

# Housing Benefit and Council Tax Support

Please return this form immediately so that you do not lose benefit even if you do not have all the supporting documentation.

Housing Benefit reference: (if known)

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## For office use only

Date of first contact

--

LA signature

--

Date form sent

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Please complete using block capitals and black ink.

If you do not complete the questions as instructed we will have to return the form to you.

Tick the correct boxes and give exact details. Use this form and tick the box if:

☐ You pay rent to a private landlord

☐ You are a home owner

☐ You live in bed and breakfast accommodation

☐ You are a council tenant

☐ You pay rent to a Housing Association

☐ Other – please specify

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☐ You are a joint tenant/owner

I want to claim:

☐

Housing Benefit

☐

Council Tax Support

☐

Both

## 1. About you and your partner

We use partner to 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 a person you live with as if you are civil partners.

You

Title

--

First names

--

Surname

--

Any other names

you have used

--

Date of birth

--

National

Letters

Numbers

Letter

Insurance No.

--

--

--

--

--

--

Letters

Numbers

Letter

--

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Address:


Postcode:

--

What date did you move to this address?

--

Your partner

--

--

--

--

--

Letters

Numbers

Letter

--

--

--

--

--

--

Room No:

--

Telephone number:

--

Email address:

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Please tick this box if you are currently receiving or have claimed Income Support, Income Based Job Seekers Allowance or Employment Support Allowance Income Related.

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	You	Your partner
What is you or your partner's nationality?	<input type="text"/>	<input type="text"/>
Have you ever lived outside of the UK, Republic of Ireland, Channel Islands or the Isle of Man?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', when did you most recently come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man?	<input type="text"/>	<input type="text"/>
Are you an asylum seeker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have leave to enter/remain in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide your Home Office documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ticked 'Yes', was this given as a result of a sponsorship undertaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
By sponsorship undertaking, we mean has someone agreed to be responsible for your maintenance and accommodation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an EEA national who is not currently working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. About your last address(es)

List below any other addresses you have lived at in the last three years.

Were you an owner or tenant – please tick in box.

Address (most recent first)	Owner	Tenant	Other (please specify e.g. living with friends)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

What date did you move out of the last address?

Did you claim Housing Benefit or Council Tax Benefit/Council Tax Support

☐ Yes ☐ No

Did you get Income Support or income based Job Seekers Allowance?

☐ Yes ☐ No

## 3. Students

	You	Your partner
Are you or your partner a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes', please give details below of the course and the college attended including weekly hours of study. A questionnaire for more information about your course may be sent to you.

## 4. About you and your partner

Are you or your partner in hospital at the moment?

☐ Yes ☐ No

If 'Yes', who is?

The date they went in:

Which hospital?

Do you or anyone who lives with you have a long term illness or disability?

☐ Yes ☐ No

If 'Yes', please give their name(s):

If No, please go to Question 5.

Are you/they registered blind?

☐ Yes ☐ No

If "Yes", who:

Do you/they get Disability Living Allowance or Personal Independence Payment?

☐ Yes ☐ No

Date started:

If "Yes", is it paid to help with care or mobility? Please indicate below.

	Amount	Who gets it?
<input type="checkbox"/> Care Component	£ <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mobility Component	£ <input type="text"/>	<input type="text"/>

Does anyone over 65 get Attendance Allowance?

☐ Yes ☐ No

If "Yes", who:

Amount: £

Does anyone in your household get Carer's Allowance for looking after them?

☐ Yes ☐ No

If "Yes", who for:

Do you or your partner have a need for overnight care and have a bedroom that is used by a carer for overnight stays?

☐ Yes ☐ No

Do you or your partner get Incapacity Benefit?

☐ Yes ☐ No

Do you or your partner have a specifically adapted car, or a car through the Motability Scheme?

☐ Yes ☐ No

## 5. Your children

We must see proof of your Child Benefit.

Please supply Child Benefit award letter or show payments on bank statements.

Do you have any children living with you for whom you get Child Benefit?

☐ Yes ☐ No

	Surname	First name	Male or female	Date of birth	Answer 'Yes' or 'No'			If any child is 15 or over give the date you think they will leave school
					Registered blind	Getting Disability Living Allowance or Personal Independence Payment	Getting Child Benefit	
1								
2								
3								
4								
5								
6								
7								

If any of the above children receives income (apart from pocket money or part time earnings) please give details:

If any of the above children are being fostered by you please give their names:

## Your children (section continued)

Are any of your children severely disabled and their core needs mean they should not be expected to share a bedroom?

☐ Yes ☐ No

Are you or your partner a registered Foster Carer who is currently Fostering?

☐ Yes ☐ No

If you are not currently fostering but are expecting a placement please give the date you last fostered:

(or) if this will be your first placement, please give the date you registered:

## Other people who live with you

Does anyone else live with you?

☐ Yes ☐ No

(include all other family members, friends etc but not tenants, sub-tenants or boarders)

Surname	First name	Relationship to you	Date of birth	National Insurance number	Gross weekly income before stoppages	Source of income*	Hours worked per week	Are they a student?	Are they a member of the armed forces away on deployment?

\*For example, Working/Income Support (IS) /Job Seekers Allowance (JSA)

Do any of the people living with you live as a couple?

☐ Yes ☐ No

If 'Yes', please state who is the partner of whom:

Have any of the above persons an additional income?

☐ Yes ☐ No

If 'Yes', state name(s) and give details

Have any of the above persons any income/interest from savings or capital?

☐ Yes ☐ No

If 'Yes', state person(s) name(s) and give full details (e.g. Income from building society, dividends etc.)

## Boarders and sub-tenants

Do you rent out part of your home to someone?

☐ Yes ☐ No

Please give their name(s)

How much do you charge them each week?

£

## 6. Bank account savings and investments

Do you or your partner own or have an interest in any other property in this country or abroad? ☐ Yes ☐ No

Do you or your partner have any bank accounts, savings or investments? ☐ Yes ☐ No

If 'Yes', please give details below

Name of account	Sort code and account no	You	Your partner
Current Account		£	£
		£	£
Building Society account		£	£
		£	£
Income Bonds		£	£
		£	£
Premium Bonds		£	£
		£	£
National Savings Certificates		£	£
		£	£
Stocks and shares		£	£
ISA		£	£
Other (please give details)		£	£

We must see proof of all bank accounts, savings and investments.

## 7. About you and your partner's income

Are you or your partner receiving any of the following benefits? ☐ Yes ☐ No

If 'Yes', you need to give details below. We must see proof of your income.

### Benefits

Type of benefit	Date started		How often paid	How paid e.g. order book, giro, direct to bank, building society, etc.	Amount received	
	You	Your partner			You	Your partner
Bereaved Parents Allowance						
Bereavement Allowance						
Carer's Allowance						
Child Benefit						
Employment Support Allowance (Contributions based)						
Incapacity Benefit						
Industrial Death Benefit						
Industrial Injuries Benefit						
Job seekers allowance – contribution based						
Maternity Allowance paid by the Department for Work and Pensions						
Reduced Earnings Allowance						
Severe Disablement Allowance						

## Tax credits

Type of credit	Date started		How often paid	How paid	Amount received	
	You	Your partner	Weekly/ fortnightly/ four weekly	e.g. order book, giro, direct to bank, building society, etc.	You	Your partner
Child Tax Credit						
Working Tax Credit						

## Pension credits

Are you receiving Guarantee Credit?

☐ Yes ☐ No

Are you receiving Savings Credit?

☐ Yes ☐ No

## Other pensions

Are you or your partner receiving any of the following pensions?

☐ Yes ☐ No

If 'Yes' you need to give details below.

Type of pension	Date started		How often paid	How paid	Amount received	
	You	Your partner	Weekly/ four weekly/ Calendar monthly	e.g. order book, giro, direct to bank, building society, etc.	You	Your partner
State Retirement Pension						
War Pension/ War Widow's Pension						
Widow's Pension						
Occupational/ Private Pension Who From?	You	Your partner	Weekly/ four weekly/ Calendar monthly	e.g. order book, giro, direct to bank, building society, etc.	You	Your partner
1.						
2.						
3.						

## Other income

Do you or your partner receive any maintenance payments?

☐ Yes ☐ No

If 'Yes', who for

Have you claimed any income/benefit which has not yet been received?

☐ Yes ☐ No

If 'Yes', please state which one

Do you or your partner receive any other income?

☐ Yes ☐ No

What type of income is it?

How much do you get?

 £

How often is it paid?

What is the date of the next increase?

When did you start to receive this income?

## Work

	You	Your partner
Do you do any paid work (this includes childminding)? Please give details below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work or private pension scheme?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', how much do you pay each week?	<input type="text"/>	

**You**  
Name and address of your employer

Name:

Address:

Postcode:

Telephone number

When did you start work?

Works payroll number

What is your job?

Number of hours you usually work each week

Basic wages

Bonus, overtime or additional payment

How are you paid?  
e.g. cash, cheque, directly into bank account etc.

Does your gross pay include Statutory Maternity or Sick Pay? ☐ Yes ☐ No

Are you on a Government Training Scheme?

Are you paid? ☐ Weekly

**Your partner**  
Name and address of their employer

Name:

Address:

Postcode:

Telephone number

When did they start work?

Works payroll number

What is their job?

Number of hours they usually work each week

Basic wages

Bonus, overtime or additional payment

How are you paid?  
e.g. cash, cheque, directly into bank account etc.

Does their gross pay include Statutory Maternity or Sick Pay? ☐ Yes ☐ No

☐ Yes ☐ No

☐ Fortnightly ☐ Four Weekly ☐ Monthly

## Other employment

	You	Your partner
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', do you get any help from the Government to start your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of work do you do?		
Are you a partner in a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the address of your business?		
Do you have a private pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are on a temporary contract when will it finish?		
Date of next pay increase?		
Are your wages paid into a bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other paid employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of second employment		
When did you start this job?		
How many hours are worked each week?		

We must see proof of your earnings before we can deal with your claim.

If you or your partner are working, we will need to see your last five payslips if you are paid weekly, or two payslips if you are paid monthly. If you do not have these, we can send you an employers form which your employer should complete.

If you do not provide the information requested, we may need to contact your employer.

If you or your partner are self-employed, we will send you our self-employed pack.



## 8. About the place where you live

When did your tenancy begin?

Date:

What is the full name and address of your landlord or Housing Association?

Name:

Address:

Postcode:

Telephone number:

Email:

What is the full name and address of your letting/managing agent?

Name:

Address:

Postcode:

Telephone number:

Email:

Do you share any part of your home with your landlord?

☐ Yes ☐ No

If 'Yes', which rooms:

Are you, your partner or any of your children related to your landlord?

☐ Yes ☐ No

If 'Yes', please say what relation your landlord is:

Are you a joint tenant or flat sharer?

☐ Yes ☐ No

If 'Yes', please give names of other tenants:

Are you or were you ever the owner of the property?

☐ Yes ☐ No

### Details of the type of property you occupy

Please complete the table below - Mark 'S' if shared

If property is a self-contained purpose built flat, then "whole property" means just the flat.

	Living rooms	Dining rooms	Bedrooms	Kitchens	Bathrooms	WCs	Bedsits
Total number of rooms in the whole property							
Number of rooms occupied by you							
Number of rooms you share with other households							

How many floors are there in the building that you live in?

Which floor or floors do you live on?

☐ Basement ☐ Ground ☐ First ☐ Second ☐ Third ☐ Other

If "Other" (please specify)

Is the building that you live in, split into separate flats or rooms? If 'Yes', please state where located?

☐ Front ☐ Centre ☐ Rear ☐ Other (please specify)

Please tick the type of accommodation you live in

☐ Detached house ☐ Semi-detached house ☐ Terraced house ☐ Detached bungalow ☐ Terraced/semi-detached bungalow ☐ Maisonette  
☐ Flat in a house ☐ Flat in a block of flats ☐ Flat over a shop ☐ self-contained bedsit/studio flat ☐ Bedsit with shared facilities ☐ Room in part of a house

How much furniture is provided by the landlord?

☐ Fully furnished ☐ Partly furnished ☐ Very little ☐ None

Does your accommodation have:

Central heating? ☐ Yes ☐ No A garage? ☐ Yes ☐ No An allocated car space? ☐ Yes ☐ No

## The rent you pay

How much is your rent?

How often do you pay your rent?

☐ Weekly ☐ Fortnightly ☐ Four Weekly ☐ Monthly

If other please state frequency

On what day of the month does your rent become due?

Does your rent include an amount for any of the following amenities?

If 'Yes', please give details below

	Yes	No	Amount		Yes	No	Amount
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Cleaning Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Nursing/Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garage/Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Evening meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Is there a fair rent registered? If 'Yes', please send in Rent Registration Form ☐ Yes ☐ No ☐ Don't know

Were you placed in your accommodation by a Local Authority Homeless Persons Unit? ☐ Yes ☐ No

If 'Yes', which one?

If you are single, between the ages of 25-34, have you at any time spent at least three months in a homeless hostel or a hostel specialising in rehabilitation?

☐ Yes ☐ No

If 'Yes', please confirm the name and address of the hostel

If required, may we contact the hostel to confirm the information you have provided?

☐ Yes ☐ No

Please supply a bank statement from the account into which you want the money paid.

## 9. Payment of housing benefit

Housing Association tenants: If you are renting your home from a Housing Association you can have the benefit sent to yourself or your landlord.

Do you want your benefit sent direct to your landlord at the address given?

☐ Yes ☐ No

All other tenants: If you are awarded Housing Benefit the payments will be made to yourself. We can only make payments to your landlord in special circumstances. If this applies to you please contact us on 020 8359 2111. We will send you a form to complete and you will be asked to provide evidence of your circumstances.

Payment to yourself: Please complete the details below for the account into which you would like your Local Housing Allowance paid (Payments will be made by bank credit).

Name of bank/building society:

Type of account:

Name as it appears on the account:

Sort code:

Account number:

Please issue my payments at: ☐ Four weekly intervals ☐ Two weekly intervals

Not all Bank/Building Society accounts can accept payments. Boarders on Income Support will automatically be paid weekly. Landlords will automatically be paid four weekly.

## 10. Other information

Do you make any payments for child care to a registered child minder or other registered child care provider for a child or children under 15 years (or 16 years if your child is disabled)? ☐ Yes ☐ No

If 'Yes' state name of child and amount paid

Name of child

£ Amount of weekly child care paid

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

Please provide evidence of the amount of child care you pay. (It must show the name and address of your child minder or nursery).

If you are claiming as a couple, generally both of you must be in remunerative work for you to qualify for help with child care costs. If you have any queries regarding child care costs please contact us.

Do you have to make a contribution towards your son or daughter's maintenance if they are doing a course of further or higher education? ☐ Yes ☐ No

If 'Yes', how much?

## 11. Supported accommodation

Do you live in supported accommodation?

☐ Yes ☐ No

If so, does your rent include an amount for:

	Yes	No	Amount
general counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
cleaning of rooms and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
an emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 12. Discussing your claim with your landlord

If you are renting your accommodation, your landlord may contact us to ask questions about your claim.

Do you give us permission to talk to your landlord about the following:

That you have made a claim?

☐ Yes ☐ No

Whether or not it has been paid?

☐ Yes ☐ No

If so how much?

☐ Yes ☐ No

If you are receiving Local Housing Allowance, do you give us permission to notify your landlord when you receive payments?

☐ Yes ☐ No

Your signature:

Date (DD/MM/YYYY):

(Please note that no information about your personal details will be given unless you specifically ask us to)

## 13. Proof of identity and National Insurance Number

We need to see proof of you and your partner's identity and National Insurance Number.

We need two items from the lists below. At least one must be from 'Box A' and at least one item from 'Box B'. At least one of the items must show your National Insurance Number such as a wage slip or tax credit award letter.

Box A
<input type="checkbox"/> Birth certificate
<input type="checkbox"/> Current passport
<input type="checkbox"/> Identity card issued by the EU/EEA state
<input type="checkbox"/> Letter from Home Office
<input type="checkbox"/> Valid UK residence permit
<input type="checkbox"/> Marriage certificate
<input type="checkbox"/> Certificate of employment HM forces
<input type="checkbox"/> Certificate of employment Merchant Navy
<input type="checkbox"/> Full drivers licence

Box B
<input type="checkbox"/> Bank building society statements
<input type="checkbox"/> Benefit payment book
<input type="checkbox"/> Letter from a solicitor, social worker etc confirming your identity
<input type="checkbox"/> Life assurance or insurance policies
<input type="checkbox"/> Utility bills. These must be in your name and for the last quarter
<input type="checkbox"/> Wage slips from current employer
<input type="checkbox"/> Medical card
<input type="checkbox"/> State Retirement Pension or Pension Credit notification letter
<input type="checkbox"/> Taxi driver's licence

Only original documents will be accepted.

Please note: You need not send in proof of identity and National Insurance number if you have sent this to us on a previous claim.

## 14. Proof that you are living at the address

This could include a letter from your landlord confirming the date you moved in. It could include a letter or bill in your name from a bank, utility company or similar. It could also include a letter from the Department for Work and Pensions.

## 15. Important: What to do next

Check that you have filled in all parts of this form, do not forget to sign the declaration on page 16. Remember we need to see proof of rent, income and savings for you, your partner and any other member of your household.

This is the type of proof we need:

### Rent

Please let us see your rent book, rent receipts and **tenancy agreement**.

If you do not have any of these, get a letter from your landlord.

### Earnings

You can send us your latest wage slips (five (5) if you are paid weekly, or two (2) if paid monthly).

If you are self-employed, send your latest accounts or if you have not got these, ask us for a self-employed pack.

### Other income you/your partner get

Such as your Income Support award letter or book, latest pension advice slip, maintenance order, tax credit award notice etc.

### Savings

Such as savings books, share certificates or dividend notices. If you have a bank account please send in your last three months' statements.

Please note that we must see original documents, photocopies are not accepted.

### Regular payments you make

- such as a student's grant assessment, or payments to a registered childminder
- you do not need to declare payments received from the Eileen Trust, Independent Living Fund or the MacFarlane Trust
- please note that items of value should not be sent through the post. You can either bring them to our enquiry counter at Burnt Oak Library, or to one of the council's first contact points
- the Council will not be held responsible for items lost in the post. You may wish to send your form Recorded Delivery.

Please note that you may have to pay additional postage when you return your claim form and documents to us.

## 16. Backdating

We usually award benefit from the Monday after the date you contact us. Sometimes we can pay benefits from an earlier date if you have good reason for not claiming at the time. If you want us to consider paying your benefit from an earlier date, please enclose a letter claiming backdated benefit. You need to say what date you want to claim from and explain why you did not claim until now. If you did not claim earlier because of medical or welfare reasons, please enclose proof to support this such as a letter from your doctor or social worker. You also need to enclose proof of your circumstances for the backdated period.

## 17. Equal opportunities

Barnet Council aims to consult with its diverse communities to ensure the views of all residents are represented. We monitor the delivery of our services to ensure that it is representative and that all our service users are treated fairly. In addition, we are legally committed to promoting race equality under the Race Relations (Amendment) Act 2000, disability equality under the Disability Discrimination Act 2005 and gender equality under the Equality Act 2006 to everything the council does. The information you give on this questionnaire will remain strictly confidential, in accordance with the Data Protection Act 1998<sup>1</sup>.

<sup>1</sup> The information you provide will be anonymous

### Disability

The Disability Discrimination Act 1995 defines a disability as 'a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer, HIV or mental health problems.

Do you consider that you have a disability under the Disability Discrimination Act definition? ☐ Yes ☐ No

If you have answered 'Yes', please select the definition/s from the list below that best describes your disability/disabilities:

<input type="checkbox"/> Hearing (such as: deaf, partially deaf or hard of hearing)	<input type="checkbox"/> Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)
<input type="checkbox"/> Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	
<input type="checkbox"/> Speech (such as impairments that can cause communication problems)	<input type="checkbox"/> Severe disfigurement
<input type="checkbox"/> Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	<input type="checkbox"/> Learning difficulties (such as dyslexia)
<input type="checkbox"/> Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)	<input type="checkbox"/> Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)
<input type="checkbox"/> Other disability (please specify) <input type="text"/>	

### Ethnicity

Asian or Asian British	Black or Black British	Mixed	Other	White
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> British
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black African		<input type="checkbox"/> Greek
<input type="checkbox"/> Pakistani		<input type="checkbox"/> White and Black Caribbean		<input type="checkbox"/> Greek Cypriot
				<input type="checkbox"/> Irish
				<input type="checkbox"/> Turkish
				<input type="checkbox"/> Turkish Cypriot
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

If you selected any of the 'Other' categories, please tell us how you would further describe yourself

**Important** If you do not report a change in circumstances that affects your benefit, you can be prosecuted.

## 18. Telling us about any changes

Please tell us right away if anything changes for you, or the people who live with you. You must inform us in writing and enclose original proof, if available, confirming the change. If your change of circumstances results in your benefit going up, such as a rent increase, and the change is not reported to us within a month, you may lose benefit. If your change in circumstances results in your benefit stopping or going down, an overpayment will be worked out from the date of change that you will have to pay back to us.

Here are some of the things you must tell us about:

- if you stop or start getting Income Support, or Job Seekers Allowance or any other benefits
- if your rent goes up or down (for private tenants only)
- if your or your partner's wages go up or down, for example, if you work regular overtime
- if the other money that you and your family have coming in goes up or down
- if your savings or your family's savings change
- if anyone who lives with you has a change in their situation, such as starting work
- if anyone who lives with you moves out
- if anyone moves in to live with you
- if you change your address
- if you are going away for 13 weeks or more
- if you are refused Asylum by the Home Office.

## 19. Checklist

<input type="checkbox"/> Proof of Identity and National Insurance Number (see section 13)	<input type="checkbox"/> Proof of Income (including non-dependants' income) (see 'What to do next' box in section 15)
<input type="checkbox"/> Proof that I am living at the address (see section 14)	<input type="checkbox"/> Proof of Savings (see 'What to do next' box in section 15)
<input type="checkbox"/> Proof of Rent (Private Tenants only) (see 'What to do next' box in section 15)	

## 20. Declaration

Please read this declaration carefully before you sign and date it

I understand that:

- if I give information that is incorrect or incomplete, you may take action against me
- you will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources within the council, rent offices, and other councils
- you may use the information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this
- the Local Authority may approach the Home Office to check information I have given on this form and to obtain further information
- I must let the Housing Benefit Service know about any changes in my circumstances, which may affect my claim.

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

Signature of person claiming:

Telephone number:

Date (DD/MM/YYYY):

Signature of partner:

Telephone number:

Date (DD/MM/YYYY):

### Forms filled in by someone other than the person claiming

Please tell us why you are filling in this form for someone else.

Name of the person who filled in the form:

Signature of person who filled in the form:

Relationship to the person claiming:

Do you give permission for your claim to be discussed with this person?

☐

Yes

☐

No

## 21. General information

Our advice office is open to the public at: Burnt Oak Library, Monday to Friday 9am – 4.30pm  
Barnet House, Monday to Friday 9am – 4.30pm

Now please send your form to:  
**London Borough of Barnet**  
**Benefits Service**  
**PO Box 2015**  
**Pershore WR10 9BG**

Or bring your form to either:  
**Burnt Oak Library**  
**Watling Avenue, Edgware HA8 0UB**  
or  
**Barnet House**  
**1255 High Road, London N20 0EJ**



Our Advisors can help you fill in your claim form, take copies of documents supporting your claim or answer queries regarding your Housing and Council Tax Support.

For telephone enquiries please phone **020 8359 2111**.

If you have a hearing impairment, we operate the Typetalk facility.

tel: **18001 020 8359 2111**

### **Council tenants**

If you are a council tenant and you wish to make enquiries on your rent account please contact the relevant office below. The telephone number for all areas is **020 8359 2000**.

#### **Barnet/Finchley Area**

Barnet House, 1255 High Road, Whetstone, London N20 0EJ

#### **Grahame Park Area**

17 The Concourse, Grahame Park Estate, London NW9 5XA

#### **West Hendon Area**

215 West Hendon Broadway, London NW9 7DX

### **First contact**

The council runs a number of action points called First Contact where you can take your proof of identity, rent, income and savings.

These are:.

**Chipping Barnet Library** – 3 Stapylton Road, Barnet, Herts EN5 4QT

**Edgware Library** – Hale Lane, Edgware, Middlesex HA8 8NN

### **Email addresses**

As the internet is not a secure medium, we cannot guarantee the privacy or confidentiality of information sent to us via email/internet. Therefore any communications sent to us in this way are sent on this basis.

To minimise risk, always send personal/sensitive information in email attachments.

## How we collect and use information

The information collected, on this form and from supporting evidence, by the London Borough of Barnet, will be used to process your Housing Benefit and Council Tax Support claims. The information may be passed to the Department for Work & Pensions, Jobcentre Plus, Her Majesty's Revenue & Customs and other council departments as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We have a duty to protect the public funds we administer and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit: [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy)

## 22. What happens next

When we get your form we will check it to make sure that it has been filled in correctly and that all of the necessary proof has been enclosed. If the form has not been fully completed and/or signed we will have to return it to you. If you have not supplied all of the proof we need we will have to contact you. This means there may be a delay in your benefit being assessed.

We may decide to visit you in your home before we work out how much benefit we can pay you. We may also visit you in your home after we have started to pay you benefit. Any officer who visits you will have a badge showing they are from the council. They will also give you a telephone number to call to check that they are who they claim to be should you have any doubts. Do not let anybody into your home unless you are sure they are genuine.

Once we have received all of the information we need we will work out your Housing/Council Tax Support. As soon as this is done you will be sent letters telling you how much you will be paid. If you are a private tenant any Housing Benefit due will be paid into your bank account. If you are a council tenant we will credit your rent account and our award letter will tell you how much is left for you to pay each week. Council Tax Support will be credited to your account and a bill will be sent telling you how much (if any) is left for you to pay.

More information can be obtained on our website [www.barnet.gov.uk/benefits](http://www.barnet.gov.uk/benefits)

### Important notice

If you give false information, or fail to declare changes in your circumstances which could affect your benefit, you may be liable for prosecution.

If you know anyone who is claiming benefit fraudulently please phone our confidential fraud hotline 020 8359 2007

## Translations

This form is for you to claim Housing Benefit and Council Tax Support. You must fill in all your details and return it immediately or you could lose benefit.

આ પત્રક તમારા હાઉસિંગ બેનિફિટ અને કાઉન્સિલ ટેક્સ બેનિફિટ (Housing Benefit and Council Tax Support) મેળવવાના હક માટે છે. એમાં અવશ્ય તમારી વિગતો ભરીને એને તાકીદે પાછું મોકલવાનું જ છે. આમ નહીં કરાય તો તમે તમારું બેનિફિટ ગુમાવો એવી શક્યતા છે.

這個表格是供你申請房屋和市政稅補助 (Housing Benefit and Council Tax Support) 使用的。你必須填寫好自己的全部情況，立即交還，否則你可能會失去補助。

آپ کیلئے یہ فارم ہاؤسنگ بینیفٹ (Housing Benefit) اور کونسل ٹیکس بینیفٹ (Council Tax Support) کلیم کرنے کیلئے ہے۔ اس فارم میں آپ اپنی تمام تفصیلات درج کریں اور (دفتر کو) ارسال کر دیں۔ یاد رکھیں کہ دیر ہونے کی صورت میں شاید آپ کو بینیفٹس منسل کیں گے۔

Bu form konut yardımı (Housing Benefit) ve Belediye vergisi yardımı (Council Tax Support) almak içindir. Durumunuzla ilgili ayrıntılı bilgiler vermek yoluyla doldurup derhal vermeniz gerekir, aksi takdirde yardım alamayabilirsiniz.

Foomkani waa ka aad u baahan tahay marka aad doonayso in lagaa bixiyo lacagta kirada iyo cashuurta konsulka (Housing Benefit and Council Tax Support) Waa inaad buuxisaa si dhakhso ahna u soo celisaa haddii kale waxa laga yaabaa inaad waydo lacagtan kaalmada ah ee aad hesho.

Αυτή η φόρμα είναι για να κάνετε αίτηση για Στεγαστικό Επίδομα (Housing Benefit) και Επίδομα Δημοτικού Φόρου (Council Tax Support) Πρέπει να συμπληρώσετε όλα τα στοιχεία σας και να την επιστρέψετε αμέσως, διαφορετικά θα χάσετε το επίδομα.

এই ফর্মটি পূরণ করে 'হাউজিং বেনিফিট' (Housing Benefit) এবং 'কাউন্সিল ট্যাক্স বেনিফিট' (Council Tax Support) দাবী করতে হয়। আপনাকেও বাধ্যতামূলকভাবে এই ফর্মটি পূরণ করতে হবে। আপনার সম্পর্কে সকল বিবরণ দিয়ে ফর্মটি পূরণ করে খুব তাড়াতাড়ি আমাদের কাছে ফেরৎ পাঠাতে হবে। যদি তা না করেন, তাহলে বেনিফিট হারাতেও পারেন।

این فرم برای تقاضای دریافت کمک هزینه مسکن (هاوزینگ بنفیت Housing Benefit) و کمک به ملیات مسکن (کونسل تکس Council Tax Support) است. شما میبایستی این فرم را بدقت و کامل پر کنید و هرچه زودتر آنرا پست برگردانید. در غیر اینصورت شما از دریافت این کمک هزینه ها محروم میشوید.

