

## Use this form to claim Housing Benefit and Council Tax Benefit when your income changes.

Name  Address and postcode	<b>For our use only</b>	
	Date you first contacted us	
	Date received	
	Claim reference	
Your phone number <i>(You do not need to tell us this but we may need to contact you about your claim and we can get in touch quicker by phone.)</i>		

Answer the questions in this form by ticking the boxes or giving us the information we ask for. Please answer all the questions carefully as we rely on the information you give us when we work out how much benefit to give you. Your claim may be delayed if you do not answer all the questions on your form or you give us the wrong information. It is a criminal offence to knowingly give false information on a benefit claim.

### The proof we need with your form



When you see this symbol, we need original proof to confirm the answers on your form.

We need to see original documents, not photocopies.

If you don't have the proof we need, send us your form now and then send the proof later.

If you do not do this, it will delay your claim and you will lose benefit.

You must provide all proof within 14 days of the date you originally make your claim.

### South Worcestershire Revenues & Benefits Shared Service

Malvern Hills District Council, Worcester City Council and Wychavon District Council are now working together to improve services to customers. This form is for use by all customers of these Councils.

### If you need help with this form

Please call us on 01905 822744 or visit any of our local service centres below:

#### Malvern Hills District Council

The Library, Graham Road, Malvern, WR14 2HU

Upton Library, School Lane, Upton Upon Severn, Worcs, WR8 0LE

Tenbury Library, Teme Street, Tenbury Wells, Worcs, WR15 8AA

#### Worcester City Council

Orchard House, Farrier Street Worcester WR1 3EZ

#### Wychavon District Council

The Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT

Evesham Community Contact Centre, Abbey Road, Evesham, WR11 4SB

Droitwich Community Contact Centre, 44 High Street, Droitwich, WR9 8ES

### When you have filled in this application form

You can take this form and your documents to any of the offices shown above, or post the form to:

Malvern Hills District Council, Revenues and Benefits, PO Box 21, Pershore, WR10 9DB

Worcester City Council, Revenues and Benefits, PO Box 31, Pershore, WR10 9DD

Wychavon District Council, Revenues and Benefits, PO Box 11, Pershore, WR10 1PU

To see how much Housing Benefit and Council Tax Benefit you may be able to get, visit our websites at

[www.malvern hills.gov.uk](http://www.malvern hills.gov.uk)

[www.worcester.gov.uk](http://www.worcester.gov.uk)

[www.wychavon.gov.uk](http://www.wychavon.gov.uk)

**Please fill in this form using black ink.**

# 1 About you and your partner

**Please give details of you and your partner (if you have one).**

*By 'partner' we mean 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.)  
You do not have to give us your phone number or e-mail address, but it may help us to contact you.*

	You	Your partner
Title <i>(Miss, Mr, Mrs, Ms and so on)</i>		
Last name		
First names		
Other names you have been known by		
Date of birth		
Daytime phone number		
Mobile number		
E-mail address (If you give us your e-mail address we will always contact you by e-mail.)		
Your National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

# 2 Other people who live with you

**Does anyone else live with you? (Include children, subtenants, boarders and anyone else.)**

No  Yes  If yes, give details in the table below.

Name	Relationship to you	Date of birth
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If anyone has moved into or out of your household since your last claim, or if their income has changed, please tell us their name and the date they moved in or out.

### 3 About your work

**Are you or your partner:  
A director of a company?**

No  Yes

**Self Employed?**

No  Yes

**Working for an  
employer?**

No  Please go to section 4      Yes  Please give us details below.

*If you have more than one job,  
please tell us about your other  
jobs and your other employers  
on a separate sheet of paper.  
Please fill in details of all jobs or  
directorships you hold.*

**How many hours  
do you work?**

You	Your partner
Employer's name <input type="text"/>	Employer's name <input type="text"/>
Employer's address <input type="text"/> <input type="text"/>	Employer's address <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Date you started work for this employer <input type="text"/> / <input type="text"/> / <input type="text"/>	Date you started work for this employer <input type="text"/> / <input type="text"/> / <input type="text"/>
Is your employment for a fixed period? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>	Is your employment for a fixed period? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', when is it due to end? <input type="text"/> / <input type="text"/> / <input type="text"/>
Enter the number of hours you work each week. <input type="text"/>	Enter the number of hours you work each week. <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
What is your employee number or payroll number? <input type="text"/>	What is your employee number or payroll number? <input type="text"/>
How much are you paid? £ <input type="text"/> every	How much are you paid? £ <input type="text"/> every
How are you paid? (cheque, cash, direct into an account) <input type="text"/>	How are you paid? (cheque, cash, direct into an account) <input type="text"/>
Do you receive, or expect to receive, any bonuses or profit-related pay (or both)? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do you receive, or expect to receive, any bonuses or profit-related pay (or both)? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any overtime? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do you receive, or expect to receive, any overtime? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
Do you receive, or expect to receive, any tips? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>	Do you receive, or expect to receive, any tips? No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', how much? £ <input type="text"/>
When will you receive your next pay rise (if known)? <input type="text"/> / <input type="text"/> / <input type="text"/>	When will you receive your next pay rise (if known)? <input type="text"/> / <input type="text"/> / <input type="text"/>
If you have a second or other jobs, please give details on a separate sheet.	If you have a second or other jobs, please give details on a separate sheet.

## 4 About your benefits or pensions or tax credits

**Do you or your partner claim any benefits or pensions?**



No  Please go to section 5.  
 Yes  Please tell us about them below.

**We need to see proof of any benefits or pensions you have.**

**The proof should be an original, not a photocopy, of an award notice showing the current rates.**

You

Your partner

**Do you receive Child Benefit?**



No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive Child Tax Credit?**



*We need to see your award letter.*

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Do you receive Income Support or the guaranteed part of Pension Credit?**



No  Yes

£ every

No  Yes

£ every

**Do you receive Income-based Jobseeker's Allowance?**



No  Yes

£ every

No  Yes

£ every

**Do you receive Working Tax Credit?**



*We need to see your award letter.*

No  Yes

£ every

How is it paid?

No  Yes

£ every

How is it paid?

**Employment Support Allowance. Do you receive Income Related (IR)?**



No  Yes

£ every

No  Yes

£ every

**or Contribution (C)**

No  Yes

£ every

No  Yes

£ every

**Do you receive a State Retirement Pension?**



No  Yes

£ every

No  Yes

£ every

**Are there any other benefits or pension you receive which you have not told us about?**



No  Yes

Name of the benefit/pension

£ every

Name of the benefit/pension

£ every

No  Yes

Name of the benefit/pension

£ every

Name of the benefit/pension

£ every

Name of the benefit/pension

£ every

Name of the benefit/pension

£ every

## 5 About your savings

**Do you or your partner have any savings, capital or investments?**

We need to know about **all** the money you and your partner have in **any** sort of account with a bank or building society or any other organisation. This includes current accounts, deposit accounts, ISAs, TESSAs, PEPs, Premium Bonds, Credit Union, financial plans and so on.

No

Yes  Please give us details below.

**Do you or your partner have any stocks and shares?**

No

Yes  Please give us details below.

**Do you, your partner or any children you are claiming for own or partly own any property, and or timeshares, other than the home you live in, either in this country or abroad?**

No

Yes  Please give us details below.

Tick 'yes' even if you have a mortgage or loan for the property, land or timeshare.

**We need to see proof of any accounts you have. All savings books and so on must be up to date, showing all interest due. This must be an original, not a photocopy of, for example:**



- a bank or building society statement for the last three months showing debits (money going out), credits (money coming in) and the balance;
- a letter from a bank or building society showing the type of account, account number, the balance and regular deposits for the last three months; or
- statements for certificates, bonds, unit trusts, stocks and shares.

You

Your partner

Please give the details and value.

Please give the details and value.

**If there is not enough room for details of all your accounts, please give details on a separate sheet.**

## 6 Childcare costs

**Do you or your partner pay someone to look after any of your children?**

We may need to send you another form about this.

*Please provide evidence of the amount you pay.*



You

Your partner

No  Please go to section 7

Yes  Please give us details below.

Please tell us the names of the children.

What is the normal weekly cost of the childcare?

£

No  Please go to section 7

Yes  Please give us details below.

Please tell us the names of the children.

What is the normal weekly cost of the childcare?

£

## 7 Money paid towards a pension plan

**Do you or your partner pay money into a pension plan that is not paid through your employer?**

**We need to see proof of this. This must be a policy document and another document showing the payments made. We cannot accept photocopies.**



You

Your partner

No  Please go to section 8

Yes  Please give us details below.

How much and how often?

£  every

No  Please go to section 8

Yes  Please give us details below.

How much and how often?

£  every

## 8 Forms filled in by someone else

**Has this form been filled in by someone other than the person who is making the claim?**

No

Yes  The person who has filled in the form (the representative) must fill in this part.

Are you an officer of the council? No  Yes

**Why have you filled this form in for the person claiming?**

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

Representative's name

Phone number

Relationship to the person claiming

Address

Date

/ /

Signature

X

## 9 Declaration

**Please carefully read and tick the declaration at the bottom of this page before you sign it.**

**I/we understand that you may prosecute me/us and I/we will have to pay back any overpaid benefits, if:**

- I/we lie to you so that I/we can get benefit;
- I/we give you false information so that I/we can get benefit;
- I/we do not tell you about any changes in my/our circumstances that may affect my/our claim; or
- I/we claim benefit when I/we know I/we should not.

**I/we will write and tell you about any changes to:**

- my/our income, my/our partner's income and the income of anyone else who lives with me/us;
- my/our savings and my/our partner's savings;
- the number of people who live with me/us; and
- my/our address and my rent.

**I/we declare that:**

- if this form has been filled in by someone else on my/our behalf, I/we have read it, or have had it read to me/us;
- the details given on the form are true and complete;
- I/we have got permission from everyone else who lives with me/us to use their details to process my/our claim; and
- I have ticked below to show what I am doing about the proof I need to provide with this form.

**I give you permission to check any information relating to my claim for benefit.**

Your signature

X

Date

/ /

Your partner's signature

X

Date

/ /

We must protect the public funds we handle so we may use the information provided on this form to prevent and detect fraud. We may use this information to promote other council services you may be entitled to. We may share this information with other organisations which handle public funds for the same purpose. We may keep information about you on computer. If we do, we will keep to the rules laid down by the Data Protection Act 1998.

We are the data controller(s) for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use that information, please ask us.

If someone else has filled in this form for you, they must sign the declaration in section 8.

Please go to the next page.

### For the employee to fill in

Name: .....

Claim reference: .....

Address:.....

.....

Employee number: .....

Job title:.....

National Insurance number: .....

### Letter to employer

Please provide the following information about your employee and send to your local Council office overleaf. This will help your employee to claim benefit.

### For the employer to fill in

- 1 Date the employee started work at your company (and the date they left, if appropriate) ..... / ..... / .....
- 2 Are the wages paid: every week?  every two weeks?  every four weeks?  every month?
- 3 Is he or she contracted out of the National Insurance scheme? Yes  No
- 4 Has there been any pay rise during the last six months? Yes  No
- 5 If 'Yes', please give the date of the pay rise ..... / ..... / .....
- 6 Please fill in the table for the last five payslips (if the employee is paid every week), three payslips (if the employee is paid every two weeks) or two payslips (if the employee is paid every month or four weeks).

	1	2	3	4	5
Date					
Tax code					
Tax week number					
Gross pay to date					
Hours worked					
Gross pay (before deductions)					
Working Tax Credit (from April 2003)					
Sick pay and so on					
Deductions – Tax					
– National Insurance					
– Pension scheme					
– Other					
Net pay (after deductions)					

If any bonuses or expenses are included in the gross pay or paid separately, please give details.

.....

Please give details of any other deductions. ....

- 7 If any holiday pay is included in the figures above, please give us the following details.

Period from ..... / ..... / ..... to ..... / ..... / ..... Amount: £.....

- 8 Will your employee's wages change in the future? Yes  No

- 9 How are the wages paid? Direct to bank  Cash  Cheque

Signature:..... Position:.....

Print name:..... Company stamp:

Name and address: .....

.....

..... Phone: .....

## Your local Council offices

**Malvern Hills District Council**

Revenues and Benefits, PO Box 21, Pershore, WR10 9DB

**Worcester City Council**

Revenues and Benefits, PO Box 31, Pershore, WR10 9DD

**Wychavon District Council**

Revenues and Benefits, PO Box 11, Pershore, WR10 1PU