text"/>
From <input type="text"/>	To <input type="text"/>
Do you get a student grant, loan or bursary?	
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>

Please provide evidence including a breakdown of the component parts of your bursary, grant or loan.

### 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
- State Pension Credit age
- Disabled
- Receiving Income Support or Jobseeker's 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.

## B - Children living in your household for whom you or your partner receive Child Benefit

	First Child	Second Child	Third Child	Fourth Child
Surname				
First Name				
Date of birth				
Relationship to you				
If over 16 when will they leave Education?				
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 please give details

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Do they get Disability Living Allowance or Personal Independence Payments?

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 please give details of the childminder, nurse 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 income

Please send in evidence of Child Benefit and any other incomes for each of the above children.

### Proof of Childcare Costs

Please send in receipts of the childcare costs you pay. They must show the costs, dates, times and name of the person providing the care.

## 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 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?

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Do they work?

Yes  No  Yes  No  Yes  No

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

£	£	£
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Do they get Income Support, Jobseeker's Allowance (Income Based), Universal Credit, Employment and Support Allowance (Income Related) 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

£	£	£
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Where does this come from?


### Proof of Income

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

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
Do they get Disability Living Allowance, Personal Independence Payments or Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how much do they get each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What was their interest from saving in the last 12 months?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they provide care for someone in your home for more than 35 hours each week other than their partner or child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the care provided for you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Note - This includes Nursing Diploma students and apprentices.</b>			
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in hospital or prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please state which and give the date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of these partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please say who	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Proof of Income

Please provide evidence of their entitlement to Attendance Allowance, Disability Living Allowance or Personal Independence Payments by sending in the latest award letter.

## D - You and your partner's earnings

### You

Are you in paid work? Yes  No

**If No, please go to part E**

If Yes, give your Employer's Name and Address

Postcode

Job title

--

Payroll or reference number

Date started

--	--

How often are you paid?

Weekly  Fortnightly

Monthly  4 weekly

How many hours do you work each week?

--

What is your hourly rate?

£ 

--

How much are you paid before any deductions are made?

£ 

--

How do you get paid?

Cash in hand  Cheque

Into a bank account

Please give account holder's name and account number

--

When was your last pay rise?

--

Do you pay into a private pension scheme?

Yes  No

Do you pay into a company pension scheme?

Yes  No

Do you have more than one job?

Yes  No

If Yes how many?

--

### Your Partner

Is your partner in paid work? Yes  No

**If No, please go to part E**

If Yes, give the Employer's Name and Address

Postcode

Job title

--

Payroll or reference number

Date started

--	--

How often is your partner paid?

Weekly  Fortnightly

Monthly  4 weekly

How many hours does your partner work each week?

--

What is your partner's hourly rate?

£ 

--

How much is your partner paid before any deductions are made?

£ 

--

How does your partner get paid?

Cash in hand  Cheque

Into a bank account

Please give account holder's name and account number

--

When was your Partner's last pay rise?

--

Does your partner pay into a private pension scheme?

Yes  No

Does your partner pay into a company pension scheme?

Yes  No

Does your partner have more than one job?

Yes  No

If Yes how many?

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**If you or your partner have more than one job or do any unpaid work, please give details in section J**

### Proof of Income and Pension Schemes

Please send in you and your partner's last five payslips if paid weekly, the last three payslips if paid fortnightly or the last two payslips if paid 4 weekly or monthly.

Please also send in proof of your pension scheme (if this is not deducted from your wages) along with proof of the payments you make.

## E – Self-employed earnings

You	Your Partner
If you are not self-employed or a company director, go to part F	If your partner is not self-employed or a company director, go to part F
Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your partner self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a company director? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your partner a company director? Yes <input type="checkbox"/> No <input type="checkbox"/>
When did the business start? <input type="text"/>	When did the business start? <input type="text"/>
Nature of business <input type="text"/>	Nature of business <input type="text"/>
Do you use your home for business purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your partner use your home for business purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private pension scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your partner pay into a private pension scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>
How many hours do you work each week? <input type="text"/>	How many hours does your partner work each week? <input type="text"/>

### Proof of self employment earnings

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

## 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
<b>Private pension</b>	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 paid	<input type="text"/>	<input type="text"/>
Pension Company details	<input type="text"/>	<input type="text"/>

<b>Second private pension</b>	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 paid	<input type="text"/>	<input type="text"/>
Pension Company details	<input type="text"/>	<input type="text"/>

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

	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"/>	£ <input type="text"/>
How often paid	<input type="text"/>	<input type="text"/>
Annuity or plan details	<input type="text"/>	<input type="text"/>

## F – Other income (continued)

	You		Your Partner	
Do you or your partner get Income Support, Jobseekers Allowance (Income Based), Employment and Support Allowance (Income Related) or Guaranteed Pension Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you or your partner get Universal Credit? If Yes, please provide details of your latest award.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you or your partner receive any of the following

	You		Your Partner	
<b>State Retirement Pension</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Widow's Pension</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Widowed Parents Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>War Disablement Pension</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>War Widow's Pension</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>War Dependant's Pension</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Bereavement Benefits</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Any other pensions</b>	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 paid	<input type="text"/>		<input type="text"/>	

### 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
<b>Jobseeker's Allowance (Contribution Based)</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Employment &amp; Support Allowance (Contribution Based)</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Training Allowances</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Child Benefit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Child Tax Credit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Working Tax Credit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Disabled Persons Tax Credit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Pension Credit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>Incapacity Benefit</b>	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 paid	<input type="text"/>	<input type="text"/>
<b>The Armed Forces and Reserve Forces Compensation Scheme</b>	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 paid	<input type="text"/>	<input type="text"/>

## F – Other income (continued)

Do you or your partner receive any of the following?

	You		Your Partner	
<b>Personal Independence Payment DAILY LIVING</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Personal Independence Payment MOBILITY</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Attendance Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Disability Living Allowance - CARE</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Disability Living Allowance - MOBILITY</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Severe Disablement Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Industrial Injuries Benefit</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Maternity Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	
End Date (if known)	<input type="text"/>		<input type="text"/>	
<b>Carer's Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	
Is this underlying entitlement only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Any other Allowance</b>	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 paid	<input type="text"/>		<input type="text"/>	

### Proof of Income

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 and Child Tax Credits. If we do not have these papers your award may be restricted.

## F – Other income (continued)

Do you or your partner receive any of the following?

	You		Your Partner	
<b>Statutory Sick Pay from employer</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Maintenance payments received for adults</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Maintenance payments received for children</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Student Grant, Loan or Bursary</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Payments from boarders</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Payments from letting or subletting</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Payments from charities</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Payments from voluntary groups</b>	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 paid	<input type="text"/>		<input type="text"/>	
<b>Payments from any other source</b>	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 paid	<input type="text"/>		<input type="text"/>	

### Proof of income

Please provide proof of your entitlement to any of the income listed above.

## G – Other information

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

Have you or your partner been in full-time education in the last year? 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 a mobility scooter or car? Yes  No  Yes  No

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

**PLEASE INCLUDE CURRENT ACCOUNT DETAILS**

**We may require further evidence of any capital declared.**

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

<b>Current account</b>	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 of building society	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
<b>Second current account</b>	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"/>
<b>Deposit account</b>	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"/>
<b>Second deposit account</b>	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 (whether in the UK or abroad) - continued

Do you or your partner have any of the following? **If so, we may require evidence.**

	You		Your Partner	
<b>A Building Society account</b>	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 of building society	<input type="text"/>		<input type="text"/>	
Account number	<input type="text"/>		<input type="text"/>	
<b>Second Building Society account</b>	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"/>	
<b>A Post Office account</b>	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"/>	
Account number	<input type="text"/>		<input type="text"/>	
<b>Second Post Office account</b>	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"/>	
Account number	<input type="text"/>		<input type="text"/>	
<b>Business accounts</b>	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"/>	
Account number	<input type="text"/>		<input type="text"/>	
<b>PayPal account</b>	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"/>	
Are you a regular Ebay trader?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Premium Bonds</b>	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"/>	
<b>Income Bonds</b>	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"/>	
<b>National Savings Certificates</b>	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"/>	
<b>Share or unit trusts</b>	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"/>	

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

Do you or your partner have any of the following? **If so, we may require evidence.**

	You		Your Partner	
<b>I.S.A</b>	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"/>	
<b>Stocks, Sharesave, SAYE</b>	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"/>	
<b>Any other accounts</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Eg online, digital wallet, Bitcoin or other form of cryptocurrency etc</b>				
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 or your partner own or partly own any property, land or time share, either in the UK or abroad, other than the home you live in?

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

You	Your Partner
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give the address

You

Your Partner

You

Your Partner

We will write to you about this.

## I – Rent details

You should **only** fill in this section if you are **liable to 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 agent's 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 (married or unmarried)? Yes  No

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

Have you ever owned the property you live in? Yes  No  if Yes give details in **section J**

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

Do you have an extra room for a carer to stay (who does not live with you)? 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 with your claim. If you do not have a tenancy agreement, please ask the 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   
    Every four weeks       Every month       Other

Do you have any rent free weeks?      Yes       No

If Yes, how many do you 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 the 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?	Please tick either Yes or No			If Yes, how much do you pay?
	Yes	No			Yes	No	
Water charges				Laundry facilities			
Cooking				Cleaning your room			
Heating				Cleaning your windows			
Lighting your home				Lighting shared areas			
Hot water				Lift			
Garage or parking space				Porter or estate staff			
Furniture				Emergency alarm			
Cleaning shared areas				Council Tax			
Personal Laundry				Other (e.g. TV, Video)			

Does your Landlord provide care, support or supervision?      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 a Rent Officer (an independent Government valuer) who will decide what rent figure we use in the calculation of your benefit.

## 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"/>
Masionette <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"/>
---------------------------------------	--	--------------------------------------

Do you share a room? Yes  No

If Yes, how many beds are in the room?

**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?							

### Room for a Carer

You will need to show that:

- there is a regular need for a carer to stay overnight
- the person stays to provide care to yourself or your partner
- a separate bedroom is provided for this purpose
- the carer has their sole or main residence elsewhere

If you believe that you may qualify for this extra help please tick the box on page 18.

We may need to ask for additional information or to arrange for a Customer Support Officer to visit.

## J – Extra information

Please give us any extra information that you feel might help us when we work out your benefit. For example, if you have more than one job or work irregular hours.


### Changes of Circumstances

Below is the 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 partner's income

- Income Support, Jobseeker's Allowance, Universal Credit, Pension Credit or Employment Support Allowance starts, changes or ceases
- You, your partner or a non dependant starts work or becomes 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 the people living in your property
- You vacate the property
- You move to a different room in the same house
- There is a change in your rent

#### Changes to savings/capital

- You or your partner's savings increase to over £6,000 (Working Age claimants)
- You or your partner's savings change or increase to over £10,000 (Pension Age claimants)
- You or your partner's savings change or increase to £16,000 or more (all claimants)

#### Other changes

- If you are absent from your home for 4 weeks or more
- If anyone in your household starts to receive Carer's Allowance, Disability Living Allowance, Attendance Allowance or Personal Independence Payments
- If anyone starts to receive Carer's Allowance for you or your partner, even if awarded underlying entitlement only
- Changes to your childcare costs

You must tell us about any changes straightaway. 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 Housing Benefit or Council Tax Reduction 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), Housing Benefit and Council Tax Reduction legislation says that we have to go back to the date of the change. Any Housing Benefit or Council Tax Reduction overpaid because you did 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 and understand the above statement

I have had the above statement read to me and I understand the contents

## Declaration

**Please read these statements carefully and sign below. We cannot deal with your claim if you have not 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 Reduction, or Second Adult Rebate
- I will tell North Devon Council straightaway 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 an 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 Reduction for any other address
- I understand that you may contact or exchange information with the Home Office, Department of Works and Pensions, H.M. Revenues and Customs, Registered Social Landlords, other Government departments, Local Authorities and other departments of North Devon Council:
  1. In order to check or share 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
  3. To allow the Local Authority to fulfil its statutory duties
  4. To use the information in order to recover overpaid benefits
- I understand that you will not deal with my claim if I do not give the National Insurance numbers for myself and my partner
- I will tell North Devon Council straightaway if there are any changes in my circumstances so that you can work out my Housing Benefit or Council Tax Reduction again. (Examples of this include claiming or coming off Income Support, Job Seeker's Allowance, Universal Credit, Pension Credit, Employment and 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 Housing Benefit or Council Tax Reduction, and that:
  1. If I receive too much Council Tax Reduction or Second Adult Rebate, it will be added back 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

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

**Claimant's 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**

**Partner's signature**

Date:

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

Name of the person who filled in this form

.....

Their signature

.....

Their relationship to you

.....

# How you will be paid and the choices you have

We can only pay Housing Benefit into accounts held in your name.

Please note we are unable to pay direct payments into your partner's account unless it is a joint account with you. We cannot make direct payments into a Post Office account.

Please 'tick' how you would like to be paid

To myself

To my landlord

- We will pay your Housing Benefit direct into a bank or building society by Bank Automated Credit (BACS)
- If you are awarded Council Tax Reduction, we will pay this into your Council Tax account

If you do not have a bank account or building society account you **must** set up one. You can get advice about opening and running a bank or building society account from any bank or building society of your choice. Under the Local Housing Allowance Scheme you will have your Housing Benefit paid directly to you (unless you are considered by us to have difficulty in managing your financial affairs). You will be informed in writing when this will take effect.

## Please remember it is your responsibility to pay your landlord.

To accept direct payment of Housing Benefits into your account, please complete the following:

Name and address of the bank/building society		Account number
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
		Sort code
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Roll number
		<input type="text"/>
Full Name (in CAPITAL LETTERS)	<input type="text"/>	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Your Signature
		<input type="text"/>

### How we collect and use information

The information collected on this form and supporting evidence will be used by North Devon Council to process your Housing Benefit and Council Tax Reduction claims and any claim you may make for Discretionary Housing Payments or Exceptional Hardship Payments. The information may be passed to the Department for Works and Pensions, and HM Revenues and Customs as permitted by law.

We may check information provided by you, or about you provided by a third party, with other information held by us. We may also get information from other third parties, or give information to them to check the accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government departments, Local Authorities and agencies. This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Therefore your information may be used by parties such as the Audit Commission in their data matching exercises as part of the National Fraud Initiative.

If you would like to know more about what the Council does with your personal information, including how long the Council holds your personal information, how to exercise your rights in relation to your personal information, or how to contact the Data Protection Officer, please see the Council's website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

We will not disclose information about you to anyone outside North Devon Council nor use the information about you for other purposes unless the law permits us to.

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## 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 (e.g. TV, Video)			

Do you provide care, support and supervision? Yes  No

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

**Number or 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

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

**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 tenant's 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  
PO Box 379  
BARNSTAPLE  
EX32 2GR

## **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 a 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 the property.
- Related to your Landlord** - See close relative below.
- Close relative** - Is your, your partner's 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 though you are married.
- 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.
- Civil partnership** - A civil partnership is a formal agreement that gives same sex partners the same legal status as a married couple.

Do you know someone who is claiming Housing Benefit OR any other National Benefits to which they are not entitled?

Please ring the National Fraud Hotline 0800 854 440

You can also visit their website on [www.gov.uk](http://www.gov.uk)

Do you know someone who is claiming Housing Benefit and/or Council Tax Reduction to which they are not entitled? You can contact us on 01271 388877

If you need this form in alternative languages, or require additional assistance owing to language barriers, please contact our Customer Services on 01271 327711.

## **Useful addresses and telephone numbers**

### DEPARTMENT FOR WORK AND PENSIONS

[www.gov.uk](http://www.gov.uk)

### Jobseeker's Allowance, Income Support, Employment and Support Allowance

0800 169 0310

### Universal Credit

0800 328 5644

[www.universal-credit.service.gov.uk](http://www.universal-credit.service.gov.uk) or via  
[www.gov.uk](http://www.gov.uk)

### Social Fund

0800 169 0140

### Maternity Allowance

0800 169 0283

### Bereavement Benefit

0300 200 3103

### TAX CREDIT HELPLINE

0345 300 3900

### CARE DIRECT

0345 155 1007

[Csc.caredirect@devon.gov.uk](mailto:Csc.caredirect@devon.gov.uk)

### THE PENSION SERVICE

To make a claim : 0800 731 7898

Technical help to claim online : 0800 169 0154

Information or to report a change : 0800 731 0469

See [www.gov.uk/contact-pension-service](http://www.gov.uk/contact-pension-service) to claim online

### CITIZEN'S ADVICE

1-3 Bridge Buildings

The Strand

Barnstaple

EX32 8LW

0808 278 7999

### AGE CONCERN

116-118 Boutport Street

Barnstaple

EX31 1TD

01271 324488

### NORTH DEVON COUNCIL TAX TEAM

01271 388361

### HOUSING OPTIONS SERVICE

Po Box 379

Barnstaple

EX32 2GR

01271 327711

### NATIONAL INSURANCE NUMBERS

0800 200 3500

### NATIONAL DEBT LINE

0808 808 4000

Tricorn House

51-53 Hagley Road

Edgbaston

Birmingham

B16 8TP

[www.nationaldebtline.org](http://www.nationaldebtline.org)

### NATIONAL FRAUD HOTLINE

0800 854 440

Mon - Fri 8am to 6pm

Mail Handling Site A

Wolverhampton

WV98 2BP

[www.gov.uk/report-benefit-fraud](http://www.gov.uk/report-benefit-fraud)

### WWW.GOV.UK

Government Services and information

### THE MONEY ADVICE SERVICE

Free and impartial money advice, set up by government

0800 138 7777

Mon – Fri 8am to 6pm

[www.moneyadviceservice.org.uk](http://www.moneyadviceservice.org.uk)

## **Equality Information**

Section 149 of the Equality Act 2010 applies to public sector organisations, whereby Local Authorities must have due regard to the 8 protected characteristics (age, disability, sex, gender reassignment, pregnancy and maternity, race, religion/belief, sexual orientation (and marriage and civil partnership in employment) in its decision making.

Equality and diversity monitoring can help identify current and future needs, possible inequalities including problems accessing or using services and information, as well as checking that a cross-section of people have been reached and given their views. Results will be published in an anonymised way. In order to help us make sure that we are reaching those within the groups listed above we ask that you could kindly answer the questions listed below. We appreciate that they are of a personal nature and thank you for providing this information.

What is your age?

- 19 and under
- 20 to 24
- 25 to 34
- 35 to 49
- 50 to 64
- 65 to 74
- 75 to 84
- 85 and over
- Prefer not to say

Do you consider yourself to have a disability (according to the Equality Act 2010)?

- Yes
- No
- Prefer not to say

How would you describe your ethnicity?

- Asian, Asian British, or Asian Welsh
- Black, Black British, Black Welsh, Caribbean, or African
- Mixed or multiple ethnic groups
- Other ethnic group
- White
- Prefer not to say

What is your religion or belief?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion
- Prefer not to say

Sex

- Male
- Female
- Prefer not to say
- Other: .....

Please confirm if this is the same as registered at birth

- Yes
- No
- Prefer not to say

Sexual orientation

- Straight or Heterosexual
- Gay or lesbian
- Bisexual
- Pansexual
- Other sexual orientation
- Prefer not to say

*Thank you for sharing your feedback. Your responses are appreciated.*