

# Application for Housing Benefit, Council Tax Reduction and Free School Meals

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Mae'r ffurflen hon ar gael yn Gymraeg o'r Ganolfan Ddinesig

This form is also available in large print from the Civic Centre

<b>1. Your Full Name and Address</b>	<b>FOR OFFICE USE ONLY</b>
Name: .....	Date we received this form (stamp)
Address: .....	
.....	
.....	
Postcode: .....	

**2. Contact Details**

It may help us to process your claim quicker if you give us your contact details here:

Daytime Number:  Mobile Number:

Email address:

**IMPORTANT NOTE: Please read the notes in the green boxes before you complete each section of the application form.**

It is essential that you read the notes on every page. They will tell you what evidence is required to process your application. Please complete the form with black or blue ink and do not use correction fluid. Although the form may look long, do not be put off, it will not take as long as you think to fill it in.

Fill in the form and send it back straight away. If you wait you could lose money. Where we ask for proof you **MUST** send original documents not photocopies. Send all the proof you can with the form, do not wait if you cannot send the proof straight away, send it within one calendar month.

Answer every question putting a tick in the "No" or "Yes" box.

If you are unsure about any questions on this form, you should contact the Benefits Section at the Contact Centre, Civic Centre, Swansea for help. You may contact the Benefits Helpline on Swansea 635353.

Alternatively you can log on to Swansea's Housing Benefit and Council Tax Reduction website at:  
[www.swansea.gov.uk/housingbenefit](http://www.swansea.gov.uk/housingbenefit)

You do not have to tell us about any money received from the Macfarlane Trusts, Eileen Trust or Independent Living Fund. You must tell us about all other forms of income and capital.

**Processing Promise**

If you hand your new application form in at the Contact Centre, Civic Centre, Swansea with **ALL** the relevant evidence stated in the GREEN boxes, your claim will be actioned within **3** working days.

**2a. This is my claim for:**

Council Tax Reduction  Housing Benefit Please tick what you wish to apply for.

**b. Type of Accommodation - please tick the relevant box for your accommodation**

Rent your home from the Council  have to pay rent / mortgage at any other address? If so, please give the address below

Rent your home from a private landlord

Rent your home from a Housing Association

Own your own home

My preferred method of contact is in English  Welsh  please tick

**3. Date of occupation**

a) State the date you moved into your current address.

b) If you have not yet moved into your address, state the date you intend to move in.

You must inform the City and County of Swansea's Benefits Section in writing when you have moved in, you will not be awarded Housing Benefit / Council Tax Reduction until you confirm the date.

**4. About your other addresses**

	You	Your Partner
What was your previous address?	<input type="text"/>	<input type="text"/>
Was the property:-	Owned by you? <input type="checkbox"/>	Owned by you? <input type="checkbox"/>
	Rented? <input type="checkbox"/>	Rented? <input type="checkbox"/>
	Other? <input type="checkbox"/>	Other? <input type="checkbox"/>
Did you claim Housing Benefit, Council Tax Benefit or a Council Tax Reduction at your previous address?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you claiming at any other address?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes", at what address?	<input type="text"/>	<input type="text"/>

**5. You and your partner**

By partner we mean someone of the opposite sex or same sex who:

- you are married to or is your civil partner
- lives with you as if you are married or in a civil partnership.

Do you have a partner living with you?

If "Yes", complete this section for you and your partner. If "No", complete this section for yourself only. If you or your partner are getting Employment Support Allowance phone 01792 635353 to check who should claim.

**Proof: National Insurance number and identity**

We need to see proof of National Insurance number and identity for both you and your partner. We need to see this proof if this is the first time that you have claimed Housing Benefit or Council Tax Reduction, or you have never been asked to provide this information before.

Please provide one original document for National Insurance number and two original documents for identity from the list overleaf. Photocopies will not be accepted.

## 5. You and your partner continued

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section at the Contact Centre, Civic Centre, Swansea, where they will be photocopied and returned to you immediately.

### National Insurance number

- P45
- P60
- Letters from the Department for Work and Pensions
- National Insurance number card
- Pay Slips

### Identity

- Current Passport
- Driving Licence in Photocard format
- European Member State Identity Card
- Home Office letter
- Birth Certificate
- Driving Licence
- Marriage Certificate
- Divorce or Annulment papers

- Recent Gas, Electricity, Water or telephone Bill (not mobile telephone) paid in your or your partners name.
- Medical Card
- Current bank statement
- Life assurance or insurance policies
- Letter from a Solicitor, Social Worker or Probation Officer
- Certificate of Employment in HM Forces or Merchant Navy

If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get Housing Benefit or a Council Tax Reduction.

	You	Your Partner
Title:	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
Surname:		
First Names:		
Have you been known by any other name?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If "yes" please give other name(s) below:	If "yes" please give other name(s) below:
Date of birth:	/ /	/ /
National Insurance Number: (This must be provided for your claim to be considered.)		
Do you receive Income Support, Income based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you registered blind? If "yes", what is your registration number?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive Disability Living Allowance / Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "yes", which element?	Care / Daily Living <input type="checkbox"/> Mobility <input type="checkbox"/>	Care / Daily Living <input type="checkbox"/> Mobility <input type="checkbox"/>
How much do you receive each week?	£                      £	£                      £
Do you receive Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you receive each week?	£	£
Does anyone receive Carers Allowance for looking after you? If "yes" please tell us their name and address	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## 6. Students

	You	Your Partner
Are you or your partner a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "No" go to Section 7. If "Yes" give details below		
Where are you studying?	<input type="text"/>	<input type="text"/>
What date did your course start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What date is your course due to end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What are the actual dates of your current academic year?	from <input type="text"/> / <input type="text"/> / <input type="text"/>	from <input type="text"/> / <input type="text"/> / <input type="text"/>
	to <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
Are you a Post-Graduate?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you entitled to a student loan?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you entitled to a student grant or bursary?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please provide proof of your student financial assessment or other student income.

## 7. Nationality

	You	Your Partner
Are you a British National?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes" are you a British National returning to the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have answered "Yes" to either of the above go to Section 8. If "No", please give details below.		
What Nationality are you?	<input type="text"/>	<input type="text"/>
When did you arrive in the UK?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you seeking asylum in the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted asylum?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted refugee status?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted 'exceptional leave to remain' in the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been granted temporary admission to the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Depending on your answers we may need to write to you or call you in for an interview for further information.

## 8. About your dependant children

Dependant children are children who you are responsible for and live at your address.

Do you have any dependant children?

No  Yes

If "No" go to Section 9. If "Yes" continue to answer the following questions.

Have **you** been in receipt of Universal Credit in the last six months?

No  Yes

Have you been the **partner** on a joint Universal Credit claim in the last month?

No  Yes

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname:					
First names:					
Relationship to you:					
Date of birth:	/ /	/ /	/ /	/ /	/ /
Do you or your Partner receive Child Benefit for them?	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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date Child benefit is due to end:	/ /	/ /	/ /	/ /	/ /
Are they in full time education?	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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please state which school they attend:					

If you do **NOT** want to receive free school meals please tick here

### Free School Meals

Children whose parents receive the following support payments are entitled to receive free school meals:

- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, provided they are not entitled to Working Tax Credit and their annual income does not exceed £16,190 (HM Revenue and Customs are responsible for assessing the level of annual income.)
- Guarantee element of State Pension Credit
- Working Tax Credit 'run-on' - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

Free school meals are available to any full-time pupil who is still at school and eligible. This includes nursery children who attend full days and also sixth form students.

Free school meals are not available for students in further education institutions.

## 8. About your dependant children continued

	1st Child	2nd Child	3rd Child	4th Child	5th Child
First names:					

Are they registered as blind?	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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Do they receive Disability Living Allowance / Personal Independence Payments?	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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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Do you pay Childcare Costs for them?	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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If "No" go to Section 9. If "Yes" please give details below.

a) name and address of childminder					

b) their registration number					
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c) weekly charge	£	£	£	£	£
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You **MUST** inform this office if your childcare charges change, even if you have already notified Her Majesty's Revenues & Customs.

### Proof: Child Care Costs

Proof is required of childcare payments. You can either complete the form 'Proof of Childcare Payments', available from the City and County of Swansea's Benefits Section or provide receipts for 5 weeks or 2 months payments which need to be signed by your childcare provider.

**9. Other people who live with you.**

These may be boarders, sub-tenants, joint-tenants, joint-owners or non-dependants.

A boarder is someone who pays you rent for accommodation and meals within your property on a commercial basis.

A sub-tenant is someone who pays rent on a commercial basis for accommodation within your property, and you do not provide them with meals.

Non-dependants are people over 16 who nobody gets Child Benefit for.

Do any other people normally live with you and your partner? No  Yes

If "no", go to Section 10. If "yes" give details below

**Boarders / Sub-Tenants / Joint-Tenants / Joint Owners who live with you.**

	1st Person	2nd Person	3rd Person
Surname:	<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"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
State if they are a boarder, sub-tenant, joint-tenant / owner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they married to or partner* of someone else on this page? If "yes", tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>
Do they have someone else living with them? If "yes", tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>

**Non-dependants who live with you.**

	1st Person	2nd Person	3rd Person
Surname:	<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"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you: e.g. son, aunt, brother, friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are they married to, or a partner* of, someone else on this page? If "yes", please tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**\*By partner we mean someone of the opposite or same sex who are married, are civil partners or live together as if they are married or in a civil partnership.**

continued overleaf

## 9. Other people who live with you continued

	1st Person	2nd Person	3rd Person
Are they in prison at the moment? If "yes" when did they go in? When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /

	1st Person	2nd Person	3rd Person
Are they in hospital at the moment? If "yes" when did they go in? When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /

### Income

a) Do they get Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If you have answered "no" please answer questions b), c) and d).

If you have answered "yes" please go to Section 10.

b) Do they receive Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If you have answered "no" please answer questions c) and d).

If you have answered "yes" please provide their Secretary of State letter.

c) Do they work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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	1st Person	2nd Person	3rd Person
Number of hours normally worked each week.	hours	hours	hours
Weekly gross earnings before deductions.	£	£	£

d) Do they receive any other income?	No <input type="checkbox"/> Yes <input type="checkbox"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> £	No <input type="checkbox"/> Yes <input type="checkbox"/> £
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If "yes", please state total gross weekly income apart from earnings. This includes any income or interest from any savings, capital, investments, shares and property.

You **MUST** inform this office if your non-dependants circumstances change. This can affect your Benefit / Reduction entitlement.

### Proof: Income of other Adults (not boarders or sub-tenants)

If you are claiming Council Tax Reduction and/or Housing Benefit and are receiving Disability Living Allowance (Care), Personal Independence Payment (Daily Living) or Attendance Allowance no non-dependant deductions will be made from your benefit / reduction and you will not be required to provide proof of the income of any other adults who live in your property.

Non-dependant deductions may be made from your benefit / reduction because of other people who live with you. The level of any deduction made will depend on their income and circumstances. Please provide proof of all their income. If working we need to see their last 5 week's payslips (if paid weekly), 3 payslips (if paid fortnightly) or 2 payslips (if paid monthly or 4 weekly). You do not have to provide this proof, but without it we will take the maximum non-dependant deduction from your Housing Benefit / Council Tax Reduction.



## 10. Are you or your partner working?

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

	You	Your Partner
Are you or your partner working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" go to Section 12. If "Yes" give details below

Are you or your partner self-employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If "Yes" go to Section 11. If "no" give details below

### Proof: Earnings

We need to see proof of your and your partners earnings. These must be original documents not photocopies. Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea where they will be photocopied and returned to you immediately.

- Please provide the **last** 5 week's payslips (if paid weekly), 3 payslips (if paid fortnightly) or 2 payslips (if paid monthly or 4 weekly). Your pay slips must show your name, National Insurance Number, gross pay to date, tax paid to date and National Insurance paid to date.
- If you cannot give us your pay slips you can ask your employer to complete the enclosed Employers Certificate with pay details immediately **before** the date you sign this form.

If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get Housing Benefit or a Council Tax Reduction.

10a.	You	Your Partner
Occupation:		
Employer's name and address:		
Date you started work:	/ /	/ /
Is this employment going to last more than 5 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Number of hours worked:	hours per week	hours per week
Normal pay before deductions:	£	£
How often are you paid? (e.g weekly, fortnightly, 4 weekly, monthly)		
Method of pay (e.g cash, bank credit, cheque)		
Do you benefit from a company share scheme or Pay As You Earn Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When is your pay rise due?	/ /	/ /
Is this the only job you have?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" give details overleaf. If "Yes" go to 10b

**10a. continued**

	You	Your Partner
Occupation:		
Employer's name and address:		
Number of hours worked:	hours per week	hours per week
Normal pay before deductions:	£	£
How often are you paid? (eg weekly, monthly, fortnightly)		
Method of pay (e.g cash, bank credit, cheque)		
When is your next pay rise due?	/ /	/ /

**10b.**

Are you the owner or director of the company you work for?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If "Yes", you will need to contact the Benefits Helpline on Swansea 635353 immediately to request a Company Director / Owner form.

**11. Self-employed**

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

	You	Your Partner
Are you or your partner self-employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" go to Section 12. If "Yes" please complete the rest of this section

**Proof: Self-employed earnings**

Please send your most recent set of prepared accounts and last HM Revenue and Customs tax assessment or tax exemption. If you do not have prepared accounts you will need to contact the Benefits Helpline on Swansea 635353 immediately to request a Self-employed Earnings Form.

You will then have to complete the form giving details of the income and expenditure from your business for the last twelve months. If you have just become self-employed we will ask you to provide an estimate of your first three months income and expenditure and your HM Revenue and Customs registration certification. After three months you will need to complete the Self-employed Earnings Form with your actual income and expenditure details.

continued overleaf

### 11. Self-employed continued

	You	Your Partner
Name of business:	<input type="text"/>	<input type="text"/>
Address of business:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
What type of work do you do?	<input type="text"/>	<input type="text"/>
On what date did you become self-employed?	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
How many hours do you usually work per week?	<input type="text"/> hours per week	<input type="text"/> hours per week
Do you receive any business grants?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes" how much do you receive and who pays it to you?	£ <input type="text"/>	£ <input type="text"/>
	<input type="text"/>	<input type="text"/>
Do you have a business partner(s)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes", please state their name(s) and what percentage of the profit / loss is yours.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> %	<input type="text"/> %
Is this the only self-employed business that you have?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" please give details on a separate piece of paper which must include your name and address. Make sure you include all the information requested.

## 12. About your other income

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

Other income is any income you receive which is not from paid work.

### Proof: Other Income

We need to see proof of any other income that you and your partner receive. Please provide original documents only, not photocopies.

Proof of benefits / Universal Credit:

- All pages of your latest benefit award letters.
- Your Universal Credit award letter or award details from your online journal.
- Bank statements showing the last 2 payments if paid into the bank.

Proof of Occupational Pensions / Private Pensions:

- Most current monthly pension slip.
- Recent bank statement showing this payment. However you will need to send in your next pension slip when you receive it.
- P60's are not acceptable.

Proof of Child Tax / Working Tax Credit:

- Forward your Tax award letter.

Proof of any other income:

- Official letters / agreements giving details.
- Student financial assessment.

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea. If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get Housing Benefit or a Council Tax Reduction.

**IMPORTANT: You must tick "No" or "Yes" to every type of income in this section for you and your partner.**

	You				Your Partner			
	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?
Allowance from government sponsored schemes (eg Jobseeker's grant)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Annuity Income	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Bereavement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Carer's Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Cash in Lieu of Coal	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Charitable Payments	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		

continued overleaf

## 12. About your other income continued

	You				Your Partner			
	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?
Child Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Child Tax Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Employment Support Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Incapacity Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Industrial Injuries Benefits	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Jobseeker's Allowance (contribution based)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maintenance for you	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maintenance for your children	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maternity Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
New Deal State which option	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Occupational Works Pension. State from which company	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Pension Savings Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Private Pension. State from which source	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Rental Income from a boarder or sub tenant. If <b>Yes</b> , does the rent include an amount for:	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
- Heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
- Meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Rental Income from another property	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		

**12. About your other income continued**

	You				Your Partner			
		How much do you receive?	How often is it paid?	What date did this rate start?		How much do you receive?	How often is it paid?	What date did this rate start?
Retirement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Severe Disablement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Sick Pay (from an employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Statutory Maternity / Paternity Pay	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Student grant or loan	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Trust Fund Income	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Universal Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
War Disablement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
War Widow's Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Widow's Allowance / Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Widowed Mothers / Parents Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Working Tax Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Do you receive any other income not mentioned above? If "yes" please give details:-	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
		£				£		
		£				£		
		£				£		
Do you receive 'monies' from any other source? If "yes" please give details:-	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
		£				£		
		£				£		
		£				£		

If you have no income at present please state the reason for this and how you are managing for food and household expenses.

### 13. Accounts, Savings and Investments

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

All capital, savings, property and investments must be declared no matter how small. If you have over £16,000 you will not normally qualify for benefit / a reduction. However certain amounts and types of capital are disregarded so you maybe entitled to benefit / a reduction, even if you have over £16,000.

If you need further information about capital and whether it could be disregarded, please contact the Benefits Helpline on Swansea 635353.

- a) Please provide details of ANY sort of account with a bank, building society or any other organisation, ensure you declare all accounts / investments / monies. This includes current accounts, deposit accounts, savings accounts, ISA's, and Paypal. You must tick "No" or "Yes" to every question and state the amount you have in each account even if you are overdrawn you must still declare this:

	You		Your Partner			
	No <input type="checkbox"/> Yes <input type="checkbox"/>	Balance £	Account Number	Balance £	Account Number	
Current Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Deposit Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Building Society Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Post Office Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
I.S.A.	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Pay Pal Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Do you have more than one of the above accounts?	No <input type="checkbox"/> Yes <input type="checkbox"/>			No <input type="checkbox"/> Yes <input type="checkbox"/>		
If "yes" please give details of the type of account		£			£	
		£			£	

#### Proof: Accounts, Savings and Investments

We need to see proof of any savings, accounts or investments that you and your partner have. Please provide original documents only, not photocopies.

These must show the up to date balance including interest.

- Bank / Building Society / Post Office Books
- Bank / Building Society statements covering last 2 months (not mini-bank / cash machine statements)
- Share Certificates
- Unit trust Certificate
- National Savings Certificate
- Premium Bond Certificate
- Income Bonds

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea. If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know.

If you do not let us know you may not get Housing Benefit or a Council Tax Reduction.

continued overleaf

**13. Accounts, Savings and Investments continued**

b) Do you or your partner have any Stocks and Shares?

These will include stocks and shares that you have purchased from your employer or have been allocated to you by your employer through a bonus scheme.

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If the stocks and shares are held by your employer please provide a schedule from your employer giving details when the shares can be sold

c) Do you or your partner have any Bonds?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Type of Bond	Number held

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Type of Bond	Number held

d) Do you or your partner have any National Savings Certificates?

You			
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If "Yes" give details below:			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

Your Partner			
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If "Yes" give details below:			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

e) Do you or your partner have any Unit Trusts?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Value of Units

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Value of Units

continued overleaf



### 13. Accounts, Savings and Investments continued

f) Do you or your partner own any other property or land besides the one you are claiming for? This includes properties in this country and abroad

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Provide the full address(es) of the property / land you own: (If you own more than one property or plot of land please tell us in Section 21.)



Is this property for sale? If "Yes" state:-

No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------

No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------

i) the date it was put on the market

/	/
---	---

/	/
---	---

ii) what is it's current value?

£
---

£
---

If your property is up for sale you will need to provide proof of this. If you are selling the property with an Estate Agent the selling details they provide will be sufficient. If the property / land that you own is not For Sale then the property or land will need to be valued. Please telephone the Benefits Section helpline on Swansea 635353 and request a LA1 form which will be sent to you immediately. You will then have to complete the form giving details of the property / land that you own and forward it to this office.

g) Do you have any other savings and investments which you have not already told us about? (this would include cash and internet currency eg Bitcoins)

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

If "No" go to Section 14. If "Yes" please complete the rest of this section

You

Your Partner

### 14. Money you pay out

Do you pay towards student maintenance? If "Yes" please state how much and provide proof: How often do you pay this amount?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

£
---

£
---

--

--

Do you pay into a Personal Pension Scheme? If "Yes" please state how much and provide proof:

No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------

No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------

£
---

£
---

How often do you pay this amount?

--

--

Please provide proof of any money you pay out towards a student grant or personal pension scheme. This may entitle you to more Housing Benefit / Council Tax Reduction.

**15. Benefits / Credits you have applied for**

Are you waiting for a decision on a Benefit, Tax Credit, Universal Credit or Pension Credit application or appeal?

If "Yes" please state

a) Which benefit or award?

b) Date you applied or appealed?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
/ /	

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
/ /	

**16. Absence from the house**

Are you currently living at a different address to the one on the front of this form?

If "No" go to Section 17. If "Yes" give details below

No  Yes

a) Please give the date of the start of your absence

b) Do you intend to return to this address?

c) When do you intend to return?

d) Is anybody sub-letting the property in your absence?

e) Please state the address you are currently living at.

f) Please state the reason for your absence

You
-----

Your Partner
--------------

/ /

/ /

No  Yes

No  Yes

/ /

/ /

No  Yes

No  Yes





**17. Care of addresses**

Does anyone use your address as a "Care of address"?

If "Yes" please give details below.

a) Please state name of the person using your address

b) Confirm the address they actually live at

c) The reason why they use your address

No  Yes

--



**18. Rent**

**18a.** Do you rent your property?

No  Yes

(This would include Housing Associations and Council properties)

If “No” please go to Section 21.

If “Yes” please complete this section in full. If you do not complete all the questions the form will be returned to you which will result in a delay in your benefit being processed.

Could you afford your property when you first started the tenancy?

No  Yes

Has a member of your household recently passed away?

No  Yes

If Yes please confirm the date they passed away and your relationship to them.

**18b.** The eligible rent used to calculate your Housing Benefit is based on the number of people living in your household and the number of bedrooms you need to accommodate them. However in certain circumstances your eligible rent can be protected or additional bedrooms allowed if :-

- you, your partner, a non-dependant or a child need overnight care.
- you and your partner can not share a bedroom because of a disability.
- children in your home can not share a bedroom due to a disability.

An additional bedroom must be available in order for extra benefit to be allowed.

How many bedrooms do you have in your home?

Under Housing Benefit rules a couple, 2 children under the age of 10 of any sex, or 2 children under the age of 16 of the same sex would be expected to share a bedroom. The Council has to decide how many bedrooms a family needs when working out how much Housing Benefit is due.

However an additional bedroom can be allowed if:-

- A couple cannot share a bedroom because of a disability **or**
- a child has a severe disability and:-  
their behaviour would either disturb the sleep of another child or pose a risk of physical harm to either child if they shared a bedroom. **and**
- the disabled child or disabled member of the couple receives Disability Living Allowance CARE at the middle or higher rate, Attendance Allowance, the daily living component of Personal Independence Payment or the Armed Forces Independence Payment (AFIP)

Considering the above, is anyone in your household unable to share a bedroom?

If “No” please go to 18c.

No  Yes

If “Yes” please complete this section in full.

The Council has to decide whether it is reasonable for a bedroom to be shared. Please give a full explanation of the circumstances and continue in Section 21 if necessary. You will need to provide supporting evidence from a healthcare professional confirming what you tell us.

The name of the person who needs a separate bedroom:

What is their medical condition?

How does it affect them – what is the nature and severity of the disability?

If a child needs a separate room why would their condition disturb the sleep of another child sharing their bedroom or pose a risk of physical harm to either child? **or**

If a couple cannot share a bedroom because of a disability, please explain why this is the case

**18c.** Is a room provided for a carer to stay overnight to care for you, your partner, a joint tenant, a non-dependant or a child?

No  Yes

Please note that only one extra bedroom can be allowed for a non-resident overnight carer (or team of carers) in the same household

An additional bedroom must be available in order for extra benefit to be allowed.

If "No" please go to Section 18d.

If "Yes" please complete this section in full.

Who is the overnight care provided for?

How often is the overnight care provided?

Please tell us how many nights each week (on average) overnight care is provided. If overnight care is not provided every week, please tell us how often it is given.

  

Who provides the care?

This could be an organisation such as the Council or an overnight Nursing Service OR it could be an individual such as a friend or relative. It could also be a number of people who take turns to help.

- If the care provider is an organisation please give us its name and address.
- If the care provider is an individual or individuals, please give us their names / addresses.

You will also need to provide a letter from the person / organisation providing the care confirming the information you have told us on this form. The letter must include the name and address of the person / organisation providing the care.

  

Please tell us below why overnight care is needed and provide evidence to support your claim from a healthcare professional.

You will **not** need to provide this information if the person being cared for receives Attendance Allowance, Disability Living Allowance CARE component at the Higher or Middle rate or Personal Independence Payments for daily living.

  
  

You can continue in Section 21 if necessary.

#### **Evidence to support your claim from a healthcare professional.**

If you do need to provide proof, we would need to see some supporting evidence (in writing) from a healthcare professional to prove that overnight care / additional bedroom is needed.

A healthcare professional could be your:

- Consultant
- Occupational therapist
- General Practitioner (GP)
- Hospital specialist
- District nurse
- Physiotherapist
- Community psychiatric nurse

They would need to confirm that the reason you gave for overnight care or an additional bedroom is correct.

**18d.** If you rent your property from the council go to section 21.

If you rent your property from a Housing Association or a private landlord please continue to complete this section.

You will need to provide proof of your tenancy by providing one of the following original documents:

- Up to date tenancy agreement
- A letter from your landlord or your landlords agent which must contain
  - a) your name and address
  - b) the full name and (business) address of the landlord.
  - c) the full name and (business) address of the managing agent.
  - d) the amount of rent payable.
  - d) what is included in the rent e.g. fuel, water, meals and other support services.
  - e) the payment period or frequency of the rent charge i.e. weekly, monthly, four weekly.
  - f) the date your tenancy started.
- Rent Book - (the Benefits Section reserves the right to accept or reject this as proof depending on its contents).

If you do not have the proof at hand, you should still return this form or you may lose benefits. If you cannot provide the proof within one calendar month of the date of this application form, you must let us know. If you do not let us know you may not get any benefit.

**Landlord / Agent Details**

Title, name & address of your Landlord:		Title, name & address of the person who collects the rent (the Agent) if different from your Landlord:	
Landlord's phone No:		Agent's phone No:	

Are you or your partner related to the landlord or owner, or their partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes", please state the relationship	<input style="width: 100%;" type="text"/>
Do you or your partner own any part of the property you now live in?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner ever owned any part of the property you now live in?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes", when did you cease to own it?	<input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>
Is your landlord the ex-partner of you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your landlord the parent of a child for whom you or your partner are responsible?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your landlord a trust, of whom you or your partner are a trustee or are a beneficiary?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your landlord a trust, of whom your child or your partner's child is a beneficiary?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you rent the accommodation from a company of which you or your partner are a director or employee?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you live in the property as a condition of you or your partner's employment?	No <input type="checkbox"/> Yes <input type="checkbox"/>

### 18e. Your Accommodation

What type of accommodation do you live in?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Detached house    | <input type="checkbox"/> Semi-detached house    | <input type="checkbox"/> Terraced house    |
| <input type="checkbox"/> Detached bungalow | <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Terraced bungalow |
| <input type="checkbox"/> Flat in block     | <input type="checkbox"/> Flat over shops        | <input type="checkbox"/> Flat in house     |
| <input type="checkbox"/> Maisonette        | <input type="checkbox"/> Hostel                 | <input type="checkbox"/> Other             |

If "other" what type of accommodation is it?

How many floors are there in the property?

Which floor is your accommodation on? (count the floor at pavement level as the ground floor)

- |                                     |                                    |                                       |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> All floors | <input type="checkbox"/> Basement  | <input type="checkbox"/> Ground floor |
| <input type="checkbox"/> 1st floor  | <input type="checkbox"/> 2nd floor | <input type="checkbox"/> 3rd floor    |
|                                     |                                    | <input type="checkbox"/> Other        |

If "other" where is it?

Please give details of the number of rooms

	How many in the whole property?	How many do you and your family use?	How many do you share with other occupants?		How many in the whole property?	How many do you and your family use?	How many do you share with other occupants?
Living rooms				Bathrooms			
Bedrooms				Toilets			
Bedsits				Other rooms			
Kitchens							

Are you renting a room or some of the rooms in the property? No  Yes

If "No", go to section 18f.

If "Yes", you must answer the following questions. Please answer the questions as if you were facing the property at the front of your house:

Please tick where your room is located:

i) Front	<input type="checkbox"/>	Centre	<input type="checkbox"/>	Back	<input type="checkbox"/>
ii) Left side	<input type="checkbox"/>	Centre	<input type="checkbox"/>	Right side	<input type="checkbox"/>

Does your room or bedsit have a number? No  Yes

If "Yes", please state room no.

### 18f. Further Information about your accommodation

Do you live in supported accommodation? No  Yes

Do you receive care, support or supervision in your home? No  Yes

If yes who provides this service?  Landlord  Other provider

Who is responsible for decorating the inside of your home? (for example, painting and wall-papering)  You  Your landlord

How much furniture does the landlord provide?  All  Some  None

Does your rent include a payment for you to use a garage? No  Yes

Does your accommodation have a central heating system? No  Yes

Does your accommodation have a garden? No  Yes

### 18g. Your Rent and Tenancy

How much is your gross rent including any service charges? £

Is this amount due:

Every day  Every Week  Every 2 weeks  Every 4 weeks  Every Month

Other  If other, how often?

The date your tenancy began  /  /

What type of tenancy do you have, for example, shorthold?

What is the length of the tenancy?

Do you have a written tenancy agreement? No  Yes

Are you a joint tenant? No  Yes

If "Yes", please state:

How much is the rent for the whole property? £

How many joint tenants are liable to pay the rent?

The names of the other joint tenants	Relationship to you

Do you want us to discuss your claim with your Landlord or Agent? No  Yes

### 18h. Services

Does your rent include an amount for:

	No	Yes	If "Yes", how much?		No	Yes	If "Yes", how much?
Council Tax?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	WIFI?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water Rates?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Someone Cleaning Your Accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Personal Care?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Personal Laundry?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot Water?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Meals? (If "Yes", see below)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Fuel For Cooking?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Other? (Please give details below)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

If your landlord provides meals, what are they? Breakfast  Lunch  Evening meal

Are the meals prepared at this address? No  Yes

Does your rent include an amount for:

Counselling and Support? No  Yes  If "Yes", how much? £

Emergency Alarm Charge? No  Yes  If "Yes", how much? £

Cleaning of Windows? No  Yes  If "Yes", how much? £



## Section 19. Payment of Benefit

It is quicker and safer to pay your Benefit directly into a bank / building society account. It also avoids any problems with postal delays, incorrect delivery or undelivered mail.

If we are unable to pay you direct into your bank account you will be paid by crossed cheque. Crossed cheques have to be paid into a bank account.

If you need advice on opening a bank or building society account, please contact us.

Please note that we cannot make payments into a Post Office Card Account.

### 19a. Housing Association Tenants

Are you renting from a Housing Association?

No  Yes

If "No" go to Section 19b.

If "Yes", would you like payments of benefit made to:

Yourself  We can make payments direct to your bank/building society account.  
Please complete the BACS form on page 31 then go to Section 21 of this form.

Your landlord  Now go to Section 21 of this form.

### 19b. Do you pay rent for any of the following:

A caravan? No  Yes

A houseboat? No  Yes

Mooring charges? No  Yes

Supported accommodation? No  Yes

A pre 1989 tenancy? No  Yes

Board and lodging?  
i.e. meals included in your rent. No  Yes

If you have answered "No" to all of these, please go to Section 19c.

If you have answered "Yes" to one of these, would you like payments of benefit made to:

Yourself  We can make payments direct to your bank / building society account.  
Please complete the BACS form on page 31 then go to Section 21 of this form.

Your landlord / Agent  To have payments to your landlord/agent you will need to have your Landlord or Agent complete and sign the Landlord/Agent agreement in Section 20 then go to Section 21 of this form.

### 19c. Tenants of all other Private Landlords

You will receive Housing Benefit under the Local Housing Allowance (LHA) scheme.

People who are part of this scheme (private tenants renting a room or property from a private landlord) will receive the LHA payable direct to themselves.

We can make payments direct to your bank or building society account. Please complete the BACS form on page 31.

In special cases, we may be able to pay your LHA directly to your landlord / agent. Please tick here and fill in the rest of this section if you would like us to consider paying your landlord / agent.



**19c. Tenants of all other Private Landlords continued**

Please tick the box or boxes that apply to you and provide the evidence required.

Reason for payment to Landlord / Agent	Examples of evidence required
<input type="checkbox"/> I / We have a medical condition or mental health problem which makes it difficult to manage my / our finances.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I / We have learning difficulties / disabilities that make it difficult to manage my / our finances.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I / We have serious difficulties with reading and writing or language difficulties.	Written evidence from Welfare Groups or Support Worker.
<input type="checkbox"/> I am / We are dealing with addiction to drugs, alcohol or gambling.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I am / We are fleeing domestic violence or had a relationship breakdown.	Written evidence from Welfare Groups or Support Worker.
<input type="checkbox"/> I / We have recently been released from prison.	Written evidence from Probation Officer.
<input type="checkbox"/> I / We have had a recent bereavement.	Letter from friends or family with Death Certificate.
<input type="checkbox"/> I / We have recently left care or hospital.	Written evidence from hospital, GP or Care Worker.
<input type="checkbox"/> I / We have a history of homelessness.	Written evidence from Housing Dept, Housing Options.
<input type="checkbox"/> I / We have severe debt problems.	Letters from creditors, court orders.
<input type="checkbox"/> I am / We are an undischarged bankrupt.	Evidence from insolvency.
<input type="checkbox"/> I am / We are unable to open a bank account.	Letters from banks or money advisers.
<input type="checkbox"/> I / We had previous problems maintaining rent.	Evidence from Welfare Groups, Housing Options, former landlords, social services.
<input type="checkbox"/> I / We have difficulty managing my / our financial affairs.	Evidence of arrears of rent, utility bills, other bills.
<input type="checkbox"/> My landlord / agent has agreed to waive the bond / rent in advance, if he receives payment direct.	A letter from your landlord / agent confirming this agreement.
<input type="checkbox"/> Direct payments would assist in securing or retaining my / our tenancy.	A letter from the landlord / agent indicating why this is the case.

None of the problems above apply to me, but receiving payments of LHA will be difficult for me because:


Please use this space to tell us anything else you would like us to consider:


## 20. Direct Payments of Housing Benefit

If you wish payments to be paid to your landlord / agent. You must have your landlord / agent complete the declaration below.

It is in your interest for you to have your landlord sign this declaration but do not delay in returning this form if you are unable to contact the landlord. If you submit this form without the landlord declaration being signed we will issue you with a Landlord Declaration which you must return to this office within one calendar month.

### Important Note to Landlord / Agent

If you wish payments to be sent direct to you, you must sign and date the boxes below to show you agree to accept the payments and understand your duties as detailed below.

**Please note that completing this section does not guarantee that payments will be made to you.**

If you already receive Housing Benefit payments direct from us please confirm your account ID, this can be found on your payment schedule.

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### Your Duties

- You must tell us of any changes in your tenant's circumstances that you are aware of. Examples of changes of circumstances which may affect your tenant's benefit are shown in Section 23.
- You must still regularly check the property as you would for a tenant not receiving Housing Benefit.
- If your tenant is overpaid Housing Benefit and the Authority asks you to repay this overpayment you must repay it on demand, unless you consider the overpayment is as a result of official error and you have sent in a written letter of dispute within one calendar month of the notification of the overpayment.

### Landlord's or Agent's Agreement

a) Do you own the property which you rent to your tenant?

No  Yes

If "No", please state:

The owner's name:

The owner's address:

The owner's telephone number:

b) Is the tenant or any member of the tenant's household related to the owner / landlord or their partner?

No  Yes

If "Yes", please give details

c) Is the owner / landlord or their partner the parent of any of the tenant's dependant children?

No  Yes

**d) If you agree to pay me the Housing Benefit which my tenant is entitled to, I agree that, if you ask, I will repay any Benefit they are not entitled to if their circumstances change.**

**I will tell the City and County of Swansea's Benefits Section immediately, in writing, about any change in my tenant's circumstances that I find out about.**

**I understand that if I do not report a change of circumstances I may be prosecuted.**

**I have read and understood the above information.**

\*Landlord's / Agents signature:

Date:

\*Landlord's / Agents telephone number:

\*Delete as appropriate

**If you wish payments to be paid direct into your bank account, please complete the landlords / agents BACS form on page 32.**



## 22. Your Privacy

Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website.

## 23. Your Duties

You must tell us straight away about any changes that may affect your Housing Benefit or Council Tax Reduction, in writing, to the Benefits Section, City and County of Swansea, Civic Centre, Oystermouth Road, Swansea, SA1 3SN or by email to [benefits@swansea.gov.uk](mailto:benefits@swansea.gov.uk).

**The following are examples of changes of circumstances that everyone must report promptly to the Benefits Section:**

- You and / or your partner are in receipt of / or become entitled to Universal Credit.
- Any change to your Universal Credit award.
- You change your address (this includes moving room within a shared house).
- The number of people living with you (including any joint tenants and any people that live with them).
- You, your partner or someone else in your household starts or finishes work or has a change in their income or savings.
- Any of your children leave school.
- Any changes to your tax credits.
- You leave your address at all (e.g. you go on holiday or into hospital)
- You and / or your partner go to prison.
- If you are not a council tenant and the rent you have to pay changes.
- You decide to stay permanently in residential care or a nursing home.
- Your landlord or the owner of the property you rent becomes responsible for any of your children.
- You become a student.

**If you do not receive Pension Credit you must also tell us:**

- About any change to you or your partner's income and / or savings.
- If you and / or your partner stops receiving Income Support, Job Seeker's Allowance or Employment Support Allowance. **You must not rely on the Department for Work and Pensions or the Job Centre to tell us.**

**If you are receiving Savings Pension Credit you must tell us**

- If your savings go over £16,000 (this includes stocks, shares, bonds and the value of any property other than your home that you own)

**Please note that the above list is not exhaustive. If any circumstances not listed above change please contact the Benefits Section.**

**24. Declaration - Please read this declaration carefully before you sign and date it.** I declare:

- That the information I have given on this form is correct and complete to the best of my knowledge.
- If I have been unable to answer a question because I am waiting for information, I have noted this on the form and will send the details to you when I receive them.
- I understand the Council will make any necessary enquiries to verify the information on this form.
- I authorise the Council to cross check the information I have given with other sections within the Council, Rent Officer Service, other Councils and Benefit Authorities.
- I understand that I may be required to submit further personal information in support of my claim, this information will be subject to the same rules of privacy contained in "Your Privacy".
- I understand that if I give information that is incorrect or incomplete or fail to report, promptly or otherwise, any changes which might affect my Housing Benefit / Council Tax Reduction I may be prosecuted.
- I understand that if the details given on this form change and too much Housing Benefit / Council Tax Reduction is paid or awarded these will have to be repaid or recovered.
- I understand that the Council will use the information and evidence I have provided to assess my Housing Benefit and / or Council Tax Reduction, these details can also be used for any local reduction, service or benefit that the Council administers. The Council may give information to other government organisations or external bodies, if the law allows this.
- I have read and understood "Your Duties" and "Your Privacy"
- I have read and understood this declaration

Your signature:

Date:

Your partners signature:

Date:

**25. If the claimant or partner cannot sign this form themselves**

Does anyone have a legal right to look after this person's financial affairs?

No  Yes

If yes, please ensure that the person with the legal right to look after this person's financial affairs has signed the declaration above.

Please tell us why you are signing the form for the person claiming:  
e.g. Power of Attorney, Court Appointed Deputy, other reason.

Name and address  
of the person who  
signed the form:

  
  

Signature:

Relationship to  
person claiming:

Phone Number:

Date:

**26. If the claimant or partner cannot fill in this form themselves**

I am unable to complete the form myself it has therefore been filled in for me by a member of the Council staff / my support worker\*. I have checked the information on the form and it is correct. I have read / the Council staff has read to me / my support worker has read to me\* Section 23 and Section 24 which I understand.

Your signature:

Date:

Name of Council staff /  
Support Worker\*:

Signature:

Job Title:

Name of Organisation:

\*Delete as appropriate

## Questionnaire

Under the Equality Act we have a responsibility to gather details of our clients. This information is used to help us with our equal opportunities policies.

This information is confidential and will be used to improve access to our services and help provide equal opportunities for everyone.

The completion of this questionnaire is voluntary.

Please indicate which background you belong to:

### Asian

- Bangladeshi
- Indian
- Pakistani
- Kashmiri
- Other Asian background  Please specify

### Black

- African
- Caribbean
- Other black background  Please specify

### Chinese

- Any Chinese background

### Mixed ethnic background

- Asian and white
- Black African and white
- Black Caribbean and white
- Other mixed ethnic background  Please specify

### White

- Any white background

### Any other ethnic background

- Any other ethnic background  Please specify

# REQUEST FOR HOUSING BENEFIT TO BE PAID INTO A BANK / BUILDING SOCIETY ACCOUNT VIA BACS

Please make payments of Housing Benefit direct to my Bank / Building Society account via BACS as detailed below:

**Please note that we cannot make payments into Post Office card accounts.**

**PLEASE ENTER YOUR DETAILS BELOW**

Bank / Building Society Name:

Address:

Postcode:

Sort Code:

Account Number:

NB: include the **Roll Number** for building society accounts

Account Name:

(for example Mr. J Jones)

**PLEASE NOTE THAT PAYMENTS BY THIS METHOD WILL BE DELAYED IF ALL THE ABOVE DETAILS ARE NOT PROVIDED.**

**UNSIGNED REQUESTS WILL BE RETURNED.**

Signature(s):

Date:



# REQUEST FOR HOUSING BENEFIT TO BE PAID INTO A LANDLORD'S (OR LANDLORD'S AGENT'S) BANK/BUILDING SOCIETY ACCOUNT VIA BACS

If you already receive benefit payments for other tenant(s) we will make ALL payments into one bank account. The details you give must be the bank details you want ALL future payments to be paid into.

Please make payments of Housing Benefit direct to my Bank / Building Society account via BACS as detailed below:

## PLEASE ENTER YOUR DETAILS BELOW

Bank / Building Society Name:

Address:

Postcode:

Sort Code:

Account Number:

NB: include the **Roll Number** for building society accounts

Account Name:

(for example Mr. J Jones)

**PLEASE NOTE THAT PAYMENTS BY THIS METHOD WILL BE DELAYED IF ALL THE ABOVE DETAILS ARE NOT PROVIDED.**

**UNSIGNED REQUESTS WILL BE RETURNED.**

**IF SIGNING ON BEHALF OF A COMPANY OR ORGANISATION, PLEASE STATE CAPACITY.**

Signature(s):

Capacity  
(if applicable)

Date: