

**APPLICATION FOR HOUSING BENEFIT,  
LOCAL HOUSING ALLOWANCE AND COUNCIL TAX REDUCTION**  
Mae'r ffurflen hon ar gael yn Gymraeg ac yn Saesneg.  
This form is available in Welsh and English.

**Housing Benefits**

Ty Elwyn, Llanelli, SA15 3AP.

Tel: (01554) 742100

E-mail: [housing.benefits@carmarthenshire.gov.uk](mailto:housing.benefits@carmarthenshire.gov.uk)

**FOR OFFICIAL USE ONLY**

Date received stamp

Claim No.

**HBA**

**To be returned before:**

Date Issued

Reason

Officer

Cust.DOB

Applicants Full Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Telephone no:

Home

Work

Mobile no:

E-mail address

Are you a      Council tenant            Private Tenant            Boarder        
                   Council Tax payer only            Joint Tenant (except with partner)        
                   Joint Council Tax payer (except with partner)     

Notes for filling in the Housing Benefit and Council Tax reduction claim form.

**About this form**

If you receive Universal Credit you need only claim Housing Benefit if you are living in supported accommodation. The Housing Benefit and Council Tax Reduction claim form has been specially designed to be easy to fill in. It may look rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit / reduction. Every part starts with a question to help you decide if you need to fill in that part



**YOUR COUNCIL doitonline**  
[www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

February 2017

## **Filling in the form**

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

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. Do not put a cross in any boxes. If you answer a question with a cross we will have to send the form back, and this will delay the claim.

If someone else fills in the form for you, there is a special space for them to sign.

If you need help filling in the form, our phone number is 01554 742100.

Or you can call into one of our 3 Customer Service Centres, please see page 32 for address details.

## **Evidence**

We need to see original evidence of some of the things you tell us about. We need to see original documents, not photocopies. There is a checklist on part 15 to help you. If you are not sure if we need to see original evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the original evidence we have asked for. If you don't have all the proof we need, send us your form now and then send the proof later. If you do not do this, it will delay your claim.

## **How we collect and use information**

We will use the information you give in this form, and in any supporting evidence you send us, to process your application for Housing Benefit and Council Tax Reduction.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue & Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

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

Those third parties include government departments and local authorities.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

**Please complete this form in black ink. You must answer every question in each section relevant to your circumstances. If you do not, the form will be sent back to you and this will delay your claim.**

## **Please read these notes and guidance when making a claim for 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, and this will reduce depending on your income, savings and circumstances. The Local Housing Allowance rates are available in advance from
  - Jobcentre Plus Offices,
  - Customer Service Centres in Llanelli, Carmarthen and Ammanford (see back page for full addresses),
  - on our website - [www.carmarthenshire.gov.uk](http://www.carmarthenshire.gov.uk).
- Or if you are not sure which rate is applicable to you can email us at: [housing.benefits@carmarthenshire.gov.uk](mailto:housing.benefits@carmarthenshire.gov.uk)

## Part 1 About you and your partner

Do you have a partner who normally lives with you? No

By partner we mean someone you are married to or live with as if you were married, which includes Civil Partnerships.

Yes

If you have a partner, you must answer all of the questions about them, as well as yourself.

**You**

**Your partner**

Last name

--	--

Other names

--	--

Any other last names you have used  
Title (Mr, Mrs, Ms, etc.)

--	--

Address

Do not tell us your partner's address if it is the same as yours

Postcode	Postcode

Date of birth

--	--

National Insurance number

You can find this on payslips or letters from the Department for Work and Pensions. We cannot decide your claim if we do not have your National Insurance number.

--	--

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

If your partner does not have a National Insurance number, or cannot find it, tick this box

Your daytime phone number

--	--

E-mail address

--

Date you moved in

--

Date partner moved in

--

Have you or your partner claimed Housing Benefit or Council Tax Reduction before? No   
Yes

When did you claim?

No   
Yes  When did they claim?

--	--

Which council did you/they claim from?

--	--

What name did you/they claim in?

--	--

## Part 1 About you and your partner - continued

What address did you claim for?

What address did they claim for?

Postcode	Postcode
----------	----------

Have you told that council that you have moved? No   
Yes

No   
Yes

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

Postcode	Postcode
----------	----------

Were you the home owner, a private tenant, a council tenant, a boarder or joint tenant at this address?

--	--

What is your nationality?

--	--

Have you or your partner been living in the UK for less than 3 months?( this includes British Nationals returning after a period of absence)

No   
Yes

No   
Yes

On what date did you last enter the UK?

The UK is England, Northern Ireland, Scotland and Wales.

--	--

How long do you intend staying in the UK?

--	--

Are you or your partner in hospital at the moment?

No   
Yes  When did you go in

No   
Yes  When did you go in

--	--

When are you due out? (if you know this)?

When are you due out? (if you know this)?

--	--

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

No  Yes

No  Yes

Do you or your partner receive an Armed Forces Independence Payment?

No   
Yes  How much?

No   
Yes  How much?

£ p/w	£ p/w
-------	-------

## Part 1 About you and your partner - continued

	You		Your partner
<b>Do you or your partner get Attendance Allowance?</b>	<b>No</b> <input type="checkbox"/>		<b>No</b> <input type="checkbox"/>
	<b>Yes</b> <input type="checkbox"/>		<b>Yes</b> <input type="checkbox"/>
<b>Does anyone get Carer's Allowance for looking after you or your partner?</b>	<b>No</b> <input type="checkbox"/>		<b>No</b> <input type="checkbox"/>
	<b>Yes</b> <input type="checkbox"/>		<b>Yes</b> <input type="checkbox"/>
	<b>If yes, please give the name and address of the person receiving this allowance</b>		
	<input style="width: 100%; height: 50px;" type="text"/>		<input style="width: 100%; height: 50px;" type="text"/>
<b>Have you or your partner ever claimed Carer's Allowance?</b>	<b>No</b> <input type="checkbox"/>		<b>No</b> <input type="checkbox"/>
	<b>Yes</b> <input type="checkbox"/> <b>If yes, please confirm date claimed</b>		<b>Yes</b> <input type="checkbox"/> <b>If yes, please confirm date claimed</b>
	— / — / —		— / — / —
Still tick 'Yes' if you were not paid any Carers Allowance. This could have been because you had an underlying entitlement to Carers Allowance but were better off getting another social security benefit.			
<b>Do you or your partner have a vehicle from a Mobility scheme?</b>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
			<b>Yes</b> <input type="checkbox"/>
<b>Are you/your partner an approved foster carer?</b>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
			<b>Yes</b> <input type="checkbox"/>
<b>Do you have any resident foster children?</b>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
			<b>Yes</b> <input type="checkbox"/>
<b>Please tick if you or your partner are:</b>	<b>You</b>		<b>Your partner</b>
• A Trainee/Apprentice	<input type="checkbox"/>		<input type="checkbox"/>
Date started	— / — / —		— / — / —
Date due to cease	— / — / —		— / — / —
Name of Training organization	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
• In legal custody - on remand	<input type="checkbox"/>		<input type="checkbox"/>
Date sentenced	— / — / —		— / — / —
• Severely mentally impaired	<input type="checkbox"/>		<input type="checkbox"/>
• Registered severely sight impaired	<input type="checkbox"/>		<input type="checkbox"/>
• Long-term sick or disabled	<input type="checkbox"/>		<input type="checkbox"/>
• a student who has recently finished a course part way through the academic year	<input type="checkbox"/>		<input type="checkbox"/>

We will contact you if we need any more information.

## Part 1 About you and your partner - continued

### Students

Normally Housing Benefit will only be available to:

Part-time Students – Please provide college document stating number of guided learning hours per week.

Full time Student who is:

- Receiving Income Support/Jobseekers allowance (income based)
- In further education aged up to and including 21 years old (in some cases)
- Classed as disabled
- A pensioner\*\*
- Lone parents or couples (both students) with dependant child(ren)
- Couple where one is a student, the non student is entitled to make a claim for benefit as a couple.

\* Please note you may not be eligible for a Council Tax Reduction if you are a student pensioner unless you satisfy one of the other conditions of entitlement.

	<b>You</b>	<b>Your partner</b>
<b>Are you or your partner a student?</b>	<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If yes answer the following:</b>	<b>Yes</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>
	<b>If No to both, please go to Part 2</b>	
<b>If you or your partner are a foreign student, please state your nationality.</b>		
<b>Do you receive a grant?</b>	<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Yes</b> <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>	<b>Yes</b> <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
<b>If yes please state:</b>		
• Annual value of grant		
• Value of any Deed of covenant		
• Value of Parental Support		
• Student Loan income		
• Parental Learning Allowance		
• Length of course		
<b>Date academic year starts</b>		
<b>Date academic year ends</b>		
<b>Date course commenced</b>		
<b>Date course ends</b>		

**Please enclose evidence of grant award, student loan income, covenant or any other income.**

## Part 2 About Children (please complete even if in receipt of income support)

You may be able to get more benefit if there are children in your household and they are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged between 16 and 20 and in full time non-advanced education or in approved training. 'Non-advanced' means not above 'A' level or 'Higher' standard. Approved training' means skillbuild, traineeships or foundation apprenticeships.

**Are there any children in your household?**

**No**  **Go to part 3**

**Yes**  If there are more than 3 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

	First Child	Second Child	Third Child
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's sex	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the child benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please give the name(s) of any Foster Child(ren) living with you.	<input type="text"/>		
Is the child registered severely sight impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child have savings of more than £5000?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how much?(we need to see evidence of this)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the child require a separate bedroom due to disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes we will contact you for further information.		

## Part 2 About Children - continued

	First Child	Second Child	Third Child
Do you pay a registered childminder, nursery, after school club or any childminding costs for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder
Name			
Address			
Registration no:			
How much do you pay a week?	How much do you pay a week?	How much do you pay a week?	
£	£	£	
We need to see evidence	We need to see evidence	We need to see evidence	

**Your childcare provider needs to complete the HBD form to verify the childcare charges you are paying.**

**Please note this form should *only* be completed if you/your partner are employed for over 16 hours or more per week**

## Part 3 About other people who live with you

**Do any adults usually live with you and your partner?**  
By adults we mean people over 16 who nobody gets Child Benefit for. e.g adult Son, daughter, aunt, brother.

No   
Yes  Give details below

**Does anyone usually live with you but are currently serving as a member of the Armed Forces?**

No   
Yes  Give details below

Now tell us about all the people who usually live with you and your partner. If you want to tell us about more than 3 people, use a separate sheet of paper. If you are sending a separate sheet of paper, tick this box.

	First person	Second person	Third person
Last Name			
Other names			
Date of birth			



## About other people who live with you

	First person	Second person	Third person
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their national insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get income support, income based jobseeker's allowance or Employment support allowance (IR)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get carers allowance	No <input type="checkbox"/> Yes <input type="checkbox"/> For whom is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> For whom is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> For whom is it paid?
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they a full-time student a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which?
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go into legal custody?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When were they sentenced?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When are they expected out?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did they go in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When will they come out?	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 3 About other people who live with you - continued

	First person	Second person	Third person
Do they normally work for 16 hours or more a week? (We need to see evidence of their earnings)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their earnings before any deductions	Yes <input type="checkbox"/> Tell us their earnings before any deductions	Yes <input type="checkbox"/> Tell us their earnings before any deductions
	£	£	£

Do they have any other income at all? e.g. Working tax credit, child tax credit, child benefit, interest from savings.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

### We need to see evidence of other incomes

Where does this income come from?			
-----------------------------------	--	--	--

How much is it before deductions?	£	£	£
-----------------------------------	---	---	---

Where does this income come from?			
-----------------------------------	--	--	--

How much is it before deductions?	£	£	£
-----------------------------------	---	---	---

Where does this income come from?			
-----------------------------------	--	--	--

How much is it before deductions?	£	£	£
-----------------------------------	---	---	---

Are any of the people who normally live with you married to each other or living together as if they were married?

No

Yes  Tell us their names

..... is the partner of .....

And ..... is the partner of .....

## Part 4 About Rent

**Do you pay rent for your home?** **No**  Go to part 6  
Tick "YES" if you would pay rent but you already get Housing Benefit. **Yes**  Answer the next question

### Sharing information with your landlord

Sharing information with your landlord would help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. 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. Under the Data Protection Act 1998 we need your permission to discuss anything else.

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

- you have claimed Housing Benefit
- we have made a decision on your claim
- we have made a payment to you, or
- we need more information to make a decision on your claim.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. If you want to give us your permission to discuss your claim with your landlord, please sign below.

Please sign and date this declaration only if you want the Local Authority to share information with your Landlord.

I give Carmarthenshire County Council permission to share my information about the progress of this Housing Benefit claim with my landlord or their nominated representative.

Signature

Date

**Do you pay rent to the council?** **No**  Answer the rest of the questions in part 4  
**Yes**  Go to part 5

**What is your landlord's name and address?**

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

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

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

**What is your landlords email address?** (If known)

## Part 4 About Rent - continued

- Is your landlord the ex-partner of you or your current partner? No  Yes
- Do you share the accommodation with your landlord? No  Yes
- Are you/your partner the owner or part owner of the property? No  Yes
- Have you/your partner ever been the owner of the property? No  Yes
- Are you or any member of your household related to the landlord or his partner? If yes, please state the relationship. \_\_\_\_\_ No  Yes
- Have you/your partner lived at this address before the commencement of this tenancy? No  Yes
- Do you/your partner rent the accommodation from:
- A company of which you, your partner, your ex-partner, your partners ex-partner, or a close relative who lives with him is a director? No  Yes
  - A company of which you, your partner, your ex-partner, your partners ex-partner, or a close relative who lives with him is an employee? No  Yes
  - A trust of which you, your partner, your ex-partner, your partners ex-partner, or a close relative who lives with you is a trustee or beneficiary? No  Yes
  - A trust of which your, or your partners child is a beneficiary? No  Yes
- Do you/your partner rent your home as a condition of your employment? No  Yes

If you have answered yes to any of the above, please provide full details on Part 12 of this form.

When did you start renting your home?  When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

What sort of tenancy do you have?   
For example, shorthold, assured, tied rent etc.

How long is the tenancy for?  to

Please tick to show if the property is let as:

Furnished  Partly furnished   
Minimally furnished  Unfurnished

## Part 4 About Rent - continued

**How much is the rent for your home?** For example every week/fortnight/4 weeks/monthly

£

every

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

No

Yes

Tell us their names and their relationship to you and your partner.

**How much of the rent do you pay?** For example every week/fortnight/4 weeks/monthly

every

**When is the next rent increase due?**

**Have you/your partner received housing benefit in the last 52 weeks?**

No

Yes

**If NO were you able to meet your rental payments when you first took on the tenancy?**

No

Yes

Please provide evidence of payments made to date

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

No

Yes

How many in a year?

**Are you behind with your rent?**

No

Yes

By how many weeks?

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

You or your partner

Your Landlord

Someone else




Tell us who

**Do you receive care, support or supervision by your landlord or on behalf of your landlord?**

No

Yes

**Does the rent include money for the following, if so please state amounts per week.**

Council tax No  Yes  £..... Laundry facilities No  Yes  £.....

Water rates No  Yes  £..... Personal care No  Yes  £.....

Lighting No  Yes  £..... Counselling/Support No  Yes  £.....

Hot water No  Yes  £..... Who washes your clothes Landlord  Self

Cooking fuel No  Yes  £..... Who washes your bedlinen Landlord  Self

Heating No  Yes  £..... Who cleans your room Landlord  Self

Garage No  Yes

If yes: Do you have the option to rent the Garage separately? No  Yes

## Part 4 About Rent - continued

Do you pay any service charges separate from your rent?

For example cleaning and lighting in shared areas, alarm system, warden etc.

No

Yes

How much per week?

£

What for?

Does your Landlord provide you with any meals as part of the rental agreement? If yes please provide the following details:

No

Yes

Who prepares the meals?

	Name of Tenant	Age	Full board	Half board	Breakfast only	Landlord/Agent	Self
1							
2							

Are you living away from home at the moment?

No

Yes

Tell us why you are not living at home.

When did you last live at home?

When do you expect to go back home?

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

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

If you pay rent to a private landlord we must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

## Part 5 About where you live

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

Detached house   
 Semi-detached house   
 Terraced house   
 Maisonette   
 Detached Bungalow   
 Terraced Bungalow   
 Hostel

Flat in a house   
 Flat in block   
 Flat over shop   
 Bedsit/room   
 Houseboat   
 Other

Ground rent   
 Caravan, mobile home   
 Hotel   
 Residential care home   
 Residential nursing home   
 Semi-detached Bungalow

How many floors in your property? i.e. 2 storey house (ground & 1st floor) = 2 floors

Which floor do you live on? If renting a room and sharing the rest of the property, which floor is your room on?

Do you and your household occupy only part of the building you have ticked?

No

Yes

Where in the building is this room?

At the front

In the middle

At the back

Room Number: .....

Does your accommodation have central heating?

No

Yes

## Part 5 About where you live

How many rooms are there in the building?

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

Do you have a spare room available as:-

a) you are in between fostering?

No  Yes

No  Yes

b) you have an adult son/daughter who is serving in the Armed Forces?

No  Yes

Do you/your partner have a carer who stays overnight on a regular basis?

No  Yes

If yes we may contact you for further information.

Do you use your home for business?

No  Yes

Do you have a main home somewhere else?

No  Yes

What is the address?

How much do you pay for this home?

If you pay rent to a private landlord do you have a tenancy agreement?

No  Yes

If yes, send us a copy. If no, please ask your landlord to complete form RA2 this is available on request from Customer Service Centres or the Housing Benefit Office.

Please state period of notice (if applicable) necessary to end this tenancy.

## Part 6 About Income Support, Income-Based Jobseekers Allowance, Employment Support Allowance(IR), Pension Credit and Universal Credit

	You	Your partner
Are you or your partner <i>getting</i> income support, income based job seekers allowance, employment support allowance(IR), Pension credit (Guarantee Credit) or Universal Credit?	No <input type="checkbox"/> If yes state date awarded	No <input type="checkbox"/> If yes state date awarded
	Yes <input type="checkbox"/> then go to part 11	Yes <input type="checkbox"/> then go to part 11
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner WAITING to hear about a claim for any of the fore-mentioned benefits?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you claim?	Yes <input type="checkbox"/> When did you claim?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Pension Credit (Savings Credit)</b> Are you or your partner getting Savings Credit?	No <input type="checkbox"/> Go to part 7	No <input type="checkbox"/> Go to part 7
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

## Part 7 About Benefits and Pensions

**Do you or your partner claim any benefits, pensions or Universal Credit?**

**No**  Go to part 8  
**Yes**  Tell us about them

We need to see proof of any benefits or pensions you have. The proof should be an original, not a photocopy. State gross entitlement even if you are repaying a loan.

Please tell us how your benefits are paid. This can be by order book, by giro, or directly into your account.

**Do you receive Universal Credit?**

(mobility component)

**You**

**No**  **Yes**

**Your partner**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Child Benefit?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Child Tax Credits?**

We need to see your award letter

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Attendance Allowance**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Severe Disablement Allowance?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Carer's Allowance?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Name and address of person you claim this for?**

--	--

**Do you receive Personal Independence Payment (PIP)?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Disability Living Allowance?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------

**Do you receive Industrial Injuries Benefits?**

**No**  **Yes**

**No**  **Yes**

£	every	£	every
---	-------	---	-------

How is it paid?	How is it paid?
-----------------	-----------------



## Part 7 About Benefits and Pensions - continued

**Do you receive Working Tax Credit?**

We need to see your award letter.

**You**

No  Yes

£ every

How is it paid?

**Your partner**

No  Yes

£ every

How is it paid?

**Do you receive contribution-based Jobseeker's Allowance?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive any Employment Support Allowance or Incapacity Benefit?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive Statutory Sick Pay?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive Statutory Maternity Pay?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive a Maternity Allowance?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive Paternity Pay?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive a Training Allowance?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive a Youth Training Allowance?**

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

## Part 7 About Benefits and Pensions - continued

If there are any other benefits you receive which are not listed on the previous page, please give the details here

Name of the benefit	Name of the benefit
£ every	£ every
How is it paid?	How is it paid?

Name of the benefit	Name of the benefit
£ every	£ every
How is it paid?	How is it paid?

Do you receive a state retirement Pension?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every
How is it paid?	How is it paid?

Do you receive a War Pension?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every
How is it paid?	How is it paid?

Date of last increase? (if known)

..... / ..... / .....

Do you receive an Annuity?

We need to see evidence.

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every
How is it paid?	How is it paid?

Date of last increase? (if known)

..... / ..... / .....

Do you receive a works pension from a former employer?

We need to see your payment advice slip.

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every
How is it paid?	How is it paid?

Date of last increase? (if known)

..... / ..... / .....

Do you receive any other pension?

We need to see your payment advice slip.

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every
How is it paid?	How is it paid?

Date of last increase? (if known)

..... / ..... / .....

Do you receive:

a Social Fund payment or discretionary assistance?

No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£ every	£ every

## Part 8 Your Other Income

We need to see proof of any other income, this must be an original document, for example:

- An award notice showing the income being paid;

Do you or your partner have any other money coming in?

No  Go to part 9 for details of you/your partners work  
 Yes  Tell us about them (please see the list below to give an example of what we mean by other money)

Do you receive special Guardianship allowance?

No  Yes

£ every

Has special guardianship been awarded? if so please provide proof

Do you receive any maintenance Payments?

No  Yes

No  Yes

£ every

Do you receive money from a trust fund?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive cash in lieu of coal?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive any money from fostering?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive an adoption allowance?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive any money from charity?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive financial support as a student?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive any rent from tenants?

No  Yes

No  Yes

How much do you get?

£ every

Do you receive any money from someone else?

No  Yes

No  Yes

Who pays this money?

How much do you get?

£ every

Have you or your partner applied for any income that you have not yet received, or do you receive any other income not declared on this form?

No

No

Yes  What is it?

Yes  What is it?

Who from?

How much do you expect to get?

£ every

## Part 9 About your work

You must answer every question if you or your partner are working.

	You	Your partner
Have you or your partner been incapable of work for more than 28 weeks, due to ill health?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you or your partner work? If No, go to part 10.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please state the number of hours worked in a week?	<input type="text"/>	<input type="text"/>
When did you start work?	<input type="text"/>	<input type="text"/>
What is your occupation?	<input type="text"/>	<input type="text"/>

If you work for an employer please complete the rest of this section, if you are self-employed please go to part 9A.

Is your employment for a fixed period?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what date will your employment cease?	<input type="text"/>	<input type="text"/>
What kind of work do you do?	<input type="text"/>	<input type="text"/>

What is your main employers name and address?

You	Your partner
<input type="text"/>	<input type="text"/>
Postcode	Postcode

What is your payroll number?	<input type="text"/>	<input type="text"/>
Method of payment e.g. cash, cheque, direct to Bank Account	<input type="text"/>	<input type="text"/>
How often are you paid e.g. weekly, 4 weekly, monthly etc.	<input type="text"/>	<input type="text"/>

Please give the following details:

If not applicable please state "None" in the boxes

Take home pay	£ <input type="text"/>	£ <input type="text"/>
Statutory sick pay, maternity pay or paternity pay	£ <input type="text"/> Date Commenced / /	£ <input type="text"/> Date Commenced / /
Bonus, Commission	£ <input type="text"/>	£ <input type="text"/>
Tips	£ <input type="text"/>	£ <input type="text"/>
Overtime	£ <input type="text"/>	£ <input type="text"/>

Do you or your partner contribute to a Personal Pension Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
---	--	--

If yes, give the weekly amount paid (Please provide proof of payments)	£ <input type="text"/>	£ <input type="text"/>
---	------------------------	------------------------

What date is your next pay increase due?	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

## Part 9 About your work - continued

Do you or your partner have any other jobs? No  Yes  No  Yes

If yes please give details below i.e. employers name, address, number of hours worked and pay received.

--	--

You must provide evidence of your earnings. Please provide five payslips if paid weekly, three payslips if paid fortnightly or two payslips if paid monthly or 4 weekly.

- This evidence must include the following:
- The name and address of your employer
- Gross income in year to date
- Income tax deducted
- The number of hours worked and the period covered
- Gross income for the pay period
- National insurance contributions deducted
- Occupational pension or personal pension contributions made by the employee
- The method of payment e.g. cash, cheque, into the bank.

If you do not have payslips you may ask your employer to complete the certificate of earnings (HBB). This can be found at the end of this form.

If the evidence requested is not provided your claim may be delayed.

## Part 9a About being self-employed

	You	Your partner
<b>Are you or your partner self employed?</b> If No, go to Part 10. If Yes, please give details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Name of business</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Type of business</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Insert number of hours worked</b>	<input style="width: 90%;" type="text"/>	
<b>Are you a partner in the business?</b> If yes please provide the partnership agreement.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Do you receive any Government Business Allowances?</b> If yes please provide details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Is the business a registered company?</b> If so, please provide the registration number.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

If you or your partner are self-employed you must send a copy of your most recent accounts and your latest tax assessment with this form. If you have been trading for less than a year and do not have accounts contact the Housing Benefit Section and request a HBE form.

## Part 9b About being self-employed

Are you a director of a limited company? If so, we will write to you regarding this No  Yes  No  Yes

## Part 10 Bank accounts savings and investment

We need to know about all the money you and your partner have in any sort of account with a bank or building society or any other organisation. This includes current accounts, deposit accounts, ISAs.

We need to see proof of any accounts you have. This must be an original, not a photocopy.

If there is not enough room for details of all your accounts, please give details in part 12.

**Do you or your partner have any bank accounts, Savings, Capital or Investments?**

**No**  Go to part 11

**Yes**  Tell us about them

We will need to see two recent months' statements for each account.

	You	Your partner
<b>1. Name of organisation?</b>	<input type="text"/>	<input type="text"/>
<b>Name of account?</b>	<input type="text"/>	<input type="text"/>
<b>Account number?</b>	<input type="text"/>	<input type="text"/>
<b>Amount in account?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>2. Name of organisation?</b>	<input type="text"/>	<input type="text"/>
<b>Name of account?</b>	<input type="text"/>	<input type="text"/>
<b>Account number?</b>	<input type="text"/>	<input type="text"/>
<b>Amount in account?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>3. Name of organisation?</b>	<input type="text"/>	<input type="text"/>
<b>Name of account?</b>	<input type="text"/>	<input type="text"/>
<b>Account number?</b>	<input type="text"/>	<input type="text"/>
<b>Amount in account?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>4. Name of organisation?</b>	<input type="text"/>	<input type="text"/>
<b>Name of account?</b>	<input type="text"/>	<input type="text"/>
<b>Account number?</b>	<input type="text"/>	<input type="text"/>
<b>Amount in account?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>5. Name of organisation?</b>	<input type="text"/>	<input type="text"/>
<b>Name of account?</b>	<input type="text"/>	<input type="text"/>
<b>Account number?</b>	<input type="text"/>	<input type="text"/>
<b>Amount in account?</b>	£ <input type="text"/>	£ <input type="text"/>

## Bank accounts savings and investment - Continued

Have you or your partner received a Far Eastern Prisoner of War Payment?

No  Yes  Tell us about them

Do you or your partner have any National Savings certificates or Premium bonds?

No  Yes  Tell us about them

1. Name of organisation?

--	--

Name of account?

--	--

Account number?

--	--

Amount in account?

£	£
---	---

2. Name of organisation?

--	--

Name of account?

--	--

Account number?

--	--

Amount in account?

£	£
---	---

3. Name of organisation?

--	--

Name of account?

--	--

Account number?

--	--

Amount in account?

£	£
---	---

National Savings certificates:

Issue number	Date bought	Value
	/ /	£
	/ /	£
	/ /	£
	/ /	£
	/ /	£

Issue number	Date bought	Value
	/ /	£
	/ /	£
	/ /	£
	/ /	£
	/ /	£

Premium Bonds:

How many do you have?

--	--

What are they worth?

£	£
---	---

Do you or your partner have any stocks and shares?

No  Yes  Please tell us the name of the companies you have shares with and the number held

**You**

Name of company	Number held

**Your partner**

Name of company	Number held

## Bank accounts savings and investment - continued

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

No

Yes  Tell us the address

--

How much is it worth?

£	£
---	---

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

£	£
---	---

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

No  Go to Part 12

Yes  Tell us about them

Please give the account details and value.

--

Have you or your partner received a lump sum payment because you deferred your State Retirement Pension? Yes  No

Do you receive or have you been awarded payments from the Financial Assistance Scheme? Yes  No



## Part 11 Paying benefit to your landlord (if you are an owner occupier or a Council tenant please go to part 12)

For new claims for Local Housing Allowance, Housing Benefit must be paid to the tenant usually fortnightly in arrears. Existing tenants and tenants of Housing Associations can either have the payments made directly to their landlord every 4 weekly in arrears or to themselves by the following frequency. If you are a non Local Housing Allowance tenant or a Housing Association tenant and wish to receive the Housing Benefit payments direct, then do you wish payment to be made:

Weekly in arrears  fortnightly in arrears  4 weekly in arrears

For non Local Housing Allowance tenants and Housing Association tenants, would you like your rent paid direct to your landlord?

No  Yes  If yes, form RA2 must be completed by your Landlord, this is available on request from Customer Service Centres or the Housing Benefit office and you must sign the declaration below.

Please pay my Housing Benefit straight to my landlord. I understand that:

- I must always tell you about any change in my circumstances;
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I will have to pay back the extra benefit; and
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Date

### Local Housing Allowance - Your payment options

How will you be paid and the choices you have

We may make the first payment of benefit to your landlord if rent arrears have arisen, after that 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 please see our leaflet LHA8/9 Money advice and/ or contact your Local Citizen's advice Centre.

If you are awarded LHA, in most cases you can choose where to have your money paid. We can arrange to pay your money in the following ways:

- Payment direct into an account BACs transfer; either a bank, building society or National Savings bank account.

This is the safest way to pay you and lets you choose how and when you get your money, you can set up a standing order to pay your rent and also direct debits to organise paying your bills.

- by cheque; or
- in some cases direct to your landlord, you cannot choose to pay your landlord directly but if there is a reason why you cannot manage your own rent payments you should contact us immediately.

## **About the account you would like to use**

You MUST tick one of the boxes

Tick this box if you agree to be paid direct into your account

Please give your account details below. You must fill in all the boxes, including the building society roll or reference number if you have one. You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society or other account provider

Tick this box if you would like to be paid by cheque

In some cases we may pay directly to your landlord. Tick here if you would like us to pay this way. N.B. You must also fill in a request form in order for this to be considered

I will send you a completed request for  
'Paying benefit direct to your landlord form' later

I am enclosing a completed  
'Paying benefit direct to your landlord form'

What name or names is the account in?

Full name of bank or building society

Sort code of the bank, building society or other account provider.

Please tell us all 6 numbers for example 32-10-62

Account number - This is 7 to 10 numbers long

Some building society accounts use a roll number, the number is on the pass book.

The roll number can contain numbers and letters if you are not sure of the number, ask the building society.

If it is a building society account - Building Society  
roll number. (does not apply to all Building Societies)

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

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

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

## Part 13 Backdating

The date of claim is the date we receive your application form. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier.

If you want us to consider backdating your claim for Housing Benefit and/or Council Tax Reduction to an earlier date, tell us what date you would like this to be and why you did not make a claim from this date at the time.

### Housing Benefit

The maximum period allowed for backdating is 3 months if you are a pensioner or 1 month if you are of working age. If backdating is allowed, generally your entitlement will start from the Monday following the revised claim date. Therefore if you want your benefit to start on a Monday your revised claim date must be in the week prior.

### Council Tax Reduction Scheme

Please note the maximum period allowed for backdating is 3 months if you are a pensioner and 3 months if you are of working age. If backdating is allowed generally your entitlement will start from the date of your request (up to a maximum of 3 months).

What date do you want to claim from?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tell us why you have not claimed before.

## Part 14 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

If you have a partner, they must also sign to confirm all the details about them are correct.

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

I/We understand the following:

- If I/We give information that is incorrect or incomplete, you may take action against me/us. This may include court action.
- You will use the information I/We have provided to process my/our claim for Housing Benefit or Council Tax Reduction, or both. You may check some of the information with other sources as allowed by the law.
- You may use any information I/We have provided in connection with this and any other claim for social security benefits that I/We have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me/us money, if the law allows this.

I/We know I/We must let the Housing Benefit Section know about any change in my/our circumstances (see overleaf), which might affect my/our claim. I/We declare the information I/We have given on this form is correct and complete.

Signature of person claiming

Date

Partner's signature

Date

If this form has been filled in by someone other than the person claiming. Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form .....

Signature of the person

Relationship to the person claiming

Date

Housing Benefits, Ty Elwyn, Llanelli, Carmarthenshire SA15 3AP. Tel: (01554) 742100

## Part 15 Checklist

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies. Please do not send valuable items through the post. If you can, bring them into our- Customer Service Centre. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for more advice.

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

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the evidence.**

- Evidence of identity (please provide 2 documents for both yourself and partner)**  
Such as birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.
- Evidence of National insurance number (please provide one document for both yourself and partner)**  
Such as a National Insurance number card, payslips or letters from dept for work & pensions or the tax office.
- Evidence of capital, savings and investments**  
Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last 2 months.
- Evidence of earnings**  
This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading records so far.
- Evidence of other income**  
Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.
- Evidence of benefits, allowances or pensions**  
Such as current award notices or letters from dept for work & pensions confirming how much you get. If it is a new award, your last bank statement or your current benefit or pension book. If you do not have evidence, let us know straight away. Please do not send order books through the post.
- Evidence of private rent and tenancy**  
Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.
- Evidence of Residency**  
Proof of residency is required, such as sight of utility bills, TV licence in some cases a visit may be required to confirm residency .
- Evidence of other money paid out**  
Such as letters about student grants or maintenance, agreements or receipts from registering child carers.

### What to do next

When you have filled in the form, sign it and send it to us, with the evidence we need to see, or you can bring the form and evidence to us. Do not send valuable items such as benefit order books, bank books or passports in the post. Bring them to our reception and we will get the information we need and give them back to you.

If you cannot get the evidence we need straightaway, do not worry. Send the form to us, but let us know that you will be sending some evidence later. If you do not send the form to us straightaway, you might lose money. If you cannot get the evidence within 2 weeks, let us know, we may be able to help you, otherwise your claim will be treated as defective.

If you are completing this form you must ensure that your full name and address is provided along with your claim number (if known).

HBB

**Housing Benefit/Council Tax Reduction**

CLAIM NO: \_\_\_\_\_

**CERTIFICATE OF EARNINGS**

Note to Applicant: Please complete Section A and ask your employer to complete Section B or C and D. The completed form should be returned to the Council.

**A** Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Nat. Ins. Number: \_\_\_\_\_ Works/Payroll No: \_\_\_\_\_

**Note to Employer:** Please assist the applicant by completing Section B or C below showing the latest 5 weeks or 2 months pay, and Section D.

B	WEEKLY PAID EMPLOYEES	Gross Pay		Income Tax		Employee's Nat. Ins.		Employee's Pension Contr.		NETT
		£	p	£	p	£	p	£	p	
		1. Week ending / /								
2. Week ending / /										
3. Week ending / /										
4. Week ending / /										
5. Week ending / /										
Total										

C	MONTHLY PAID EMPLOYEES	Gross Pay		Income Tax		Employee's Nat. Ins.		Employee's Pension Contr.		NETT
		£	p	£	p	£	p	£	p	
		1. Month ending / /								
2. Month ending / /										
Total										

Does the information above represent the employee's normal average income? Enter YES or NO

If not please enter details of average \_\_\_\_\_

**D** 1. Date employment commenced \_\_\_\_\_  
 2. Date of last pay increase \_\_\_\_\_  
 3. Hours worked weekly \_\_\_\_\_  
 4. If figures given above include amounts for Statutory Sick Pay, please give dates involved:-  
 S.S.P Commenced \_\_\_\_\_ S.S.P still in payment/ended \_\_\_\_\_

The employer is requested to sign this form and authenticate it by the firms official stamp.

Signature of Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 Employer's Tel. No. \_\_\_\_\_

Please complete and return to - Ty Elwyn, Llanelli, Carmarthenshire SA15 3AP

**Name of Applicant:**  
**Address:**

NOTE TO APPLICANT: Please ask the person or organisation providing the child care to complete this form. Please ensure both you and your childcare provider sign the declarations below.

**Please tick the type of childcare that applies to you:**

<input type="checkbox"/> <b>Registered childminder caring for your child in your home or their home</b>	<input type="checkbox"/> <b>Nursery or play scheme on government property</b>
<input type="checkbox"/> <b>Registered nursery care for your child on nursery premises</b>	<input type="checkbox"/> <b>Out of hours club run by Local Authority</b>
<input type="checkbox"/> <b>Registered play scheme</b>	<input type="checkbox"/> <b>Out of hours club at school</b>
<input type="checkbox"/> <b>Other (please describe type of care):</b>	<input type="text"/>

**Please give us the name and the address of the Child Care Provider:**

Phone number of premises:.....

**Please fill in the following for each child that you pay childcare for. For more than one child please request additional forms**

<b>Child's full name</b>		
<b>Number of days the child attends per week</b>	<b>Full days</b>	<b>Half Days</b>
<b>Number of weeks the child attends during the year</b>		
<b>Weekly Charge (term time)</b>	£	
<b>Number of weeks at this rate</b>		
<b>Weekly Charge (School Holidays)</b>	£	
<b>Number of weeks at this rate</b>		
<b>Date started paying child care costs</b>		
<b>Are there any periods when you do not pay for childcare</b>		
<b>Please give details of any future changes/ or recent changes</b>		
<b>Date of last increase/decrease and rates changed from</b>		

**If childcare fluctuates on a regular basis please provide a breakdown of the charges for the last 6 months.**

CLAIMANTS DECLARATION: I have carefully checked the information on this form and declare it is true and complete to the best of my knowledge. I know I must notify the council in writing straight away of any changes that happen.

Claimants Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILDCARE PROVIDERS DECLARATION: I confirm the above information is true and complete**

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Official Stamp (If Available)

## **Changes you must tell us about**

### **Tell us straightaway if:**

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home for more than a month;
- you receive any decision from the Home Office; or
- anything you have told us about changes.

**If you are in receipt of employment and support allowance, incapacity benefit or severe disablement allowance and this income ceases as a result of you or your partner starting work/hours increasing, please contact the benefits section.**

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

**If you don't tell us about these changes you may lose money you are entitled to or you may get too much benefit. You must make sure that you tell us about these changes. Don't rely on someone else to pass the message on.**

**It is an offence not to tell us about any change of circumstance that affects your entitlement to Housing Benefit and/or Council Tax Reduction. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.**

#### **Customer Service Centre**

The HUB  
36 Stepney Street  
Llanelli  
SA15 3TR

#### **Customer Service Centre**

3 Spilman Street  
Carmarthen  
Carmarthenshire

#### **Customer Service Centre**

Town Hall  
Ammanford  
Carmarthenshire