

**Application form for  
Housing Benefit  
Local Housing Allowance  
Council Tax Reduction Scheme  
Second Adult Rebate**



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Address you are claiming benefit for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Please read the guidance notes on pages 2 to 4 before you fill in the form.**
- Use black ink to fill in the form. Do not use pencil.
- You must return this form as soon as possible to avoid losing benefit.
- If you don't have everything we ask for, you can send the proof later, as long as you do so within one month of returning this form.
- We usually award benefit from the Monday after we receive this form.
- We may use the information you provide to assess whether you are entitled to other benefits.

If you are just claiming Second Adult Rebate, only fill in part 1, part 3, part 17 and part 18 of this form.

**About your home – complete these details**

(Tick every box which applies to you.)

Do you:

Rent from a private landlord?

Own your home?

Live in a hostel?

Rent from a housing association?

Other (please give details)

\_\_\_\_\_

Jointly own or rent your home with anyone apart from your partner? (Please name them.)

Please give the name of the joint owner or tenant.

\_\_\_\_\_

When did you move into this address?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you have not moved in yet, tell us when you expect to move

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For office use only – do not complete these details**

Claim Number : \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_  
 Council Tax Account Number: \_\_\_\_\_

DATE  
STAMP

## Notes for filling in the claim form

### About Housing Benefit and Council Tax Reduction Scheme

Housing Benefit can pay all or part of your rent. It may also give you some extra money towards things you have to pay for, like children's play areas and cleaning shared areas (only if this is included in your rent charge). Council Tax Reduction Scheme can pay all or part of your Council Tax liability. It cannot help with charges for water and sewerage set by Scottish Water.

## Second Adult Rebate

Second Adult Rebate is Council Tax Reduction for people who may not have a partner but who share their home with someone who:

- is 18 or over;
- is on a low income, and
- does not pay them rent;

If you are claiming Second Adult Rebate, only fill in part 1, part 3, part 17 and part 18 of this form.

## We need proof

We need to see proof of some of the things you write about on this form.

There is a checklist in part 21 on page 30 of the form to help you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the proof we have asked for.

## Filling in the form

- **If you have a sight difficulty and want this information in another format, please contact your local service point.**
- If you make a mistake just cross it out and put the right answer next to it. Do not use correction fluid or tape.
- Answer Yes or No questions by putting a tick ✓ in the relevant box. If you are picking an answer from a list of answers, tick ✓ the appropriate box again.
- If someone else fills in the form for you there is a special space for them to sign (see part 18 on page 27). If English is not your first language and you need help filling the form, we may be able to help you. Please contact your local service point.
- **If you need any help, contact your local service point listed on page 4 of this form.**

## What to do next

When you have filled in the form, sign it and send it to us with the proof we need to see. Or you can take the form and proof to your local service point. Do not send valuable items such as benefit books, bank books or passports in the post. Bring them to your local service point and we will get the information we need and give them back to you. If you cannot get the proof we need straight away, do not worry. **Send the form to us (without the proof) and let us know that you will be sending proof later. If you do not send us the form straight away, you may lose money.**

## When we usually pay benefit from

If this is your first claim, we will usually pay your benefit from the Monday after we get your form.

## How to contact us

Please see the list on page 4 of this form.

### Changes you must tell us about

The rules for Housing Benefit and Council Tax Reduction are different from the rules for other benefits and credits. You must tell us straight away (by us we mean the Housing Benefit / Council Tax Reduction Service) if:

- people move into or out of your home, such as a partner, children, relatives or other adults;
- any income goes up or down (this includes your income, your partner's income, or the income of anyone else living with you);
- your tax credit changes;
- the savings or investments of anyone in the household go up or down;
- you or anyone living with you becomes a student, stops being a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison or gets or changes or leaves a job;
- you or your partner give birth or any of your children leave school;
- your rent changes (this includes changes to the total amount of rent your landlord asks you to pay, any charges for things like services and fuel, water rates, heating, lighting, hot water, cooking and any meals);
- you move house;
- you or your partner are going to be away from home for more than 13 weeks;
- you receive any decision from the Home Office;
- you or anyone in your home stops getting benefits from the Jobcentre Plus or the Pension Service or;
- anything else happens that might affect your benefit entitlement.

You must tell us about anything you think might affect your Housing Benefit and Council Tax Reduction. Please write to, phone or visit us at your local Customer Service Point (CSP, as detailed on page 4). Remember you must also provide the evidence of the change (date of change, payslips, written proof of change of address, benefit award letters and so on). We need to know within one month about any change that would increase your benefit. If you tell us later, we will only increase your benefit from the Monday after the date you told us.

We will always take into account changes that reduce your benefit from the date the change happened, not when you tell us about the change. If we pay you too much benefit because you do not tell us about the change on time, we will normally ask you to repay the money or we will take it from future benefit payments.

It is an offence not to tell us about any change of circumstances that affects your benefit. We may take court action against you.

### How we collect and use information

We will use the information you give in this form, and in any proof you send us, to process your claim for Housing Benefit and Council Tax Reduction. We may also share your information with other Argyll and Bute Council departments to meet the aims of our Policies and Strategies. We will only share information needed for this purpose. If you do not want us to share information for this purpose, please phone us on 01546 605512.

We may pass the information to other agencies or organisations such as the Department of Work and Pensions and HM Revenue & Customs as allowed by the law. By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

- make sure the information you have given us is correct;
- prevent or detect crime; and
- protect public funds.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to. We, Argyll and Bute Council, are the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use that information, you can ask.

## Where to go for help and advice

Council staff at the local customer service points listed below can give you help and information about your benefit claim and the benefits scheme in general.

<b>Visit us at:</b>	
Customer Service Point Burnet Building St John Street <b>CAMPBELTOWN</b> PA28 6BJ	Customer Service Point Eaglesham House Mount Pleasant Road <b>ROTHESAY</b> PA20 9HQ
Customer Service Point Municipal Buildings Albany Street <b>OBAN</b> PA34 4AW	Customer Service Point Jamieson Street Bowmore <b>ISLAY</b> PA43 7HP
Customer Service Point Scotcourt House 45 West Princes Street <b>HELENSBURGH</b> G84 8BP	Customer Service Point 1A Manse Brae, <b>LOCHGILPHEAD</b> PA31 8RD
Customer Service Point Hill Street <b>DUNOON</b> PA23 7AP	Customer Service Point Breadalbane Street Tobermory <b>ISLE OF MULL</b> PA75 6PX
Customer Service Point The Business Centre Crossapol <b>ISLE OF TIREE</b> PA77 6UP	Customer Service Point Scalasaig <b>ISLE OF COLONSAY</b> PA61 7YP
<p><b>Phone us on:</b></p> <p><b>Customer Service Centre Telephone Numbers:</b></p> <p><b>For Benefits Enquiries – 01546 605512</b></p> <p><b>For Council Tax Enquires – 01546 605511</b></p> <p><b>To Make a Payment - 01546 605515</b></p>	
<p><b>Email us at:</b></p> <p><b><a href="mailto:enquiries@argyll-bute.gov.uk">enquiries@argyll-bute.gov.uk</a></b></p>	

## Where to go for help and advice (continued)

### Welfare Rights Service

The Welfare Rights Officer's main task is to ensure that members of the public are informed of their correct entitlement to benefit. They can also help challenge or advise on unfavourable decisions made by the Department of Work and Pensions.

**The Welfare Rights Officer gives advice to members of the public on claiming all state benefits, including help to complete application forms. The Welfare Rights Officer can also provide representation at Benefit Appeal Tribunals.**

**All services are free, impartial and confidential.**

They also provide briefing sessions and talks on benefit and benefit changes for community groups.

If you wish to arrange an individual appointment for advice on a private issue, please contact the appropriate Welfare Rights Officer for your area:

Welfare Rights Officer Kintyre and Islay Community Services Burnet Building St John Street Campbeltown PA28 6ED Telephone – 01546 605517	Welfare Rights Officer Helensburgh and Lomond Community Services 45 West Princes Street Helensburgh G84 8BP Telephone – 01546 605517
Welfare Rights Officer Lorn and the Isles Community Services Municipal Buildings Albany Street Oban PA34 4AW Telephone – 01546 605517	Welfare Rights Officer Cowal Community Services Dolphin Hall Dunoon PA23 8DQ Telephone – 01546 605517
Welfare Rights Officer Mid Argyll Community Services Manse Brae Lochgilphead PA31 8RD Telephone – 01546 605517	Senior Welfare Rights Officer Bute Community Services Dolphin Hall Dunoon PA23 8DQ Telephone – 01546 605517

## For help with your reading and writing skills

**For local help with your reading and writing skills contact Big Plus and Adult Learning on 01436 658731.**

## Part 1 About you and your partner

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

	You	Your partner
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, Other)	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
National Insurance Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	If you do not have a National Insurance number, or cannot find it, tick this box <input type="checkbox"/>	If you do not have a National Insurance number, or cannot find it, tick this box <input type="checkbox"/>
Your daytime phone number	<input type="text"/>	<input type="text"/>
Your mobile phone number	<input type="text"/>	<input type="text"/>
Your e-mail address	<input type="text"/>	<input type="text"/>

We need to see proof of your identity and National Insurance Number. See the checklist at part 21 on page 30.

If you have moved home in the last 12 months, tell us your last address.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

Did you get Housing Benefit or Council Tax Reduction there?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you claim?	Yes <input type="checkbox"/> When did you claim?
	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

Were you the home owner, a tenant or a boarder at this address?	<input type="text"/>	<input type="text"/>
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If you were the owner of this address please provide evidence of the proceeds from the sale of this property e.g. a solicitor's letter

Have you or your partner come to live in the United Kingdom in the last two years?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
What is your nationality?	<input type="text"/>	<input type="text"/>

**You**

**Your partner**

If you are not British, on what date did you last enter and apply to stay in the UK?

 /  / 
 /  / 

The UK is England, Northern Ireland, Scotland and Wales

Are you or your partner in hospital at the moment?

No  Yes   
Please tell us about it below

No  Yes   
Please tell us about it below

When did you or your partner go into hospital?

 /  / 
 /  / 

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

No   
Yes  We will write to you about this

No   
Yes  We will write to you about this

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit instead?

No   
Yes  We need to see proof of this

No   
Yes  We need to see proof of this

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

No   
Yes  We will write to you about this

No   
Yes  We will write to you about this

Do you or your partner have a vehicle from a mobility scheme?

No  Yes

No  Yes

Are you or your partner a student? By student we mean anyone who is on a course of study at an educational establishment?

No   
Yes  Tell us if this if full or part time

No   
Yes  Tell us if this if full or part time

Full time  Part time

Full time  Part time

If you or your partner get a bursary, grant or student loan we need to see proof of this.

Please tick if you or your partner are:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> an apprentice     | <input type="checkbox"/> severely mentally impaired | <input type="checkbox"/> an apprentice     | <input type="checkbox"/> severely mentally impaired |
| <input type="checkbox"/> on youth training | <input type="checkbox"/> long-term sick or disabled | <input type="checkbox"/> on youth training | <input type="checkbox"/> long-term sick or disabled |
| <input type="checkbox"/> in legal custody  | <input type="checkbox"/> a carer                    | <input type="checkbox"/> in legal custody  | <input type="checkbox"/> a carer                    |
| <input type="checkbox"/> registered blind  |   | <input type="checkbox"/> registered blind  |   |

**We need to know about any children in your household who:**

- are under 16 and you receive Child Benefit for; or
- are 16, 17 or 18 and in education doing a course not higher than SVQ, GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No  Go to part 3.

Yes  If there are more than 3 children, fill in part 17 on page 26 to tell us all the information we ask for on this page.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get.

	First child	Second child	Third child
<b>Surname</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth</b>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<b>The child's relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>The child's relationship to your partner</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Usual address, if different from yours</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Child Benefit number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Who gets the Child Benefit for them? We need to see proof of this.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Is the child registered Blind?**

No   
 Yes  We need to see proof of this

No   
 Yes  We need to see proof of this

No   
 Yes  We need to see proof of this

**Does the child get Disability Living Allowance or Personal Independence Payment?**

No   
 Yes

No   
 Yes

No   
 Yes

**How much each week?**

Care  
 Mobility

£

£

£

£

£

£



Do any adults usually live with you and your partner?

By adults we mean people over 16 that nobody gets Child Benefit for.

No  Go to **part 4**.

Yes  Give details below.

Now tell us about all the people who usually live with you and your partner.

If you want to tell us about more than 3 people, fill in part 17 on page 26.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

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

No

Yes  Tell us their names below.

is the partner of

is the partner of

First person

Second person

Third person

Surname

First name

Date of Birth

/  /

/  /

/  /

National Insurance number

Their relationship to you or your partner

Some examples are

aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.

Do they get Income Support, Income-based Jobseekers Allowance, Pension Credit or Income Related Employment & Support Allowance?

No

Yes

No

Yes

No

Yes

Do they get Disability Living Allowance, Personal Independence Payment or Attendance Allowance?

No

Yes  How much?

No

Yes  How much?

No

Yes  How much?

£  a week

£  a week

£  a week

Are they registered blind?

No

Yes

No

Yes

No

Yes

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?

No

Yes  Tell us which

No

Yes  Tell us which

No

Yes  Tell us which

Do they pay rent or money for board and lodgings to you or your partner?

No

Yes  How much?

No

Yes  How much?

No

Yes  How much?

£  a week

£  a week

£  a week

	First person	Second person	Third person
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Are they severely mentally impaired?

No   
Yes

No   
Yes

No   
Yes

Are they in legal custody at the moment?

No   
Yes  When are they expected to come out?  
/ /

No   
Yes  When are they expected to come out?  
/ /

No   
Yes  When are they expected to come out?  
/ /

Are they in hospital at the moment?

No   
Yes  Please tell us about it below.  
/ /

No   
Yes  Please tell us about it below.  
/ /

No   
Yes  Please tell us about it below.  
/ /

When did they go in?

/ /

/ /

/ /

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

No   
Yes  Tell us their earnings before any deductions

No   
Yes  Tell us their earnings before any deductions

No   
Yes  Tell us their earnings before any deductions

£ a week

£ a week

£ a week

Number of hours worked?

Do they have any other income at all?

No   
Yes  Please tell us about it below.

No   
Yes  Please tell us about it below.

No   
Yes  Please tell us about it below.

Make sure you tell us about all other income they have.

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.

1. Name of first other income

How much is it before deductions?

£ a week

£ a week

£ a week

2. Name of second other income

How much is it before deductions?

£ a week

£ a week

£ a week

3. Name of third other income

How much is it before deductions?

£ a week

£ a week

£ a week

**Are you or your partner self-employed?**

No  Go to **part 5**.  
 Yes  Answer the questions on this page.

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

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

<b>You</b>	<b>Your partner</b>
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**What kind of work do you do?**



**When did the business start?**

 /  / 
 /  / 

**What is the business address?**

Postcode

Postcode

**Do you have any business partners?**

No   
 Yes  Tell us their names and addresses.

No   
 Yes  Tell us their names and addresses.

Postcode

Postcode

**How many hours a week do you usually work?**



**Do you get a Business Start-up Allowance or New Deal payment?**

No   
 Yes  How much and how often?

No   
 Yes  How much and how often?

£		every
---	--	-------

£		every
---	--	-------

**Do you pay into a private pension scheme?**

No   
 Yes  How much and how often?

No   
 Yes  How much and how often?

£		every
---	--	-------

£		every
---	--	-------

**Do you or your partner work for an employer?**

No  Go to **part 6.**

Yes  Answer the questions on this page.

If you work for more than one employer, tell us about them by filling in part 17 on page 26.

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

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

	You	Your partner
<b>What kind of work do you do?</b>	<input type="text"/>	<input type="text"/>
<b>What is your employer's name, address and phone number?</b>	<input type="text"/> <input type="text"/> Postcode <input type="text"/> Phone <input type="text"/>	<input type="text"/> <input type="text"/> Postcode <input type="text"/> Phone <input type="text"/>
<b>When did you start this job?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>What is your payroll, employee or staff number?</b>	<input type="text"/>	<input type="text"/>
<b>Are you employed for a limited period?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?	No <input type="checkbox"/> Yes <input type="checkbox"/> When will you finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>How often do you get paid?</b>	Every <input type="text"/>	Every <input type="text"/>
<b>How much do you get paid before tax and National Insurance are taken off?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>How are you paid, for example, in cash, by cheque or straight into a bank or building society account?</b>	<input type="text"/>	<input type="text"/>
<b>When was your last pay rise?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>When will your next pay rise be?</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>How many hours a week do you usually work?</b>	<input type="text"/>	<input type="text"/>
<b>Give details of any regular overtime, bonuses or commission.</b>	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
<b>Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did this start?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did this start?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Part 5**

**About working for an employer (continued)**

**You**

**Your partner**

Are you getting any other sick pay or maternity pay from your employer at the moment?

No   
 Yes  How much and how often?

£ every

No   
 Yes  How much and how often?

£ every

When did this start?

/ /

/ /

Do you pay into a private or company pension scheme?

No   
 Yes  How much and how often?

£ every

No   
 Yes  How much and how often?

£ every

**Part 6**

**About any other work**

Do you or your partner do any other work at all?

No  Go to **part 7**.  
 Yes  Answer the questions on this page.

This could be voluntary work or any other work, even if it is not paid work.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

**You**

**Your partner**

What other work do you do?

What is the name and address of the person you do this work for?

Postcode

Postcode

When did you start this work?

/ /

/ /

How many hours a week do you usually work?

Do you get paid?

No   
 Yes  Tell us about it below.

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

No   
 Yes  Tell us about it below.

How much do you get before any deductions?

£

£

How often are you paid?

Every

Every

Are you or your partner getting or waiting to hear about a claim for Income Support, Income-based Jobseeker's Allowance, Income-related Employment & Support Allowance or Pension Credit?

No  Go to **part 8**.  
Yes  Answer both the questions in this part.

**You**

**Your partner**

Are you or your partner actually getting Income Support, Income-based Jobseeker's Allowance, Income-related Employment & Support Allowance or Pension Credit?

No   
Yes  Please name the benefit or pension.

No   
Yes  Please name the benefit or pension.

When did you start getting it?

Are you or your partner still waiting to hear about a claim for Income Support, Income-based Jobseeker's Allowance, Income-related Employment & Support Allowance or Pension Credit?

No   
Yes  Please name the benefit or pension.

No   
Yes  Please name the benefit or pension.

When did you claim?

**Part 8**

**About any other benefits and pensions you receive**

**Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?**

No  Go to **part 9**.  
 Yes  Tell us about the benefits on this page.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

**You**

**Your partner**

	Waiting to hear		How often	Waiting to hear		How often
	√	How much		√	How much	
Attendance Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Bereavement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Carer's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Who do you care for?	<input type="text"/>			<input type="text"/>		
Child Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Child Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Disability Living Allowance – care component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Disability Living Allowance – mobility component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Employment and Support Allowance – contribution based	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Fostering Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Guardian's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Incapacity Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Industrial Injuries Disablement Benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Jobseeker's Allowance – contribution based	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Maternity Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
New Deal 'top up' payment	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Pension Credit – guarantee part	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Pension Credit – savings part	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Personal Independence Payment – Daily Living Component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Personal Independence Payment – Mobility Component	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Severe Disablement Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Skillseeker's Allowance – modern apprentice	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
State Retirement Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
War Disablement Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
War Widow's Pension – awarded before 1973	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
War Widow's Pension – awarded after 1973	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Widow's or Widower's Pension	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Widowed Mother's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Widowed Parent's Allowance	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Working Tax Credit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
Any other benefit	<input type="checkbox"/>	£		<input type="checkbox"/>	£	
The name of the benefit or pension						

## Section A

Do you or your partner have any works pensions, superannuations, service pensions, annuities or home income plans. This includes any pensions received from an employer of a partner. If you have more than 2 pensions fill in part 17 on page 26.

No  Go to section B below.  
 Yes  Answer the questions on this page.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

## Pension 1

You

Your partner

What is the name of the company paying the pension?



When did this pension start?

 /  / 
 /  / 

How much do you get?

 £ 

 £ 

How often?

 Every

 Every

## Pension 2

What is the name of the company paying the pension?



When did this pension start?

 /  / 
 /  / 

How much do you get?

 £ 

 £ 

How often?

 Every

 Every

## Section B

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form? This includes maintenance or Child Support, any cash payments from boarders, lodgers or sub tenants, and any other source of income.

No  Go to part 10.  
 Yes  Answer the questions on this page.

## Other money

What is the money for?

Who gets it?

How much do they get?

 £ 

How often?

 Every

When did this income start?

 /  / 

When is the income likely to go up?

 /  /



This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, Premium Bonds, National Savings Certificates and stocks and shares. You must provide your statements for the last two months.

Do you or your partner have any savings, bank accounts, investments or property in the UK or abroad?

No  Go to **part 11**.  
 Yes  Answer the questions on this page.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can use as evidence.

Do you have any of the following?

Bank accounts No  Yes  If 'Yes', answer the questions below.

Money in a bank account	Name of the bank	Whose name is the account in?
£ <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"/>

Building society accounts No  Yes  If 'Yes', answer the questions below.

Money in a building society	Name of the building society	Whose name is the account in?
£ <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"/>

Post Office accounts No  Yes  If 'Yes', answer the questions below.

Money in a post office a/c	Type of post office account	Whose name is the account in?
£ <input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Premium Bonds No  Yes  Value

Do you or your partner have any National Savings Certificates? No  Yes  If 'Yes', answer the questions below.

Value	Issue number	How many?
£ <input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your partner have any stocks, shares or unit trusts? No  Yes  If 'Yes', answer the questions below.

Value	Issue number	How many?
£ <input type="text"/>	<input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>	<input type="text"/>

**Do you or your partner have any other savings or investments?**

For example, cash, PEPs, ISAs, Income Bonds, compensation or any other money you have not told us about on this form.

No  Yes

**Tell us about this.**

**Do you or your partner own or partly own any property, land or timeshare, other than the home you live in either in the UK or abroad?**

No   
Yes

Tick **Yes** even if you have a mortgage or loan for the property, land or timeshare. Please write the address in the box below. We will also write to you separately about this property.

Postcode

**How much is it worth?**

£

**If you have a mortgage or loan for this, how much is left to repay?**

£

**Do you sub-let this property?**

No   
Yes

If 'Yes' how much income do you receive from this monthly

£

**Do any children you are claiming for: own property or land in this country, or have any money or property held in trust?**

No   
Yes

Please tell us about it below

**Tell us about this.**

Part 11

About money you pay out

**Do you or your partner pay out money from your own income for childminding costs for a child to attend a registered childminder, a nursery or an afterschool club?**

No   
Yes

Go to **part 11 over the page.**

Answer the questions below

**First child**

**Second child**

**Third child**

Tell us the name and registration number of the minder.

Tell us the name and registration number of the minder.

Tell us the name and registration number of the minder.

How much to you pay?

£ every

We need to see evidence.

How much do you pay?

£ every

We need to see evidence.

How much do you pay?

£ every

We need to see evidence.

Do you or your partner pay towards the upkeep of a student?

**You**

**Your partner**

No   
Yes

How much do you pay?

No   
Yes

How much do you pay?

£

£

How often?

How often?

Every

Every

We need to see evidence.

We need to see evidence.

Part 12

About rent

Do you pay rent for your home? Tick Yes if you would pay rent but you already get Housing Benefit.

No  Go to part 15.  
Yes  Answer the next question.

We must see evidence of everything you have listed in this part before we can decide how much benefit you can get. Read the checklist at part 21 on page 30 to see what you can supply as evidence.

**What is your landlord's full name and business address?** By landlord we mean the person or organisation who owns the property you live in.

Postcode

**If your landlord has an agent, tell us their full name and address.** By agent we mean the person or organisation you actually pay rent to.

Postcode

**Are you, your partner, or any of your or your partner's children related to your landlord or agent or to your landlords partner or the agent's partner?**

No   
Yes  What is your relationship?

**Is your landlord a former partner?**

No   
Yes  (If you answer Yes we may need to write to you for further information).

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

**When did you start renting your home?**

/ /

**When did you move into this address?**

/ /

**If you have not moved in yet, tell us when you expect to move.**

/ /

Tell us why you have not moved in.

What sort of tenancy do you have?

For example, shorthold, assured, tied rent or something like this.

How long is the tenancy for?

 /  /  to  /  / 

How much rent do you pay and how often?

 £  every 

For example, every week, two weeks, four weeks or month.

Does anyone else share the rent with you and your partner?

No   
Yes

Tell us their name and their relationship to you and your partner.

How much of the rent does the joint tenant pay?

 £  every 

For example, every week, two weeks, four weeks or month.

Has your rent changed in the last 12 months?

No   
Yes

Send us evidence.

When is the next rent increase due?

 /  / 

Do you have any weeks when you do not have to pay rent?

No   
Yes

How many in a year?

Are you behind with your rent?

No   
Yes

By how many weeks?

When you moved into your home could you afford the rent?

No   
Yes

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

You or your partner  Your landlord  Someone else

Tell us who receives the Council Tax Notice?

Does your rent include money for the following?

Meals

No   
Yes

How much?

 £  every 

For which meals? Please tick. Breakfast  Lunch  Evening meal

Heating

No   
Yes

How much?

 £  every 

Lighting

No   
Yes

How much?

 £  every 

Hot water

No   
Yes

How much?

 £  every 

Fuel for cooking

No   
Yes

How much?

 £  every

**Part 12 About rent (continued)**

**Laundry** No  Yes  How much? £  every

**Cleaning rooms or windows** No  Yes  How much? £  every

**Gardening** No  Yes  How much? £  every

**Garage or parking space** No  Yes  How much? £  every

Do you have to rent the garage as part of your tenancy agreement? No  Yes

**Personal care and support** No  Yes  How much? £  every

**Do you pay any service charges separate from your rent? For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?**

No  Yes  How much? £  every

What for?

**Part 13 About where you live**

**What sort of building do you live in? Tick one box only.**

- Detached house
- Flat in a house
- Board and lodgings
- Semi-detached house
- Flat in a block
- Hotel
- Terraced house
- Flat over a shop
- Residential nursing home
- Maisonette
- Bedsit or rooms
- Residential care home
- Bungalow
- Caravan, mobile home or houseboat
- Hostel
- Other

**Is there more than one floor?**

No  Yes  How many floors are there?  What is your flat position?

**Do you and your household live in only part of the building you have ticked?**

No  Yes  Where in the building do you live? Front  Middle  Back

**Part 13 About where you live (continued)**

**How many rooms are there in the building?**

**In the whole building**

**Just for you and your household**

**That you share with other people**

**Living rooms**




**Bedsitting rooms**




**Bedrooms**




**Bathrooms or shower rooms**




**Toilets**




**Kitchens**




**Other rooms**




**Do you use your home for business?**

No

Yes

**Who is responsible for decorating your home?**

You

The landlord

Don't know

**Please tick to show if the property is let as:**

Furnished

Partly furnished

Minimally furnished

Unfurnished

**Does your home have central heating?**

No

Yes

**Does your home have a garden?**

No

Yes

**Do you have a garage or car parking space?**

No

Yes

**Payment of Council Tax Reduction**

Your Council Tax account will be credited with any Council Tax Reduction you are entitled to.

**Payment of Housing Benefit**

Housing Association Tenants – In most cases you can choose where to have your Housing Benefit paid. We can arrange to pay your money:

- straight into a bank account
- by cheque
- direct to your landlord

If your landlord is **not** a Housing Association and you are making this claim for Housing Benefit your Housing Benefit must normally be paid directly to you. If you have difficulty managing your finances, for example you have a learning disability, an illness which means you are unable to manage your affairs on a day to day basis or severe debt problem, please contact your local service point (see page 4) or call us on 01546 605512 and we may be able to consider making payment direct to your landlord.

**Payment Direct into an Account (BACS Credit)**

We recommend that you get your money paid this way because it is the quickest and most convenient way for you to receive your benefit.

Please complete the BACS Credit mandate on page 24 of this form.

**You must tick one of these boxes**

I would like my Housing Benefit to be paid:

- Direct to my Landlord (**Housing Association Tenants only**)
- Directly into a bank account (**please complete details below**)
- By Cheque

**Please note that we cannot make payments into a Post Office Card Account.** You must answer all the questions on this page. You can find the account details on your bank statement, cheque book or passbook. If you are not sure about the details, ask the bank or account provider.

Whose name or names is the account in? (please write the name or names as they appear on the bank statement, cheque book or passbook.)

Names

Account Number

       

Sort Code

  -   -  
Roll Number  
(if applicable)
 -          

Name of bank or account provider

Address of bank or account provider




Signature of account holder

Date

 /  /



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

We usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier. We will not backdate your benefit unless you have a good reason for not claiming earlier, and that good reason exists for all of the period. You must provide evidence of the reason, for example, letters from your doctor or social worker.

Please note that we cannot backdate benefit for any period more than 6 months for working age customers and 3 months for pension age customers, from the date of your request.

Date you want to claim benefit from

/ /

For this earlier period, were your circumstances the same as on this form?

No

Yes

Tell us why you have not claimed before.

Please fill in the appropriate boxes below where you have extra information to tell us about.

**Part 2 About children**

Please provide all the information that you have given on page 8 for your other children.

**Part 3 About other people who live with you.**

Please answer all the questions we ask on pages 9 and 10.

**Part 5 About working for an employer**

Please answer all the questions we ask on pages 12 and 13.

**Part 9 About money coming in**

Please answer all the questions we ask on page 16.

**Even if someone else has filled in this form for you, both you, and your partner (if you have one) must sign this declaration if you can. 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 and I have declared all of my income and savings.
- **I give** you permission to make any enquiries to check the information on this form with the information I have given to other sections within the council, benefit authorities and the Home Office as allowed by law.
- **I must** let you know immediately of any changes in circumstances which may affect the claim. I have read and understood the list of changes I must tell you about on page 3 of this form.
- **I understand** that if I give any information that is not correct or complete or do not tell you about any changes that might affect my benefit, I may be prosecuted.
- The Council is under an obligation to manage public funds properly. Accordingly, I understand that information I provide will be used to ensure appropriate payment of Housing / Council Tax Reduction.
- The information may also be used to prevent and detect fraud, including checks on undeclared cohabiters. It is also possible that this information may be shared for the same purpose with other public bodies, other organisations which handle public funds or Experian, a credit reference agency.
- This Authority has adopted a Government procedure dictated by best practice which means that at sometime you may be contacted by a Council Officer who will confirm that the details on your application form remain unchanged. The Officer will formally identify him/herself and will fully explain the procedure to you. This process must be carried out in order for your benefit to remain in payment.
- **I agree** that you may contact my employer for details of my employment which could be relevant to my application and I agree to my employer giving you this information.

**Your signature**

**Date**

**Your partner's signature**

**Date**

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming. If you have power of attorney or you are an agent of the person claiming, you must provide evidence of this.

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

**Name of the person who filled in this form**

**Signature**

**Relationship to the person claiming**

**Date** / /

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

We will assume your agreement to us sharing information within the criteria below **UNLESS** you sign this statement telling us you **do not wish** us to share the information with your landlord.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998, we would need your permission to discuss the following with your landlord:

- That you have claimed or renewed your claim for Housing Benefit
- That we have made a decision on your claim
- Housing Benefit Entitlement and payment date
- That we need more information to make a decision on your claim and what that information may be

We will not give your landlord any information about:

- Personal circumstances which relate to you and your family
- Your finances

**You can withdraw permission for us to share information with your landlord or housing association at any time in the future.**

I **DO NOT** give Argyll and Bute Council my permission to share information with my landlord.

My landlord's name is \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please tick this box  to say you have read and if applicable signed the declaration preventing us from sharing information with your landlord.**

The information given in this application will be treated in confidence and will not be disclosed to any third parties, except where permitted by law or where consent has been received. However, information may be shared amongst other departments of Argyll and Bute Council.

The information will be held on our computer systems and may be used in the following ways:

- For the assessment of your eligibility for Housing Benefit and or Council Tax Reduction.
- Shared information for the collection of Council Tax Arrears.
- Information about landlords will be shared with other council departments for landlord registration purposes.

The uses of your personal information are covered by our registration under the Data Protection Act 1998. Under the terms of the Act, you have the right to obtain a copy of the information we hold about you, however, an appropriate fee may be payable. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Kilmory, Lochgilphead, PA31 8RT and must be accompanied by the appropriate fee where applicable.

Please tick to say what evidence you are sending with this form. We must see original documents, not copies.

Please do not send valuable items through the post. If you can, bring them into any of our offices listed on page 4. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

**If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.**

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

- |   |   |
|---|---|
| <b>BACS mandate</b>                                 | <input type="checkbox"/> Please see page 24.  |
| <b>Sharing information with landlord</b>            | <input type="checkbox"/> Please see page 28.  |
| <b>Evidence of identity</b>                         | <input type="checkbox"/> You must provide one of the following for you and your partner – birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit or EEC identity card.   |
| <b>Evidence of National Insurance number</b>        | <input type="checkbox"/> Such as a National Insurance number card, payslips or letter from social security or the tax office. Documents already provided as evidence of identity cannot be used as evidence of your National Insurance number.  |
| <b>Evidence of non-dependant's income</b>           | <input type="checkbox"/> You must provide proof of the non-dependant's income to receive the lower non-dependant deduction. If you do not, the highest deduction will apply.  |
| <b>Evidence of earnings</b>                         | <input type="checkbox"/> We also need this for any other adults living in your home. This means your last five payslips if you are paid weekly, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid monthly. If you do not have these payslips, your employer must fill in the earnings certificate.  |
| <b>Evidence of self-employment</b>                  | <input type="checkbox"/> If you or your partner are self-employed, we need to see your accounts for the last financial year. If you have been trading for less than six months, we need to see a summary of your trading records so far. We need to see your last two monthly business bank accounts.   |
| <b>Evidence of other income</b>                     | <input type="checkbox"/> We also need this for any other adults living in your home. Such as pension slips from a previous employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.  |
| <b>Evidence of benefits, allowances or pensions</b> | <input type="checkbox"/> We also need this for any other adults living in your home. Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.  |
| <b>Evidence of savings and investments</b>          | <input type="checkbox"/> Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISA's, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. We need to see this evidence for children in your household as well. The evidence you send must show details for at least the last two months. |
| <b>Evidence of other money paid out</b>             | <input type="checkbox"/> Such as letters about student grants or maintenance, agreements or receipts from registered child carers.  |
| <b>Evidence of private rent and tenancy</b>         | <input type="checkbox"/> Such as a rent book, rent receipts, lease agreement, tenancy agreement, proof of ownership or a letter from your landlord.   |

**Housing Benefit and Council Tax Reduction are not the only way to reduce your council tax bill, below is a summary of other reductions on offer.**

### **Council Tax discounts and reductions**

A discount of 25% is available for homes where there is only one person over 18 who have to pay council tax.

You might be given a discount on your Council Tax if you fall into a category of people we think need help with paying it.

These following people may be disregarded for the purpose of calculating Council Tax liability:

- students, student nurses and apprentices
- long-term hospital patients
- under 18's
- anyone with a severe learning difficulty

**For example:** A couple both aged over 18 live together and one of them is a full-time student. In this case, the student would not be counted for council tax while they are studying full-time and the bill for the property would be reduced by a 25% discount.

You may be entitled to a discount of 10% if the property is not your sole or main residence.

You may be entitled to a reduction in your council tax bill if someone in your home is disabled, and the property has a feature which is mainly used by the person with the disability. For example: if your house has been specially adapted for a wheelchair to be used indoors.

For some properties, council tax may not need to be paid at all (this is known as an exemption). For example: if the property is not being lived in and is unfurnished or only has students or people under the age of 18 living in it. If you would like to know more about the various discounts and exemptions that are available, please contact us on 01546 605511 or visit our website at [www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk).

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.

Ma tha sibh ag iarraidh an sgrìobhainn seo ann an cànan no riochd eile, no ma tha sibh a' feumachdainn seirbheis eadar, feuch gun leig sibh fios thugainn.

Gaelic

**Jezeli chcieliby Państwo otrzymaO ten dokument w innym języku lub w innym formacie albo jeeli potrzebna jest pomoc Uumacza, to prosimy o kontakt z nami.**

Polish

यह दस्तावेज़ यदि आपको किसी अन्य भाषा या अन्य रूप में चाहिये, या आपको आनुवाद-सेवाओं की आवश्यकता हो तो हमसे संपर्क करें

Hindi

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Urdu

ਜੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਗੱਲਬਾਤ ਸਮਝਾਉਣ ਲਈ ਕਿਸੇ ਇੰਟਰਪ੍ਰੈਟਰ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਦੱਸੋ।

Punjabi

本文件可以翻譯為另一語文版本，或製作成另一格式，如有此需要，或需要傳譯員的協助，請與我們聯絡。

Cantonese

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**Information is available in large print, audio tape and Braille formats. Typetalk calls welcome.**



**Argyll and Bute Council - Income Certificate**

**You should only use this form if you cannot send us payslips.**

Please fill in your name and address opposite and get your employer to fill in the details that we ask for. When the certificate has been completed please send it back to us with your application form.	<b>Name:</b>  <b>Address:</b>
<b>Employer's Signature</b>	<b>Employer's Stamp</b>
<b>Print Name:</b>	<b>Date:</b>

To Employer: Please help the persons application by giving us their last five weeks' wages, if they are paid weekly, the last three if they are paid fortnightly or the last two months if they are paid monthly. Please give this form back to the employee when complete.

	Date	Gross Pay (before deductions)	Income Tax	National Insurance Contributions	Pension Contributions
1					
2					
3					
4					
5					

**Normal hours they work each week**

Is SSP included in any of these payments? Yes  No

If "Yes", how much? £

**Please include any overtime or bonuses**