



Application for Housing Benefit and Council Tax Benefit

Council Tenants Only

Complete and return to:
Customer Services
Stirling Council
Viewforth
Stirling FK8 2ET
Telephone: (01786) 443210
e-mail: finservices@stirling.gov.uk

Name:
Address:
Postcode:
Your Telephone No:

SC Use Only	(B1) 12/05 (I)
Claim No.	
Account No.	
Rent No.	
Date Issued	

Important (please read this section and the guidance notes with this form.)

- Follow the guidance notes and complete this form in ink. **Please send proof of income for everybody who lives with you.** We cannot pay you benefit if you don't.
- Return this form right away **and check that you have signed the declaration on page 7.**
- If you need help to complete the form, please contact us at any local office or at Viewforth, Stirling. Please complete the form in **BLACK INK.**

A. You and your partner

Your partner is someone you are married to or have a civil partnership with; or live with as though you were married or in a civil partnership. If you have a partner, we work out your benefit on both your incomes.

	You	Your Partner
Last name		
Other names		
Date of Birth / Sex	/ / Male / Female	/ / Male / Female
Age		
National Insurance No. <small>(we can't decide your claim without this number)</small>		

Are you the only adult (over 18 years) in the household? (please tick) Yes No

Please give all other addresses that you or your partner have lived at in the last 12 months.

Address _____	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>
_____	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>
_____	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other <input type="checkbox"/>

Did you or your partner receive housing benefit at any of these addresses? Yes No

Date you left your last address: / / Date you moved into your present address: / /

You	Your Partner
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Please tick

1. Are you a student or student nurse ?
If **Yes**, we will write to you soon.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Are you on a Skill Seekers Training Scheme or an Apprentice ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. Are you registered blind ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Are you severely mentally impaired ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5. Are you unable to work and sending sicklines to the Department of Works & Pensions or your employer?
If **Yes**, from what date ?

/ /	/ /
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6. Are you staying in hospital ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, from what date ?

/ /	/ /
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7. Are you in a Care Home or Nursing Home ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, from what date ?

/ /	/ /
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8. Are you away from home for any other reason ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, from what date ?

/ /	/ /
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If **Yes**, please tell us why and give a contact address, so that we can write to you; and your telephone number

9. Does anyone get Carer's Allowance for looking after you or your partner?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, please give their name and address

10. Do you get Carer's Allowance (or underlying entitlement) for looking after someone?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, please give their name and address

11. Have you come to live in the UK in the last five years ?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, when did you last arrive in the UK?

/ /	/ /
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If **Yes**, what is your nationality ?

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If **Yes**, we will write to you about this and may contact the Home office to check and get more information.

B. Your Earnings

You	Your Partner
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Do you or your partner work?
If **No**, move to Section C.

Please tick

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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1. Are you self-employed ?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **Yes**, when did you become self-employed ?

What kind of business?

How many hours worked each week?

(If you have been in business more than three months, please send a copy of your up-to-date accounts / financial statements – for all businesses you may run.)

2. Do you work for someone else ?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **Yes**, when did you start?

If **Yes**, how many hours worked each week?

If **Yes**, how often are you paid ?

If **Yes**, Employer's name

Employer's address

Employer's Telephone Number

3. Do you have any other jobs ?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **Yes**, when did you start?

If **Yes**, how many hours worked each week ?

If **Yes**, how often are you paid ?

If **Yes**, Employer's name

Employer's address

(You must send us your last 5 weekly payslips or 3 fortnightly payslips or 2 monthly payslips. If you don't have that many yet send us what you have, and send the rest when you get them).

C. Pensions

Do you or your partner have any pensions?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **No**, move to Section D

If **Yes**, please tell us how much of each pension you and your partner receive and how often. **Please send proof.** Without proof we cannot pay benefit. Tell us if you have just applied and are waiting for a decision.

1. State Retirement Pension

2. Pension Savings Credit

3. Widow's Pension

4. War Disablement Pension

5. War Widow's Pension

6. War Widow's Pre 1973 Pension

7. Works / Private Pension

(Please provide latest advice notice and state who it is from.)

D. Benefits/Allowances

You	Your Partner
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Please tick

Do you or your partner have any Benefits or Allowances? Yes No Yes No

If **No**, move to Section E

If **Yes**, please tell us how much of the following benefits you and your partner receive. Tell us if you have just applied and are waiting for a decision. **Please send proof** or have the form stamped by the Department of Works & Pension.

1. Income Support / Guaranteed Pension Credit	start date	£ every	£ every
2. Jobseeker's Allowance (Contribution based)	start date	£ every	£ every
3. Jobseeker's Allowance (Income based)	start date	£ every	£ every
4. Child Benefit		£ every	£ every
5. Child Tax Credit (all pages of award letter required)	start date	£ every	£ every
6. Working Tax Credit (all pages of award letter required)	start date	£ every	£ every
7. Incapacity Benefit:	Short term lower rate start date	£ every	£ every
	Short term higher rate start date	£ every	£ every
	Long term rate start date	£ every	£ every
8. Maternity Allowance	start date	£ every	£ every
9. Industrial Injury	start date	£ every	£ every
10. Severe Disablement	start date	£ every	£ every
11. Reduced Earnings	start date	£ every	£ every
12. Carer's Allowance	start date	£ every	£ every
13. Motability	start date	£ every	£ every
14. Disability Living Allowance	mobility start date	£ every	£ every
	care start date	£ every	£ every
15. Attendance Allowance	start date	£ every	£ every
16. Training Allowance	start date	£ every	£ every
17. Bereavement Allowance	start date	£ every	
18. Widowed Parent's Allowance	start date	£ every	

E. Other Income

You don't need to tell us about money from the Independent Living Fund, the Eileen Trust, the Macfarlane Trust or the Skipton Trust.

	You	Your Partner
Do you or your partner have any other income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick		
If No , move to Section F.		
If Yes , please give details of any other money or pensions you and your partner receive.		
1. Maintenance Payments <i>(Please send details and proof.)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
2. Rent received (from a lodger, etc) <i>(Please send details and proof.)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
3. Other money coming in <i>(Please send details and proof.)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
4. Student Grant If you or your partner are full-time students, please supply your grant award letter. Special rules apply to students and we will write to you for more details. Please read the attached guidance note.		

F. Bank Accounts, Savings, Investments and other Capital

Do you or your partner have a bank or building society account, savings or investments? Yes No Yes No

If **No**, move to Section G

If **Yes**, please attach details and original statements to the form and tell us how much money you have in:

1. Bank Accounts Please give the name and branch of the bank: <i>(Statements showing two full months required)</i>	£ <input type="text"/>	£ <input type="text"/>
2. Building Society Accounts Please give the name and branch of the building society: <i>(Statements showing two full months required)</i>	£ <input type="text"/>	£ <input type="text"/>
3. Post Office Accounts?	£ <input type="text"/>	£ <input type="text"/>
4. Premium Bonds?	£ <input type="text"/>	£ <input type="text"/>
5. National Savings Certificates?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Other: e.g. cash savings, ISA, TESSA, PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Stocks and Shares?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Land and Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

G. Money you pay out

(Please tell us how much of each of the following you or your partner pay.)

1. Contribution to Student Grant <i>(Please send grant award letter)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
2. Registered Child Minder or Nursery fees <i>(Please send registration number and proof of payment)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
3. Private Pension Scheme or Stakeholder Pension <i>(Please send certificate)</i>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

H. Dependent Children who normally live with you

(This means children in full-time education; children who have not reached school age and all other children that you get child benefit for and who live with you. If there are more than 4, use a separate sheet. Do not include foster children. We need to see proof of the Child Benefit.)

	First Child	Second Child	Third Child	Fourth Child
Surname				
First Name				
Date of Birth				
Relationship to you				
Does your child get Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child at school or college?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they have savings, please state how much	£	£	£	£

I. Other people who normally live with you (non-dependants)

(Non-dependants are people who live with you but who are not dependent on you; e.g. children who have left school; parents; other relations or carers.) If any of the people you list are married or live together as if they are married, write this next to their name and say who their partner is. Also tell us if they are your carer or are registered blind, or are joint tenants. You **must** send proof of their income or you might lose benefit. If there are more than three people, use a separate sheet.

	First Person	Second Person	Third Person
Surname			
First Name			
Date of Birth			
Relationship to you			
Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they an apprentice or on a training scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Income Support or Jobseeker's Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , provide National Insurance Numbers			
Please inform them that this information will be checked with the Department of Works & Pensions			
Do they work 16 hours or more a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , give details of earnings and all other income (before tax and NI)			
If No , give details of all other income			

J. Backdated Benefit

Benefit normally only starts from the Monday after you apply. If you have a **very good reason** for not claiming earlier we may be able to backdate your claim but for no more than 52 weeks.

Would you like to claim backdated benefit?

Yes No

If **Yes**, for which dates?

/	/	to	/	/
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Please tell us why you did not claim benefit earlier

You must send proof of your income for the dates you want benefit from

K. Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources as allowed by the law (e.g. Department of Works and Pension, Employer, Pension Provider etc.)
- 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. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.

I know I must let the council know about any change in my circumstances which might affect my claim and if you pay me too much benefit, I will have to pay it back.

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

I agree that you may discuss my claim with the Housing Service. Tick box if you disagree

Signature of person claiming

Date

/ /

Partner's signature

Date

/ /

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

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

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

/ /