

Do not delay in returning this form to the Housing Benefit Section
- Ty Elwyn, Llanelli, SA15 3AP Housing.benefits@carmarthenshire.gov.uk / 01554 742100

Claimant's name..... Claim number..... Partner's name..... Address..... Postcode..... Email Address..... Tel No..... Date moved in..... Previous Address..... Date of Tenancy.....	Landlord / Agents name..... Address..... Postcode..... Landlord/Agent's Tel No..... Landlord's e-mail address.....
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TYPE OF TENANCY

- Sole Tenant of Property/Room? YES NO If **NO - Joint Tenant with whom?**.....

- Housing Association Tenancy? YES NO If **NO PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Is your Landlord the ex-partner of you or your current partner? YES NO
2. Do you share the accommodation with your landlord? YES NO
3. Are you/your partner the owner or part owner of the above address? YES NO
4. Have you/partner ever been the owner of this property? YES NO
5. Are you or any member of your household related to the landlord or his partner? YES NO
6. Have you/partner lived at this address before the commencement of this tenancy? YES NO
7. Do you/partner rent the accommodation from:
 - (a) Company of which you, your partner, your ex-partner, your partner's ex-partner, or a close relative who lives with him is a director? YES NO
 - (b) Company of which you, your partner, your ex-partner, your partner's ex-partner, or a close relative who lives with him is an employee? YES NO
 - (c) A trust of which you, your partner, your ex-partner, your partner's ex-partner, or a close relative who lives with you is a trustee or beneficiary? YES NO
 - (d) A trust of which your, or your partner's child is a beneficiary? YES NO
8. Do you/partner rent your home as a condition of your employment? YES NO

How much is your rent? £ Monthly/Fortnightly/Weekly/4 Weekly/Daily/Other

Do you have Rent Free Weeks? YES NO If yes how many? _____

Do you have a tenancy agreement? YES NO

DOES THE RENT INCLUDE PAYMENTS FOR THE FOLLOWING? Please tick and enter amount if known

Council Tax	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Laundry Facilities	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____
Water Rates	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Personal Care	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____
Lighting	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Counselling/Support	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____
Hot Water	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Who washes your clothes?	Landlord <input type="checkbox"/> Self <input type="checkbox"/> £_____
Cooking Fuel	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Who washes your bedlinen?	Landlord <input type="checkbox"/> Self <input type="checkbox"/> £_____
Heating	YES <input type="checkbox"/> NO <input type="checkbox"/> £_____	Who cleans your room?	Landlord <input type="checkbox"/> Self <input type="checkbox"/> £_____
Garage	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES: Do you have the option to rent the Garage separately? YES <input type="checkbox"/> NO <input type="checkbox"/> £_____		

Does your Landlord provide you with any meals as part of the rental agreement? YES NO

If YES please complete the following:

						Who prepares the meals?	
	Name	Age	Full Board	Half Board	Breakfast Only	Landlord or Agent	Self
1							
2							

DETAILS OF YOUR ACCOMMODATION (Please tick where appropriate)

Flat in part of house Detached House Detached Bungalow Hostel

Flat in a block of flats Semi-Detached House Semi-Detached Bungalow Bedsit

Flat over a shop Terraced House Terraced Bungalow Caravan

Room(s) in a house Maisonette Ground Rent Mobile Home

Is the accommodation furnished? YES NO

If YES, is it... Fully Furnished Partly Minimally

Does the accommodation have Central Heating? YES NO

Who is responsible for internal decoration? Landlord Tenant Not Known

DO NOT TICK	Living Rooms	Bedrooms	Bed-sitting Rooms	Kitchen	Bathroom	Separate Toilet	Other	Total Rooms
Total rooms in property								
No. of rooms used only by tenant								
No. of rooms shared								

How many floors are there in the property?

Which floor do you live on? All Basement Ground 1st 2nd 3rd

IF YOU OCCUPY ONE ROOM ONLY

ROOM NO

Where is your room in the property? Back Front Side Other

Do you share your room? YES NO

If YES with whom

Name of tenant who occupied the room before you.....

Please complete below to provide details of your bank account.

If you feel that paying you direct will present a problem, please contact the Housing Benefit Section immediately.

Name of Bank/Building Society:..... Sort Code ____ / ____ / ____

Account Number: Building Society Roll Number:.....

Account Name:

DECLARATION - TO BE COMPLETED BY ALL APPLICANTS

The information I have provided is correct to the best of my knowledge. I agree to inform the Housing Benefit section as soon as any details change. I understand that the personal information provided in this form will be used for the purpose of processing my claim but may be shared within the Council for other purposes related to the collection of Council Tax, Social Care and Housing services.

If you would like to discuss further the use of your personal information you can contact us on 01554 742100.

Signed:..... Date:

IF YOU DELIBERATELY GIVE FALSE INFORMATION YOU MAY BE PROSECUTED