

HOUSING BENEFIT & COUNCIL TAX BENEFIT

GETTING YOUR CLAIM DEALT WITH MORE QUICKLY!

The following notes have been written to help you to help us deal with your claim as quickly as possible. Please tear them off and read them before you fill in the application form.

If you need more information, or if there is any part of the application form you are not sure about, please call us on 01732 227000, option 2 followed by option 2 (other Benefit enquiries).

Filling in the application form : You must answer all the questions and tick all the boxes. If the question does not apply to you tick the 'no' box. Use black ink and make sure you sign and date the declaration on page 17. You must also send in the necessary documentary proofs. If someone else fills in the form for you, there is a special place for them to sign.

Do not delay in completing and sending in your application form, as benefit is usually paid from the Monday after you make your claim. Even if you do not have all the proofs, send your form anyway and get the proofs to us as soon as possible and within 1 calendar month at the latest. Examples of acceptable proofs are listed overleaf.

If you are renting your property or paying ground rent, even if the Council pays your rent, you must complete Part 10 of the application form to enable you to claim Housing Benefit.

The Equal Opportunities questionnaire is entirely voluntary. Please tear it off and return it with your form if you are happy to provide the information we ask for.

What will happen when I return my application? We will process your application and write to you telling you the outcome of your claim with details of how this has been worked out. If you are not awarded Benefit we will tell you why. If you are awarded Benefit we will tell you the period for which payment has been awarded and the amount of Benefit awarded. Check these letters carefully, especially the income we have used in the assessment and tell us straight away if any of the details are not correct.

If your application form is not properly completed, with all the necessary documentary proofs enclosed, we will not be able to complete our assessment and it will cause a delay in working out what you may be entitled to.

If you give incorrect information you may be prosecuted.

Sharing information about your application for Benefit with your landlord or a third party: With your permission we could tell your landlord, or a named third party, whether you have made a claim or advised us of change in circumstances, whether we have made a decision on your claim, or whether we need more information to make a decision and what that information is. If you are happy for us to discuss your claim, you must fill in, sign and return the form on page 20.

Paying your benefit: We can pay your Housing Benefit straight into your bank or building society account, by cheque. If you are not affected by Local Housing Allowance we can also pay your landlord or landlord's agent directly.

If you want us to pay your Benefit into an account you must fill in section 12a on page 15.

If you are not affected by Local Housing Allowance we can pay your Benefit direct to your landlord or landlord's agent. Your landlord or landlord's agent must fill in, sign and return the tear-off form on page 19. Do not delay sending in your form because you are waiting for the landlord or agent to sign it. Send the form anyway and we will pay you until we receive the signed declaration.

Please note that tenants of Hanover Housing Association, Moat, MacIntyre Housing Association West Kent Housing Association, and Southern Housing Group do not need to get their landlord to sign.

EXAMPLES OF PROOFS

Please note that all proofs must be ORIGINAL documentation.

National Insurance numbers: National Insurance card, pay slips, benefit payment books and letters from the Department for Work and Pensions. You must supply proof of this for yourself (and your partner if you have one).

Identity: Benefit payment books, paid utility bill for the last quarter, pay slips, bank statements, building society books, birth certificate, marriage or civil partnership certificate, driving licence, passport, home office letters, UK residence permits and EEC identity card.

Child benefit, if you have children living with you: Child allowance book or award letter.

Other adults who live in your household are called non-dependants and a deduction will be made from your benefit according to their income: Wage slips, a completed Certificate of Earnings, benefit or pension slips, award letters.

Income (not including earnings or savings): Proof of each pension, allowance or other income that you or your partner get, eg award letters, benefit books or payment slips.

Other income: Maintenance – the original court order notice or Child Support Agency notification with current evidence of the payments you receive, eg a bank statement or a letter from the absent parent/partner confirming the amount they pay. Student Grants and Loans – the original award notifications.

Earnings: Your last 5 (or 8 if your wages vary) payslips if you are paid weekly, or your last 2 (or 3 if your wages vary) payslips if you are paid monthly. Alternatively, your employer can fill out a Certificate of Earnings (we may contact your employer to confirm the details supplied). If you are self-employed you need to supply your latest self-employed accounts or complete a self-employed earnings form (please contact us if need one of these).

Savings, investments and capital: Original bank statements showing the last 2 months' transactions, pass-books or certificates for all accounts, bonds or other investments including ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments or savings.

If you are renting from a Private Landlord or Housing Association: Tenancy agreement, Rent Book, letter from landlord or landlord's agent. The proof must show current liability, the date the liability started and what services, if any, are included.

Please do not send State Benefit books through the post. These may be taken to a Sevenoaks District Council Office for verification – see page 18 of this form for addresses and opening times.

WE WILL PHOTOCOPY ALL DOCUMENTS AND RETURN THEM TO YOU IMMEDIATELY



Equal Opportunities Questionnaire

TEAR OFF

The completion of this survey is voluntary. It will not affect your application for Housing and/or Council Tax Benefit in any way. The information you give is confidential and will only be used to improve access to our services and ensure that we are providing equal opportunities to all our residents.

Completed surveys will be removed from the application form and filed separately.

Please tell us which background you belong to:

Asian

Bangladeshi

Indian

Pakistani

Other Asian background
(please specify below)

Black

African

Caribbean

Other black background
(please specify below)

Chinese

Any chinese background

Mixed ethnic background

Asian and white

Black African and white

Black Caribbean and white

Other mixed ethnic
(please specify below)

White

Any white background

Any other ethnic background

Any other ethnic
background
(please specify below)

TEAR OFF

Please tell us your nationality:

British or mixed British

Scottish

English

Welsh

Irish

Any other nationality
(please specify below)

TEAR OFF

Thank you for completing this form. Please tear it off & return it with your application form.

Sevenoaks District Council

Benefits PO Box 102, Argyle Road,
Sevenoaks, Kent TN13 1GT
Telephone: 01732 227000

Claim Ref:

Date Sent:

HOUSING BENEFIT & COUNCIL TAX BENEFIT

Please read these notes before filling in the form

1. Please **read the questions** carefully before answering, and fill in **all** parts of the form using **black ink**.
2. If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.
3. If you need any help with this form, please visit our office at Argyle Road or phone 01732 227000. In exceptional circumstances, if you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.
4. We normally pay benefit from the Monday after we receive your form. Send your form in as quickly as possible to register your claim, with any proof we require. If you do not have all the evidence you need, return the form anyway and send the proof within 1 calendar month. If you need longer please tell us at once.
Never delay claiming, as this will lose you benefit.
5. If your circumstances change after you have filled out this form you must let us know straight away. Examples of things you must tell us about are:
 - if you change address
 - if you, or your partner stop getting Income Support/ Income-Based Jobseekers Allowance or Guarantee Credit
 - if you, or your partner, go into hospital
 - if anyone leaves or joins your household
 - if anyone in your household has a change of incomePlease note these are examples only - if in doubt please tell us anyway. If you telephone you will normally have to confirm your changes in writing.
6. The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment.

Please use black ink.

Name: _____

Address (including room no, if you have one): _____

Postcode: _____

Phone Number : _____ Email: _____

You do not have to give your phone number or Email address, but it could help us contact you more quickly if you do.

Please tick the box which applies to you before you fill in the form

- I own and live in my own home.
- I pay rent to West Kent Housing Association.
- I pay rent to another Housing Association.
- I pay rent to a private landlord.
- I have been placed in temporary accommodation by Sevenoaks District Council.
- I live in a hostel or bed and breakfast accommodation, which was not arranged by Sevenoaks District Council.
- I wish to apply for Council Tax Benefit only.
- I pay ground rent only for a mobile home.
- I wish to apply for Second Adult Rebate. *

*You can claim Second Adult Rebate if you are the only person in your home who has to pay Council Tax but you share your home with other adults (none of these adults can be your partner or tenant or lodger) who are on a low income. You may be entitled to Second Adult Rebate regardless of your own income. Please complete this page and sections 1, 5, 13 and 14 only. If you are not sure if you would be entitled to Council Tax Benefit due to your own income, complete all sections and we will award the benefit that gives you most help.

1 About yourself and your partner

Do you have a partner who normally lives with you?

Yes No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

Please answer all the questions.

Proof: National Insurance Numbers - You must supply proof of National Insurance Number (and your partner's if you have one). If you or your partner do not have or cannot find your National Insurance Number please tell us at once. We cannot pay benefit without this information.

Identity: You must provide proof of your identity. Suitable documents include **benefit payment book, paid utility bill for the last quarter, pay slips, bank statements, building society books, birth certificate, marriage certificate, driving licence, home office letters and UK residence permits.** If you are unsure about what is needed please ask us.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself	Your Partner
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Surname/Family name		
First names		
Former or "known as" name		
Date of birth	/ /	/ /
National Insurance number		
Are you a joint tenant or owner (not including with your partner)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give us the name of your joint tenants / owners.		
Did you or your partner previously own the home you are living in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date did you move to your current address?	/ /	/ /
What was your previous address?		
Postcode		
Did you own or rent your last home?	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/>
What was last day you were liable to pay rent at your previous address	/ /	/ /
Were you getting benefit from us at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you getting an extended payment within 4 weeks of leaving this address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever claimed benefit before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the last address you claimed benefit at?		

You must provide original documents. We do not accept photocopies.

	Yourself	Your Partner
Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what is your nationality? (We may contact the Home Office to check the information you give on this form and to get further relevant information)	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter & apply to stay in the United Kingdom?	/ /	/ /
Do you have a worker registration card or certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you come to live in the UK under a sponsorship undertaking?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , give the following details.		
Sponsor's name:		
Other names:		
Address:		
Date of sponsorship:	/ /	/ /
Home Office reference number:		

2 More about you and your partner

Please answer all the questions.

	Yourself	Your Partner
Are you a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , are you full or part time?	Part <input type="checkbox"/> Full <input type="checkbox"/>	Part <input type="checkbox"/> Full <input type="checkbox"/>
Do you get Income Support/Income - Based Jobseeker's Allowance or Guarantee Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get the long-term rate Incapacity Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Severe Disablement Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered as blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration Number		
Are you registered partially sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration Number		
Do you get Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance Care Component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance Mobility Component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please say who gets it.		
Are you unable to work because of illness or disability? (We may ask for proof)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give the date you became unfit for work.	/ /	/ /
Are you in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give the date you went into hospital.	/ /	/ /
If yes , please give the date you hope to return home.	/ /	/ /

You must provide original documents. We do not accept photocopies.

3 About any children who live with you

Do you have any children who live with you?

Yes No

If **no**, go to section 4.

By children we mean anyone under 16, or any young person aged 16 or over but under 20, in further education.

Proof: Please provide proof of the child benefit you receive. This could be **the Award letter**. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month. You must tell us when child benefit stops.

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname					
First Names					
Relationship to you					
Date of Birth	/ /	/ /	/ /	/ /	/ /
Do you receive Child Benefit for them?	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"/> No <input type="checkbox"/>
Do you receive Disability Living Allowance for them?	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"/> No <input type="checkbox"/>
Are they Registered Blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they are over 15, give the date you think they will leave school	/ /	/ /	/ /	/ /	/ /
Are they earning?	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"/> No <input type="checkbox"/>

4 Money you pay out

Are any of your children cared for by a registered childminder, or any other registered or approved childcare provider, for example a nursery or an after-school club?

Yes No

If **yes**, how much do you pay each week?

£ : p

Name and address of childcare provider

Proof: We will need to see evidence of the child care providers registration and proof of the payments you make.

Do you or your partner pay anything towards a student grant?

Yes No

If **yes**, how much do you pay each week?

£ : p

Proof: We will need to see proof of the money you pay out. This may be a **statement of payments** or a **letter from your local education authority**.

You must provide original documents. We do not accept photocopies.

5 About other people who live in your home

Apart from you, your partner and any children you receive Child Benefit for, does anyone else live in your home?

If **no**, go to section 6.

Yes No

If **yes**, please tell us about everyone in your home who has not been mentioned on this form. This includes other children, relatives and anyone else who lives with you, **except** sub-tenants, borders or lodgers who should be put in section 9. You do not need to include other tenants in the property who are not part of your household.

Proof: we will need to see proof of all the people that you mention in this section. This includes proof of their income and savings. This may be **wage slips** (5 if they are paid weekly, or 2 if they are paid monthly), **a completed Certificate of Earnings, benefit or pension slips, award letters, or a letter from the person or organisation who is providing the money.** We need this information because other adults living in your home are called non-dependants and a deduction will be made from your benefit according to their income. If you do not send this proof we may deduct the wrong amount.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names				
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Are they a joint owner / tenant with you?	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"/>
Do they work 16 hours a week or more?	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"/>
What is their weekly gross income (before tax and deductions, but not including Attendance Allowance or Disability Allowance)?	£ : p	£ : p	£ : p	£ : p
Do they receive Savings Credit ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how much ?	£ : p	£ : p	£ : p	£ : p
What savings do they have?	£ : p	£ : p	£ : p	£ : p
What interest from savings and dividends from shares do they receive?	£ : p	£ : p	£ : p	£ : p
Do they receive Income Support /Income-based Job Seekers Allowance /Guarantee Credit ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Insurance Number (if known)				
Do they provide care in your home for you, your partner or your child for more than 35 hours a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they in hospital or prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what date did they go into hospital or into custody?	/ /	/ /	/ /	/ /
Are they students? (This includes student nurses, youth training trainees and apprentices).	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"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Child Benefit for them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If any of these people are married, civil partners or living as a couple, please state this.				

You must provide original documents. We do not accept photocopies.

6 About your income (not earnings or savings)

Yourself

Your partner

Do you or your partner get any pensions, benefits, allowances or other income (not earnings)

Yes

No

Yes

No

(If **no**, please go to section 7.)

If **yes**, please fill in the boxes to show how much you and/or your partner get, how often (weekly, monthly, 4 weekly), how you are paid (direct into bank or building society, order book, giro) and when the income started. Please give the **gross** (before any deductions) income you are entitled to.

Proof: Please send us proof for each pension, allowance or other income that you or your partner get. This may be **bank statements showing the amount received, award letters or payment slips**.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself				Your Partner			
	When did it start?	Amount £ p	How often is it paid?	How is it paid?	When did it start?	Amount £ p	How often is it paid?	How is it paid?
Pensions								
State Retirement Pension		:				:		
Occupational Pension		:				:		
- Name of employer								
- Date you expect your next increase	/ /				/ /			
Personal Pension		:				:		
Widowed Mother's Allowance or Widowed Parent's Allowance		:				:		
Widow's Allowance, Widow's Pension or Bereavement Allowance		:				:		
War Widow's or Dependant's Pension		:				:		
War Disablement Pension		:				:		
Industrial Disablement Pension		:				:		
Benefits and Allowances								
Guarantee Credit - Pension Credit		:				:		
Income Support		:				:		
Income-based Jobseeker's Allowance		:				:		
Contribution-based Jobseeker's Allowance		:				:		
Savings Credit - Pension Credit		:				:		
Employment Training Allowance		:				:		
Child Benefit		:				:		
Working Tax Credit (please provide the award letter)		:				:		
Incapacity Benefit		:				:		
Child Tax Credit (please provide the award letter)		:				:		
Attendance Allowance		:				:		
Disability Living Allowance: Mobility		:				:		
Care		:				:		
Carer's Allowance		:				:		
Severe Disablement Allowance		:				:		
Exceptionally Severe Disablement Allowance		:				:		
Industrial Disablement Benefit		:				:		
Maternity Allowance		:				:		
Fostering Allowance		:				:		
Guardian's Allowance		:				:		

You must provide original documents. We do not accept photocopies.

Other Income

Proof: Maintenance - please provide the **original court order notice or Child Support Agency notification** with current evidence of the payments you receive. This may be a **bank statement or a letter from the absent parent/partner** confirming the amount they pay.

Student Grants and Loans - please provide the **original award notifications**.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

Income from the Eileen Trust, The Fund, The MacFarlane Trusts and the Independent Living Fund do not need to be declared

	Yourself				Your Partner			
	When did it start?	Amount £ p	How often is it paid?	How is it paid?	When did it start?	Amount £ p	How often is it paid?	How is it paid?
Return to Work Credit		:				:		
Youth Training Scheme payment		:				:		
Maintenance payments you receive (for yourself)		:				:		
Maintenance payments you receive for a child		:				:		
Student Grant		:				:		
Student Loan		:				:		
Access Fund Payments		:				:		
Payments from boarders		:				:		
Rent		:				:		
Payments from charities		:				:		
Home Income Plan (Annuity)		:				:		
Private Pension (Annuity)		:				:		
Any other income		:				:		
please give details		:				:		
		:				:		

Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?	Yes <input type="checkbox"/>	If yes , please give details below
	No <input type="checkbox"/>	
Name of benefit or other income		
Who is claiming this?		
Date it was applied for	/ /	
Is any of the above income for you or your partner subject to regular increase?	Yes <input type="checkbox"/>	If yes , please give details below
	No <input type="checkbox"/>	
Income subject to regular increase		
Date next increase due	/ /	

Please tell us immediately if you stop receiving any benefits, allowances or other income.

You must also tell us immediately if you start to get any other benefits, allowances or other income.

You must provide original documents. We do not accept photocopies.

7 Where do you work and what do you earn?

Yourself

Your Partner

Do you or your partner have any work, paid or otherwise? Yes No

Yes No

(This includes self-employment and voluntary work)

If **yes**, please fill in this section if you are employed by someone else. If you are self-employed please complete section 7a and fill in a self-employed earnings form. If you have not been sent this form, please contact us immediately.

If **no**, please go to section 8.

Proof: We need your last **5 payslips if you are paid weekly**, or **your last 2 payslips if you are paid monthly**. If you do not have the necessary payslips, or your payslips do not show us what we need to know, your employer will need to fill out a **certificate of earnings**. If necessary we will need to contact your employer to confirm the details supplied.

If your wages vary please send your last 8 payslips if you are paid weekly and the last 3 months if you are paid monthly.

	Yourself		Your Partner	
How many jobs do you have?				
Name and address of your main employer				
Place of work if different from above				
Date you started work	/	/	/	/
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/
How are you paid? For example, cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£ p		£ p	
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
Do you receive Luncheon Vouchers?	:		:	
What date do you expect your next pay increase?	/	/	/	/
If you are getting Statutory Sick Pay, what date did it start?	/	/	/	/
If you are getting Statutory Maternity/Paternity Pay, what date will it end?	/	/	/	/
If you are getting Statutory Adoption Pay, what date did it start?	/	/	/	/
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how much do you pay?	£	:	£	:
How often?				

Please provide proof that you are a member of the scheme and evidence of how much you pay.

You must provide original documents. We do not accept photocopies.

	Yourself		Your Partner	
Do you or your partner do any other work, paid or otherwise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of your employer				
Place of work if different from above				
Date you started work				
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/
How are you paid? eg cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£	p	£	p
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
What date do you expect your next pay increase?	/	/	/	/

If you have more than 2 jobs please give details in section 11 Other Information

7 a Self Employed

	Yourself		Your Partner	
Are you or your partner self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is self-employment your only employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a partner of the business? (If yes , we need to see your partnership agreement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Director of the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of work do you do?				
How many hours do you work per week ?				
Please give your business address				
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how much do you pay?	£	:	£	:
How often?				
Please provide proof that you are a member of the scheme and evidence of how much you pay.				
Do you get a business allowance or government grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have prepared accounts for the last financial year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **yes**, please return them with this form. If **no**, you will need to complete a self-employed earnings certificate. Please contact the Council if you have not been sent one with this form.

You must tell us if you start or stop work after you have sent in this form. You must also tell us if there is a change in the number of hours you work or the amount of money you earn.

You must provide original documents. We do not accept photocopies.

8 About your savings, investments and accounts

Please fill in all the sections below.

Proof: Please provide original bank statements showing the last 2 months transactions, pass-books or certificates for all accounts, bonds or other investments which you or your partner have. We will photocopy these and return them to you immediately. If you do not have the documents to hand, send in what you have now and send the other information within 1 calendar month.

	Yourself		Your Partner	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Current Accounts? If yes , please give the name of the bank or building society or 'post office' or 'giro account'.				
1		£ :		£ :
2		£ :		£ :
3		£ :		£ :
4		£ :		£ :
Do you have Deposit Accounts? If yes , please give the name of the bank or building society or 'post office' or 'giro account'.				
1		£ :		£ :
2		£ :		£ :
3		£ :		£ :
4		£ :		£ :
Do you have TESSAs, PEPS, or ISAs? If yes , please give the name of the bank or building society or company				
1		£ :		£ :
2		£ :		£ :
3		£ :		£ :
4		£ :		£ :
Do you have National Savings Certificates? If yes , please give Issue number or type (say if they are index linked) or the name of the company				
1				
2				
3				
4				
Do you have National Savings Bonds? If yes , please give Issue number or type (say if they are index linked) or the name of the company				
1		£ :		£ :
2		£ :		£ :
3		£ :		£ :
4		£ :		£ :

You must provide original documents. We do not accept photocopies.

	Yourself	Your Partner
Do you have Unit Trusts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many	How many
If yes , please give Name of Company or Investment Fund and Issue number or type	1	
	2	
	3	
	4	
Do you have Shares?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many	How many
If yes , please give Name of Company or Investment Fund and Issue number or type	1	
	2	
	3	
	4	
Premium Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Trust Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Savings in Cash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Any other investments - please give details		

Property or land. (Do not count the place where you live).		
Do you own or jointly own any other property or land? If yes , please give details including address.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you sold a property within the last 12 months? (We may contact you for more information.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please make sure you have included details of all savings and investment.
You can give more details in section 11 'Other Information'

If you have savings, investments and accounts which total over £16,000 you will not normally be entitled to Council Tax Benefit or Housing Benefit.

You must provide original documents. We do not accept photocopies.

9 About sub-tenants, boarders and lodgers

(Anyone who lives with you and pays rent, but is not a close relative).

Is there anyone else living with you who you have not mentioned on this form?

Yes No

If **no**, please go to section 10. If **yes**, please give their details below.

Proof: We need proof of the amount of rent you get each week. This may be the **rent book**, or a **letter from your boarder/lodger/sub-tenant** confirming the amount they pay and what is included in their rent.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names				
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Date they moved in	/ /	/ /	/ /	/ /
How much rent do they pay each week?	£ : p	£ : p	£ : p	£ : p
Does the rent cover heating?	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"/>
Does the rent cover meals?	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"/>

10 Details about your tenancy

Do you rent from a Private Landlord or Housing Association?

Yes No

If **no**, please go to section 11.

If **yes**, please complete **all** the questions below.

Proof: Please provide evidence that you are currently liable to pay rent. This must include the full name and business address of the landlord, the full name and business address of any managing agent, the date the agreement started, the amount of rent payable, what is included in the rent (eg water rates, meals, emergency alarms), and the payment frequency. Suitable documents include **tenancy agreement**, **rent book**, **letter from landlord or landlord's agent**. Please note that the proof must show **current** liability.

Name and Address of your landlord			
Company	Full name(if not a company)		
Address			
Landlord's phone number			
Name and Address of agent (if you have one)			
Date the tenancy started	/ /	Date you moved in	/ /
What sort of tenancy do you have? eg assured shorthold			
Length of tenancy	months	Date tenancy is due to end	/ /
Is the tenancy in your name?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no , please provide the tenants name.		
What is the full rent/ground rent you pay and how often is it due?	£ :	Every week <input type="checkbox"/>	Every month <input type="checkbox"/> Every four weeks <input type="checkbox"/>
Are you behind with your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much do you owe? £	
Are you a joint tenant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your partner related to your landlord or landlady (or his / her partner)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , what is the relationship?			
Is your landlord an ex-partner of you or your partner? (If yes did you live with your landlord at this address)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your landlord the parent of your or your partner's child?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner work for your landlord?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your landlord own the property?			Yes <input type="checkbox"/> No <input type="checkbox"/>

You must provide original documents. We do not accept photocopies.

Do you or your partner use part of your home for business purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had a pre-tenancy determination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has your rent been registered with the Rent Officer? If yes , please provide the notice of registration form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

Are there any of the following included in the rent — please tick.

Services

Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Water Rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Garage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Do you have the option to rent the garage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Do not know <input type="checkbox"/>
Allocated parking space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Cooking facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Medical expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>
Other (please give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£	:	Do not know <input type="checkbox"/>

Facilities

Central Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meals	Breakfasts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Furnished	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Midday Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , is it furnished	Partly <input type="checkbox"/>	Fully <input type="checkbox"/>	Evening Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Garden	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Please specify			

Are services provided throughout the property or just in the parts that are shared with others?	Throughout <input type="checkbox"/>	In shared parts only <input type="checkbox"/>
-------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------

Supported Accommodation - This means where extra support is available for example, warden, counselling, emergency alarms.

Do you live in supported accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes , does your rent include any of the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how much?	£	:
Counselling or support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how much?	£	:
Cleaning of room or windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how much?	£	:
Emergency alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how much?	£	:
Nursing or personal care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes how much?	£	:

We may need to ask you or your landlord for more details.

About the accommodation

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terraced <input type="checkbox"/>
Mobile Home <input type="checkbox"/>	Flat <input type="checkbox"/>	in block <input type="checkbox"/>	over shop <input type="checkbox"/>	in house <input type="checkbox"/>	
Room / rooms <input type="checkbox"/>	Other, please specify				

12 Paying your Benefit

We can pay Housing Benefit in 3 ways:

1. straight into your bank or building society account
2. by sending you a cheque, or
3. direct to your landlord/landlord's agent*

Local Housing Allowance

*If you are renting from a private landlord and your claim starts on or after 7 April 2008, payments will normally be made direct into your bank account. If you feel you are unable to manage your own financial affairs please refer to page 16 and request an Application Form for payments of LHA to be paid to your landlord.

Tell us how you want us to pay you (make sure you tick one of the boxes below)

Into my bank/building society account **Go to section 12a**

By cheque

Direct to my landlord/landlord's agent*

Both you and your landlord/landlord's agent must also sign and return the form on page 19.
Note: Tenants of West Kent, Southern Housing, Macyntrre, Hanover & Moat do not need to get a landlord signature they just need to return the form with the claimant part signed.

12a Details of the account you want us to use (please fill in all the boxes)

The name(s) the account is in
(write the name or names exactly as they appear on the cheque book, passbook or statement)

Full name of the bank or building society

Sort code

Account Number

If it is a building society account please give us the roll number
(Please note that we cannot pay into some types of building society accounts)

13 Local Housing Allowance: Safeguard Policy

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

However, every council has a Safeguard Policy to protect vulnerable tenants. Each case is considered individually.

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

- the tenant is in rent arrears of 8 weeks or more and it is in the over-riding interest of the claimant to make payments to the landlord
- the tenant is having deductions from their Income Support or Job seekers Allowance to pay off rent arrears
- the tenant is “likely to have difficulty in relation to the management of his financial affairs”
- it is unlikely that the tenant will pay their rent

Examples of where the Safeguard Policy may apply:

The tenant:

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

This is not an exhaustive list.

- Please tick here if you would like an Application Form for payments of LHA to be paid to your landlord sent to you.

You will need to fully complete the safeguard form and provide supporting evidence for us to consider your application. We will then write to you with our decision.

Completion of this form does not guarantee that payments of Housing Benefit will go directly to the landlord. Each application is assessed on its own individual merits.

Alerting the Council

The tenant or another person representing them may make the council aware that the Housing Benefit should be paid to the landlord in their opinion.

14 Declaration

Please read this declaration carefully and sign below

YOUR DECLARATION

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

Warning: If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant changes of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Theft Acts of 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I know I must let the Council know about any changes in my circumstances, which might affect my claim. (Tear off page 22, keep it safe and complete and return it to us when you have a change of circumstances).

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

Signature of person claiming Date

If this form has been filled in by someone other than the person claiming please tell us why you have filled in this form for someone else.

Name of the person who filled in the form

Relationship to the claimant

Signature Date

How we collect and use information.

The information collected, on this form and by supporting evidence, by Sevenoaks District Council will be used to process your Housing Benefit and Council Tax Benefit claims. The information may be passed to the Department for Work and Pensions, Jobcentre Plus, Pension Service and HMRC as permitted by law.

We may check the information you give, or information about you provided by a third party with other information held by us. We may also get information from certain third parties, or give them information to check the accuracy of the information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and Local Authorities.

We will not give information about you to anyone outside Sevenoaks District Council nor use information about you for other purposes unless the law allows us to.

Sevenoaks District Council is 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 your information, you can ask at the Council Offices, Argyle Road, Sevenoaks.

You must provide original documents. We do not accept photocopies.

15 Proof you are sending us and checklist

Have you got all the proof you need to give us? We cannot assess your entitlement without all the necessary proof.

Please tick the checklist below to confirm what you are enclosing with this form.

If you do not have all the proof we need, send your form anyway. Make a note of what else we require and get the missing documents to us as soon as possible and within 1 calendar month at the latest.

If you cannot give us the proof within 1 calendar month of sending this form, you must let us know straight away or you may lose benefit.

- | | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> UK residence permit. | <input type="checkbox"/> Proof of the rent you pay. |
| <input type="checkbox"/> Divorce or annulment papers. | <input type="checkbox"/> Proof of all the benefits you and your partner receive. |
| <input type="checkbox"/> Driving Licence. | <input type="checkbox"/> Proof of all the income received by people you have included in question 5. |
| <input type="checkbox"/> National Insurance number card. | <input type="checkbox"/> Proof of your or your partner's grant if you or your partner are a student. |
| <input type="checkbox"/> Benefit payment book (we advise you not to post the book to us). | <input type="checkbox"/> Proof of your and your partner's earnings. |
| <input type="checkbox"/> Birth certificate (official copies are acceptable). | <input type="checkbox"/> Proof of your and your partner's savings and investments. |
| <input type="checkbox"/> Medical card. | |
| <input type="checkbox"/> Paid gas, electricity or phone bill for the last quarter. | |
| <input type="checkbox"/> A life assurance or insurance policy document. | |
| <input type="checkbox"/> Letter from solicitor, social worker, probation officer, or the Inland Revenue. | |
| <input type="checkbox"/> Home Office Standard Acknowledgement Letter (SAL 1 or 2). | |
| <input type="checkbox"/> Marriage or civil partnership certificate. | |
| <input type="checkbox"/> Recent payslips from your employer. | |
| <input type="checkbox"/> Current passport. | |
| <input type="checkbox"/> Workers registration card or certificate. | |
| <input type="checkbox"/> Identity card issued by an EC/EEC member state. | |
| <input type="checkbox"/> Certificate of employment in HM forces or Merchant Navy. | |

If you are not sure about what to provide as proof please contact us. We will be pleased to help you.

You may send your form or documents to us or bring them to the Council Offices, Argyle Road, Sevenoaks or to one of our local offices at Edenbridge, Hartley, or Swanley (see below for details).

If you send documents to us by post, we will not be responsible if they are lost in the postal system.

Please make sure everything you send us has your name and address on it.

16 What to do now

Check that you have fully completed the form in black ink, and provided as much proof as you can. Tick all the items in part 15 to show what proof you are sending with this form. Remember we cannot assess your entitlement without the necessary proof.

Send to or hand it in at:

Opening Times: Mon to Wed 8.45am to 5pm; Thurs 9.30am to 5pm; Fri 8.45am to 4.45pm

You can also hand your claim form in at one of the following local offices:

Edenbridge Old Tourist Info Office at the Leisure Centre	Hartley Hartley Library, Ash Road	Swanley Swanley Library & Information Centre London Road
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Opening times:
Thurs 1.30pm - 4pm
Thursday morning times, please contact us

Opening times:
Weds 2pm - 4pm

Opening times:
Mon to Thurs 9.30am - 5.30pm
Fri 9.30am to 6pm and Sat 9am to 4pm

For help and impartial advice you may also contact the Citizens Advice Bureau at:

Buckhurst Lane Sevenoaks Tel: 01732 454443	16 High Street Swanley Tel: 01322 664949	68 High Street Edenbridge Tel: 01732 865131
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You must provide original documents. We do not accept photocopies.



Designed & Printed by Sevenoaks District Council Printroom on 100% recycled paper

PAYING BENEFIT TO YOUR LANDLORD

Claim Ref:

Fill in this form if you want Sevenoaks District Council to pay your Housing Benefit direct to your landlord/landlord's agent. If you are affected by Local Housing Allowance payments must go directly to you, unless the Safeguard Policy allows payment to your landlord.

CLAIMANT DECLARATION (To be completed by you)

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

I wish you to pay my Housing Benefit straight to my landlord/landlord's agent.

I understand that by law:

- I must always tell you about any change in my circumstances.
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature: Date:

Full Name (in CAPITAL LETTERS):

Address: _____

Postcode: _____

LANDLORD DECLARATION (To be completed by your landlord/landlord's agent if you are not a tenant of West Kent, Moat, MacIntyre, Southern Housing Group or Hanover)

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances
- You can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature: Date:

Full Name (in CAPITAL LETTERS):

Company Name :

Address: _____

Postcode: _____

Claim Ref:

AUTHORITY TO DISCUSS

Fill in this form if you would like Sevenoaks District Council's Benefit Service to be able to discuss this claim with your landlord or other third party.

Allowing us to share information may speed up your claim. If you are happy for us to discuss your claim with your landlord, or a named third party, fill in, sign and return this form.

It will not affect your claim if you do not give us permission.

I, (Full Name in CAPITAL LETTERS)

of Address

give the Benefit Service at Sevenoaks District Council permission to discuss matters relating to my claim(s) for Housing Benefit and/or Council Tax Benefit with:

(Full Name in CAPITAL LETTERS)

of Address

who is my (State relationship)

Your officers may discuss: (please tick)

- All aspects of my claim.
 My Housing/Council Tax award and payment details only.
 My income only.
 My rent only.
 My household only.

This authority covers all claims, reviews and appeals made and is continuous until cancelled in writing by me.

Signature:

Date:

Important information about your benefit claim – please read carefully!

Please complete this form if there has been a change in your circumstances.

If you do not need to use this form now keep it in a safe place for use later.

- Your entitlement to Housing and/or Council Tax Benefit is based on the information you gave us on your original application form, or details sent to us since that time. The details used in the benefit calculation are shown in your notification letter.
- During the lifetime of your benefit claim, these details may change and affect the amount of benefit you are entitled to.
- If you receive too much benefit you will normally have to pay it back to the Council.
- If you do not tell us about a change that gives you extra financial help within 1 month, without good reason, you may lose benefit.
- If a change occurs, you can use this form to tell us about it.

What kind of changes do I need to tell you about?

You must tell us about changes in your or your partner's income, investments, savings, benefits, as well as changes in your rent paid to a private landlord and make-up of your household. Here are some examples:

- **Benefits:**
 - Income Support
 - Job Seekers Allowance
 - Child Benefit
- **Income:**
 - Wages
 - Tax Credits
 - Maintenance
 - Private Pension
- **Investments and Savings:**
 - Bank Accounts
 - Savings
 - Stocks and Shares (excluding day-to-day changes)

Tell us if the benefit, income, investment or savings goes up or down
- **Household:**
 - Someone leaves or joins your household
 - Someone who lives with you starts or stops work
 - Any change in the income of someone who lives with you
 - A child leaves school
- **Rent:**
 - You move house
 - Your landlord increases or reduces your rent

Please use the form overleaf to tell us about your changes.

Please write your name and address in this box:

Surname	First Name(s)
Address	

Now please give the details of any changes:

Date of change (for example, when you moved or when your income changed)
Details of change (for example, your new address or your new income)

Remember you must send proof of changes in rent or income or savings.
If you cannot get proof immediately, send the form in now and the proof as soon as possible, but at the very latest within 1 calendar month. If you need longer than this you must tell us straightaway.
In some cases we may send you a form and/or ask you for further information.

Declaration

I declare the information I have given is correct and complete.
I understand that if I give incorrect information or I withhold information, I will have to pay back any overpayment of benefit, and you may also take action against me.
I know I must let the Council know about any further changes in my circumstances that may affect my claim.

Signature: Date:

Now please send or take this form and your proof to:

Write to us at: Benefits Section Sevenoaks District Council P O Box 102 Argyle Road Sevenoaks TN13 1GT Email us at: Benefits@sevenoaks.gov.uk	Visit us at our main Sevenoaks Office at the following times: Monday to Wednesday 8.45am – 5.00pm Thursday 9.30am – 5.00pm Friday 8.45am – 4.45pm For appointments at Edenbridge, Hartley or Swanley surgeries telephone 01732 227000
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For any queries please phone us on : 01732 227000 (Minicom users text phone : 01732 227496)