



Use this form to claim Housing Benefit and Council Tax Support when your income changes.

Name
Address and postcode
Phone numbers (daytime)(evening) Mobile
You do not have to give us your phone numbers, but it may help us if you do.

Date of change
Type of change

(If you have several changes please give details in Section 8 - Extra information)

For our use only

Date you first contacted us
Date of issue
Date received
Claim reference

Answer the questions in this form by ticking the boxes or giving us the information we ask for. Please answer all the questions carefully as we rely on the information you give us when we work out how much benefit to give you. Your claim may be delayed if you do not answer all the questions on your form or you give us the wrong information. It is a criminal offence to knowingly give false information on a benefit claim.

The proof we need with your form



When you see this symbol, we need original proof to confirm the answers on your form. We need to see original documents, not photocopies.

If you don't have 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 and you will lose benefit.

You must provide all proof within one month of the date you originally make your claim.

South Worcestershire Revenues & Benefits Shared Service

Malvern Hills District Council, Worcester City Council and Wychavon District Council are now working together to improve services to customers. This form is for all customers of these councils.

If you need help with this form

Please call us on 0300 4560560 or visit any of our local service centres below.

Malvern Hills District Council

Council House, Avenue Road, Malvern, WR14 3AF

Worcester City Council

The Hive, Sawmill Walk, The Butts, Worcester, WR1 3PB

Wychavon District Council

The Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT

Evesham Community Contact Centre, Evesham Library, Oat Street, Evesham, WR11 4PJ

Droitwich Spa Library, Victoria Square, Droitwich Spa, WR9 8DQ

When you have filled in this application form

You can email this form and your documents to benefits@southworcestershirerevnuces.gov.uk, take this form and your documents to any of the offices shown above, or post the form to: South Worcestershire Revenues and Benefits Shared Service, PO Box 11, Pershore, Worcs, WR10 1PU.

To see how much Housing Benefit and Council Tax Support you may be able to get, visit one of the following websites.

www.malvern hills.gov.uk

www.worcester.gov.uk

www.wychavon.gov.uk

Please fill in this form using black ink.

1 About you and your partner

Please give details of you and your partner (if you have one).

By 'partner' we mean a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)
You do not have to give us your phone number or email address, but it may help us to contact you.

	You	Your partner
Title (Miss, Mr, Mrs, Ms and so on)		
Last name		
First names		
Other names you have been known by		
Date of birth		
Daytime phone number		
Mobile number		
E-mail address (If you give us your email address we will contact you by email.)		
Your National Insurance number	<input type="text"/>	<input type="text"/>

2 Other people who live with you

Does anyone else live with you? (Include children, subtenants, boarders and anyone else.

No Yes If yes, give details in the table below. Change since last claim, and date of change (if any)

Name	Relationship to you	Date of birth	Change since last claim, and date of change (if any)
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

We need to know about all the incomes of everyone who lives with you who is not a child, subtenant or boarder.

3 About your savings – including current accounts

We need to know about all the money you and your partner have in any sort of account with a bank, building society or other organisation. This includes current accounts, deposit accounts, loan accounts, ISAs, TESSAs, PEPs, Premium Bonds, Credit Union accounts, financial plans and so on.

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

You	Your partner
No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.

Do you or your partner have any stocks and shares?

No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.
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Do you, your partner or any children you are claiming for own or partly own any property or timeshares (other than the home you live in) in this country or abroad?

No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide proof.
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Tick 'yes' even if you have a mortgage or loan for the property, land or timeshare.

Extra information	Extra information
<input type="text"/>	<input type="text"/>

We need to see proof of any accounts you have. All savings books and so on must be up to date, showing all interest due. The proof must be an original, not a photocopy of, for example:



- a bank or building society statement for the last two months showing debits (money going out), credits (money coming in) and the balance;
- a letter from a bank or building society showing the type of account, account number, the balance and regular deposits for the last two months; or
- statements for certificates, bonds, unit trusts, stocks and shares.

4 About your benefits and pensions

Do you or your partner claim any benefits or pensions?












No Please go to section 5.
 Yes Please tell us about them below.



We need to see proof of any benefits or pensions you have.
 The proof should be an original award notice, not a photocopy, showing the current rates.

4.1 Benefits	You	Your partner
Do you receive Child Benefit? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Child Tax Credit? <i>We need to see your award letter.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Attendance Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Severe Disablement Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Carer's Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ Who is it paid for? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ Who is it paid for? _____
Do you receive Disability Living Allowance or Personal Independence Payment (care component)? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Disability Living Allowance or Personal Independence Payment (mobility component)? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____
Do you receive Income Support or Pension Credit (Guarantee Credit)? 	No <input type="checkbox"/> Please answer the question below. Yes <input type="checkbox"/> Please go to section 7.	No <input type="checkbox"/> Please answer the question below. Yes <input type="checkbox"/> Please go to section 7.
Do you receive income-based Jobseeker's Allowance? 	No <input type="checkbox"/> Please go to section 4.2. Yes <input type="checkbox"/> Please go to section 7.	No <input type="checkbox"/> Please go to section 4.2. Yes <input type="checkbox"/> Please go to section 7.
Do you receive Working Tax Credit? <i>We need to see your award letter.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____

4.2 Other benefits

	You	Your partner
Do you receive contribution-based Jobseeker's Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive a Widowed Parent's Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive Disability Living Allowance for a child? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive Employment and Support Allowance (ESA)? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive contribution-based Employment and Support Allowance (ESA)?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
If you receive ESA, are you in the assessment phase or the main phase	Assessment <input type="checkbox"/> Main <input type="checkbox"/>	Assessment <input type="checkbox"/> Main <input type="checkbox"/>
Do you receive Incapacity Benefit? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Are you receiving Statutory Sick Pay? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Are you receiving Statutory Maternity Pay or Statutory Paternity Pay? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive a Maternity Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive Industrial Injuries Benefits? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive a Training Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____
Do you receive a Youth Training Allowance? 	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> £ _____ every _____ How is it paid? _____

4.2 Other benefits (continued)

	You	Your partner
Are there any other benefits which are not listed on the previous pages?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Name of the benefit <input type="text"/>	Name of the benefit <input type="text"/>
	£ <input type="text"/> every	£ <input type="text"/> every
	Name of the benefit <input type="text"/>	Name of the benefit <input type="text"/>
	£ <input type="text"/> every	£ <input type="text"/> every

4.3 Pensions

	You	Your partner
If you know the date when your pension or pensions increase each year, please tell us in section 8 (Extra information).		
Do you receive Pension Credit (Savings Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive a State Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Have you or your partner put off receiving the State Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you received a lump sum from a pension you have delayed receiving?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive a Widow's Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive a War Disablement Pension, a War Widow's Pension or an Armed Forces and Reserve Forces Compensation Scheme payment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive an Armed Forces pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive a pension from Capita (the Paymaster General)? <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive a works pension from a past employer? <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Do you receive any other pension? <i>We need to see your payment advice slip.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£ <input type="text"/> every	£ <input type="text"/> every
Have you or your partner put off taking all or part of a personal pension? <i>If 'Yes', we will need to see proof of this arrangement.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

5 About your work

Are you or your partner a director of a company?

No
Yes

Are you or your partner working?

No Please go to section 6.
Yes Please give us details below.

5.1 Work you do for an employer



We need to see payslips as proof of any money you earn (we may contact your employer for confirmation).

The number of payslips we need depends on how often you are paid.

- Paid every week – send your last five payslips.
- Paid every two weeks – send your last three payslips.
- Paid every four weeks – send your last two payslips.
- Paid every month – send your last two payslips.

If you do not have payslips, your employer will need to fill in a certificate of earnings.

How many hours do you work each week?

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

How many jobs do you have?

Date you started work for this employer

You	Your partner
<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"/>

Is your employment for a fixed period?

No Yes If 'Yes', when is it due to end?

No Yes If 'Yes', when is it due to end?

Job title

Give the number of hours you work each week.

What is your employee number or payroll number?

How much are you paid?

£

£

How often are you paid?

How are you paid?
(Cheque, cash, direct into an account)

5.1 Work you do for an employer (continued)

Are you contracted out of the National Insurance scheme?

No Yes

No Yes

Have you had a pay rise during the last six months?

No Yes If 'Yes', please give the date of the pay rise.

No Yes If 'Yes', please give the date of the pay rise.

Do you receive, or expect to receive, any bonuses or profit-related pay (or both)?

No Yes If 'Yes', how much?

No Yes If 'Yes', how much?

Do you receive, or expect to receive, any overtime?

No Yes If 'Yes', how much?

No Yes If 'Yes', how much?

Do you receive, or expect to receive, any tips?

No Yes If 'Yes', how much?

No Yes If 'Yes', how much?

When will you receive your next pay rise (if you know)?

5.1 Work you do for an employer (continued)

Please fill in the table below for each job you or your partner have.

We need to see the last five payslips (if the employee is paid every week), three payslips (if the employee is paid every two weeks) or two payslips (if the employee is paid every month or four weeks).

You

Employer

Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Working Tax Credit (from April 2003)					
Sick pay and so on					
Deductions – Tax					
– National Insurance					
– Pension scheme					
– Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

Your partner

Employer

Job Title

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	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Working Tax Credit (from April 2003)					
Sick pay and so on					
Deductions – Tax					
– National Insurance					
– Pension scheme					
– Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

5.1 Work you do for an employer (continued)

	You	Your partner
	Second job	Second job
	Employer's name <input type="text"/>	Employer's name <input type="text"/>
	Employer's address <input type="text"/> <input type="text"/> <input type="text"/>	Employer's address <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Date you started work for this employer	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is your employment for a fixed period?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>
Job title	<input type="text"/>	<input type="text"/>
Give the number of hours you work each week	<input type="text"/>	<input type="text"/>
What is your employee number or payroll number?	<input type="text"/>	<input type="text"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
How often are you paid?	<input type="text"/>	<input type="text"/>
How are you paid? (Cheque, cash, direct into an account)	<input type="text"/>	<input type="text"/>
Are you contracted out of the National Insurance scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you had a pay rise during the last six months?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise. <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please give the date of the pay rise. <input type="text"/> / <input type="text"/> / <input type="text"/>
Do you receive, or expect to receive, any bonuses or profit-related pay (or both)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any overtime?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any tips?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
When will you receive your next pay rise (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you have more than two jobs, please tell us about them in section 21.

5.1 Work you do for an employer (continued)

Please fill in the table below for each job you or your partner have.

We need to see the last five payslips (if the employee is paid every week), three payslips (if the employee is paid every two weeks) or two payslips (if the employee is paid every month or four weeks).

You Employer Job Title

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Working Tax Credit (from April 2003)					
Sick pay and so on					
Deductions – Tax					
– National Insurance					
– Pension scheme					
– Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

Your partner Employer Job Title

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	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Working Tax Credit (from April 2003)					
Sick pay and so on					
Deductions – Tax					
– National Insurance					
– Pension scheme					
– Other					
Net pay (after deductions)					

If any holiday pay is included in the figures above, please give us the following details.

Period from

 / /

Period to

 / /

Amount

£

If you have more than two jobs, please tell us about them in section 8.

5.2 Self-employed people

You

Your partner

Are you or your partner self-employed?

No Please go to section 5.3.
 Yes Please give us details below.

No Please go to section 5.3.
 Yes Please give us details below.

Are you or your partner sole traders or partners in the business?

Sole trader
 Partner Please give details of the partnership and your share in the business.

Sole trader
 Partner Please give details of the partnership and their share in the business.

When did you become self-employed?

 / /
 / /

What does your business do?

How many hours a week do you work?

What is your weekly income from the business?

£

£

Tax Reference Number

Please also note that you have three months from the date you became self-employed to register with HM Revenue & Customs. You must register as self-employed regardless of your overall profit or loss. HM Revenue & Customs will give you a tax reference number which you will need to give us.



We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit you will get. This should be your most recent trading accounts or your records of income and spending. If you cannot provide either of these, please contact us for a self-employed earnings form.

We must see proof of any self-employed earnings, profit or loss before we can decide how much benefit they will get. This should be their most recent trading accounts or their records of income and spending. If they cannot provide either of these, please contact us for a self-employed earnings form.

5.3 Other work

You

Your partner

Do you or your partner get money from any work you have not told us about already?



No Yes
 How much?

How often?

No Yes
 How much?

How often?

Do you or your partner do any voluntary work?

No Yes

No Yes

6 Childcare costs

You

Your partner

Do you or your partner pay someone to look after any of your children?

No Please go to section 7.
Yes Please give us details below.
Please tell us the names of the children.

No Please go to section 7.
Yes Please give us details below.
Please tell us the names of the children.

Please provide evidence of the amount you pay. This should be the invoices for the past two months or three weeks.



What is the normal weekly cost of the childcare?

What is the normal weekly cost of the childcare?

Does the amount you pay change during the year?

No
Yes Please give details in section 8.

No
Yes Please give details in section 8.

7 Money paid towards a pension plan

Do you or your partner pay money into a pension plan that is not provided through your employer?

We need to see proof of this. This must be a policy document and another document showing the payments made. We cannot accept photocopies.



You

Your partner

No Please go to section 8.
Yes Please give us details below.

No Please go to section 8.
Yes Please give us details below.

How much and how often?

How much and how often?

8 Extra information

Please give us as much extra information as you can.

9 Forms filled in by someone else

Has this form been filled in by someone other than the person who is making the claim?

No

Yes The person who has filled in the form (the representative) must fill in this part.

Are you an officer of the council?

No

Yes

Why have you filled this form in for the person claiming?

Representative's name

Phone number

Address and postcode

Relationship to the person claiming

Date

/ /

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

Signature

X

10 Declaration

Please carefully read and tick the declaration at the bottom of this page before you sign it.

I/we understand that you may prosecute me and I will have to pay back any overpaid benefits, if:

- I/we lie to you so that I can get benefit;
- I/we give you false information so that I can get benefit;
- I/we do not tell you about any changes in my circumstances that may affect my claim; or
- I/we claim benefit when I know I should not.

I/we will write and tell you about any changes to:

- my/our income, my/our partner's income and the income of anyone else who lives with me/us;
- my/our savings and my partner's savings;
- the number of people who live with me/us; and
- my/our address and my rent.

I/we declare that:

- if this form has been filled in by someone else on my/our behalf, I/we have read it, or have had it read to me/us;
- the details given on the form are true and complete;
- I/we have got permission from everyone else who lives with me/us to use their details to process my/our application claim

If someone else has filled in this form for you, they must sign the declaration in section 9.

I give you permission to check any information relating to my claim for benefit.

Your signature

X

Date

/ /

Your partner's signature

X

Date

/ /

We must protect the public funds we handle, so we may use the information provided on this form to prevent and detect fraud. We may use this information to promote other council services you may be entitled to. We may share this information for the same purpose, with other organisations which handle public funds. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998.

We are the 'data controller' for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use that information, please ask us.

COUNCIL TAX SUPPORT TAKE UP

If you wish to be considered for council tax support please tick this box and sign and date below

Signed

Date

/ /