

Housing Benefit and Council Tax Benefit claim

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 |

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:

- | | |
|--|--|
| <input type="checkbox"/> You pay rent to a private landlord | <input type="checkbox"/> You are a home owner |
| <input type="checkbox"/> You live in bed and breakfast accommodation | <input type="checkbox"/> You are a council tenant |
| <input type="checkbox"/> You pay rent to a Housing Association | <input type="checkbox"/> Other – please specify <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> You are a joint tenant/owner | |

I want to claim: Housing Benefit Council Tax Benefit/Second Adult Rebate 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 | Your partner |
|---|---|
| Title <input style="width: 60px;" type="text"/> | <input style="width: 60px;" type="text"/> |
| First names <input style="width: 300px;" type="text"/> | <input style="width: 300px;" type="text"/> |
| Surname <input style="width: 300px;" type="text"/> | <input style="width: 300px;" type="text"/> |
| Any other names you have used <input style="width: 300px;" type="text"/> | <input style="width: 300px;" type="text"/> |
| Date of birth <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| National Insurance No. Letters Numbers Letter | Letters Numbers Letter |
| <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| Address: <input style="width: 300px; height: 80px;" type="text"/> | Room No: <input style="width: 100px;" type="text"/> |
| Postcode: <input style="width: 100px;" type="text"/> | Email address (optional): <input style="width: 300px;" type="text"/> |
| What date did you move to this address? <input style="width: 100px;" type="text"/> | 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. <input style="width: 40px; height: 30px;" type="checkbox"/> |

| | 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 |
| 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"/> | |
| Are you an asylum seeker? | <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 |
| If you have ticked 'Yes', was this given as a result of a sponsorship undertaking? By sponsorship undertaking, we mean has someone agreed to be responsible for your maintenance and accommodation. | <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) | | | Other (please specify eg living with friends) |
|-----------------------------|--------------------------|--------------------------|--|
| | Owner | Tenant | |
| <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/Council Tax Benefit?

 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?

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 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

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 | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

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

.....

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 eg Working/ Income Support (IS) /Job Seekers Allowance (JSA) | Hours worked per week | Are they a student? |
|---------|------------|---------------------|---------------|---------------------------|--------------------------------------|---|-----------------------|---------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 (eg 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 | Amount received | |
|---|--------------|--------------|------------------------|---|-----------------|--------------|
| | You | Your partner | Weekly/ four weekly | e.g. order book, giro, direct to bank, building society, etc. | 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

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

Are you on a Government Training Scheme? Yes No

Are you paid? Weekly 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? | <input type="text"/> | |
| 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? | <input type="text"/> | <input type="text"/> |
| 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? | <input type="text"/> | |
| Date of next pay increase? | <input type="text"/> | <input type="text"/> |
| 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 | <input type="text"/> | <input type="text"/> |
| When did you start this job? | <input type="text"/> | <input type="text"/> |
| How many hours are worked each week? | <input type="text"/> | <input type="text"/> |

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 are from one of the following countries:

Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia.

Please provide proof that your work has been authorised by the Home office, or proof that you are no longer required to register your work under the Worker Registration scheme/Worker Authorisation scheme.

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

8. About the place where you live (private tenants only)

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?

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. Borders 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

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 1998¹.

¹ 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 eg 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 Benefit, 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

Now please send your form to:

London Borough of Barnet

PO Box 333

SALE M33 6XP

Or bring your form to:

Burnt Oak Library

Watling Avenue

Edgware HA8 0UB

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 Benefit.

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

If you have a hearing impairment, we operate British Telecom's 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

Advice surgeries

The Benefits Service runs Advice Surgeries throughout the Borough.

For more information please contact us or visit www.barnet.gov.uk/benefits

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

Golders Green Library – 156 Golders Green Road, London NW11 8HE

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 Benefit 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 may also get information from certain third parties, or give information to them to check the accuracy of information to prevent or detect crime, or to protect the public funds in other ways, as permitted by law. These third parties include government departments and local authorities.

We will not disclose information about you to anyone outside the London Borough of Barnet nor use information about you for other purposes unless the law permits us to.

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 Benefit. 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 Benefit 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

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 Benefit. You must fill in all your details and return it immediately or you could lose benefit.

આ પત્રક તમારા હાઉસીંગ બેનિફિટ અને કાઉન્સિલ ટેક્સ બેનિફિટ (Housing Benefit and Council Tax Benefit) 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 Benefit) 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 Benefit) 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 نہ مل سکیں گے۔

Bu form konut yardımını (Housing Benefit) ve Belediye vergisi yardımını (Council Tax Benefit) 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 Benefit). 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 Benefit). 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 Benefit) 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 بنفیت Council Tax Benefit) است. شما میبایستی این فرم را بدقت و کامل پر کنید و هرچه زودتر آنرا پمارا برگردانید. در غیر اینصورت شما از دریافت این کمک هزینه ها محروم میشوید.

