

Please answer all questions

Section 1 – Details about you

Are you receiving benefits from us at the moment?

Yes/No

If Yes, which? _____

Have you applied for any benefits from us before?

Yes/No

If Yes, which? _____

Do you receive Income Support or income-based Jobseeker’s Allowance?

Yes/No

If Yes, do you receive Disability Living Allowance
Care Component or Attendance Allowance?

Yes/No

Do you pay rent to the Council?

Yes/No

If Yes, when did you move in?

Do you pay rent to a private landlord or Housing Association?

Yes/No

Have you ever owned the property you are now renting?

Yes/No

Do you have a joint tenancy?

Yes/No

If Yes, who are you a joint tenant with? _____

Do you pay for board and lodging?

Yes/No

Do you live in a hostel?

Yes/No

Do you or your partner own your own house?

Yes/No

Are you a joint owner with anyone other than your partner?

Yes/No

If Yes, who are you a joint owner with? _____

Do you live with your parents or other relatives?

Yes/No

Are you or your partner a student?

**You
Yes/No**

**Your partner
Yes/No**

Have you or your partner come to live in the common
travel area (this is the United Kingdom, Irish Republic,
Isle of Man or Channel Islands) within the last 2 years?

**You
Yes/No**

**Your partner
Yes/No**

If Yes, what is your nationality? _____

Has anyone sponsored you or your partner
to live in the UK?

**You
Yes/No**

**Your partner
Yes/No**

If Yes, please give the sponsor’s name and address _____

Home Office Reference _____

Oldham Council may approach the Home Office to check information given on this form or to obtain further information.

Have you changed your address within the last 12 months?

Yes/No

If Yes, what was your previous address? _____

When did you move out?

Was this address owned by you/your partner?

Yes/No

Was this address rented?

Yes/No

If Yes, when was the last rent due?

Please inform the Council immediately if any of these details change

Checklist for you to keep

You must provide proof of all income and capital or your claim cannot be processed. This checklist is to help you – tear it out and tick off the boxes when you have enclosed the documents needed.

Remember – original documents only as photocopies are unacceptable.

Do not delay sending in the form – proof of wages, rent etc. can be sent in later.

If you are going to send proof in later, please tick the relevant ‘Proof to follow’ box on page 16.

From 5 December 2005, a partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

Have you enclosed proof of:

Earned income

If you or your partner are working, please provide five weekly or two monthly consecutive payslips or the Employer’s Certificate of Earnings provided on pages 17 and 18 fully completed by your employer(s).

You

Your partner

Benefits

If you or your partner receive any benefits, please provide your benefit payment books, benefit payment cards and receipts from the Post Office or bank statements which show the amount of benefit received.
If you receive Pension Credits, please provide your notification letter.

You

Your partner

Other income

If you or your partner receive any other income please provide proof of this (e.g. student grant award letter, court order award letter, etc.).

You

Your partner

Capital

If you or your partner have any capital (e.g. savings) please provide: recent, consecutive bank or building society statements for every account you have, even if the account is overdrawn or has nothing in it, showing at least two full months’ transactions; dividend statements showing ownerships of bonds, unit trusts, stocks and shares; savings certificate receipts; etc.

You

Your partner

Childcare costs

If you pay for childcare please provide proof of your childcare costs. That is a letter from your childminder/nursery etc., stating how much you pay each week for childcare. The letter must show the full name and address of the childminder/nursery and their registration number.

You

Your partner

National Insurance Number(s)

Make sure that you have stated your and your partner’s National Insurance Numbers and provide proof (e.g. National Insurance Number card, payslips, P45, P60, benefit books, letter from the DWP).

You

Your partner

Tenancy

If you pay rent to a private landlord or housing association please provide proof of your rent/service charges, e.g. Tenancy Agreement or letter from your landlord/lady or his/her agent.

You

Your partner

Signature

Please make sure that you have read and signed the declaration on page 15. If you do not sign the form it will be returned to you.

You

Your partner

Valuable original documents will be returned to you by post immediately

Extra information about benefits and help available

This form can be used to claim Housing Benefit, Council Tax Benefit and Second Adult Rebate. Although there are a lot of pages, you will find that you do not have to answer every question. If you need help or advice please contact: **Customer Services – 0161 770 6633**.

Housing Benefit

This can be claimed if you have to pay rent to the Council, a Housing Association, hostel or a private landlord. We will need to know details of your income to calculate the benefit.

Council Tax Benefit

This can be claimed if you have to pay Council Tax for the property you are living in. We will need to know details of your income to calculate this benefit.

Second Adult Rebate

This can be claimed if you are liable to pay Council Tax and you do not qualify for a single person discount because you have an adult (who is not your partner) living in your home who is on a low income. We will need to know details of that person's income to calculate this benefit.

Other benefits

There are many other benefits and Council services available that you may qualify for. A few of these are listed below:

Free school meals

This can be claimed if you have a child or children at school and you receive Income Support or income-based Jobseeker's Allowance, or Child Tax Credit (not Working Tax Credit) and your annual income is less than £14,495.

For more information please contact Customer Services on 0161 770 6688.

Higher education grants

Student Support

Tel 0161 770 3352 studentsupport@oldham.gov.uk

Students aged 18 plus who are on a designated course (first degree, HND or equivalent) at university or other higher education institutions, should apply to the Local Education Authority (LEA) for financial support for tuition fees and living costs. Living costs support includes Student Loans and for some groups of students, e.g. students with children and disabled students, supplementary grants. Additional grants, for students whose family is on a low income, were introduced for new students in September 2004.

Blue Badge Parking Scheme

Tel 0161 770 3806 fax 0161 770 3808 bluebadge@oldham.gov.uk

The Blue Badge Parking Scheme provides a range of parking permits for disabled people who travel either as drivers or passengers.

For information on home helps, bus permits, improvement grants, or low-cost home ownership, please contact 0161 770 3000.

The Department for Work and Pensions (DWP) (tel 0845 608 8510) can also provide information on a range of benefits. For further information please contact your local office.

Help and advice on the above benefits/awards may also be available from the Citizens' Advice Bureau (tel 0161 620 9317).

This must be completed for all claims

Section 2 – Details about people living in your home

2.1 You and your partner (if you have one) Daytime telephone no.

From 5 December 2005, a partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

	Mr/Mrs/Miss/Ms	Full first name	Last name	Age	Date of birth
Self	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you: (please tick) Married Single Divorced/separated Living together Widowed

Are you registered blind? **Yes/No** Is your partner registered blind? **Yes/No**

National Insurance Numbers. Please complete or your claim cannot be processed.

	Letters	Number	Letter
Self	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

You will need to provide one original document for yourself and your partner (if you have one) which confirms your National Insurance Number.

Please see the checklist (page 3) for details of acceptable proof.

2.2 Children (only include the children you receive Child Benefit for)

We will need to see your Child Benefit order book or proof of who it is paid for if it is paid direct to your bank account. **Original documents only – photocopies are not acceptable.**

Do you receive Child Benefit for any children? **Yes/No** Amount £

If Yes, how many children do you receive Child Benefit for?

First name	Last name	Sex		Date of birth
		M	F	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Are any of your children registered or certified blind? **Yes/No**

If Yes, please state who is registered or certified blind _____

Do any of your children receive Disability Living Allowance? **Yes/No**

If Yes, please state who receives Disability Living Allowance _____

Do any of these children receive income from any source? **Yes/No**

(apart from pocket money or wages from part-time work)

If Yes, please give details:

First name	Age	Type of income	Weekly amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Please inform the Council immediately if any of these details change

2.3 Other people who live with you

Note – In this part you should give details of all other adults who live in your home

Does anyone aged 16 or over (who is not your partner) usually live with you at this address? **Yes/No**
If No, please go to Section 3 (Page 7) If Yes, how many?

Person 1 Full name _____
 Relationship to you, if any (e.g. brother, sister, parent, friend, boarder*, etc.) _____
 Date of birth National Insurance No.
 Are they a full-time student/student nurse? **Yes/No**
 Do they receive Income Support or income-based Jobseeker's Allowance? **Yes/No**
 Please provide **proof** (original documents) e.g. order book, entitlement letter
 Do they work? **If Yes, please send three weeks' original consecutive wage slips as proof** **Yes/No**
 What is their weekly gross pay? £ . For how many hours?
 Please provide details and **proof** (original documents) Benefit/Income Weekly amount
 of income they receive, e.g. benefits, pensions, Incapacity Allowance, interest from savings etc. _____ £ .
 Do they have any other assets? (Such as another property or land in the UK or abroad, but not the home they live in now) **Yes/No**

Person 2 Full name _____
 Relationship to you, if any (e.g. brother, sister, parent, friend, boarder*, etc.) _____
 Date of birth National Insurance No.
 Are they a full-time student/student nurse? **Yes/No**
 Do they receive Income Support or income-based Jobseeker's Allowance? **Yes/No**
 Please provide **proof** (original documents) e.g. order book, entitlement letter
 Do they work? **If Yes, please send three weeks' original consecutive wage slips as proof** **Yes/No**
 What is their weekly gross pay? £ . For how many hours?
 Please provide details and **proof** (original documents) Benefit/Income Weekly amount
 of income they receive, e.g. benefits, pensions, Incapacity Allowance, interest from savings etc. _____ £ .
 Do they have any other assets? (Such as another property or land in the UK or abroad, but not the home they live in now) **Yes/No**

Person 3 Full name _____
 Relationship to you, if any (e.g. brother, sister, parent, friend, boarder*, etc.) _____
 Date of birth National Insurance No.
 Are they a full-time student/student nurse? **Yes/No**
 Do they receive Income Support or income-based Jobseeker's Allowance? **Yes/No**
 Please provide **proof** (original documents) e.g. order book, entitlement letter
 Do they work? **If Yes, please send three weeks' original consecutive wage slips as proof** **Yes/No**
 What is their weekly gross pay? £ . For how many hours?
 Please provide details and **proof** (original documents) Benefit/Income Weekly amount
 of income they receive, e.g. benefits, pensions, Incapacity Allowance, interest from savings etc. _____ £ .
 Do they have any other assets? (Such as another property or land in the UK or abroad, but not the home they live in now) **Yes/No**

Are any of these people married and living as a couple? Please give their names.

_____ and _____

If more than three people live with you in your home, please continue on a separate sheet of paper.

*A boarder is someone who pays you money for their board and lodging who is not related to you

Please inform the Council immediately if any of these details change

2.3 Other people who live with you – continued

Are any of these people.

- A skill seekers trainee? **Yes/No** Who? _____
- Severely mentally impaired? **Yes/No** Who? _____
- A Care Worker? **Yes/No** Who? _____
- In hospital over 6 weeks? **Yes/No** Who? _____
Date went into hospital
- In prison/custody/detention? **Yes/No** Who? _____
Date detained
- Registered blind? **Yes/No** Who? _____

If you are receiving Income Support/income-based Jobseeker's Allowance, go to Section 7 (page 13). If you are only claiming Second Adult Rebate, go to Section 8 (page 15).

Section 3 – The money you and your partner have coming in

Please state the amounts you receive and how often you receive payment, e.g. weekly, monthly

3.1 Work's pension/superannuation

Work's pension/superannuation
(how much do you receive after tax?)

How often is this amount paid?

Who is it from?

How is it paid? E.g. cash, cheque,
direct into bank account?

You

£ .

Your partner

£ .

3.2 Pensions

State Retirement Pension

You

£ .

every _____

State Pension Credit

£ .

every _____

Widow's Pension

£ .

every _____

War Widow's Pension

£ .

every _____

War Widow's Supplement

£ .

every _____

War Disablement Pension

£ .

every _____

Your partner

£ .

every _____

£ .

every _____

£ .

every _____

£ .

every _____

£ .

every _____

£ .

every _____

3.3 Benefits and allowances

Income Support/
income-based Jobseeker's Allowance

You

£ .

every _____

Yes/No

Your partner

£ .

every _____

Yes/No

Contribution-based Jobseeker's Allowance

£ .

every _____

Date started

£ .

every _____

Maternity Allowance

£ .

every _____

Date started

£ .

every _____

Proof – You will need to provide proof of all the benefits/allowances/income you receive. Examples of acceptable proof can be found on the checklist on page 3. Original documents must be provided.

Please inform the Council immediately if any of these details change

3.3 Benefits and allowances – continued **You****Your partner**

Working Tax Credit	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Do you qualify for a disability element of Working Tax Credit? Please provide your award letter	Yes/No	
In-work Credit	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Please provide your award letter	every _____	every _____
Return to Work Credit	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Please provide your award letter	every _____	every _____
Employment Support Allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Please state which phase	Assessment <input type="checkbox"/> Main phase <input type="checkbox"/>	Assessment <input type="checkbox"/> Main phase <input type="checkbox"/>
Child Tax Credit	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Please provide your award letter	every _____	every _____
Widowed Parent's Allowance/ Bereavement Allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Date started	<input type="text" value="."/> . <input type="text"/>	<input type="text" value="."/> . <input type="text"/>
Incapacity Benefit (short term)	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
Date started	<input type="text" value="."/> . <input type="text"/>	<input type="text" value="."/> . <input type="text"/>
Incapacity Benefit (long term)	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Attendance Allowance/Disability Living Allowance (care component)	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Carer's Allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Disability Living Allowance (mobility)	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Fostering Allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Severe Disablement Allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Government Training Scheme	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Please state which scheme	_____	_____
Industrial Injuries Disablement Benefit/ Industrial Death Benefit	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Any other benefit or allowance	£ <input type="text" value="."/> . <input type="text"/>	£ <input type="text" value="."/> . <input type="text"/>
every _____	every _____	every _____
Please state which benefit	_____	_____
Have you or your partner claimed any benefits which have not yet been paid? If Yes, please state name of benefit _____	Yes/No	

Proof – You will need to provide proof of all the benefits/allowances/income you receive. Examples of acceptable proof can be found in the checklist on page 3. Original documents must be provided.

Please inform the Council immediately if any of these details change

3.4 About any paid work you do

Proof – You will need to provide your last five consecutive weekly payslips or your last two consecutive monthly payslips (not photocopies) or a certificate of earnings signed by your employer. If this is not provided it may be necessary to contact your employer(s).

	You	Your partner
Are you or your partner in paid work?	Yes/No	Yes/No
What is the type of work you do in your job?		
If Yes, how many hours do you work each week?	<input type="text"/> hours	<input type="text"/> hours
What is your gross pay (before any deductions)?	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
	every <input type="text"/>	every <input type="text"/>
Does your gross include Bonus?	Yes/No	Yes/No
Overtime?	Yes/No	Yes/No
Commission/tips?	Yes/No	Yes/No
Please state amounts Bonus	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Overtime	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Commission/tips	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
When is your next pay increase due (if known)?	<input type="text"/>	<input type="text"/>
What is your average take-home pay?	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Date started work	<input type="text"/>	<input type="text"/>
Payroll number	<input type="text"/>	<input type="text"/>
How are you paid? (e.g. cheque, cash, direct to bank account)	<input type="text"/>	<input type="text"/>
Is this job for a fixed term?	Yes/No	Yes/No
If Yes, date work is due to end	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	Your partner's employer's name and address?	
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Are you or your partner receiving Statutory Sick Pay or Statutory Maternity Pay?	Yes/No	Yes/No
If Yes, how much do you or your partner receive each week? (Please provide proof – original documents)		
Statutory Sick Pay	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Date started	<input type="text"/>	<input type="text"/>
Statutory Maternity Pay	£ <input type="text"/> . <input type="text"/>	£ <input type="text"/> . <input type="text"/>
Date started	<input type="text"/>	<input type="text"/>
Are you or your partner self-employed?	Yes/No	Yes/No
If Yes, what is the nature of your business, and your business address?		
Nature	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Are you a partner in the business?	Yes/No	Yes/No
If Yes, please provide partnership agreement		
Do you or your partner receive Tecstart or a business start-up allowance? (Please provide proof)	Yes/No	Yes/No
If you are self-employed, we need to see your latest accounts plus your latest tax assessment/self-assessment statement or please phone for a self-employed proforma if accounts are not available.		

Proof – You will need to provide proof of all the benefits/allowances/income you receive. Examples of acceptable proof can be found on the checklist on page 3. Original documents must be provided.

Please inform the Council immediately if any of these details change

3.4 About any paid work you do – continued

You

Your partner

Do you or your partner do any other work?

Yes/No

Yes/No

If Yes, how many other jobs?

Date started

Hours worked per week

Employer's name and address (if you or your partner have other jobs, please give details on a separate sheet)

3.5 Other income

You

Your partner

If you or your partner have income from any of the sources listed below, please give the weekly amount.

Sub-tenants or boarders (but not your children)

£ .

£ .

Other property that you let/rent to other people

£ .

£ .

Student grants (we will need to see the grant notification and details of term dates)

£ .

£ .

Do you receive access fund payments?

Yes/No

Yes/No

Do you or your partner receive a Student Loan?

Yes/No

Yes/No

Could you or your partner apply for a Student Loan if you wanted to?

Yes/No

Yes/No

Do you receive a grant of covenant?

Yes/No

Yes/No

Maintenance from a former partner

£ .

£ .

Is the payment for your children?

Yes/No

Yes/No

Do you receive payments from the Child Support Agency – or should you?

Yes/No

Yes/No

If Yes, give amount

£ .

£ .

If there is other income that you have not already told us about, e.g. annuities, charitable payments, home income plans, etc., please give details.

£ .

£ .

Are you or your partner connected to any business?

Yes/No

Yes/No

If Yes, what is the business and what is the connection?

Do you receive income from any other source?

Yes/No

Yes/No

If Yes, please state amount

£ .

£ .

How often?

Where from?

Date paid from

If known, date of next increase

Have you applied for any income you have not received yet?

Yes/No

Yes/No

If Yes, please give details

NB – You do not need to declare payments from the Eileen Trust, Independent Living Fund or The MacFarlane Trust.

Proof – You need to send proof of all the above income.

See checklist on page 3 for more details. Original documents must be provided.

Please inform the Council immediately if any of these details change

Section 4 – About your savings and investments (capital)

Please give details even if the account is overdrawn or has nothing in it.

4.1 Bank and other accounts

Proof – You need to provide proof of your capital. See the checklist on page 3 for more details. Original documents must be provided.

If you have £16,000 or more you will not qualify

Do you have a bank account(s) including Current Accounts?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Does your partner have a bank account(s) including Current Accounts?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Do you have a building society account(s)?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Does your partner have a building society account(s)?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Do you have a post office account(s)?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Does your partner have a post office account(s)?

Type/name of account

Current balance

£

£

Yes/No

Is it a joint account?

Yes/No

Yes/No

Do you have any premium bonds?

Yes/No

Amount

£

Does your partner have any premium bonds?

Yes/No

£

Do you have any income bonds?

Yes/No

£

Does your partner have any income bonds?

Yes/No

£

Do you hold any stocks and shares?

Yes/No

Type/name of company shares held

Number held

Value

£

£

Does your partner hold any stocks and shares?

Yes/No

Type/name of company shares held

Number held

Value

£

£

Proof – You need to send proof of all the above income.

See checklist on page 3 for more details. Original documents must be provided.

Please inform the Council immediately if any of these details change

4.1 Bank and other accounts – continued

Do you have any savings not listed on the previous page, e.g. PEP, unit trust, National Savings Certs?	Yes/No
Type/name of account _____	Current balance Is it a joint account?
_____	£ <input type="text"/> . <input type="text"/>
_____	£ <input type="text"/> . <input type="text"/>
	Yes/No
	Yes/No

Does your partner have any savings not listed on the previous page, e.g. PEP, unit trust, National Savings Certs?	Yes/No
Type/name of account _____	Current balance Is it a joint account?
_____	£ <input type="text"/> . <input type="text"/>
_____	£ <input type="text"/> . <input type="text"/>
	Yes/No
	Yes/No

4.2 Other capital and property you own

Do you or your partner have any other assets? (Such as another property or land in the UK or abroad, but not the home you live in now)	Yes/No
If Yes, please say what they are, and give the address _____	

Do you receive rental income from this property?	Yes/No
Does an elderly or disabled relative live in this property?	Yes/No
Does a former partner that you are separated from live in this property?	Yes/No
Are you trying to sell this property?	Yes/No
If Yes, for how many months has it been on the market?	<input type="text"/>

**Proof – You will need to send proof of your capital. See checklist on page 3 for more details.
Original documents must be provided.**

Section 5 – Money you pay out

Do you pay anything towards a student grant? (If Yes, we will need to see the original grant notification as proof)	Yes/No
Do you pay anything towards a private pension scheme?	Yes/No
If Yes, how much? (If Yes, we will need to see proof of payment)	£ <input type="text"/> . <input type="text"/>
How often?	Every _____
If you or your partner are working at least 16 hours a week, do you pay towards childcare and make payments to a registered childminder/out-of-school club/day nursery for a child under 15 years old? (If Yes, we will need to see proof from the childminder/out-of-school club/nursery)	Yes/No

Proof – Please provide proof of these payments.

Section 6 – Information about disabilities

Are you or your partner sending sick notes to the Benefits Agency?	Yes/No
How long have you been sending sick notes to the Benefits Agency? _____	
Who are the sick notes for? _____	
When did they last work? _____	<input type="text"/>
Does anyone receive Invalid Care Allowance to look after you?	Yes/No
If Yes, please state who _____	
Does anyone receive Invalid Care Allowance to look after your partner?	Yes/No
If Yes, please state who _____	
Do you or your partner have a car adapted because you are disabled? (or receive a grant instead) If Yes, who? _____	Yes/No
Are you or your partner in hospital?	Yes/No
If Yes, please state who and the date admitted _____	<input type="text"/>
Is treatment being provided under the NHS?	Yes/No

Please inform the Council immediately if any of these details change

If you are a council tenant or you want to claim Council Tax Benefit only, go straight to Section 8, page 15.

Section 7 – Private tenants, lodgers and hostel dwellers

7.1 About your tenancy

If you are not a private tenant go to Section 8, page 15

What is the full name and address of your landlord, landlady or agent?

Full name _____

Address _____

Postcode _____ Telephone number _____

If this is an agent, who is the owner of the property?

Full name _____

Address _____

Are you or your partner related to your landlord/lady or agent? **Yes/No**

If Yes, what is the relationship? (e.g. brother, parent, aunt) _____

Are you, or your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner? (Related includes related through marriage, even if the marriage has ended) **Yes/No**

If Yes, what is the relationship? (e.g. brother, parent, aunt) _____

When did your tenancy start?

--	--	--	--

When did you move in?

--	--	--	--

Did you apply for a pre-tenancy determination before you accepted this tenancy? **Yes/No**

Is it a shorthold tenancy? **Yes/No** For how long? Years Months

Is it an assured tenancy? **Yes/No**

Has a fair rent been registered on the property? (If Yes, please provide form RO5) **Yes/No**

Is there a central heating system provided? **Yes/No**

Do you have a garage? **Yes/No**

If Yes, do you rent it separately? **Yes/No**

Does your landlord/lady provide furniture? **Yes/No**

If Yes, how much? Very little Partly furnished Mostly furnished

7.2 Local Housing Allowance (LHA) – private tenants

This is a simpler way of working out and paying Housing Benefit for most private tenants who make a new claim for Housing Benefit from April 2008.

Under the LHA rules, we use a flat-rate amount, set each month by the independent Rent Service, to work out your Housing Benefit. This LHA rate depends on the number of bedrooms that the rules say you **need**. This may be different from the number of bedrooms you actually **have** in your home.

See the Rent Service website at lha-direct.therentservice.gov.uk for the LHA rates for different sizes of homes. You need your postcode to look up the rate for your household, because Oldham is in three areas for LHA rates.

The LHA rate is the most benefit you can receive. You may get less than this, depending on your income, savings and other circumstances. Your LHA rate usually lasts for a year, unless you move or someone moves into or out of your home. We then look at the LHA rate again.

Under the LHA rules, we normally have to pay benefit to you, not your landlord, and you must arrange to pay your rent to your landlord yourself.

LHA does **not** affect private tenants who live in caravans, hostels, board and lodging accommodation and some supported accommodation, or tenants of housing associations. If you are in this group we work out your benefit using the old rules and you can choose whether we pay you or your landlord. But if you are eight weeks or more behind with the rent, we must pay your landlord (this applies to claims we work out using both the old rules and the LHA rules). We can also decide to make the first payment to your landlord in some circumstances. For more details contact Customer Services on 0161 770 6633.

Please inform the Council immediately if any of these details change

7.3 About your rent

How much is your rent? £

How often do you pay this? Every: week 2 weeks 4 weeks month

Do you have any rent-free weeks? **Yes/No** If Yes, how many?

Has your rent gone up during the last 12 months? **Yes/No**
(or since you moved in if this is less than 12 months ago)

If Yes, date increased Old amount £

Were you able to afford the rent when you moved in? **Yes/No**

Does your rent include any of these:	Yes	No	Amount
Council Tax			£ <input type="text"/>
Water rates			£ <input type="text"/>
Hot water			£ <input type="text"/>
Lighting			£ <input type="text"/>
Heating			£ <input type="text"/>
Central heating			£ <input type="text"/>
Cooking			£ <input type="text"/>
Cleaning of rooms and windows			£ <input type="text"/>
Laundry			£ <input type="text"/>
Alarm/warden call system			£ <input type="text"/>
General counselling and support			£ <input type="text"/>
Use of garage			£ <input type="text"/>
Warden charge/mobile warden charge			£ <input type="text"/>
Other services (if Yes, please say what they are)			£ <input type="text"/>

If your landlord or landlady does not fix amounts for services, we will have to take a standard amount off your benefit for those services.

Does your rent include: Breakfast **Yes/No** Lunch **Yes/No** Evening meal **Yes/No**

How do you want your Housing Benefit paid:

By cheque to you at your address **Yes/No**

Direct into your bank account **Yes/No**
If Yes, please complete the BACS authorisation included with this form (page 20).

Direct to your Housing Association **Yes/No**
If Yes, please complete the rent direct authorisation included with this form, part of which must be completed by your Housing Association (page 19).

If you rent your property from a private landlord you cannot choose to have your benefit payment made directly to them – it must be paid directly to you. However, we may be able to pay your benefit direct to your landlord if you are likely to have problems managing your financial affairs. Please contact us for our advice on 0161 770 6633.

Proof – You must provide proof of your tenancy at this address and proof of your landlord/agent’s name and address. Examples of acceptable proof are found on the checklist on page 3. Original documents must be provided.

7.4 About where you live

Which of the following do you live in? Tick one box only

Room or rooms in a house Flat over a shop Bungalow Detached house
 Flat in part of a house Maisonette Terraced house Semi-detached house
 Flat in a block of flats Hostel Caravan or mobile home

Please fill in the following:

	Bedrooms	Bedsitter	Kitchen	Bathroom	Living/dining	Other rooms
The number of rooms in the house	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of rooms for your use only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of rooms shared with people who are not part of your household	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many floors are there in the whole house?	<input type="text"/>					Which floors do you live on?
Where is your room in the property?	Front <input type="checkbox"/>	Middle <input type="checkbox"/>	Rear <input type="checkbox"/>			

Is any part of the property used for business?

Yes/No

Section 8 – Declaration

Please read this declaration carefully

- This is my/our claim for Housing Benefit/Council Tax Benefit.
- I/We declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge.
- I/We authorise the Council to make any necessary enquiries to verify the information on this form.
- I/We authorise the Council to cross check the information I/we have given with other sections within the Council, First Choice Homes Oldham, Rent Officer, other councils and benefits authorities.
- I/We understand that if I/we give information that is incorrect or incomplete or fail to report any changes which might affect my/our benefit I/we may be prosecuted.

Data Protection

The information collected on this form and form-supporting evidence will be used by Oldham Council to process your claim for Housing Benefit/Council Tax Benefit by computer. The information may be passed to the Department for Work and Pensions, Employment Services and the Inland Revenue, as permitted by law.

We may check information provided by you, 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 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 other local authorities.

We will not disclose information about you to anyone outside Oldham Council nor use information about you for other purposes unless the law permits us to.

Oldham Council is the Data Controller for the purposes of the Data Protection Act 1998.

I know I must tell the Council of any change in my/our circumstances which happen after I sign this form. This could be things like:

A change in income, including changes in my/our earnings. If I/we stop receiving Income Support or income-based Jobseeker's Allowance. If I/we have a child. If my/our child leaves school. If someone moves into or out of this address. A change in the amount of rent that I/we pay to a private landlord. Changes in the circumstances of a non-dependant, such as a grown-up son starts work. A change of address. A change in capital.

I have read/been read to and understand the above declaration.

Signature of claimant

Date

Signature of partner

Date

Form completed by someone other than the claimant

This section must be completed if the claim form has been filled in by someone on your behalf.

I have read the entries on this form to the claimant and the claimant agrees they are correct.

Name of person that completed the form _____

Signature of that person _____ Date

Relationship to you _____

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

Remember that failure to provide any of the evidence requested on this form will result in the authority being unable to pay you benefit

Have you enclosed:

- Proof of earnings for you/your partner **Yes/No**
- Proof of benefits that you/your partner receive **Yes/No**
- Proof of any other income you receive **Yes/No**
- Proof of all the capital you/your partner hold **Yes/No**
- Proof of your childcare costs **Yes/No**
- Proof of your rent/service charges **Yes/No**
- Have you provided your National Insurance Number with proof? **Yes/No**
- Have you signed the form? **Yes/No**

Proof to follow (please tick)

Letter of authorisation

You may wish to declare a friend or relative to assist and represent you in enquiries about your claim. Maybe you have work commitments, special needs due to illness or disability, or possible language difficulties that prevent you from visiting or contacting us.

Having a representative may help us to deal with your claim quicker and reduce the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act we need your permission to share information

If you complete the Letter of Authority below we would be able to tell your representative for example:

- Whether or not you had claimed Housing Benefit and, if so, whether we have made a decision on your claim or not;
- If we need further information to make a decision on your claim and, if so, what information this is;
- Your personal or household circumstances; or
- Your financial circumstances

If you do not give us permission to discuss your claim with a chosen representative, it will not affect your claim. And if you give us permission but then change your mind we will follow your wishes. Just contact us and let us know.

If you want to give us permission to discuss your claim with your chosen representative please complete the section below.

I give Oldham Council permission to share information about the progress of my Housing and/or Council Tax Benefit with my chosen representative.

Claimant Signature _____ Date

Address _____

Postcode _____

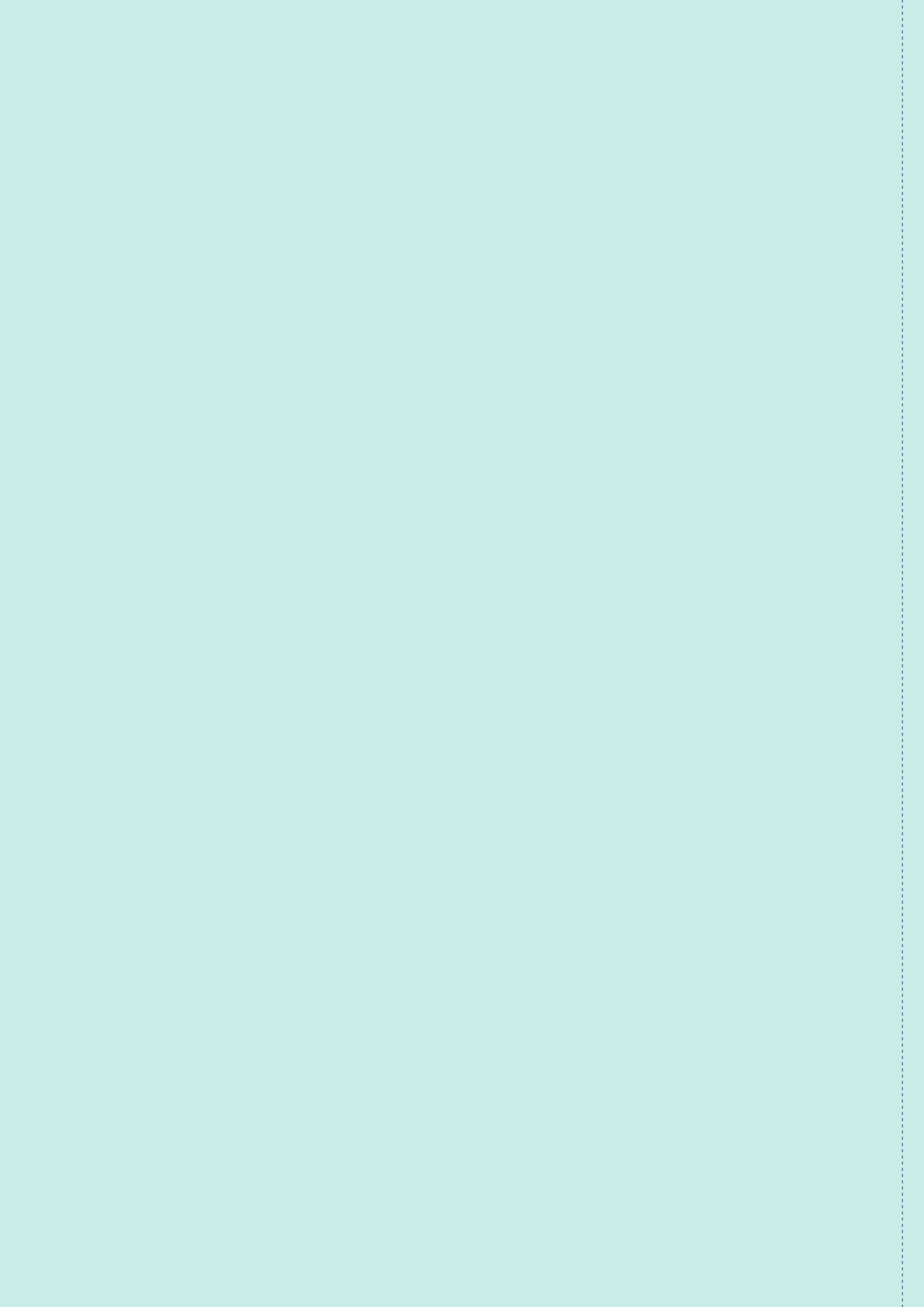
Chosen Representative _____

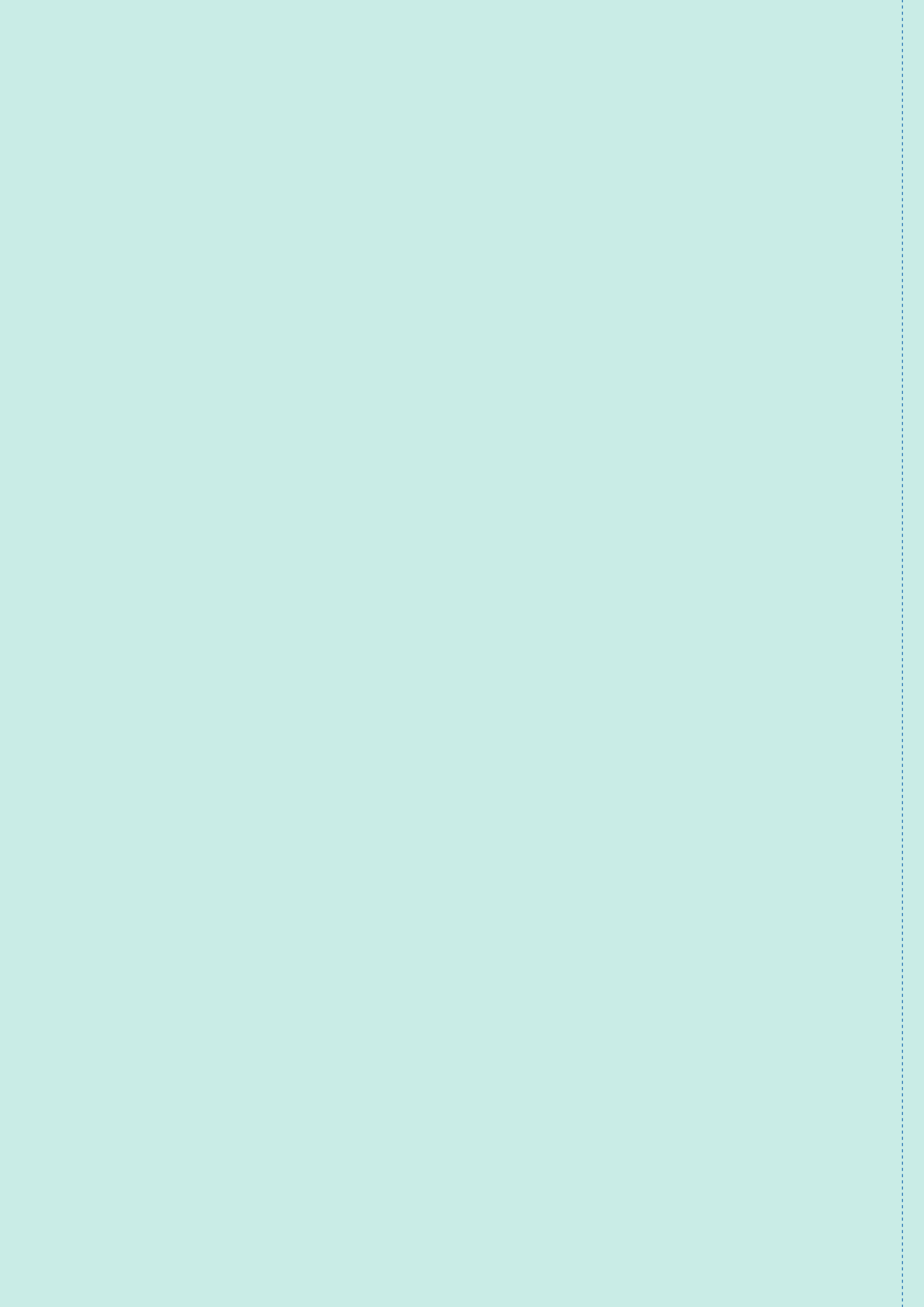
Relationship to Claimant _____

Representative's Signature _____ Date

Please confirm your nationality by ticking the relevant box below:

- | | | |
|---|---|---|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> Black/Black British: Caribbean |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian/British Asian: Indian | <input type="checkbox"/> Black/Black British: African |
| <input type="checkbox"/> White: any other | <input type="checkbox"/> Asian/British Asian: Pakistani | <input type="checkbox"/> Black/Black British: any other |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Asian/British Asian: Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Asian/British Asian: any other | <input type="checkbox"/> Any other |





Payments direct to your Housing Association

Ref no. For official use only

L/L code:

1 Please fill in this part yourself

Full name _____

Address _____

_____ Postcode _____

Your signature Date

2 Please ask your Housing Association to read and fill in this part

I agree to accept Housing Benefit payments for the tenant named on this form. I understand that by law:

- I must tell you straightaway 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 in 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 must repay it. You can take the amount of overpaid benefit from the benefit I get from any other tenants. This will not affect their rent.

Housing Association name _____

Housing Association address _____

Telephone number _____ Postcode _____

Housing Association stamp or signature Date

Sharing information with your landlord or Housing Association

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share information with your landlord if you:

- are a First Choice Homes Oldham tenant, or
- have agreed that your Housing Benefit can be paid directly to your Housing Association.

But in either case, under the Data Protection Act we need your permission to share information. If you give us your permission, we would be able to tell your landlord:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim, and if so what information this is.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

We will not give your landlord any information about:

- **your personal or household circumstances; or**
- **your financial circumstances.**

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

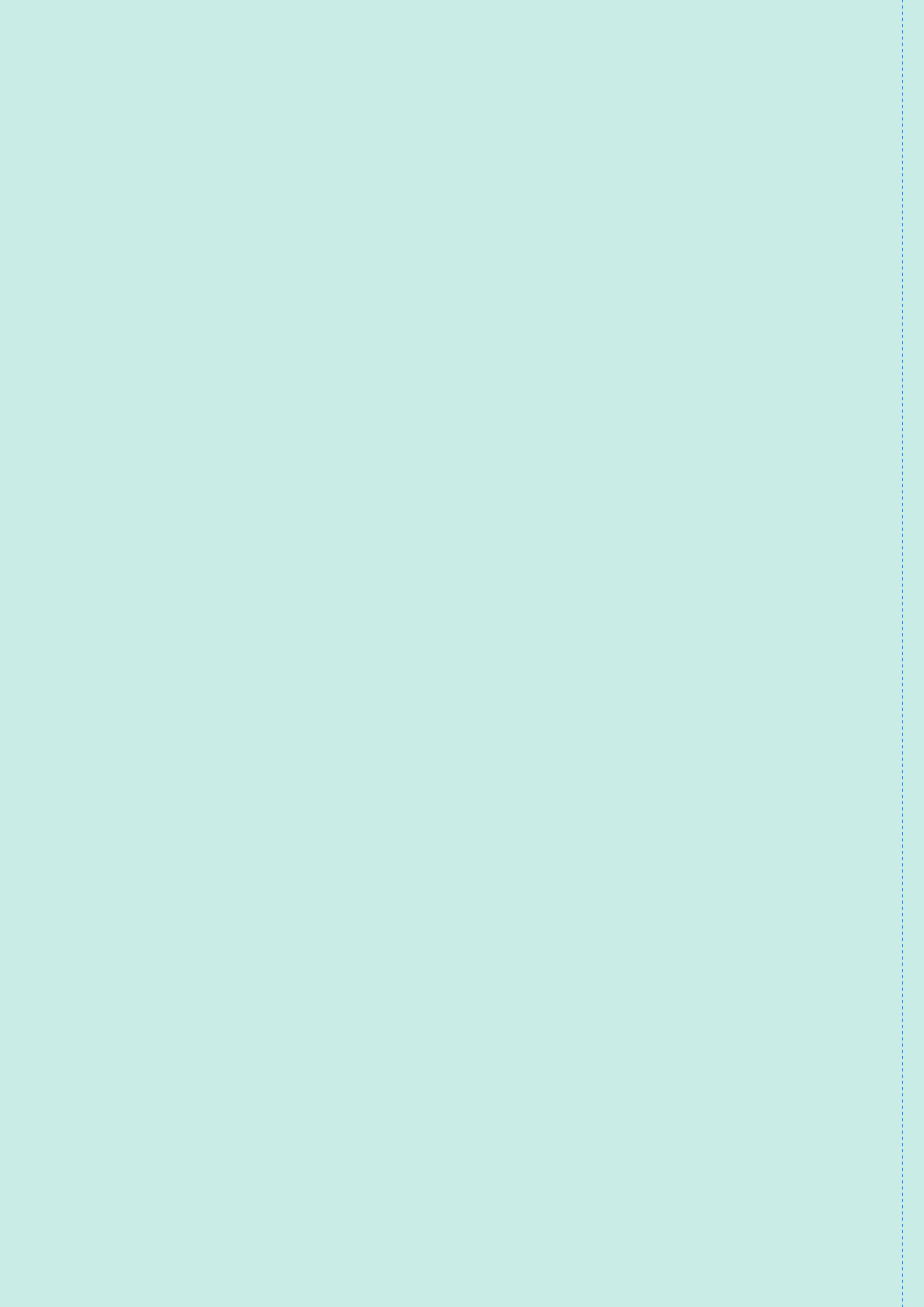
If you want to give us permission to discuss your claim with your landlord, please sign below.

I give Oldham Council permission to share my information about the progress of my Housing Benefit claim with my landlord or their representative.

Signature Date

Address _____

_____ Postcode _____



Private tenants – Housing Benefit payment by BACS

This form should only be completed by tenants who pay rent to a **private landlord** or **Housing Association**.
If you are **already being paid** by BACS you do **not** need to complete this form.

Your name and address

Name
Address
Postcode

Housing Benefit case reference

--

Name(s) of account holder(s)

--

Name and full postal address of your Bank/Building Society

Name
Address
Postcode

Branch sort code

		–			–		
--	--	---	--	--	---	--	--

Bank or Building Society account number

--	--	--	--	--	--	--	--

Building Society roll number (if any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you want us to pay into a Building Society account we may have to quote your 'Roll Number' as well as an account number. Please ask at your Building Society if you are not sure.

Please contact the Customer Services Helpline on 0161 770 6633 immediately if you close your account, or if the above details change in any way.

Signature(s)	Date
--------------	------

Payment by BACS is quick and easy!

- Benefit is paid directly into your Bank or Building Society account
- Payment is cleared for immediate use
- No risk of theft, loss or delay
- No waiting for the post
- No need to visit the bank

Please fill in this form and return it completed to:

Oldham Council
Civic Centre, PO Box 4, West Street, Oldham OL1 1UH

