



Housing Benefit and Council Tax Benefit Claim Form

Our commitment to you: "To provide an inclusive and secure Benefits service that pays the right people, the right amount of benefit at the right time."



| |
|---------------------------|
| Title (Mr, Mrs, Miss, Ms) |
| Surname/family name |
| First names |
| Address |
| |
| Postcode |
| Telephone number |

Housing benefit & council tax benefit reference (if you have claimed at Westminster before) 7-figure number

• Fill in this form to claim help with your rent or council tax.

• Tick the box that applies to you.

If you want us to contact you by email, please write your email address below. You should not use email to tell us about changes in your circumstances. You must tell us by letter.

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Do you pay rent to the council? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Do you pay rent to a housing association? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you live in a hotel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Do you pay rent to a private landlord? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you live in a hostel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Are you an owner-occupier? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Has our Housing Options Service or Social Services Department placed you in your accommodation? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- Please complete this form in black ink.
- Please read the notes leaflet, then fill in the form and return it to us straight away.
- You will need to provide various original documents or proofs to support your claim for benefit.
- Even if you do not have all the proofs we want, you must return this form to us immediately or you will lose benefit.
- You must provide the missing proofs within one month or we may decide you are not entitled.

If you need help with this form or you need more information, please contact the Westminster City Council Benefits Service. By telephone: Freephone 0800 072 0042, 8am to 6pm Monday to Friday. By email: cityofwestminsterbenefits@capita.co.uk. In person: 180 Vauxhall Bridge Road, SW1V 1ER – 8.30am to 6pm, Monday to Friday or 101 Orchardson Street, NW8 8EA – 8.30am to 5pm, Monday to Friday. For more information on council tax, please call our Council Tax Department on 0845 302 3400 (8.30am to 6pm Monday to Friday). If you are unable to visit one of our offices and would like us to come to your home to help you complete this form, please call us on Freephone 0800 072 0042 8am to 6pm Monday to Friday. Textphone: 0845 070 0281. All call charges will vary. www.westminster.gov.uk

• Please return the form in the pre-paid envelope provided to: Westminster Benefits Service, PO Box 82, Erith DA8 1WJ.

| | |
|----------------------------|-----------------|
| FOR OFFICE USE ONLY | Reference no: |
| Date received stamp: | Date requested: |
| | Form sent: |
| | Team: |

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No

Yes

By *partner* we mean: a person you are married to or a person you live with as if you are married to them; or a civil partner or person you live with as if you are civil partners.

If you have a partner, you must answer all the questions about them.

You

Surname/family name

First name and any other names

Title: Mr, Mrs, Ms, Miss

Address, including room number if you have one. This should be the address you want to claim for. Do not tell us your partner's address if it is the same as yours.

Postcode

What date did you move to this address?

Your daytime phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly.

Date of birth

National Insurance number

You can find this on payslips or letters about your income benefits or letters from the tax office. We cannot decide your claim if we do not have your National Insurance number.

Letters Numbers Letter

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

Tell us any other names you have used or names you were previously known by, for example your name before marriage.

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

Postcode

Have you or your partner come to live in the UK, the Channel Islands, the Isle of Man or the Republic of Ireland in the last five years?

No

Yes We may write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK?

Your partner

Postcode

Letters Numbers Letter

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

Postcode

No

Yes We may write to you about this.

Part 1 About you and your partner – continued

Please tick if you or your partner are:

- registered blind
- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- long-term sick or disabled and incapable of work

Do you or your partner have a vehicle from a mobility scheme?

No
Yes

You

Your partner

No
Yes

Applicant only

Have you come to live in the United Kingdom under a sponsorship undertaking?

No
Yes

Please tell us the name and address of your sponsor.

Postcode

Date of sponsorship. We will write to you about this.

/ /

Home Office ref. no.

/ /

How did you find out that you might be able to claim housing or council tax benefit?

We will contact you if we need any more information.

We must see proof of your identity and your partner's (if you have one) before we can assess your claim. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 2 Council tax

Who pays the council tax on your home?

Please tick:

You and your partner

Your landlord

Someone else

Tell us who pays the council tax.

Council tax reference no: (8 figures beginning 10)

If you do not provide this, we cannot assess your claim for council tax benefit.

If you are responsible for council tax and are not registered, please contact the Council Tax Department on 0845 302 3400.

Part 3 About children

Do you have any children living with you?

By *children* we mean anyone aged under 16 and anyone aged from 16 up to 20 that you get child benefit for.

No Go to **Part 4**.

Yes Tell us about the children who live in your household. If you have more than four children, use a separate sheet of paper.

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

| | First child | Second child | Third child | Fourth child |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value="/ /"/> |
| The child's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Usual address if different from yours | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Who is the child benefit paid to? We need to see proof of this. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Is the child registered blind or getting disability living allowance? | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Do you pay any childminding costs for this child? For example, to a childminder, nursery or after-school club. | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| How much do you pay a week? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| | We need to see proof. |

Tell us the names and registration numbers of all the childcare providers you use.

We must see proof of child benefit you receive and, if you are working, any childcare costs you pay before we can assess your claim. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 4 About sub-tenants and lodgers

Do you sub-let part of your home to a sub-tenant or lodger?

No Go to **Part 5**.

Yes Tell us about the rent they pay.

| | First person | Second person | Third person |
|--------------------------------|---|---|---|
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Amount of rent you charge them | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> |
| Are meals included? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 5 About other people who live with you

Do any adults normally live with you and your partner?

By *adults* we mean people over 16 who nobody gets child benefit for and who are not sub-tenants or lodgers.

No Go to **Part 6**.

Yes Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than three people, use a separate piece of paper.

Tell us about all the people who normally live with you who are not your partner or joint tenants or sub-tenants.

| | First person | Second person | Third person |
|--|--|--|--|
| 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"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Their relationship to you For example, aunt, brother, daughter, father, friend, grandson, grandmother, stepdaughter | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| What date did they move to your home? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Do they get income support or income-based jobseeker's allowance? | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their National Insurance number. | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their National Insurance number. | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their National Insurance number. |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they get disability living allowance or attendance allowance, or are they registered blind? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Part 5 About other people who live with you – continued

| | First person | Second person | Third person |
|---|--|--|--|
| Are they one of these: a full-time student, a student nurse, a care worker, an apprentice or on youth training? | 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 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 working? | No <input type="checkbox"/> Yes <input type="checkbox"/> Number of hours worked <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Number of hours worked <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Number of hours worked <input type="text"/> |
| | Gross wages each week before tax (including tips, bonus and commission) £ <input type="text"/> | Gross wages each week before tax (including tips, bonus and commission) £ <input type="text"/> | Gross wages each week before tax (including tips, bonus and commission) £ <input type="text"/> |
| Do they receive any other income? | 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, what is the income? For example tax credits, child benefit | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much is the income they receive? | £ <input type="text"/> per <input type="text"/> | £ <input type="text"/> per <input type="text"/> | £ <input type="text"/> per <input type="text"/> |
| Are any of the people who normally live with you married to each other or living together as if they are married or civil partners? (Use a separate sheet of paper for additional names if necessary.) | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names: <input type="text"/> And <input type="text"/> | is the partner of <input type="text"/> is the partner of <input type="text"/> | |

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

We must see proof of the income that other people living with you receive before we can assess your claim. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 6 About being self-employed

Are you or your partner self-employed?

No Go to Part 7.

Yes Answer the questions on this page.

If you have business accounts available you must send us the profit and loss account for the last financial year. We will also send you a supplementary form with more questions about your business.

| | You | Your partner |
|---|--|--|
| What kind of work do you do? | <input type="text"/> | <input type="text"/> |
| When did the business start? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| What is the business address? | <input type="text"/> <input type="text"/> <input type="text"/> Postcode | <input type="text"/> <input type="text"/> <input type="text"/> Postcode |
| Do you use your home for business? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are there any other partners in the business? | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode | No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode |
| How many hours a week do you work? | <input type="text"/> | <input type="text"/> |
| Do you get a business start-up allowance? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/> |
| Do you pay into a private pension scheme? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> How often? Every <input type="text"/> |

You must complete and return the supplementary form and provide any business accounts and business current bank account statements that you have. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 7 About working for an employer

Do you or your partner work for an employer?

No Go to **Part 8**.

Yes Answer the questions on this page.

Do you or your partner work for more than one employer?

No

Yes If you or your partner work for more than one employer, tell us about all the employers on another piece of paper and send it with this form.

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

What kind of work do you do?

You

Your partner

What is your employer's name and address?

Postcode

Postcode

When did you start this job?

 / /
 / /

Are you employed for a limited period?

No Yes When will you finish?

 / /

No Yes When will you finish?

 / /

How often do you get paid?

 Every

 Every

How much do you get paid?

£ net/gross

£ net/gross

Your net pay is the amount you receive after the employer has deducted tax, NI, pension contributions etc. Your gross pay is the amount before deductions are made.

Your net pay is the amount you receive after the employer has deducted tax, NI, pension contributions etc. Your gross pay is the amount before deductions are made.

When was your last pay rise?

 / /
 / /

When is your next pay rise due?

 / /
 / /

How are you paid?

Cash Cheque
 Bank transfer Other, please specify

Cash Cheque
 Bank transfer Other, please specify

Payroll number:

Do you receive payslips?

No Yes

No Yes

What are the average hours that you work each week?

Are you getting statutory sick pay (SSP), statutory paternity pay (SPP), adoption pay or statutory maternity pay (SMP) from your employer at the moment?

No Yes When did this start?

 / /

No Yes When did this start?

 / /

Are you getting any other sick pay or maternity pay from your employer at the moment?

No Yes When did this start?

 / /

No Yes When did this start?

 / /

Part 7 About working for an employer – continued

| | You | Your partner |
|--|---|---|
| <p>Do you pay into a private or company pension scheme?</p> | <p>No <input type="checkbox"/> Yes <input type="checkbox"/> How much?</p> <p>£ <input style="width: 100%;" type="text"/></p> <p>How often?</p> <p>Every <input style="width: 100%;" type="text"/></p> <p>When did you start this?</p> <p><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></p> | <p>No <input type="checkbox"/> Yes <input type="checkbox"/> How much?</p> <p>£ <input style="width: 100%;" type="text"/></p> <p>How often?</p> <p>Every <input style="width: 100%;" type="text"/></p> <p>When did you start this?</p> <p><input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/></p> |
| <p>Do you receive any of the following?</p> | <p>Bonus <input type="checkbox"/> Commission <input type="checkbox"/></p> <p>Tips <input type="checkbox"/> Overtime <input type="checkbox"/></p> | <p>Bonus <input type="checkbox"/> Commission <input type="checkbox"/></p> <p>Tips <input type="checkbox"/> Overtime <input type="checkbox"/></p> |
| <p>Please provide details.</p> | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |

We must see proof of earnings you and your partner receive before we can assess your claim. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 8 About income support, income-based jobseeker's allowance, pension credit and employment and support allowance (income-related)

Are you or your partner getting or waiting to hear about a claim for income support, income-based jobseeker's allowance, pension credit or employment and support allowance (income-related)?

No Go to **Part 9**.

Yes Answer all the questions below and then go to **Part 12**.

| | You | Your partner |
|--|--|--|
| <p>Which benefit are you either getting or waiting to hear about?</p> | <p>Employment and support allowance (income-related) <input type="checkbox"/></p> <p>Income support <input type="checkbox"/></p> <p>Income-based jobseeker's allowance <input type="checkbox"/></p> <p>Pension credit <input type="checkbox"/></p> | <p>Employment and support allowance (income-related) <input type="checkbox"/></p> <p>Income support <input type="checkbox"/></p> <p>Income-based jobseeker's allowance <input type="checkbox"/></p> <p>Pension credit <input type="checkbox"/></p> |
| <p>Are you or your partner getting attendance allowance or disability living allowance?</p> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> |

Part 9 About benefits and tax credits

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

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

- Attendance allowance
- Bereavement allowance
- Carer's allowance
- Child tax credit
- Contribution-based jobseeker's allowance
- Disability living allowance
- Fostering allowance
- Guardian's allowance
- Employment and support allowance (contribution-based)
- Incapacity benefit
- Industrial death benefit
- Industrial injuries benefit
- Maternity allowance
- Mobility allowance

If either you or your partner receives more than three different types of benefit or tax credit each, please provide the details on a separate sheet of paper.

- No Go to **Part 10**.
- Yes Tell us about the benefits below.

- State retirement pension
- Severe disablement allowance
- War disablement pension
- War pension
- War widow's pension
- Widowed parent's allowance
- Working tax credit
- Any other social security benefit

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

You

The name of the benefit

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

The name of the benefit

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

The name of the benefit

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

Your partner

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

Waiting to hear

Getting now

How much?

£

How often?

Every

When did it start?

/ /

Please give proof of the amount.

Part 9 About benefits and tax credits – continued

Is any money deducted from your benefit?

No

Yes Please provide details.

Deductions from social security benefits are sometimes made to recover overpayments or social fund payments.

We must see proof of any state benefit or tax credit that you and your partner receive before we can assess your claim. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 10 About private pensions and any other income

Do you or your partner, or any children you are claiming for, have any income that you have not already told us about on this form?

The following are all examples of the types of income you must tell us about:

- Annuities
- Occupational pensions
- Private pensions
- Maintenance
- Redundancy pay
- Pay in lieu of notice
- Holiday pay owed to you from previous employment
- Money from a trust fund
- Student maintenance grant
- Student loan
- Educational maintenance allowance
- Training allowance
- Any other regular income

No Go to **Part 11**.

Yes Answer the questions on this page.

Other income 1

Where is the income from?

Who receives the income?

How much is paid?

£

How often?

Every

When did it start?

/ /

When is the next increase due?

/ /

Other income 2

Where is the income from?

Who receives the income?

How much is paid?

£

How often?

Every

When did it start?

/ /

When is the next increase due?

/ /

Part 10 About private pensions and any other income – cont

Other income 3

| | |
|---|--|
| Where is the income from? | <input type="text"/> |
| Who receives the income? | <input type="text"/> |
| How much is paid? | £ <input type="text"/> |
| How often? | Every <input type="text"/> |
| When did it start? | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| When is the next increase due? | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Is any money deducted from the pension or other income you get? | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> Please provide details. |
| | <input type="text"/> |

We must see proof of any income before we can decide how much benefit you can get. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 11 About capital, savings and investments

We need details of any bank accounts, savings, investments or property in the UK or abroad that you and your partner have. This includes current and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings certificates and stocks and shares. If you/your partner have more than three accounts, tell us about the others on a separate sheet of paper and send it with this form.

| | |
|----------------------------------|----------------------|
| Name of bank or building society | Account number |
| <input type="text"/> | <input type="text"/> |
| Whose name is the account in? | Current balance |
| <input type="text"/> | <input type="text"/> |
| Name of bank or building society | Account number |
| <input type="text"/> | <input type="text"/> |
| Whose name is the account in? | Current balance |
| <input type="text"/> | <input type="text"/> |
| Name of bank or building society | Account number |
| <input type="text"/> | <input type="text"/> |
| Whose name is the account in? | Current balance |
| <input type="text"/> | <input type="text"/> |

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

Tell us about **post office accounts**. If you/your partner have more than two post office accounts, tell us about the others on a separate piece of paper and send it with this form.

| | |
|-------------------------------|-----------------------------|
| Type of account | Account number |
| <input type="text"/> | <input type="text"/> |
| Whose name is the account in? | How much is in the account? |
| <input type="text"/> | £ <input type="text"/> |
| Type of account | Account number |
| <input type="text"/> | <input type="text"/> |
| Whose name is the account in? | How much is in the account? |
| <input type="text"/> | £ <input type="text"/> |

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

Do you or your partner have any premium bonds?

No
 Yes

| | |
|----------------------|------------------------|
| Holder's name | Value |
| <input type="text"/> | £ <input type="text"/> |

Do you or your partner have any National Savings certificates?

No
 Yes

| Holder's name | Issue number | Value | How many? |
|----------------------|----------------------|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| Holder's name | Issue number | Value | How many? |
| <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| Holder's name | Issue number | Value | How many? |
| <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |
| Holder's name | Issue number | Value | How many? |
| <input type="text"/> | <input type="text"/> | £ <input type="text"/> | <input type="text"/> |

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

No
 Yes

| Holder's name | Company name | How many? |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Holder's name | Company name | How many? |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Holder's name | Company name | How many? |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Holder's name | Company name | How many? |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

No
 Yes

Tell us about this.

Tell us about any ISAs, TOISAs, PEPs, TESSAs, or any other savings, investments or cash that you have.

Part 11 About capital, savings and investments – continued

Apart from your home, do you or your partner own any other property or land in this country or abroad?

No

Yes What is the address?

| |
|----------|
| |
| |
| |
| Postcode |

Tell us the land or property's current market value and the amount of any mortgage still owing.

| |
|--|
| |
|--|

If you are aged under 60, we only need to see proof of your capital, savings and investments if the total value is £6,000 or more. If you are aged 60 or over, we only need proof if the total is more than £10,000. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Part 12 About where you live

Are you temporarily absent from your home?

No

Yes Please provide details below.

Why are you living away from home?

| |
|--|
| |
|--|

When did you last live at home?

| |
|-----|
| / / |
|-----|

When do you expect to return home?

| |
|-----|
| / / |
|-----|

What is the address where you are living at the moment?

| |
|----------|
| |
| |
| |
| Postcode |

Have you sub-let your home while you are temporarily absent?

No

Yes What is the sub-tenant's name?

| |
|--|
| |
|--|

Do you own your home or have a mortgage?

No

Go to the next question.

Yes

Go to **Part 14**.

Are you a Westminster Council tenant?

Yes

Go to **Part 13**.

No

You must complete the rest of this section.

Part 12 About where you live – continued

What sort of building do you live in?

| | | | | | |
|---------------------------|--------------------------|--|--------------------------|-----------------------|--------------------------|
| House | <input type="checkbox"/> | Flat in a house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> |
| Hotel | <input type="checkbox"/> | Flat over a shop/ commercial premises | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Mobile home/ houseboat | <input type="checkbox"/> | Single room or bedsit | <input type="checkbox"/> | Studio flat | <input type="checkbox"/> |

If you live in a single room tick the box that best describes your accommodation.

| | |
|---|--------------------------|
| Bed-sitting room with access to shared kitchen and bathroom | <input type="checkbox"/> |
| Bed-sitting room that includes cooking facilities and shared bathroom | <input type="checkbox"/> |
| Bed-space in a shared room (eg hotel room) | <input type="checkbox"/> |

As you look at the building from the street, where is your room?

| | |
|----------------------|--------------------------|
| Left-hand side | <input type="checkbox"/> |
| Right-hand side | <input type="checkbox"/> |
| Is your room at the: | |
| front? | <input type="checkbox"/> |
| centre? | <input type="checkbox"/> |
| rear? | <input type="checkbox"/> |

How many floors are there in the building?

Which floor do you live on?

Is there a lift?

No

Yes

How many rooms are there?

| | Total in the accommodation | Just for you and your family | That you share with joint tenants or other people |
|--|----------------------------|------------------------------|---|
| Living rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bedrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Separate kitchens | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bathrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bed-sits including cooking facilities | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bed-sits with access to shared kitchen | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Separate toilets | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Shower rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please tick here if you live in a building where there are many bed-sits or single rooms and you do not know how many there are in the whole building.

But first check that you have told us about the rooms you use.

Part 13 About rent

Do you have to pay rent for your home?

No Go to **Part 14**.

Yes

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.

You must also tell us in writing what date you do move in.

Do you pay rent to the council?

No Please answer all the following questions in this section.

Yes If yes, please tell us your housing rent account number and then go to **Part 14**.

What sort of tenancy do you have?

How long is the tenancy for?

to

Has your rent been registered as a fair rent by the rent officer?

No

Yes When?

Please tick to tell us if the property is let as:

furnished

partly furnished

unfurnished

Please tick to tell us who is responsible for decorating the inside of your home.

Landlord

Me

Don't know

Does your home have central heating?

No

Yes

What is the total rent for your accommodation?

every

(week/fortnight/four weeks/month)

How much of the total rent do you have to pay?

every

(week/fortnight/four weeks/month)

Part 13 About rent – continued

Do you have a joint tenancy?

No

Yes

List the names of all joint tenants and tell us their relationship to you and your partner.

When is the next rent increase due?

/ /

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist in Part 16 to see what you can use as proof. If you are unable to provide the proof with your claim, you must not delay sending us the completed claim form. But you must then provide the proof within one month of the date of claim. If you do not provide proof within one month, we may decide that you are not entitled to benefit.

Does your rent or service charge include money for the following?

| | | | |
|---|------------------------------|---------------------------|------------------------|
| Meals | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How many? | <input type="text"/> |
| | | Which meals are included? | <input type="text"/> |
| Heating | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Lighting | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Hot water | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Electricity/power | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Fuel for cooking | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Cleaning rooms or windows | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |
| Personal laundry (clothes/bed linen washed for you) | No <input type="checkbox"/> | | |
| | Yes <input type="checkbox"/> | How much? | £ <input type="text"/> |

Part 13 About rent – continued

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

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

| |
|----------|
| |
| |
| |
| Postcode |

Are you, your partner or children related to your landlord or agent, or to your landlord's partner or the agent's partner?

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

No

Yes

What is the relationship?

Is your landlord a trust of which you (or your partner, or your former partner, or your partner's former partner, or your children, or any other close relative who lives with you) are a trustee or beneficiary?

No

Yes

Please provide information about the trust on a separate sheet of paper.

Is your landlord a company of which you (or your partner, or your former partner, or your partner's former partner, or a close relative who lives with you) are an employee or director?

No

Yes

Please provide information about the company on a separate sheet of paper.

Are you or your partner the former owner(s) of the property that you are now renting?

No

Yes

Please explain why you sold your home on a separate sheet of paper.

How you want to be paid

If your claim is for local housing allowance or you want benefit to be paid to you, we need your bank account details. Part 18 gives more information about the payment of benefit.

Please provide us with details of the bank account you would like us to pay your housing benefit into:

Name of bank or building society

Bank or building society sort code

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

Account name

Bank or building society account number

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

Your signature

Date

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

You will need to provide original proof of your bank account showing the account name, bank sort code and bank account number.

Part 13 *About rent – continued*

If you are a housing association tenant or you are not claiming under the local housing allowance rules, you can ask us to pay your housing benefit direct to the landlord:

I would like my housing benefit paid direct to my landlord.

I would like my housing benefit paid to my bank account
(make sure you have given us your bank account details above).

Even if you do not want us to pay your landlord, do you want us to tell your landlord about the progress of your claim?

No

Yes

If you agree, we will not tell them any personal or household information such as income and savings details. We will only tell them whether your claim is currently being paid, how much housing benefit you will receive, and if we need any further information.

Part 14 *Backdating*

Under the benefit regulations, we can usually award benefit from the date you made your claim. We can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim backdating to

You must sign here for us to consider backdating.

Tell us why you have not claimed before or what prevented you claiming earlier.

Please provide any evidence you have to support this.

Part 15 *Anything else you need to tell us*

Use the space below to tell us anything you think we should know about. If you are already getting benefit, please explain why you have completed this claim form. Use a separate sheet and attach it to this form if you need to.

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

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies.

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

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

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice. Contact numbers are on the front page at the bottom.

Proof of identity

We need to see at least two of the following documents each for you and your partner:

- Passport
- National ID card
- Any Home Office document that includes your photo
- Driving licence
- Birth, adoption, marriage or civil partnership certificate
- Divorce or annulment papers
- National Insurance number card
- Medical card with NHS number
- Cheque or credit card
- Bank statement or building society passbook
- A letter from a solicitor or social worker or probation officer confirming how long they have known you
- Current benefit book or notification award or current benefit giro cheque with National Insurance number
- Disability freedom pass
- Valid UK residence permit
- Life assurance or insurance policy documents
- Tax certificate or letter from HM Revenue & Customs.

National Insurance number

You must provide an official document that includes your National Insurance number. This also applies to any partner you have.

Proof of capital, savings and investments

If you are aged under 60, we only need to see proof of your capital, savings and investments if the total value is £6,000 or more. If you are aged 60 or over, we only need proof if the total is more than £10,000. If housing benefit will be paid direct to you, we need proof of the bank account you want to use to receive payment. We can accept as proof: a recent bank or building society statement (*recent* means immediately before the date of your claim); a savings book, showing that the balance has been updated within the two months immediately before the date of your claim; original certificates of any bonds, unit trusts and shares. We cannot accept slips of paper from cash machines.

Proof of earnings

Five recent consecutive weekly wage slips or three recent consecutive fortnightly wage slips or two recent consecutive monthly wage slips, or a certificate of earnings – properly completed and stamped by your employer.

Earnings from self-employment

Complete and return the supplementary form about self-employment and provide any business profit and loss accounts and business current bank account statements that you have.

Benefits, pensions and tax credits

A current award notice or letter from a Jobcentre Plus office, Pension Service centre, HM Revenues & Customs or pension company.

Proof of income

If you receive any income that is not earnings, benefits or pensions, you must provide proof of it. We can usually accept as proof a letter from the person or company paying the income.

Proof of rent

This does not apply to council tenants. You must provide your current tenancy agreement or a recent letter from the landlord that confirms the amount of rent, how often it is paid, what services are included, the name of the landlord and the name and address of the person who collects the rent.

Please see the Housing and Council Tax Benefits Standards of Proof booklet for further details. The booklet is available at all reception sites, or you can telephone the Westminster City Council Benefits Service on Freephone 0800 072 0042, 8am to 6pm Monday to Friday, to request a copy.

Part 17 Declaration

Even if someone else has filled in this form for you, you must sign the declaration if you can.
If you have a partner, they must sign the declaration as well.
Please read this declaration carefully before you sign and date it.

I understand all the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for housing benefit or council tax benefit, or both. You may check some of the information with other sources in the council, rent offices and other councils.
- You may use any information I have provided here in connection with this and any other claim for social security benefits, which I have made or may make. You may give some information to other government organisations, if the law allows this.

I **know** I must let the Council's Benefits Service know about any change in my circumstances which might affect my claim.

WARNING: it is a criminal offence to knowingly provide false information, to make a false statement or fail to notify the City Council of a change in circumstances for the purposes of obtaining benefit. It is also an offence to knowingly cause or allow another to provide false information, make a false statement or fail to declare a change in circumstances for the purposes of obtaining benefit. Offences can lead to a fine or term of imprisonment or both.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Partner's signature

Date

You must sign the form. If you have a partner they must sign as well.

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.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

This request for information is made by Capita Business Services Limited on behalf of Westminster City Council.

DATA PROTECTION

If we have a legitimate reason to do so, we may share information we collect for the administration of council tax within the City Council and to some organisations acting on our behalf. In particular, we may check the information you provide, or that someone else provides about you, with other information we hold. We may also use this information or supply it to third parties including government departments and other local authorities, to prevent or detect crime or to protect public funds in other lawful ways.

Before we share any information we will rigorously check that sharing it is fair and justified. If you would like more explanation, please write to: Phil Black, Finance Department, 16th Floor City Hall, 64 Victoria Street, London SW1E 6QP.

If you rent from a private landlord, your housing benefit will normally be paid direct to you unless you have rent arrears of at least 8 weeks; or you have difficulty managing money; or you have a history of not using your housing benefit to pay your rent. Please contact us on 0800 072 0042 for more information about when benefit is paid to the landlord.

If you rent from a housing association, you have the choice of being paid direct or asking us to send your benefit to the landlord. But if you have rent arrears of at least 8 weeks, we must send your benefit to your landlord.

Whether you rent from a private landlord or a housing association, we may make the first payment of benefit to your landlord if you have rent arrears, even if the arrears are less than 8 weeks. After the arrears have been cleared, we will pay benefit direct to you.

If you rent from the council, we will add your benefit to your council rent account.

Council tax benefit is always credited to your council tax account.

If we are paying housing benefit direct to you, the best way to receive payment is into a bank account.

Why pay housing benefit directly into my bank account?

- It is safe and secure.
- It is convenient – you decide when and how much you want to withdraw.
- Using a bank account may help you to save.
- You could have regular bills paid from some types of accounts.
- You can withdraw your money from many different places.

The bank account can be:

- in your name
- in the name of your partner (a person you are married to or in a civil partnership with, or a person you live with as if you are married to them or in a civil partnership with them)
- in your and your partner's name
- in the name of the person acting on your behalf, or
- in your name and the name of the person acting on your behalf.

If English is not your first language, we can translate a summary of this document for you. Please contact us telling us which document you have received and which language you need.

Nëse nuk e keni anglishten gjuhë amtare, ne mund t'ju përkthejmë një përmbledhje të këtij dokumenti. Ju lutemi të na kontaktoni për të na treguar se cilin dokument keni marrë dhe në ç'gjuhë ju nevojitet.

আপনার ভাষা যদি ইংলিশ না হয়, তবে আমরা এই ডকুমেন্ট আপনার ভাষায় লিখে দিতে পারবো। দয়া করে আমাদের সাথে যোগাযোগ করে জানাবেন আপনি কোন কোন ডকুমেন্ট গুলি পেয়েছেন এবং তা কোন ভাষায় পেতে চান

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ئەگەر زماڻى ئینگلیزی یەكەمىن زماڻت نیه، ئەوا ئیمە دەتوانین كورتەى ئەم بەلگەنامەیه بوۆت

وەرگێڕین. تەكایە پەيوەندیمان پێوه بكه و پێمان بڵێ چ بەلگەنامەیهكت پێت گەییشتوووه و كام زماڻت

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We aim to produce information in plain English and in formats that everyone can use. If you would like to receive this information in large print, Braille or another format, please email rhinckley@westminster.gov.uk or write to the address below.

Ruth Hinckley, Finance Department, Westminster City Council, City Hall 16th Floor, 64 Victoria Street, London SW1E 6QP.