

HOUSING BENEFIT & COUNCIL TAX REDUCTION CLAIM FORM

Address for which you want to claim.

Name	
Address of claim	
Post Code	
Daytime Telephone No.	
Email:	
Date moved into the above address	/ /

DOI:

DOC:

INITIALS:

Date Received Stamp

H/B Reference No

Council Tax Ref

Declaration

Even if someone else is filling in this form for you, you must sign this declaration if you can to confirm that you understand what is required from you. If you have a partner, getting them to sign this form as well should allow us to process your claim more quickly.

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

False information

- **I declare** that the information I will give on this form is correct and complete and **I understand** that if I give information that is incorrect or incomplete, you may take legal action against me, which may result in a prosecution or a penalty.

Changes in circumstances

- **I will** let the Tonbridge and Malling Borough Council Benefit Section know in writing about any change in my circumstances that might affect my claim. If I do not let them know, I understand it may result in legal action being taken against me, which may lead to a prosecution or a penalty (if you are unsure what changes need to be reported please contact us).

Fair processing Notice

- **I agree** that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Reduction Scheme, or both. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make and that you may share this information with other bodies administering public funds solely for the purpose of preventing and detecting fraud.
- **I understand** that the information I provide will be used to conduct data matching with Local Government, Central Government and Credit Reference Agencies for the prevention and detection of fraud.
- **I understand** my personal information may be shared with the Council housing section or third parties, to provide information on financial assistance for repairs, improvements such as energy efficiency and making your home suitable to meet your needs.
- **I agree** that the Council will award a Single Person Discount to my Council Tax account if I declare I am the sole occupant over 18 and liable to pay Council Tax. I understand that I must inform the Council promptly if my circumstances change and if I do not then it may lead to a fine of £70 or criminal prosecution.

Signature of person claiming

Date

Partner's Signature

Date



If this form is to be filled in by someone other than the person making the claim then please explain why.

I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct, and that I have read and explained the Declaration to the person claiming benefit.

Name of the person who filled in the form

Signature

Relationship to the person claiming

How we collect and use information:

The information collected, on this form and from supporting evidence, by Tonbridge and Malling Borough Council will be used to process your Housing Benefit and Council Tax Reduction. The information may be passed to the Department for Work and Pensions, Her Majesty's Revenues and Customs, Credit reference agencies and other bodies as permitted by law.

Are you (please tick one box) a Private Tenant? ☐ an Owner Occupier? ☐
a Housing Association/Social Landlord Tenant? ☐ Other? ☐

FILLING IN THE FORM

You may not have to fill in all parts of the form (e.g. a few of the questions will not apply to most pensioners) but you **MUST** fill in any part that applies to you. There is also a check list at Part 17 to help you ensure that you are providing the proofs we need to assess your entitlement to benefit.

If you do not complete each part that is relevant to you or provide the required proofs you will delay any Benefit payments we can make.

Use **BLACK** ink to fill in the form. Do not use pencil. If you make a mistake cross it out and put the right answer next to it. Answer YES or NO questions by putting a tick in the relevant box. If you are picking an answer from a list of questions, tick the appropriate box or boxes.

If someone else fills in the form for you, there is a special space for them to sign at Part 16.

IF YOU NEED HELP TO FILL IN THE FORM

If you need help to fill in the form, you can visit us. Our address and opening hours are on the back page of this form. You can also contact the Benefits Section on 01732 876376, or email us at financial.services@tmbs.gov.uk.

RETURNING THE FORM

Please do not delay returning the completed form. Benefit is normally only paid from the Monday **AFTER** we receive your claim form. If you do not have all the original documents we need you should still send in the completed claim form straight away. You must send or bring in the outstanding documents within 1 month from when we receive your claim. **Delay may lose you Benefit.**

Send your completed form to Tonbridge and Malling Borough Council, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent, ME19 4LZ. In order to avoid any unnecessary delay please ensure you add sufficient 'large letters' postage to the envelope as a standard first or second class stamp will not suffice.

GUIDANCE NOTES

PART 1 IS ABOUT YOU AND YOUR PARTNER

You **MUST** fill in this part of the form. For benefit purposes a partner is someone with whom you live and are married to, have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner.

Your claim may be delayed if you are unable to provide both your and your partner's National Insurance Number and provide some evidence to show that your and your partner's National Insurance Number is correct. If you cannot provide suitable evidence, we will have to write to the Department for Work and Pensions for confirmation. This may delay the processing of your claim. The following is a list of documents that could be used as evidence of your and your partner's National Insurance Number. This list is not exhaustive.

- Benefit entitlement letter
- Wage slips
- National Insurance Number Card
- Bank Statements
- P60/P45
- Self employment contribution card

We will also need to see two items that prove your and your partner's identity. These could be your passport, driving licence, birth certificate etc. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

If you have recently moved home you may be entitled to overlapping benefit. This may be paid if you have had to pay rent at both your old and new homes. If you require further information about this, please contact this office immediately. Our contact details can be found on the back of this form.

PART 1A IS ABOUT YOUR IMMIGRATION STATUS.

If you have come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last two years, you may not be able to receive help with your rent and council tax. We will write to you to request further information.

We will need evidence of your immigration status as well as evidence of any benefits you are entitled to.

Please answer **ALL** questions that apply to you (and any partner you may have,) even if you are British citizens.

FRAUD PREVENTION

Please help us to make sure Housing Benefit and Council Tax Support is only awarded to those who are entitled to receive it.

If you suspect someone is committing Benefit fraud, you can contact us in confidence on 01732 876337.

Part 1 About you and your partner

Do you have a partner that normally lives with you?
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.)

Yes

☐

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

No

☐

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	If you do not have a National Insurance Number, or cannot find it, tick this box <input type="checkbox"/>	If you do not have a National Insurance Number, or cannot find it, tick this box <input type="checkbox"/>
What was your previous address?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
When did you move out of this address	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Tell us whether you were the home owner, a private tenant, a council tenant or a lodger at your previous address	<input type="text"/>	<input type="text"/>
Have you or your partner claimed Housing Benefit or Council Tax benefit before?	No <input type="checkbox"/> Go to section 1A Yes <input type="checkbox"/> Please tell us about it below	No <input type="checkbox"/> Go to section 1A Yes <input type="checkbox"/> Please tell us about it below
When did you last claim?	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
What council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
Which address did you claim for?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Are you liable to pay rent on two properties?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this

Part 1A About you and your partner continued

	You		Your partner
Have you or your partner come to live in the UK in the last two years? (For Benefit purposes the UK includes England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner lived outside of the UK for any period during the past two years?	No <input type="checkbox"/> Yes <input type="checkbox"/>	We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is your nationality?	<input type="text"/>		
Does your Visa or Home Office letter give you recourse to Public Funds?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If no, we will write to you about this	No <input type="checkbox"/> Yes <input type="checkbox"/>
If your nationality is not British on what date did you last enter and apply to stay in the UK?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
When will you come out, If you know this?	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Part 1B About you and your partner continued

If you or your partner is a student we will write to you to request further information.

Are you or your partner a student?	No <input type="checkbox"/>	No <input type="checkbox"/>
By student we mean anyone who is attending a course of study at an educational establishment.	Yes <input type="checkbox"/> Tell us if this is full or part time.	Yes <input type="checkbox"/> Tell us if this is full or part time.
	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Please provide proof of your grant, student loan or any other income you receive.

The following may affect your claim. Please tick if you or your partner are:

	You	Your partner
• a care leaver under 22 yrs old	<input type="checkbox"/>	<input type="checkbox"/>
• an apprentice	<input type="checkbox"/>	<input type="checkbox"/>
• on youth training	<input type="checkbox"/>	<input type="checkbox"/>
• in legal custody	<input type="checkbox"/>	<input type="checkbox"/>
• severely mentally impaired	<input type="checkbox"/>	<input type="checkbox"/>
• registered blind	<input type="checkbox"/>	<input type="checkbox"/>
• long-term sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>

GUIDANCE NOTES

For Housing Benefit purposes, a child is someone **below** the age of **20** for whom you are receiving Child Benefit.

Part 2 Is about any children who live with you.

You must include all of your children and all of your partner's children who live with you and WHO YOU OR PARTNER receive Child Benefit for.

Are there any children as described above in your household.

No ☐ Go to **Part 3**.

Yes ☐ If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on page 7 and send it with the form.

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

☐

Children with disabilities

Please tell us whether any of your children require care during the night. If so, please write in the box below explaining the nature and frequency of care required and the extent and regularity of disturbance of any other child who may otherwise be expected to share a bedroom.

Foster Carers

Are you a registered foster carer and you have fostered a child within the last 12 months or you have become a registered foster carer within the last 12 months ?

Yes ☐ No ☐

Please include the details of any foster children in Part 2.

Parents with adult children in the Armed Forces

Parents with adult children in the Armed Forces who continue to live with their parents will continue to be considered as living at home when applying the size criteria rules, whilst away on operational duty. The size criteria rules establish how many bedrooms your household requires and housing benefit will be based on that number.

You must tell us when your son or daughter is not deployed on operational duty ie when they are staying at home.

Part 2 About children who live with you continued

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the child benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of this.			

Is the child registered blind?	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/> We need proof of this.	Yes	<input type="checkbox"/> We need proof of this.	Yes	<input type="checkbox"/> We need proof of this.
Does the child get Disability Living Allowance?	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/> How much?	Yes	<input type="checkbox"/> How much?	Yes	<input type="checkbox"/> How much?
We need to see proof						
Care	£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>
Mobility	£	<input type="text"/>	£	<input type="text"/>	£	<input type="text"/>

If your child is being looked after by a registered childminder, nursery or play-scheme, you may qualify for a disregard of some of your earnings. This may increase the amount of benefit you are entitled to. We will need to see a letter from the person looking after your child confirming their Social Services registration number, which of your children attend and how much it costs for each child. If this is not available please use the Child Care Certificate on page 39. You must provide receipts. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/> Please tell us about it below.	Yes	<input type="checkbox"/> Please tell us about it below.	Yes	<input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>		How much do you pay a week?	£ <input type="text"/> a week		We need to see proof of this.

GUIDANCE NOTES

Part 3 IS ABOUT OTHER PEOPLE WHO LIVE IN YOUR HOME

You must include all people in your household even if they are staying temporarily. Do not include yourself, your partner or any children for whom you receive Child Benefit.

You must also include the details of any adult children that live with you. An adult child is a child over 16 for whom child benefit is not in payment. Do not tell us about people who just share a hall, bathroom or toilet with you. Nor should you enter the names of any Joint Tenants you share the property with in this section. Their details are required in part 10 of this form.

If you receive rent from any of the people who live with you, we will need to see proof of this. This should clearly show how much you are receiving and what is included. If they are working or in receipt of income other than Income Support or income based Jobseeker's Allowance, please provide proof of their income. If they are working, please provide their last pay slip. If they cannot supply pay slips, please, ask them to complete the certificate of earnings form on page 37. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

Part 3 About other people who live with you

Do any adults, including any adult children, usually live with you and your partner?

By adults we mean people 16 or over for whom Child Benefit is not in payment.

No ☐ Go to **Part 4**.

Yes ☐ Go to the next question

In this section, please answer all of the following questions about other people that live with you and your partner.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need to tell us about more than three people, please use a separate sheet of paper. If you are sending a separate sheet of paper, please tick this box ☐

Are any of the adults that live with you and your partner boarding or lodging with you ?

No ☐

Yes ☐ complete this section

Last name	<input type="text"/>	How much rent or money for board and lodgings do they pay to you or your partner?	£ <input type="text"/>
First names	<input type="text"/>		

Does this include: All meals ☐ No meals ☐ Breakfast ☐ Breakfast and evening meal ☐ Heating ☐

Part 3 About other people who live with you continued

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

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

We call these people partners as defined on page 3 of this application form.

Is the partner of

Is the partner of

Do they get Income Support or Jobseeker's Allowance?

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

Do they get Disability Living Allowance?

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

Are they in receipt of higher rate Disability Living Allowance or Severe Disability Allowance

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

Are they severely mentally impaired?

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

Are they registered blind?
If yes, please provide proof

No ☐
Yes ☐

No ☐
Yes ☐

No ☐
Yes ☐

Are they a full-time student, a student nurse, a care worker, an apprentice?

No ☐
Yes ☐ Tell us which

No ☐
Yes ☐ Tell us which

No ☐
Yes ☐ Tell us which

Are they in legal custody at the moment?
(i.e. bail or prison)

No ☐
Yes ☐ We will contact about this

No ☐
Yes ☐ We will contact about this

No ☐
Yes ☐ We will contact about this

Are they in hospital at the moment?

No ☐
Yes ☐ Tell us about it below

No ☐
Yes ☐ Tell us about it below

No ☐
Yes ☐ Tell us about it below

When did they go in?
When are they due to come out (if you know)?

Do they normally work for 16 hours or more per week?

No ☐
Yes ☐ Tell us their earnings before any deductions.

No ☐
Yes ☐ Tell us their earnings before any deductions.

No ☐
Yes ☐ Tell us their earnings before any deductions.

Please supply proof of their earnings

Please supply proof of their earnings

Please supply proof of their earnings

Part 3 About other people who live with you continued

Do they have any other income?

No ☐

No ☐

No ☐

Yes ☐ Tell us about it below

Yes ☐ Tell us about it below

Yes ☐ Tell us about it below

Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us in this section as well as interest from savings, investments and/or capital.

Where does this Income come from?

How much is it before deductions?

£

£

£

GUIDANCE NOTES

Part 4 IS ABOUT BENEFITS, PENSIONS AND OTHER INCOME

For each benefit or pension listed please indicate in the relevant box the amount you receive **before deductions** and how often it is received eg. weekly, monthly, four weekly etc. If you have applied for any of the listed benefits or pensions but are still waiting to hear, please tick the relevant box.

You must provide proof of each Benefit or pension received. Please remember **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

Proof of any benefit or pension received should be current award notices or letters from Jobcentre Plus or The Pension Service confirming how much you are entitled to. If you do not have your award notice or letter, let us know straight away.

If you would rather not send original documents, you can visit our offices or, in some circumstances, we may be able to visit you at home.

Part 4 About Benefits, Pensions and Other Income

Are you or your partner getting any benefits, pensions or other income?

still tick yes if you have claimed a benefit or pension but are waiting to hear about your entitlement.

No ☐ Go to **Part 5**

Yes ☐ Tell us about the benefits on the next page. Tell us the full rate of the benefits before any deductions.

Read the list below and tell us on the next page about any benefit, pension or other income you or your partner are getting now or have claimed.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Disability Benefits
- Employment Support Allowance (Income-related, Contributory)
- Guardian's Allowance
- Incapacity Benefit
- Income Support, Jobseeker's Allowance (Income-based, Contribution-based)
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Maintenance
- Maternity Allowance
- Pension Protection Fund
- Pension Credit (Including Savings Credit)
- Redundancy Pay
- Retirement Pension
- Severe Disablement Allowance
- Statutory Maternity Pay
- Statutory Paternity Pay
- Statutory Sick Pay
- Student Grant Loan
- Training Allowance
- Trusts Funds
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Works or Occupational Pension
- Working Tax Credit

Part 4 About Benefits, Pensions and Other Income continued

If you are getting or have claimed any benefit that is not listed, tell us about it here.

You

Your partner

If you need more space to list your benefits and pensions, please use a separate piece of paper. If you are sending a separate sheet of paper, tick this box.

☐

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much and how often?	<input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much and how often?	<input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much and how often?	<input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

GUIDANCE NOTES

Part 5 IS ABOUT WORKING FOR AN EMPLOYER

If you or your partner are working for someone, we need to know how much you or your partner receive from employment. You **MUST** provide proof of earnings. If you or your partner are paid weekly, we will need to see the last 5 payslips. If you or your partner are paid monthly or four weekly, we will need to see the last 2 payslips. If you or your partner are paid fortnightly, we will need to see the last 3 payslips.

If you cannot provide payslips or you or your partner only receive handwritten payslips, these are not acceptable. Please ask your employer to complete the Certificate of Earnings form at the back of this application form on page number 37. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

Please do not delay in sending in the form if the above documents are not available. Delay may affect the start date of your claim. Please contact this office immediately if you have any queries regarding this.

Part 5 About working for an employer

Do you or your partner work for an employer?

No ☐ Go to **Part 6**.

Yes ☐ Answer the questions on this page.
If you or your partner work for more than one employer, tell us about all the other employers on a separate sheet of paper and send it with this form.

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	<input type="text"/> every	<input type="text"/> every
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid, for example, in cash, by cheque or straight into a bank or building society account?	<input type="text"/>	<input type="text"/>
Have you had a pay rise?	No <input type="checkbox"/> Yes <input type="checkbox"/> If so when? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If so when? <input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise be?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you currently receiving Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, how much and how often	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

GUIDANCE NOTES

Part 6 IS ABOUT SELF EMPLOYED EARNINGS

If you or your partner do not work for an employer, or pay your own Income Tax and National Insurance contributions, you are considered to be Self Employed.

Part 6 About being self-employed

Are you or your partner self-employed?

No ☐ Go to **Part 7**.

Yes ☐ Answer the questions on this page.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income.

Please complete the profit and loss declaration form on pages 14 and 15 if you cannot provide accounts.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Do you have any business partners?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a business start-up allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? <input type="text"/> £ <input type="text"/> every <input type="text"/>

We must see evidence of these earnings before we can decide how much benefit you can get.

PROFIT & LOSS DECLARATION

(To be completed if you cannot provide a full year's trading accounts. If you require another profit and loss declaration for your partner, please contact us about this).

Self Employed Earnings

Name
Address
Post Code
Daytime Telephone No.

Business Name
Business Address
Post Code
Type of Business

Please complete this statement of accounts in respect of your last financial year's trading. If you have not been trading this long, enter the figures for the whole period since your business started.

Date business commenced

--	--	--	--	--

Average weekly hours worked:

--	--	--	--	--

Specify exact period covered:

From:

--	--	--	--	--

 To:

--	--	--	--	--

A INCOME

Sales (or Takings)

£					
---	--	--	--	--	--

Enterprise allowance

£					
---	--	--	--	--	--

VAT refund

£					
---	--	--	--	--	--

Other income of the business

£					
---	--	--	--	--	--

GROSS INCOME =

£					
---	--	--	--	--	--

B EXPENSES (only include amounts relating solely to business)

Purchases of stock/supplies

£					
---	--	--	--	--	--

Advertising

£					
---	--	--	--	--	--

Wages paid to wife/husband, or civil partner

£					
---	--	--	--	--	--

Printing & stationery

£					
---	--	--	--	--	--

Wages paid to others

£					
---	--	--	--	--	--

Postage

£					
---	--	--	--	--	--

Rent for business use

£					
---	--	--	--	--	--

Telephone

£					
---	--	--	--	--	--

Rates for business use

£					
---	--	--	--	--	--

Insurance

£					
---	--	--	--	--	--

Heating

£					
---	--	--	--	--	--

Bank charges

£					
---	--	--	--	--	--

Lighting

£					
---	--	--	--	--	--

Interest on business payments on business loans

£					
---	--	--	--	--	--

Motor expenses

£					
---	--	--	--	--	--

Loan to repair/replace existing business assets

£					
---	--	--	--	--	--

- Petrol
From

--	--	--	--	--

 To

--	--	--	--	--

£					
---	--	--	--	--	--

VAT

£					
---	--	--	--	--	--

- Insurance
From

--	--	--	--	--

 To

--	--	--	--	--

£					
---	--	--	--	--	--

Bad Debts

£					
---	--	--	--	--	--

- Tax
From

--	--	--	--	--

 To

--	--	--	--	--

£					
---	--	--	--	--	--

Drawings

£					
---	--	--	--	--	--

- Repairs
From

--	--	--	--	--

 To

--	--	--	--	--

£					
---	--	--	--	--	--

Others (please specify)

£					
---	--	--	--	--	--

£					
---	--	--	--	--	--

£					
---	--	--	--	--	--

£					
---	--	--	--	--	--

GROSS EXPENSES =

£					
---	--	--	--	--	--

Personal Pension Contributions

If you contribute to a Personal Pension Scheme please state

Amount Paid

£

Frequency Paid

Pension Company

YOU MUST PROVIDE EVIDENCE OF YOUR PENSION CONTRIBUTIONS

Is it reasonable to assume that the trading figures for the next 3/6 months will be similar to those quoted overleaf?

Yes

No

My trading figures for the next 3/6 months will differ to those **overleaf** because:

Do you hold a class 2 NI exemption certificate?

Yes

No

If yes, please provide a copy.

Please provide your latest Tax certificate.

GUIDANCE NOTES

Part 7 IS ABOUT ANY OTHER WORK OR INCOME YOU OR YOUR PARTNER MAY HAVE

In this section you must declare any work or income you or your partner may have, which you have not declared in previous sections of this form.

Please note that this includes any trading you or your partner may undertake which generates an income.

Part 7 About any other work or income you or your partner may have

	You		Your partner
Do you or your partner receive any income not declared in previous sections of this form? e.g. income from car boot sales, trading or ebay	No <input type="checkbox"/>	Go to next question	No <input type="checkbox"/> Go to next question
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
Are you or your partner a director of any company	Yes <input type="checkbox"/>		No <input type="checkbox"/>

If you are in receipt of any income, even if this is intermittent still tick yes and explain in the space provided below what this income is and how often you receive it.

Period Income was/is received	<input type="text"/> / <input type="text"/> / <input type="text"/>	to	<input type="text"/> / <input type="text"/> / <input type="text"/>	Amount: £	<input type="text"/>
Explanation of income:					

If you or your partner works for more than one employer you must tell us even if it is voluntary or unpaid work. If you only get expenses or tips you still need to provide proof. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

Do you or your partner do any other work at all?	No <input type="checkbox"/>	Go to Part 8 .
This could be voluntary work or any other work, even if it is not paid work.	Yes <input type="checkbox"/>	Answer the questions on this page.

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>

Do you get paid?

If you only get expenses or tips,
still tick Yes and give details

No☐

Go to next question

Yes☐

Tell us about it below

No☐

Go to next question

Yes☐

Tell us about it below

How much do you get paid
before any deductions?

£

£

How often are you paid?

every

every

GUIDANCE NOTES

Part 8 IS ABOUT ACCOUNTS, INVESTMENTS AND PROPERTY

If you or your partner have **ANY** bank or building society accounts, please give the name of the bank or building society and the current balance of your and your partner's account(s) including current accounts. You **MUST** also provide either your bank/building society pass book or the latest full statement covering a period of at least 2 months.

If you or your partner have a Post Office account, please give the current balance of your or your partner's account(s). You **MUST** also provide your Post Office account pass book or statement covering a period of at least 2 months.

If you or your partner have any Premium Bonds we need to know the value of the bonds held. You **MUST** also provide proof of the Bonds held.

If you or your partner have any Income Bonds, TESSAs, ISAs, PEPs, etc please give the current value of these investments as shown on your last statement. You **MUST** also provide your last statement.

If you or your partner have any stocks or shares, including those you may have been given by a company or bank, please give the approximate value of the shares, the number of shares held and the company or bank name. You **MUST** also provide proof of the stocks or shares held.

If you or your partner have any National Savings Certificates we need to know the number of units you bought and any relevant issue number. You **MUST** provide the certificates.

ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.

If you own any land or property in addition to the property you currently live in you **MUST** tell us. If the additional property is let to an elderly relative we will need to see the tenancy agreement and rent receipts. If the additional property is occupied by an ex partner who is a lone parent, we will need to see the Child Benefit notification letter. **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.**

If the property or land is not occupied, the market value of the property and any land you may have may be taken into account. We may need to send you a Valuation of Property/Land form to fill in.

Part 8 About all Bank/Building Society Accounts, Investments and Property

You must list all Bank, Building Society, or Post Office accounts you and/or your partner hold, even if they are overdrawn or have a zero balance. This includes any accounts held abroad.

Please list any cash, Premium Bonds, National Savings Certificates, Stocks and Shares that you own.

If you have more than one account with a Bank, Building Society or Post Office, each account must be listed.

Please continue on a separate sheet of paper if necessary. Please tick box ☐ if you are including a separate piece of paper.

Bank/Building Society accounts

Balance	Account number	Name of Bank/Building Society	Name of Account Holder
£			
£			
£			
£			
£			
£			

Money in Post Office accounts

£	
---	--

Unit trusts, ISAs, PEPs, TESSAs or other investments

£	
---	--

Income Bonds or Capital Bonds

£	
---	--

	£	Name of company shares are held in	the Number of shares held	Owned by
Shares - approximate value	£			
Shares - approximate value	£			
Shares - approximate value	£			

Any other savings or investments

£	Type of other savings or investment
---	-------------------------------------

Do you have any money held in trust?

No ☐

Yes ☐ If yes, how much?

£

Do you have any property held in trust?

No ☐

Yes ☐ If yes, please state its address and the approximate value of the property?

Property value

£

Please state any amount of cash or money you have not declared above

£

Postcode

Part 8 About all Bank/Building Society Accounts, Investments and property continued

Do you or your partner have any National Savings Certificates?

No

☐

Issue:

Yes

☐

Amount:

£

Number

of units

Do you or your partner own any Premium Bonds?

No

☐

If yes, please give details

Yes

☐

Amount:

£

Owned by:

Do any of your or your partner's savings or investments include:

No

☐

Yes

☐

We will write to you about this.

- money from the sale of a house, or
- money from a charity?

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

No

☐

Yes

☐

We will write to you about this.

If it is on a mortgage or loan, still tick Yes.

If you have received a payment as a Far Eastern prisoner of war, please tell us. We need to know so that we can disregard these payments from other capital you have. You should also tell us if your household has received payments as a sufferer of Variant Creutzfeldt-Jakob disease (VCJD). These payments are also disregarded.

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment or,
- a compensation payment made to victims of atrocities that happened during the Second World War?

No

☐

Yes

☐

What payment did you receive? Who received the payment?

Have you, your partner or any children you are claiming for received a payment from the VCJD (Creutzfeldt-Jakob Disease) Trust?

Yes

☐

No

☐

We will write to you about this.

If you and/or your partner do not hold a bank/building society account, savings, investments or property then please read the following statement and sign below:

I am signing to confirm that I have read and checked the list of bank/building society, investment and property questions shown above **and** I declare that I have **no** form of cash, savings or investments, nor do I hold **any** account where money can be deposited.

Signature of person claiming:

Dated:

Partner's signature:

Dated:

GUIDANCE NOTES

Part 9 IS ABOUT WHERE YOU LIVE

If you are paying rent to a private landlord, a registered social landlord or a Housing Association, you **MUST** fill in this section.

You must tell us how many rooms there are in the whole of the property and which rooms they are. You must also tell us how many of these rooms are for your sole use and which rooms they are. You also need to tell us how many of these rooms are shared with other people who live in the property.

Housing Benefit entitlement includes a calculation of the number of bedrooms needed by your household. There are rules to say how many bedrooms your household needs. The rules allow one bedroom for:

- Each adult couple
- Each adult aged 16 or over
- Two children of the same sex aged under 16*
- Two children aged under 10 (regardless of their sex)*
- Any other child (including a foster child)
- A carer (or team) who provide overnight care but live elsewhere**
- An adult son or daughter in the Armed Forces who continues to live at home with you when not deployed on operational duties

*If a child has a disability causing significant difficulty in sharing a bedroom it is possible that an allowance can be made from the above rules.

If this is the case for a child, or children, in your household then please make this clear when completing Part 2 of this form. Please explain the nature and frequency of care required and the extent and regularity of disturbance of any other child who may otherwise be expected to share a bedroom.

** If a carer or team of carers provide overnight care for you and your partner in your home but the care provider lives elsewhere then please answer the following questions:

How often does the carer stay overnight ?

Is there a spare bedroom that can be used by the carer(s) for overnight stays?

Yes ☐

No ☐

What is the carer's name and address (or company name and address) ?

Name

Address

--

Please write any additional information you think to be relevant on page 32 of this form. If you have any other information supporting that overnight care is required then please include the information when you return this form.

Part 9 About where you live

Do you own your home or have a mortgage?

No	You must complete this section.
----	---------------------------------

Yes ☐ Go to **Part 14.**

**Have you been placed in
Bed & Breakfast or Hostel
accommodation by**

No ☐

Yes ☐ If yes, go to Part 10.

**Tonbridge & Malling Borough
Council Housing Options Team?**

No	Go to Part 14.
----	-----------------------

Do you rent your home?

Yes ☐ You must complete this section.

What sort of building do you live in?

Tick one box only.

Detached house

Flat in a house

Caravan, Mobile
or houseboat

Semi-detached house

Flat in a block

Bed and
breakfast

Terraced house

Flat over a shop

Hotel

Maisonette

Studio flat

Residential
nursing home

Bungalow

Hostel

Residential
care home

Other - give details

Do you and your household only occupy a bedsit or rooms in a building?

No ☐Yes ☐

**If yes, how many rooms
do you rent**

If you do rent a room or rooms in a building where where are they located?

At the front

In the middle

At the back

How many floors are there in your property?

Which floors do you live on?

For example, ground floor,
first floor.

Part 9 About where you live continued

Are you responsible for the inside decoration

No ☐

Yes ☐

Was your property let to you: ☐ Furnished ☐ Unfurnished

Does your home have central heating? No ☐

Yes ☐

Does your home have a garage which is allocated to you? No ☐
Yes ☐

Does your home have a parking space which is allocated to you? No ☐
Yes ☐

Does your home have a garden? No ☐
Yes ☐

When completing the next question please take note of the following:

All three columns must be completed in **all** circumstances.

By 'the whole property' we mean the whole of the property you occupy. For example, if you live in a block of flats you should complete the number of different rooms there are **just in your flat** in the 'whole property' column.

If you live in shared accommodation, you must indicate the total number of bedrooms in the property in the 'whole property' column, and then go on to confirm how many bedrooms you have sole access to in the 'just for you and your household' column.

How many rooms are there in your property?	In the whole property	Just for you and your household	That you share with other people
Living rooms			
Bedsitting rooms			
Bedrooms			
Bathrooms or shower rooms			
Separate toilets			
Kitchens			
Other rooms			

Do you use your home for business? No ☐

Yes ☐ We will write to you regarding this.

Do you have another home or property?

If you have another home or or property somewhere else in the UK or abroad, tick **yes**, even if you do not pay rent for it.

No ☐ **Go to part 10.**

Yes ☐ **We will write to you regarding this.**

What is the address?

Postcode

Do you pay rent on your **second** home? No ☐

Yes ☐ How much _____

£

GUIDANCE NOTES

Part 10 IS ABOUT YOUR RENT

If you are paying rent to a private landlord, Housing Trust, Housing Co-operative or a Housing Association, you **MUST** fill in this section.

You **MUST** tell us who your landlord is and their address. If you do not pay rent to your landlord but to someone else, an agent, you **MUST** tell us the agent's name and address.

If you share the rent with someone who is not your partner, you will only receive benefit on your share of the rent. 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 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.)

If a fair rent has been registered on your property you will need to supply a copy of the registration document (RO5).

We will need to see proof of the amount of rent and the services included (ie. council tax, water rates, heating etc.) - your tenancy agreement, rent receipts, rent book, letter from your landlord or a letter from the agent. It must include the following information.

- the name and address of your landlord;
- the name and address of the Managing Agent if appropriate;
- the amount you pay;
- what is included in your rent, for example, meals, electricity;
- how often you pay the rent, for example, four weekly, monthly.

ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE, NOT PHOTOCOPIES. WE WILL RETURN ALL DOCUMENTS.

IF YOU DO NOT HAVE A FORMAL TENANCY AGREEMENT, PLEASE TEAR OUT THE TENANCY DECLARATION FORM AT THE BACK OF THIS LEAFLET (PAGE NUMBER 35) AND ASK YOUR LANDLORD TO COMPLETE THIS ON YOUR BEHALF.

Part 10 About your rent

When did you start renting your home?

	/	/
--	---	---

When did you move to this address?

____/____/____

We are aware these dates may differ.

If you have not moved in yet, tell us when you expect to move in. You will then need to confirm in writing the date you actually moved in.

Do you pay rent to a Housing Association or Private Landlord?

No ☐ Go to **Part 14.**

Yes ☐ Answer the next question.

What sort of tenancy do you have?

For example, shorthold, assured, tied rent.

Is your tenancy for a fixed length of time?

No	
----	--

Yes ☐

If yes, how long is the tenancy for?

/	/
---	---

to

	/	/
--	---	---

How much rent do you pay and how often?

£ every

For example, every week, every fortnight, every four weeks, monthly.

Are you a joint tenant?

No ☐Yes ☐

If yes, how many other tenants do you share the rent with?

Please provide their names here:

What is your landlord's full name and business address?

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

Postcode

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

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

Postcode

Is anyone in your household related to the Landlord or their partner?

No	
----	--

Yes ☐

What is the relationship?

is my landlord's
or agent's

Related to includes through marriage or partnership even if the relationship has now ended. Some examples are ex-wife, ex-husband, ex-partner, Mother, Father, Son, Daughter, Brother, Sister, Grandfather, Grandmother, Uncle, Aunt, Niece, Daughter-in-Law, Father-in-Law, Mother-in-Law.

Part 10 About your rent continued

Does your rent include any services?

No ☐ Yes ☐

If yes, please tick which ones are included and state the amount

Heating	<input type="checkbox"/>	Amount £	Water rates	<input type="checkbox"/>	Amount £
Cooking fuel	<input type="checkbox"/>	Amount £	Council Tax	<input type="checkbox"/>	Amount £
Lighting	<input type="checkbox"/>	Amount £	Laundry	<input type="checkbox"/>	Amount £
Hot water	Amount £ <input type="checkbox"/>	TV, cable or satellite	Amount £	<input type="checkbox"/>	
Cleaning	<input type="checkbox"/>	Amount £	Breakfast	<input type="checkbox"/>	Amount £
Personal care	<input type="checkbox"/>	Amount £	Lunch	<input type="checkbox"/>	Amount £
Counselling	<input type="checkbox"/>	Amount £	Evening meal	<input type="checkbox"/>	Amount £
Other	<input type="checkbox"/>	Amount £	Supported accommodation services	<input type="checkbox"/>	Amount £

If other please give details

Who has to pay the Council Tax bill for your home?
Tick the box that applies.

You or your Partner ☐

Your landlord ☐

Someone else ☐

Tell us who it is.

What is the Council Tax reference number?

Are you living away from home at the moment?

No ☐ Go to **Part 11**.

Yes ☐ Tell us about it below.

Why are you not living at home?

When did you last live at home?

/ /

Do you expect to go back home?

No ☐ Yes ☐

If Yes, when?

/ /

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

Postcode

Have you sub-let your home?

No ☐

Yes ☐ Who lives there now?

PART 11 How your Benefit will be paid

- If you are awarded a council tax reduction, your council tax bill will be reduced by your entitlement. We will credit this to your council tax account to reduce your bill.

To let us know how to pay your housing benefit you must answer the following questions:

1 Are you a housing association (including Russet Homes) tenant?

- ☐ Yes Go to **question 5**
- ☐ No Please answer the next question

2 Do you receive Care and Support provided by your landlord as part of your tenancy?

- ☐ Yes Go to **question 5**
- ☐ No Please answer the next question

3 Do you live in a caravan/mobile home/boat?

- ☐ Yes Go to **question 5**
- ☐ No Please answer the next question

4 Do you pay ground rent only?

- ☐ Yes Go to **question 5**
- ☐ No Go to **question 6**

5 Would you like payments made to:

- ☐ You - You must complete **question 6**
- ☐ Your Landlord - Both you and your landlord/agent must complete and return the form on **page 33**.

6 Payments will be made directly to you by BACS. (Please note that we cannot make payment by cheque. Please complete your bank details below:)

Account name

Is it a bank, building society or post office account?

Account number

Account sort code

Building Society roll number

Part 12 Sharing information with your landlords

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act 1998 we need your permission to do this.

If you do not give us permission by signing this form, we will only share information with your landlord if your Housing Benefit is paid direct to your landlord.

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

- you have claimed Housing Benefit,
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

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

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give Tonbridge and Malling Borough Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature

Address

Postcode

Full name
(in CAPITAL
LETTERS)

Date

Part 13 Local Housing Allowance: Safeguard Policy

Housing Benefit, for tenants of private landlords, will normally be paid to the tenant. Tenants do not have the option to choose, at any time during their claim, to have their Housing Benefit paid direct to their landlord.

However, Tonbridge and Malling Borough Council has a Safeguard Policy to protect vulnerable tenants. Each case is considered individually.

The broad areas in which the landlord may receive direct payments, as set out in the regulations, are:

- The tenant is in rent arrears of 8 weeks or more and it is in the over-riding interest of the claimant to make payments to the landlord
- The tenant is having deductions from their Income Support or Jobseeker's Allowance to pay off rent arrears
- The tenant is "likely to have difficulty in relation to the management of his or her financial affairs"
- It is improbable that the tenant will pay their rent

Examples of where the safeguard policy applies include where the tenant:

- has a medical condition which affects them dealing with their finances
- has a learning disability
- has language difficulties
- is dealing with an addiction
- has severe debt problems

This is not an exhaustive list.

Alerting the council

The tenant or another person representing them may make the council aware that the Housing Benefit should be paid to the landlord in their opinion. Please complete the application form overleaf and provide the evidence we require to support your request.

Please indicate your reason(s) for requesting payment to be made to your landlord below:

Completion of this form does not guarantee that payments of housing benefit will go directly to the landlord. Each application will be assessed and reviewed on its own individual merits. We will let you know the decision.

Reason for direct payment to your Landlord (please tick)	Evidence required
Learning disability <input type="checkbox"/>	Written evidence from Social Worker, Support Worker, GP
Medical Condition or physical disability <input type="checkbox"/>	Written evidence from Social Worker, support Worker, GP
Illiteracy or unable to speak English <input type="checkbox"/>	Evidence from Support Organisations
Addiction to drugs, alcohol, gambling <input type="checkbox"/>	Written evidence from Support Organisations, GP, Social Services, Care Worker, Hospital
Fleeing domestic violence <input type="checkbox"/>	Written evidence from Support Organisations, Social Services
Have recently left prison <input type="checkbox"/>	Written evidence from the Prison or Probation Service
Severe debt problems <input type="checkbox"/>	Court Orders, CCJs, evidence from Help Groups, Solicitors, Creditors, Debt Advisors
Bankruptcy <input type="checkbox"/>	Copy of Court Order
Unable to open bank account <input type="checkbox"/>	Letter from Bank/Building Society or Financial Advisers
In receipt of help from a homelessness charity <input type="checkbox"/>	Written evidence from Support Organisations, Homeless Charity
In rent arrears of more than 8 weeks <input type="checkbox"/>	Rent records and letters proving attempts to collect monies
Deductions from other DWP benefits for rent <input type="checkbox"/>	Evidence from DWP showing level of deductions
Mental Health problems <input type="checkbox"/>	Written evidence from Social Worker, Support Worker, GP
Other - please state <input type="checkbox"/>	Written description with relevant supporting documents

Please ensure you supply the evidence indicated to support your request.

You must now complete the form on **page 33** to request for payments to be made to your landlord.

GUIDANCE NOTES

PART 14 Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, you must tell us in writing when you want to claim benefit from and why you did not claim earlier.

You must write, giving full and thorough reasons why, for the **whole period** you are requesting the backdate, you were unable to claim sooner.

You will be required to provide relevant supporting information, for example:

- Proof of your income
- Savings/Bank account transactions
- Doctor's notes/letters
- Social worker reports

For the whole period of the backdate request

Date you want to claim benefit from?

/	/
---	---

Tell us why you have not claimed before, providing detail and supporting evidence. Please write on a separate sheet of paper if required.

PART 15 Anything else you need to tell us

Please use this space to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

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

If you have nothing to add please go to part 16.

Part 16 Checklist

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

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

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

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

Proof of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We need to see at least two of these documents for each person.

☐

Proof of national insurance number

Such as a National Insurance number card, payslip, pension book or a letter from the Inland Revenue or Department for Work and Pensions.

☐

Proof of capital, savings and investments

Such as all your last two months bank or building society statements, or your pass books. You need to provide certificates for premium bonds, national savings certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings.

☐

Proof of earnings

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have these payslips your employer can complete a certificate of earnings on **page 37**. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, you must complete the profit and loss declaration on **pages 14 and 15**.

☐

Proof of other income

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.

☐

Proof of benefits, allowance or pensions

Such as award notices or letters from Department for Works and Pensions or Her Majesty's Revenues and Customs confirming how much you get. If you do not have proof, let us know straight away. Please do not send order books through the post.

☐

Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

☐

Proof of other money paid out

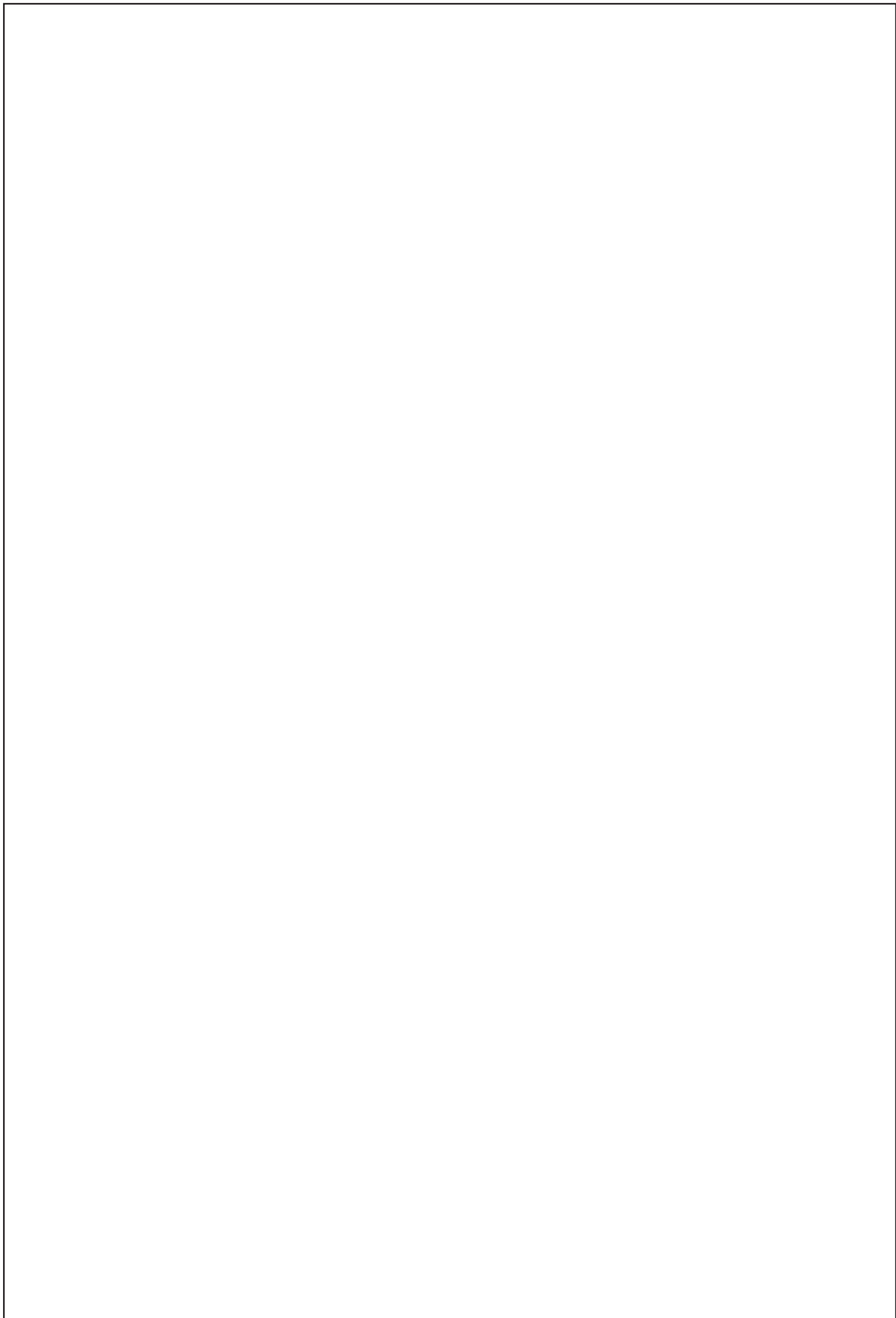
Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

☐

To support safeguard application

If payments of housing benefit should be made to your landlord.

☐



Paying benefit to your landlord

Housing Benefit is normally paid by cheque or bank transfer to the person claiming. If you would like your Benefit payments to be made to your landlord or your agent, this form needs to be completed.

To have your Benefit paid to your Landlord, please complete section 1 of this form **yourself** and then **tear out** this page of the form and ask your Landlord to complete and sign **section 2 and 3**, before returning this form to us. **Please note that we are unable to make payments to your Landlord without their authorisation.**

Do not wait to have this page completed before submitting your application form, if you do you may lose out on Benefit.

Section 1. To be completed by the tenant

Landlord's Name:
Landlord's Address:
Tenant Name:
Tenant Address:
Contact Telephone Number:

- I understand that I must pay any rent that is not covered by my Housing Benefit direct to my landlord.
- I understand that I must tell you about any changes in my circumstances that may affect my Housing Benefit.
- I understand that if I do not tell you about any change in circumstance and you pay me too much Benefit because of this, I may have to pay extra Benefit back.
- I understand that I may be prosecuted if I do not tell you about any change in circumstances.

Your signature: Date:

Section 2. To be completed by the tenant's landlord or agent.

I understand that:

- I must tell you about any changes that may affect the Benefit entitlement of the tenant(s).
- You can stop paying Benefit to me if I do not tell you about any changes in circumstances.
- I will repay any overpayment that is recoverable from me to which the tenant is not entitled.
- If you have paid me too much Benefit for any tenant and you claim back the overpayment from an unrelated tenant's Benefit, I will treat the unrelated tenant's rent as being paid in line with Section 75(5)(b) of the Social Security Administration Act 1987, as detailed in Regulation 107 of the Housing Benefit Regulations 2006.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to receive.

If you are acting on behalf of the owner of the property concerned, please give their name and address below, telling us your role; for example, agent or representative.

Owner's name:	
Owner's Address:	
Agent/Representative Name:	
Address:	

Your signature: Your name:
(please print)

Section 3. To be completed by the tenant's landlord or agent.

Housing Benefit payments to Landlords will be paid by bank transfer. In order to make payments to you by this method we need your bank details, please enter these in the space below.

Account Name (as it appears on cheque books or bank statements)

Is it a Bank or Building Society Account?

Account Number

Branch Sort Code

Landlord's Name:

Landlord's Address:

In case of any problems with a BACS payment, please enter contact name and phone number or e-mail address below so we can contact you:

Name:

Phone:

E-mail:

Housing Benefit Overpayments - Recovery from Landlords

As well as recovering Housing Benefit overpayments from tenants ongoing entitlement, The Housing Benefit Regulations provide for deductions to be made under the premise of a 'Blameless Tenant'.

'Blameless tenant' recovery is where a Landlord Overpayment has occurred for one tenant and we are still paying you Housing Benefit for other current tenants. To recover the debt, we will reduce the amount of benefit we pay you for your current tenants. Details of recovered overpayments will show at the end of the payment schedules you will receive.

You will have one month to request an appeal. If you put in an appeal against an overpayment within this time limit, we will suspend any recovery until the appeal has been dealt with.

If, after one month you have not made an appeal, we will check if you have current tenants who we pay you Housing Benefit for and then reduce the amount of Benefit we send you for those tenants.

When we recover a debt by this means, the law states that you must treat current tenants as having paid their rent to the value of that recovery. You cannot pursue them for this amount.

In all overpayment instances you will receive an overpayment letter telling you about the overpayment and an invoice providing you with methods of repaying the balance due.

If we are not paying you Housing Benefit for any other tenants, and the debt remains unpaid, we will usually take action via the County Court to recover the balance owed.

Once completed, please return to:
Tonbridge & Malling Borough Council
Gibson Building, Gibson Drive,
Kings Hill, West Malling
Kent ME19 4LZ



www.tmbc.gov.uk

This form should only be used when you do not have a formal tenancy agreement.

If you do not have a tenancy agreement, please tear out **this page** and ask your Landlord to complete and sign this form for you as soon as possible.

Please note that we are unable to process your claim without this information.

Do not wait to have this page completed before submitting your application form, if you do you may lose out on Benefit.

Tenant's Name		
Tenant's address		
Housing Benefit Reference No.		
What date did the tenant move in?		
What date did the tenancy start?		
How long is the tenancy?		
What is the gross rent payable by this tenant?	£	
Is this a joint tenancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage of the full rent does he/she pay? %		

How often is the rent due? Weekly/Fortnightly/Four Weekly/Calendar Monthly

Other - please state:

Does the rent include any money for the following?

Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Hot Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Fuel for Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Water Rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£
Other services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much	£

Landlord Declaration:

I **certify** that the tenant named overleaf has a liability to pay rent for the property described.

I **confirm** that the rent and services shown in this statement are currently due and payable.

I **know** I must inform the Council of any changes in my tenants circumstances which I become aware of that might affect their claim.

I **know** that if I provide incorrect or incomplete information this may result in prosecution.

Signed	Date / /
If not signed by the owner, please state what capacity/authority the information is given.	
Name of Landlord	Name of Agent
Address of Landlord	Address of Agent

TO THE LANDLORD/AGENT

Please help the applicant by completing these details as soon as possible. Please return this form direct to your tenant, or post to the address below:

**Tonbridge & Malling Borough Council
Gibson Building
Gibson Drive
Kings Hill
West Malling
Kent
ME19 4LZ**



This form should only be completed by your employer when you do not have original wage slips or the number required to complete your claim.

Please **tear out this page** and ask your employer to complete, sign and return this form as soon as possible. It must be returned within 1 month.

Please note that we are unable to process your claim without this information.

Do not wait to have this page completed before submitting your application form, if you do you may lose out on Benefit.

OFFICIAL USE ONLY

Employee Name
Employee Address
Post Code
Employee Daytime Telephone No.

**CERTIFICATE
OF
EARNINGS**
Housing Benefit &
Council Tax Benefit

TO THE EMPLOYER. Please help the applicant by completing all of the details as soon as possible and returning this form to your employee. Thank you for your help.

Is the employee contracted out of the Government Pension Scheme? Yes ☐ No ☐

How often are they paid?

Date started work Average weekly hours worked

Date of employee's last pay rise Date of employee's next pay rise

Method of payment eg. Cash, Cheque, Direct into Bank/Building Society account

Section A. Employees who have just started work.

Please complete this section if your employee has just started work and has not worked for five weeks.

Are the earnings likely to vary? Yes ☐ No ☐

Please estimate what your employee is likely to earn and state the frequency of payment

Please tick ☒ If paid weekly ☐ Four weekly ☐ Calendar monthly ☐

Is employee contracted out of the National Insurance scheme? Yes ☐ No ☐

Estimated Gross Pay	Estimated Income Tax Deductions	Estimated Employee's National Insurance Contributions	Estimated Employee's Contributions to Pension Scheme	Estimated Hours Worked	Take Home Pay (Net)

Section B. Employees who have worked for more than 2 months.

Please give details listed below for the **last 5 weeks if paid weekly, 3 wages if paid fortnightly, or 2 months if paid monthly.**

Week/ Month Ended	Gross Pay	Working Tax Credit	Deductions from Pay				Net Pay
			Income Tax	NI Contribution	Pension/ Superann	Other Deductions	
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
	£	£	£	£	£	£	£
Totals for 5 wks/2 mths	£	£	£	£	£	£	£
Gross to date @ Wk. No.....	£	£	£	£	£	£	£

I certify that the information above is a true record of the employee's earnings

Signed Employer's name Date

Employee's Occupation

Payroll Number:

Nat. Insurance Number

Employer's Stamp or address

Once completed return to:

Tonbridge & Malling Borough Council
Gibson Building
Gibson Drive
Kings Hill
West Malling
Kent
ME19 4LZ



CHILDCARE CERTIFICATE

Please have this form completed by your registered childminder, nursery or play scheme manager when you pay for childcare.

Please **tear out this page** and ask your childminder, nursery or play scheme manager to complete and sign this form for you as soon as possible.

Please note that we are unable to process your claim without this information.

Do not wait to have this page completed before submitting your application form, if you do you may lose out on Benefit.

Name	
Full address	
	Post Code

Name of Childminder/Nursery	
Full address	
	Post Code
Registration No.	
Local Authority where Registered	

Important Notice - Please read before completing the next box

Charges shown below should only include fees that have been paid in relation to the provision of childcare. They should **NOT** include any **retainer fees** paid for a period when **NO** care has been provided.

CHILDS NAME(S)	WEEKLY CHARGE	DATE PAID FROM

I certify that I am a Registered Childminder/Nursery under the Children Act 1989.
I also certify that the amount(s) shown above do not include retainer fees for a period when no care is actually provided.

Signature:

Date

Please return this certificate to
Tonbridge & Malling Borough Council,
Gibson Building, Gibson Drive,
Kings Hill, West Malling,
Kent, ME19 4LZ

Date Received Stamp

H/B Reference No

Council Tax Ref.....

How to contact the Council about your benefit:

By phone: 01732 876376
Email: financial.services@tmhc.gov.uk
Fax: 01732 873530

Or you can visit our offices at:

Gibson Building, Gibson Drive, Kings Hill, West Malling, ME19 4LZ
8.30am - 5pm Monday to Friday

Tonbridge Gateway, Tonbridge, TN9 1BG
8.30am - 5pm Monday to Friday, 9am - 5pm on Saturday
10.30am - 4.30pm Sundays (Limited service only at weekends)

Larkfield Library, Martin Square, Larkfield ME20 6QW
9am - 12.30pm Mondays and Tuesdays

KCC Library, 15 - 17 High Street, Snodland, ME6 5DE
9am - 12.30pm Fridays

Borough Green Library, TN15 8BJ
9am - 12.30pm and 1.00pm - 3.15pm Wednesdays

Please use the Gibson Building address if you are posting any documents to the Council.

If you require advice or assistance with your housing needs, particularly if you are under threat of losing your home because of rent or mortgage arrears, please call 01732 876067.

Did you know...

If you qualify for benefit you may also be entitled to help with:

- home insulation grants
- home improvement grants
- pest control
- bulky refuse disposal
- veterinary treatment

If you are 60+ or disabled you may be entitled to a free off-peak bus pass.

For more information about what the Council does and how we can help you, please visit www.tmh.gov.uk