

# Application for Housing Benefit and Council Tax Reduction



Council Tenants Only

Complete and return to:  
Customer Services  
Stirling Council

Teith House, Kerse Road  
Stirling FK7 7QA  
Telephone: (01786) 233210  
e-mail: finservices@stirling.gov.uk

	Name:
	Address: _____ _____
	Postcode:

<b>SC Use Only</b>	(B1) 06/16
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 telephone above number or call at the Customer First office in Port Street, 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.		

(we can't decide your claim without this number)

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 DWP or your employer?

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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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 ?

/ /	/ /
-----	-----

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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11. Have you come to live in the UK in the last ten 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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Are you subject to immigration control?



Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## B. Your Earnings

	You	Your Partner
Do you or your partner work? If <b>No</b> , move to Section C.	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓
1. Are you self-employed ?	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓
If <b>Yes</b> , when did you become self-employed ?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What kind of business?	<input type="text"/>	<input type="text"/>
How many hours worked each week?	<input type="text"/>	<input type="text"/>

**(You must provide proof of your self employed income – for all businesses you may run.)**

	You	Your Partner
2. Do you work for someone else ?	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓
If <b>Yes</b> , when did you start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
If <b>Yes</b> , how many hours worked each week?	<input type="text"/>	<input type="text"/>
If <b>Yes</b> , how often are you paid ?	<input type="text"/>	<input type="text"/>
 If <b>Yes</b> , Employer's name	<input type="text"/>	<input type="text"/>
 Employer's address	<input type="text"/>	<input type="text"/>
 Employer's Telephone Number	<input type="text"/>	<input type="text"/>

	You	Your Partner
3. Do you have any other jobs ?	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓
If <b>Yes</b> , when did you start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
If <b>Yes</b> , how many hours worked each week ?	<input type="text"/>	<input type="text"/>
If <b>Yes</b> , how often are you paid ?	<input type="text"/>	<input type="text"/>
 If <b>Yes</b> , Employer's name	<input type="text"/>	<input type="text"/>
 Employer's address	<input type="text"/>	<input type="text"/>

**(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

	You	Your Partner
Do you or your partner have any pensions? If <b>No</b> , move to Section D	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> ✓
If <b>Yes</b> , please tell us how much of each pension you and your partner receive and how often. <b>Please send proof.</b> Without proof we cannot pay benefit. Tell us if you have just applied and are waiting for a decision.		
1. State Retirement Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
2. Pension Savings Credit	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
3. Widow's Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
4. War Disablement Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
5. War Widow's Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
6. War Widow's Pre 1973 Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
7. Works / Private Pension	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
<b>(Please provide latest advice notice and state who it is from.)</b>	<input type="text"/>	<input type="text"/>

## D. Benefits/Allowances

<b>You</b>	<b>Your Partner</b>
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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.



		You	Your Partner
1. Income Support, Guaranteed Pension Credit or Universal 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:	start date .....	£      every	£      every
8. Employment and Support Allowance	start date .....	£      every	£      every
9. Maternity Allowance	start date .....	£      every	£      every
10. Industrial Injury	start date .....	£      every	£      every
11. Severe Disablement	start date .....	£      every	£      every
12. Reduced Earnings	start date .....	£      every	£      every
13. Carer's/underlying entitlement	start date .....	£      every	£      every
14. Disability Living Allowance/PIP Mobility/motability care	start date .....	£      every	£      every
	start date .....	£      every	£      every
15. Attendance Allowance	start date .....	£      every	£      every
16. Training Allowance	start date .....	£      every	£      every
17. Kinship Care	start date .....	£      every	£      every
18. Bereavement Allowance	start date .....	£      every	
19. Widowed Parent's Allowance	start date .....	£      every	

## E. Other Income

	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 ✓

Do you or your partner have any other income?

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<br><i>(Please send details and proof.)</i>   | £ every | £ every |
| 2. Rent received (from a lodger, etc)<br><i>(Please send details and proof.)</i>   | £ every | £ every |
| 3. Other money coming in<br><i>(Please send details and proof.)</i>  | £ every | £ every |
| 4. Student Grant <b>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.</b> |         |         |

## F. Bank Accounts, Savings, Investments and other Capital

1. How many Bank, Building Society or Post Office accounts do you have?  Does your partner have?   
( 0 = none )

Please list the account number, details and the current balance for each account. Use a separate sheet if you need more room.

Account Number	<input type="text"/>	<input type="text"/>
Name and branch of the bank / Building Society	<input type="text"/>	<input type="text"/>
Balance	£ <input type="text"/>	£ <input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Name and branch of the bank / Building Society	<input type="text"/>	<input type="text"/>
Balance	£ <input type="text"/>	£ <input type="text"/>

- |   |  |  |
|---|--|--|
| 2. Premium Bonds?                             | £ <input type="text"/>                                   | £ <input type="text"/>                                   |
| 3. National Savings Certificates?             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Other: e.g. cash savings, ISA, TESSA, PEP? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Stocks and Shares?                         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Land and Property? (provide address)       | 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<br><i>(Please send grant award letter)</i>                                 | £ every | £ every |
| 2. Registered Child Minder or Nursery fees<br><i>(Please send registration number and proof of payment)</i> | £ every | £ every |
| 3. Private Pension Scheme or Stakeholder Pension<br><i>(Please send certificate)</i>                        | £ every | £ every |

## 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.)




Please tick ✓

		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"/>
Name of your child's school or college (for grant & free school meals if due)					
If they have savings, state how much		£	£	£	£

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

(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.

Please tick ✓

		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"/>
Are they on benefit such as IS, JSA, ESA, UC or Pension Credit?		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 <b>Yes</b> , provide National Insurance Numbers				
Please inform them that this information will be checked with the Department for Works & Pensions				
Are they working 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 <b>Yes</b> , provide an up to date payslip and details of <b>all</b> other income		-----		
If <b>No</b> , give details of all other income		-----		

## J. Backdated Housing Benefit or Council Tax Reduction

An award 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 for up to 6 months. **Please tick ✓**

Would you like your award backdated?

Yes  No

If **Yes**, for which dates?

/ /	to	/ /
-----	----	-----

Please tell us why you did not apply earlier

**You must send proof of your income for the dates you want paid 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 Reduction, 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 award and if you pay me too much, 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**

/	/
---	---



**Your telephone number**

**Email Address**

**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**

/	/
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