

You can now complete this form online and it will reach us straight away. www.brighton-hove.gov.uk/claimnow

Claim form for help with your Rent and Council Tax

Office Use

DD/MM/YYYY

Date Issued

LA Officer

Claim ref

Scan to

Please tick here if you are making a new claim

If you are also a new tenant, we can pay from the start date of your tenancy, but only if we receive your claim form by the Sunday after your tenancy starts.

Please tick below if you or anyone in your household have had any of the following changes

A change in income A change in household A change in address
 A change in benefits A change in savings A change in tenancy
 Other

We can pay you faster if you send all the proofs we need, either with the form or by email. We accept clear photos or scanned images, which you can send to housing.benefits@brighton-hove.gov.uk. If you don't have all the information straight away, you should still send us the form to avoid losing benefit. See page 26 for more information about the documents we need.

| | Included? | N/A | To follow |
|--|--------------------------|--------------------------|--------------------------|
| National Insurance Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earnings or self-employed income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benefits, Tax Credits, Child Benefit, Universal Credit, pensions or allowances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capital, savings and investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Payments into a pension scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Payments to a registered or approved childminder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rent eg current tenancy agreement/recent rent receipts/ recent letter from landlord | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other income and/or savings for all children, dependants and non-dependants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student grant/loans and course details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Email: housing.benefits@brighton-hove.gov.uk

Phone: 01273 292000, Monday to Wednesday and Friday 9:30am to 1:30pm.
We are closed Thursdays and Bank Holidays.

Text Relay: 18001 01273 292000

Brighton & Hove City Council, Benefits, Hove Town Hall, Hove, BN3 3BQ



How to fill in the form

To complete the form, you must:

- complete this form in black ink using CAPITAL LETTERS
- answer all the questions on the form - follow the instructions for each question carefully
- make sure you provide your contact number, so we can call you if we need to clarify any of the information you have given us - this will help speed up your claim
- return this completed form to us as soon as you can, even if you do not have all the proof we have asked for. If you delay sending it, you could lose benefit and/or reduction. You must send us the missing proof within one calendar month, or your claim will be considered withdrawn

You can hand deliver forms and documents to our offices, and we will copy your originals while you wait.

Forms and documents can also be handed in at the council's housing offices in Victoria Road or the Whitehawk Hub on Whitehawk Road.

Benefit Cap

The government has introduced new rules that mean working age customers are subject to a limit on the total amount of benefit they can receive. These rules do not apply to families entitled to Working Tax Credit, some disability related benefits including Disability Living Allowance and Personal Independence Payment, State Pension or Pension Credit.

To find out more visit www.gov.uk/benefit-cap. If you think you might be affected and want to discuss your options please contact the benefits service using the details on the front page and you will be referred to the appropriate team.

How we collect and use information:

The council collects information for Housing Benefit and Council Tax Reduction purposes, but it may be used for any of the council's purposes. We may check information that you provide, or that a third party provides about you, with other information we hold. We may also get information about you from certain third parties, or give information to them to check the accuracy of 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 disclose information about you to anyone outside the council unless the law permits us to. The council is registered under the Data Protection Act 1998 for these purposes and is the Data Controller.

You can get more information at <https://www.brighton-hove.gov.uk/about-website/privacy-and-data>.

Are you a (tick one box only):

- | | |
|---|--|
| <input type="checkbox"/> Council Tenant? | <input type="checkbox"/> Private Tenant? |
| <input type="checkbox"/> Hostel Resident? | <input type="checkbox"/> Social Services Tenant? |
| <input type="checkbox"/> Owner Occupier? | <input type="checkbox"/> Housing Association Tenant? |
| <input type="checkbox"/> Boarder? | <input type="checkbox"/> Placed as homeless? |

If you are getting Income Support, Jobseeker's Allowance (income based), **Employment and Support Allowance** (income related) or **Pension Credit** (guarantee credit), please tick this box

A You and your partner

Please complete this form in **black ink** using **CAPITAL LETTERS**

'Partner' means someone of the same or opposite sex who you live with as a couple. You may be married, in a civil partnership, or living together as if you were married or civil partners.

Do you have a partner who lives with you?

Yes No If yes, please also complete all partner sections

| | You | Your partner |
|--|----------------------|----------------------|
| Surname | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> |
| Title | <input type="text"/> | <input type="text"/> |
| National Insurance Number | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> |
| Please tell us if there are any other names you use, or are known by | <input type="text"/> | <input type="text"/> |
| Address you wish to claim for | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |
| Home telephone number | <input type="text"/> | <input type="text"/> |
| UK Mobile Phone number | <input type="text"/> | <input type="text"/> |

The Revenues and Benefits section have introduced a text messaging alert system to help keep you up-to-date with information relating to your account or claim, which you can opt out of at any time.

Would you like to receive text alerts about your Council Tax account and Benefit/Reduction claims? Yes

What date did you/will you move into this address?

Do you own or have you previously owned this property? Yes No

Is this your main home? Yes No

Are you a joint owner or joint tenant? Yes No

Have you ever lived in a hostel? Yes No

If yes, what was the address and the dates you lived there?

(If you have lived at more than one hostel, please list the hostel addresses and dates on page 28)

A You and your partner – continued

| | You | | Your partner | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| What is your nationality? | <input type="text"/> | | <input type="text"/> | |
| Have you lived in the UK for the whole of the last five years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, please tell us the date that you arrived in the UK | <input type="text"/> | | <input type="text"/> | |
| Are you eligible to claim benefit in the UK? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What was your last address? | <input type="text"/> | | <input type="text"/> | |
| Please tell us the date you moved out | <input type="text"/> | | <input type="text"/> | |
| Did you own this property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you rent this property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Were you living with relatives at this address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you claim Housing Benefit or Council Tax Benefit/Reduction there? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you claimed Housing Benefit within the last 52 weeks? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you give any money to your student son/daughter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you are under 22, single, with no children, have you ever been looked after by social services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, have you had support from social services since your 16th birthday? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please tell us what date the support stopped and which office you dealt with. | <input type="text"/> | | | |

Disability Benefit

| | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you receive a disability premium or allowance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been unable to work for more than the last 52 weeks through ill health? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you registered blind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please give your registration number | <input type="text"/> | | <input type="text"/> | |
| 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 and their address | <input type="text"/> | | <input type="text"/> | |
| Do you have a regular overnight carer who looks after you or your partner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you or your partner caring for anyone who gets Attendance Allowance or the care component of Disability Living Allowance/ Personal Independence Payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

B Children who live with you

Are you in receipt of Child Benefit for any children who live with you?

Yes No

This section is **only** to be used to provide information about children who live with you, and you get Child Benefit for. This would usually be your own children who are still at school or in further education and under 21. Adult children, or children who are in higher education (university), who still live with you should be included in **Section C**. Foster children should also be included in **Section C**.

| | First child | Second child | Third child |
|--|---|---|---|
| Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they go to school? If so, which school | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much Child Benefit do you receive? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Have you applied for, but not yet received Child Benefit? | 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"/> |
| Do they receive Disability Living Allowance/Personal Independence Payment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If they have savings or investments, how much do they have? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| Do they go to a registered nursery or childminder/play scheme? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give the address of the carer | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| What is their registration number? (ask your childcare provider for this) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much is your weekly childcare cost? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |

Evidence

For each child, please send proofs of Child Benefit, any childcare costs, Disability Living Allowance/Personal Independence Payment, blind registration document and savings if appropriate.

If you have more than three children, please give details below. Additional space is available on page 28.

Single Person Discount

If you are the only adult living in your home, you can apply for a 25% discount off your Council Tax regardless of whether you qualify for Council Tax Reduction.

If you wish to claim a 'Single Person Discount', please tick here

For a full list of Council Tax discounts and disregards, visit www.brighton-hove.gov.uk/counciltax or call us on 01273 291291.

C Other people who live in your home

Apart from you, your partner, and your children, does anyone else live in your home (including your landlord)? Yes No

People in this group may include grown-up children, parents, other relatives or friends, boarders, sub-tenants or joint tenants.

- A 'boarder' is someone who lives with you and has an agreement with you to pay for their accommodation. Part of what they pay will be for meals eaten on your premises.
- A 'sub-tenant' is someone who pays you for accommodation, but whose rent does not cover any meals.
- A 'joint-tenant' is someone (other than your partner) who is jointly responsible with you for paying the rent at the property you live in (ie you have signed the same tenancy agreement).

If you've ticked no, please go to Section D. If yes, please give details below.

| | First person | Second person | Third person |
|---|---|---|---|
| Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date they moved in | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Are they a joint tenant or joint owner? | 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 pay you rent? | 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 so how much and how often? | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |

| | First person | Second person | Third person |
|---|--|--|--|
| Does their rent include payment for meals? If yes, give details below | 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 their rent include payment for heating/hot water? If yes, give details below | 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 a full time student? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Place of study? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details

C Other people who live in your home – continued

If you have grown-up children, relatives and friends who live with you but do not pay rent you need to complete their details below (we do not need these details for your joint tenants).

| | First person | Second person | Third person |
|--|--|--|--|
| Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| National Insurance Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they receive Income Support or Jobseeker's Allowance (income based) or Employment & Support Allowance (income related)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do they get any other state benefits? | 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, please say which one(s) and the amount they get each week | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they work? | 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 many hours? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| What are their (gross) earnings before tax and National Insurance? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they have any other income? | 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, please give details, including the amount | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they get Disability Living Allowance, Personal Independence Payment or Attendance Allowance? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how much do they get each week? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do they provide care for someone in your home for more than 35 hours per week? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, who do they provide care for? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Are they a student? (please supply proof of their course) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are they Severely Mentally Impaired? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are they in prison or in hospital? | 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, please give the date that they went into prison or hospital | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Are any of the people married or civil partners or living together as if they were married or civil partners? | 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, please say who | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do you have carers who stay in your property overnight? If so, please provide details | <input type="text"/> | | |

D Earnings

For each job that you and your partner have, you must send proof.

If you or your partner have just started working or do not receive regular payslips, please send us your contract of employment or provide a letter from your employer telling us how much you will be paid, how often you will be paid and how many hours each week you will work. Please send us the payslips as you get them.

If you cannot do this, please call us on 01273 292000 and ask for a Certificate of Earnings form or collect one from the benefit office. You can also download a copy at www.brighton-hove.gov.uk/benefits

| | You | | Your partner |
|---|---|-----------------------------|--|
| Are you a director or secretary of any company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, do you receive shares and/or dividends? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you in paid employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employer's name and address | <input style="width: 100%; height: 40px;" type="text"/> | | <input style="width: 100%; height: 40px;" type="text"/> |

If you answered no above, please go to Section E. If yes, please complete the details below.

| | | |
|---|--|--|
| What is your job title? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Date you started this job? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Is your job seasonal or temporary? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| If yes, when will it end? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| How many hours do you work each week? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| How much are you paid after deductions? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| How often are you paid? (eg weekly, four weekly, monthly) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| How are you paid? (eg cash, cheque, direct to bank) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Do you regularly work overtime? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you receive bonuses, tips or commission? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please state when your bonus or commission is paid and how much you receive | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Expected date of next pay rise? | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Do you pay into a pension scheme? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, how much and when | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Do you have more than one job? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details of your other employers, the hours you work and how much you earn | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |

D Earnings – continued

Please tick if you receive any of the following

Statutory Maternity Pay

Statutory Maternity Pay

Statutory Sick Pay

Statutory Sick Pay

If yes, how much are you paid after deductions?

£ every

£ every

If you or your partner fail to declare any of your income to the council, you could receive benefit and/or reduction that you are not entitled to. We can ask you to repay this and may prosecute.

E Self-employed earnings

Are you or your partner self-employed?

Yes No

If you answered no, please go to Section F. If yes, please complete the details below.

| | You | Your partner |
|--|--|--|
| Name of business | <input type="text"/> | <input type="text"/> |
| Registered address of business | <input type="text"/> | <input type="text"/> |
| Business telephone number | <input type="text"/> | <input type="text"/> |
| What type of business do you run? | <input type="text"/> | <input type="text"/> |
| When did you start trading? | <input type="text"/> | <input type="text"/> |
| What is your financial year start date? | <input type="text"/> | <input type="text"/> |
| Your currently estimated weekly profit? | <input type="text"/> | <input type="text"/> |
| How many hours do you work? | <input type="text"/> | <input type="text"/> |
| Are you a partner in the business? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is your share? | <input type="text"/> % | <input type="text"/> % |
| Is your husband/wife a partner in the business? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is their percentage of the profit/loss? | <input type="text"/> % | <input type="text"/> % |
| Are there any other people on the payroll? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please tell us how many | <input type="text"/> | <input type="text"/> |
| Do you use part of your home for business purposes? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details | <input type="text"/> | <input type="text"/> |
| Do you receive regular tips or commission? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you pay into a pension scheme? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

E Self-employed earnings – continued

Is it reasonable to assume that your trading figures for the next six months will be similar to those that you are declaring? Yes No Yes No

Do you have accounts for your last financial year? Yes No Yes No

If **yes**, you will need to send us your latest set of accounts that have been prepared by a qualified accountant or bookkeeper. If **no**, please complete the sections below.

- If you have just become self-employed, please complete the section below providing the gross profit you expect to make over the first six months of trading.
- If you have been trading for over six months, please complete this section providing the actual gross profit figures based on the previous six months of trading.
- If you have been trading over a year, please complete the sections based on the last twelve months.

Please visit www.brighton-hove.gov.uk/benefits for more information about completing this section.

Statement of your accounts

Period covered from Period covered to

Total (gross) income for the above period (sales/takings). Please do not deduct any expenses from this figure

Business expenses

| | | | |
|---------------------------------------|----------------------|---------------------------------------|----------------------|
| Wages (to yourself) | <input type="text"/> | Advertising | <input type="text"/> |
| Wages (to your spouse or partner) | <input type="text"/> | Postage | <input type="text"/> |
| Wages to others | <input type="text"/> | Printing & stationery | <input type="text"/> |
| Business rates | <input type="text"/> | Accountant fees | <input type="text"/> |
| Heating and lighting | <input type="text"/> | Bank charges (business acc only) | <input type="text"/> |
| Cleaning | <input type="text"/> | Interest on loan (business only) | <input type="text"/> |
| Telephone | <input type="text"/> | Repair/replacement of business assets | <input type="text"/> |
| Broadband | <input type="text"/> | Leasing charges (shop, studio, room) | <input type="text"/> |
| Business insurance | <input type="text"/> | | |
| Travel expenses (train, bus, parking) | <input type="text"/> | | |

Motor expenses

| | | | | |
|---------------|--------------------------------|--------------------------------------|--------------------------------|-----------------------------------|
| M.O.T. | <input type="text" value="£"/> | Who owns the vehicle(s)? | Self <input type="checkbox"/> | Business <input type="checkbox"/> |
| Motor repairs | <input type="text" value="£"/> | Do you use for other than business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fuel costs | <input type="text" value="£"/> | Please state the business percentage | <input type="text"/> | % |
| Car lease | <input type="text" value="£"/> | Motor insurance | <input type="text" value="£"/> | |

If you are trading as a self-employed Taxi driver then you will need to also complete an additional form. Please visit www.brighton-hove.gov.uk/benefits to obtain a 'questionnaire for self-employed Taxi Drivers'

E Self-employed earnings – continued

Other expenses (please tell us what this is and how much it is)

| | |
|---|---|
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |

Other expenses (please detail below)

| | You | Your partner |
|--|--|--|
| Do you run any other type of business? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details | | |

If you have more than one source of self-employed income you must submit separate details for each business. If you have a partner who is self-employed in a separate business they must provide details for that business. If your partner is a partner in your business you will need to complete a separate self-employed form for them. Please visit www.brighton-hove.gov.uk/benefits to obtain additional self-employed forms.

Tell us anything else we should know about your self-employed earnings

If you or your partner fail to declare any of your income to the council, you could receive benefit and/or reduction you are not entitled to. We can ask you to repay this and may prosecute.

The council will examine your accounts in detail to make sure the figures stated are consistent with the type of business you run and the range of earnings that type of business can reasonably be expected to achieve. In some cases the council will ask to see invoice and expense receipts so you will need to keep these grouped into categories. If you are newly self-employed or you have just started a new business your claim will be assessed as follows:

- If you have provided an estimate of your earnings, at the end of that period you will be asked to complete another self-employed form detailing your actual business over this time.
- After a further year you will be asked to complete another self-employed form detailing the full years trading and your claim will be re-assessed again.
- Following this you will be asked to submit your accounts or a self-employed form once a year.

F Students

Most students do not qualify for benefit, but there are some exceptions. Students who can claim benefit include those getting Income Support, those on part-time courses, those over pensionable age, those responsible for a child, and those who have a disability premium or who have been classed as unfit for work for over 28 weeks. This is not a full list of students who can claim.

Are you a student? Yes No Is your partner a student? Yes No

If no, please go to Section G. If yes, please give details below. Please provide evidence if you have said yes to being a student.

| | You | Your partner |
|---|---|---|
| What has your university, college or education establishment classified your course as? | Full time <input type="checkbox"/> Part time <input type="checkbox"/> | Full time <input type="checkbox"/> Part time <input type="checkbox"/> |
| How many Guided Learning Hours does your course have per week? | <input type="text"/> | <input type="text"/> |
| What is the name and address of your college or university? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Title of course | <input type="text"/> | <input type="text"/> |
| Length of course | <input type="text"/> | <input type="text"/> |
| Which year of study are you in? | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> |
| Term time dates | Autumn <input type="text"/> Spring <input type="text"/> Summer <input type="text"/> | Autumn <input type="text"/> Spring <input type="text"/> Summer <input type="text"/> |

Please ensure the information you provide about your loan/grant is accurate as these are treated as income in the assessment of your benefit. You may be responsible for paying back any overpayments which arises as the result of failing to correctly declare ALL student finance.

| | | |
|--|--|--|
| Do you receive a student loan? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If not, why not? | <input type="text"/> | <input type="text"/> |
| Amount of student loan | <input type="text"/> | <input type="text"/> |
| Amount of student grant | <input type="text"/> | <input type="text"/> |
| Please tick if your loan or grant includes any of these elements | Parents' Learning Allowance <input type="checkbox"/> | Parents' Learning Allowance <input type="checkbox"/> |
| | Childcare Grant <input type="checkbox"/> | Childcare Grant <input type="checkbox"/> |
| | Special Support Grant <input type="checkbox"/> | Special Support Grant <input type="checkbox"/> |
| Is your course NHS funded? (office use: 52 weeks) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you receive a bursary? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, how much? | <input type="text"/> | <input type="text"/> |
| Are you on a sandwich course? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you receive sponsorship? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you on a scholarship? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you receive any other income or grants, please detail | <input type="text"/> | <input type="text"/> |

If you or your partner fail to declare any of your income including grants or loans to the council, you could receive benefit and/or reduction you are not entitled to. We can ask you to repay this and may prosecute.

G Pensions

Do you or your partner receive any pensions? Yes No

| | You | | Your partner | |
|--|-----|-------|--------------|-------|
| Pension Credit (Pension Credit Guarantee Credit) | £ | every | £ | every |
| Pension Credit (Savings Credit) | £ | every | £ | every |
| Pension Credit (Assessed income figure) | £ | every | £ | every |
| State pension | £ | every | £ | every |
| Private pension (after tax) | £ | every | £ | every |
| 2nd private pension (after tax) | £ | every | £ | every |
| Former employer's pension | £ | every | £ | every |
| 2nd former employer's pension | £ | every | £ | every |
| Widow's Allowance | £ | every | £ | every |
| Widowed Mother's Allowance or Widow's Pension | £ | every | £ | every |
| War Widow's or War Dependent Pension | £ | every | £ | every |
| War Disablement Pension | £ | every | £ | every |
| Armed Forces Compensation Scheme | £ | every | £ | every |
| Armed Forces Pension | £ | every | £ | every |
| Any other pension(s) not previously stated | £ | every | £ | every |

If you or your partner have a pension which you have deferred please give details below. We will need to see evidence from the pension provider stating the amounts you could have received and the date this pension was deferred from.

It is very important that you declare all your pension details. If you or your partner fail to declare any of your pensions to the council, you could receive benefit and/or reduction you are not entitled to. We can ask you to repay this and may prosecute.

Please provide evidence of any pensions received other than your State Pension.

H Benefits and other types of income

Do you or your partner receive any benefits or other types of income? Yes No

If no, please go to Section I. If yes, you must fill in every box below and write 'n/a' (not applicable) where you or your partner do not receive a named benefit or allowance.

| | You | | Your partner | |
|---|-----|-------|--------------|-------|
| Universal Credit | £ | every | £ | every |
| Income Support | £ | every | £ | every |
| Jobseeker's Allowance (income based) | £ | every | £ | every |
| Jobseeker's Allowance (contribution based) | £ | every | £ | every |
| Employment & Support Allowance (income related) | £ | every | £ | every |
| Employment & Support Allowance (contribution based) | £ | every | £ | every |
| Incapacity Benefit | £ | every | £ | every |
| Attendance Allowance | £ | every | £ | every |
| Disability Living Allowance (Care component) | £ | every | £ | every |
| Disability Living Allowance (Mobility component) | £ | every | £ | every |
| Carer's Allowance | £ | every | £ | every |
| Severe Disablement Allowance | £ | every | £ | every |
| Industrial Injuries Benefit | £ | every | £ | every |
| Maternity Allowance | £ | every | £ | every |
| Fostering Allowance | £ | every | £ | every |
| Guardian's Allowance | £ | every | £ | every |
| Child Tax Credit | £ | every | £ | every |
| Working Tax Credit | £ | every | £ | every |
| Return to Work Credit | £ | every | £ | every |
| Personal Independence Payment (Daily Living) | £ | every | £ | every |
| Personal Independence Payment (Mobility) | £ | every | £ | every |
| Armed Forces Independence Payments | £ | every | £ | every |

Have you or your partner recently applied for any benefit(s) or income but have not yet received payment? Please give details

| | | | | |
|---|---|-------|---|-------|
| Maintenance received for your children (usually from an ex partner) | £ | every | £ | every |
| Payment from Social services | £ | every | £ | every |
| Life Insurance Annuities | £ | every | £ | every |
| Payments from a charity or other voluntary payments | £ | every | £ | every |

Do you or your partner receive any other income not declared? Yes No Yes No

If yes, please give details

I No formal income

Please only complete this section if you have not declared any other income, or if you're getting help from friends and family or any other charitable organisation.

How are you meeting your day-to-day living expenses, and what evidence can you give to show us?

If a third party is supporting you eg Family or friends are you expected to repay them? If you are expected to repay this money, what arrangements are in place to do this?

Is the money that you are receiving from this third party a set amount that is paid on a regular basis? Please give details of how much you receive, how often you receive it and how long you will continue to receive it.

Are you expecting your circumstances to change in the near future? (Please tell us how)

Are you going to claim another benefit, such as Jobseeker's Allowance, Income Support, Employment and Support Allowance, Universal Credit or Pension Credit? (Please give details)

If you continue to have little or no income, but you are not going to claim for one of these benefits, please tell us why?

J Bank accounts, building society accounts, savings, capital and other investments

Please tell us about **all** your bank, building society accounts, savings and investments in the UK and or abroad, regardless of whether they are overdrawn or not. This will ensure we pay you the correct benefit. 'Capital' means bank accounts, building society accounts, deposit accounts with other organisations (eg Post Office or insurance companies), cash, National Savings Certificates, Premium Bonds, shares, stocks, unit trusts, PEPs, ISAs and TESSAs. We will also need to know if you have money in a trust fund. This is not meant to be a complete list - please telephone us if you have a query.

You cannot claim Housing Benefit if your total capital exceeds **£16,000**, unless you or your partner are receiving Pension Credit Guarantee Credit. If you are pensionable age you cannot claim Council Tax Reduction if your total capital exceeds £16,000, unless you or your partner are receiving Pension Credit Guarantee Credit. If you are working age you cannot claim Council Tax Reduction if your total capital exceeds **£6,000**.

Please list below **all** your bank accounts, building society accounts or investments (even if overdrawn).

| Type of capital | Name of bank/building society/share name/certificate number and type of account | Amount held | In the name of | | |
|-------------------------------|---|-------------|--------------------------|--------------------------|--------------------------|
| | | | You | Partner | Both |
| Bank Account (1) | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bank Account (2) | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bank Account (3) | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Society Account (1) | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Society Account (2) | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post Office Account | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cash Savings | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Premium Bonds | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National Savings Bonds | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National Savings Certificates | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Bonds | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shares or Unit Trusts | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stocks/Sharesave/SAYE | | £ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you or your partner have any other savings or investments, or money owing to you which you have not included in the lists above, such as PEPs, ISAs, personal loans, PayPal, Prepaid Credit cards, or other online accounts. If you have bank accounts in other countries, please include them below.

Do you, your partner, or any of your children have any money or property held in a trust fund? If yes, please provide evidence Yes No

Are you, your partner, or any of your children a beneficiary of a will which has not yet been settled? If yes, please give details, and show us the will.

If you do not have any bank accounts, building society accounts or investments, please tick this box

K Second property

Do you or your partner own any property or land other than the house you live in? Yes No

If no please go to Section L. If yes, please detail the addresses below.

Please note this question includes properties or land abroad.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| House name or number | <input type="text"/> | House name or number | <input type="text"/> |
| Street | <input type="text"/> | Street | <input type="text"/> |
| Town | <input type="text"/> | Town | <input type="text"/> |
| County / state | <input type="text"/> | County / state | <input type="text"/> |
| Post code | <input type="text"/> | Post code | <input type="text"/> |
| Country | <input type="text"/> | Country | <input type="text"/> |

Is the property up for sale? Yes No
If yes, provide proof of when you put the property up for sale, such as a letter from the estate agents

If yes, what date did you put it up for sale?

Please provide proof of the value of the property and any outstanding mortgage on it, such as a valuation from the estate agents and your latest mortgage statement.

What is the value of property?

What is the outstanding mortgage on it (if any)?

Are you renting out the property? If so, provide proof of the rent (such as the tenancy agreement) and tell us if you are responsible for paying the water rates and Council Tax. Yes No

If yes, how much is the rent?

Do you pay an agent? Yes No

If yes, how much do you pay them?

Do you pay Council Tax on the property? Yes No

If yes, how much do you pay?

Do you pay water rates on the property? Yes No

If yes, how much do you pay?

Are you renting out the property to a relative who is over pensionable age? Yes No

L Rooms in your home

Please tell us about the rooms in your home. This section **MUST** be completed.

| | Living room | Bedroom | Bedsit room | Kitchen | Bathroom | Toilet | Other (please state) |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| How many in your home? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many are only used by you/your family? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many do you share with other people? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

M Rent you pay

You should only fill in this section if you pay rent to a private landlord or housing association. If you are a council tenant or an owner occupier, please go to Section O.

A landlord's agent is someone employed by the landlord. It can be an individual or a company, and they can be responsible for just collecting your rent, or they may provide your tenancy agreement as well. If you have a formal tenancy agreement, the details of your landlord and agent should be on the agreement. If you have lived in your property for a long time, you may have a Registered Rent. If so, please send us the documents you will have been given by the Valuation Office Agency, and any letters from your landlord if they are planning to increase the rent.

When did your tenancy start at your current address?

Do you have a signed tenancy agreement?

Yes No

What kind of tenancy is it? Shorthold Assured Don't know Other (please state)

Has your rent been registered by the Rent Officer?

Yes No

If yes, you will need to provide the registration form

Landlord name

Agent name

Landlord business address

Agent business address

Landlord contact number

Agent contact number

Landlord email address

M Rent you pay – continued

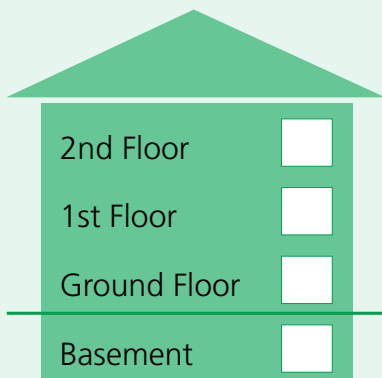
Do you share your room with anyone?

Yes No

Does your landlord or agent live in the property?

Yes No

Which floor is your home on?



| | |
|--------------|--------------------------|
| 2nd Floor | <input type="checkbox"/> |
| 1st Floor | <input type="checkbox"/> |
| Ground Floor | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> |

Other (please state)

Is your accommodation:

Fully furnished

Partly furnished

Unfurnished

Is the property you live in:

Detached

Semi-detached

Terraced

Where is your room:

Front of the property

Centre of the property

Back of the property

If you have moved into a room in a house/hostel, please tell us your room number

If you have moved out of a room, please tell us your old room number

If your home is a caravan, what is the pitch number?

If your home is a boat, what is the boat's name?

If your home is a boat, what is the length?

If your home is a boat, what is the mooring (rent) fee?

Amount:

How often you pay:

M Rent you pay – continued

How much rent do you pay?

How often is your rent due?

Who do you pay rent to?

When is your next rent increase?

Do you have any rent free weeks?

Yes No

If yes, when are they?

Are meals included in your rent?

Yes No

If yes, which meals?

Breakfast

Lunch

Evening meal

Are you in arrears with your rent?

Yes No

If yes, how much and for what period?

Does your rent include any of the following charges?

Council Tax

Yes No £

Water rates

Yes No £

Hot Water

Yes No £

Laundry

Yes No £

Garage

Yes No £

Lighting (your rooms)

Yes No £

Fuel for cooking

Yes No £

Heating (your rooms)

Yes No £

Cleaning

Yes No £

If we liaise with your landlord/letting agent to confirm tenancy details where we need to, we will often be able to pay your claim faster or avoid suspending your benefit. Please tick the relevant box below:

Yes, I give my permission to contact my landlord

No, please do not contact my landlord

M Rent you pay – continued

Are you, your partner or your children related to your landlord, landlord's partner or agent?

Yes No

If you have ticked '**No**' to the above question go on to **Section N**. If you have ticked 'Yes', complete the questions below.

Who is related to the landlord or agent and what is the relationship?

How did you come to find this property?

Why did you move from your previous address?

If you have not paid any rent yet, please say why?

Was your current home advertised by your landlord?

Has your landlord/agent rented this property out before?

Yes No

Has your landlord/agent rented other properties?

Yes No

If yes, please give details.

How was the level of rent decided?

What action would be taken if your rent was not paid?

Would your home be rented again if you moved out?

When did your landlord purchase this property?

N Payment

Housing Benefit for private sector tenants is paid under Local Housing Allowance (LHA) rules. Please check our website at www.brighton-hove.gov.uk/lhasize to see how the size criteria is calculated. Ideally, all payments should be made directly to a bank account. If you need help to open an account, ring the Brighton & Hove branch of the Citizen's Advice Bureau on 01273 223951.

Where your landlord agrees to charge you a rent at the same level as your Local Housing Allowance, you can ask for your payments to go directly to your landlord.

Otherwise your benefit will be paid directly to you.

Do you want your Housing Benefit to be paid to you, your landlord or a third party?

You Landlord Third party

Some accommodation types are exempt from this scheme, ie Council and Housing Association tenancies, some hostels, houseboats, caravans, site pitches, accommodation where a substantial part of rent covers board and attendance (such as in some hostels) and pre-January 1989 tenancies.

Account Holder Name (name on card):

Sort Code:

Account Number (this is usually an 8 digit number that can be found on your bank statement):

Roll Number (building society accounts only):

Name of the bank or building society:

If you rent from a private landlord and you have asked for payments to be made to your landlord, you need to tell us why you cannot manage your own affairs. Please tell us about yourself in the box below.

- Do you have any learning disabilities, physical disabilities or medical conditions?
- Do you have any mental health problems that may hinder your ability to pay your rent?
- Are you coping with an addiction? eg alcoholism, substance misuse or gambling.
- Have you encountered any difficulties in managing your affairs because you need assistance with understanding English?

- Have you had previous problems maintaining your rent payments? Yes No
- Do you currently have any arrears? Yes No If yes, how much? £
- What period do your arrears cover? From To
- Has your landlord agreed to charge you rent at the same level as your local housing allowance? Yes No

O Backdate

It may be possible to backdate your claim if you have a good reason for not claiming on time. For your backdate request to be successful, you must show 'good cause'. Good cause has a specific meaning within benefits legislation. It may include things such as illness, bereavement, an inability to manage your own affairs or incorrect advice by an official agency. There are also other things that can be classed as good cause. It must also be continuous, meaning that you must be able to show why you did not contact the benefit office at any point before you returned your application form.

If you are under pension credit age, the maximum we can backdate is one month, and sometimes it will be less. See www.brighton-hove.gov.uk/backdate for more information.

If you wish to backdate your claim, please specify the exact dates you would like it backdated to:

From To

Please provide evidence of your income, capital, benefits and rental liability for the backdate period. Without this, the council will be unable to award any benefit and/or reduction.

Please explain the reasons for your delay in claiming. Please note that not being aware of the benefit or reduction rules will not be considered as 'good cause'.

If you were ill or unable to manage your affairs, you will need to supply medical evidence to support your backdate request. Please confirm the dates that your medical certificate covers.

From To

If you were incorrectly advised, please provide the following information. Please state the department you received incorrect advice from, along with the date, officer name and what you were told.

Changes you need to tell us about

We will assess your claim using the information you have given to us. You must tell us straight away if there are any changes to your circumstances. Below are some examples of changes you must tell us about:

- You or anyone living with you stops receiving Income Support, Jobseeker's Allowance, Universal Credit, Personal Independence Payment, Incapacity Benefit or Employment and Support Allowance
- Your Working Tax Credit, Child Tax Credit or Universal Credit changes
- You move (even if you only move to a different room or flat within the same property)
- A child leaves school or leaves home
- You have a baby
- Your child starts to be cared for, or stops being cared for, by a registered childminder
- Someone moves into or out of your home (including boarders and sub-tenants)
- Your income, or the income of anyone living with you, goes up or down
- You or anyone living with you becomes a student, or takes up a Government Training Scheme
- You or anyone living with you goes into hospital or a nursing home, or goes into prison (even if this is on remand)
- You or anyone living with you gets a job, changes their job or becomes employed
- You or anyone living with you takes more than one job
- You return to work after a period of illness where you have been receiving benefit
- You or anyone living with you has a change in capital or savings of £150 or more (this does not apply to people receiving Income Support, Jobseeker's Allowance (Income Based) or Pension Credit (Guarantee Credit) - please note you should notify the DWP)
- Your rent changes
- You and/or your partner will be away from home for two weeks or more. Where possible, tell us about this **before** you go
- You receive a decision from the Home Office
- Someone starts to receive Carer's Allowance for looking after you
- If you change the bank account that we are paying your Housing Benefit into
- If you inherit a property or any money from a will
- **Anything at all** that is different from what you have told us on this claim form

You must tell us about these changes in writing - a phone call is not enough. Do not rely on anyone else to give us the information, or pass a message on, not even the Job Centre, Pensions Service or Revenues and Customs.

If you don't tell us about changes, you may lose money you are entitled to, or we may pay you too much benefit and/or reduction which we can ask you to repay. If you're not sure about whether or not you need to tell us about a change, call us on 01273 292000 to check or write to us with the details.

Please use page 28 of this form if you need more space to answer any questions, or to tell us anything else you think we may need to know to process your claim.

Declaration

Please read this declaration very carefully before you sign and date it. If you have a partner, they must sign it as well. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says 'I' or 'me' or 'my' this refers to both you and your partner. The council can prosecute you if you give false information, or if you provide false or altered documents with your claim, or if you do not tell us information (including a change in your circumstances).

- This is my claim for Housing Benefit, or Council Tax Reduction, or both.
- I will tell you if any of the details on any letter you send me are incorrect.
- The information I have given is true and complete. If any of the information is found to be untrue and I get too much benefit or reduction, the council can ask me to pay it back and may prosecute me.
- You can check any information on this form. This includes sending a Certificate of Earnings direct to my employer if necessary.
- I am not claiming Housing Benefit or Council Tax Reduction for any other address.
- I understand that you may contact government departments (for example the Department for Work and Pensions or the Home Office) or other local authority offices to check the information I have given on the form and to get other information.
- I understand that if I do not provide a National Insurance Number, my claim will not normally be dealt with.
- I will write to you straight away if there are any changes in my circumstances, so that you can work out my benefit and/or reduction again. If I do not, and I get too much benefit or discount or reduction, I will be asked to pay it back and I may be prosecuted.

| | Signature | Date |
|------------------------------|----------------------|----------------------|
| Signature of person claiming | <input type="text"/> | <input type="text"/> |
| Partner's signature | <input type="text"/> | <input type="text"/> |

If the form was filled in by someone other than the person claiming, complete the following

| | | |
|---|----------------------|----------------------|
| Name of the person who filled in the form | <input type="text"/> | <input type="text"/> |
| Signature of person | <input type="text"/> | <input type="text"/> |
| Relationship to the person claiming | <input type="text"/> | <input type="text"/> |

Please tell us why you are filling in this form for someone else

If you wish to act as the personal representative of the person claiming benefit and/or reduction in the future, please ring 01273 292000 and ask for an appointee form. Alternatively, you can download it from www.brighton-hove.gov.uk/benefits.

If you would like someone else to discuss your claim with us eg an advice agency, a relative or a friend, please complete their details below. This means that the benefit department can discuss all aspects of your benefit or reduction with this person.

| | |
|--|----------------------|
| Name of friend, relative or agency worker (and name of agency they work for) | <input type="text"/> |
| Contact number | <input type="text"/> |
| Email address | <input type="text"/> |
| Address | <input type="text"/> |

Evidence needed to assess your claim

Make sure you have enclosed the following documents for you and your partner.

Proof of National Insurance Number (for new claims only): one item for each of you, such as a P45 or P60 from your last employer, NINO Card, printed wage slips, letter from DWP/ Job Centre, letter or tax code from Revenues and Customs, or occupational pension slip.

Proof of identity (for new claims only): in addition to one item from the list above, at least one further item for each of you such as an up-to-date driving licence, passport, utility bill, or bank statement. We can also accept birth or marriage certificates, divorce papers, medical cards, residence permit, and letters from the Home Office, probation officer, solicitor, Social Worker or Revenues and Customs.

Proof of earnings: for each of you and for all jobs. Pay-slips **must** be consecutive, ie five weekly pay-slips, or three fortnightly, or two monthly, **or** a detailed letter from your employer, **or** a Certificate of Earnings.

Proof of self-employed earnings: for each of you, eg most recent accounts or a completed self-employed form and your business bank statements. If you require a self-employed form, download it at www.brighton-hove.gov.uk/benefits or call 01273 292000.

Proof of benefits, pensions or allowances: for each of you, eg current award letters from DWP or another pension provider.

Proof of savings and investments: if you have savings over £6000, we will need from each of your bank, building society and Post Office account statements or pass-books for the last two months. For all other investments and capital, please provide certificates or other documentation.

Proof of rent: private tenants and housing association tenants only, please provide a current tenancy agreement or a letter from your landlord or agent, or a fully completed and recently updated rent book or card. The document needs to confirm your landlord's address, your rent and any service charges you pay, the date you moved in, and whether you are a joint tenant. It also needs to be signed by you and your landlord.

Proof of income, capital and savings for all non-dependants

Proof of Child Benefit and any other income and/or savings for all dependants: we also need to see proof of any children's date of birth if the evidence supplied does not include this.

Proof of payments to a registered or approved childminder

Proof of payments to a pension scheme: except those you make through your employer (as they will show on your pay-slips).

Proof of student ID and course details: we need to see evidence of all your student grants or loans and additional funding.

Proof of any other income

Proofs can now be sent to us electronically and this makes it easier for us to process your claim. Clear photos or scanned images of the proofs can be e-mailed directly to us at: housing.benefits@brighton-hove.gov.uk.

If you do not have all the evidence to hand, do not delay in sending or bringing this form to the benefit office, as you could lose benefit and/or reduction. You can bring missing proofs in later.

If you cannot send proof by e-mail, you can bring them to be copied during office hours although you may have to wait. If you cannot come to the office, please call us on 01273 292000. Please do not send valuable documents through the post, the council cannot be held responsible for any item lost in this way.

Please return this form to the address given on the front page. If you post it, you must pay the postage.

Equalities monitoring form

We want to make sure that our services are available to everyone in the community and that everyone is treated fairly when they use, or attempt to use, our services.

In compliance with the Data Protection Act, all information you give us will be strictly confidential.

What age are you? _____ Prefer not to say

What gender are you? Male Female Other - please state _____ Prefer not to say

Is your gender identity the same as the gender you were assigned at birth? Yes No

Prefer not to say

I would describe my ethnic origin as:

White

- English/Welsh/Scottish/
Northern Irish/British
- Irish
- Gypsy
- Traveller
- Polish
- Portuguese
- Sudanese
- Any other White background

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian background

Black or Black British

- African
- Caribbean
- Sudanese
- Any other Black
Background

Mixed

- Asian & White
- Asian & Black African
- Asian and Black
Caribbean
- White & Black African
- White and Black
Caribbean
- Any other mixed background

Other Ethnic Group

- Turkish
- Arab
- Japanese
- Any other ethnic group
(please give details)

Prefer not to say

Please select the option which best describes your sexual orientation:

- Heterosexual/Straight
- Lesbian/Gay Woman
- Gay Man
- Bisexual
- Other _____
- Prefer not to say

Please indicate your religion or belief:

- I have no particular religion
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Agnostic
- Atheist
- Other _____
- Other philosophical belief
- Prefer not to say

Are you a carer?

Do you look after or support anyone with long term physical or mental ill health because of a disability or a problem related to age?

Yes No Prefer not to say

If yes, do you care for a...?

- Parent
- Child with special needs
- Other family member
- Partner / spouse
- Friend
- Other (please give details) _____

Please use this page to tell us about any other information we need to know