



If you need any help please ring:

 0845 070 1066

Charged at local rate

Name and address

Date Issued

Ref No

Housing Benefit & Council Tax Support - NEW CLAIM and Free School Meals

Use this form to claim Housing Benefit and Council Tax Support if you do not already have a claim for benefit with Blackburn with Darwen Borough Council

Return this form quickly to the following address or you may lose benefit:
Blackburn with Darwen Borough Council, Benefits Service, ADMAIL 3860, Blackburn BB1 1WB

About this form

The Housing Benefit and Council Tax Support claim form has been specially designed to be easy to fill in. It may look rather long, but we have to ask a lot of questions to make sure that you get the right amount of benefit.

Second Adult Rebate

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

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

If you are claiming Second Adult Rebate, only fill in Part 2, Part 3, Part 4 and Part 18 of this form.

Free School Meals

You can qualify for **free school meals** if you are on Income Support, Job Seekers Allowance (income based), Employment Support Allowance (ESA) (IR), Universal Credit and Pension Credit Guaranteed Credit (PCGC) and in certain cases people who receive Child Tax Credits only, not working tax credit - unless your child attends an independent school.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

Filling in the form

Please use black ink. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'yes' or 'no' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box.

If someone else fills in the form for you, please ask them to sign the declaration on page 20.

We provide a 'Loop aid' system for people who are hard of hearing and a recorder service for people who are blind or partially sighted.

If you have any questions or need any help filling in this form, please contact the Customer Contact Centre on 0845 070 1066 or email Benefits@Blackburn.gov.uk

- جی کہہ سکتے ہیں کہ ہماری سہولتوں سے ہمیں مدد ملے گی، تو ہمیں یہ سہولتیں حاصل کرنے کے لیے درخواست دینا پڑے گی۔
- اگر آپ کو اس فارم کو پُر کرنے میں کوئی مشکل پیش آئی ہے تو براہ مہربانی کسٹمر سروسز کو ادھر دے کر پُر کرنے کے لیے مدد مانگیں۔

OR CONTACT / VISIT

CUSTOMER SERVICES


Blackburn Town Hall
King William Street
Blackburn
BB1 7DY

Darwen Town Hall
Croft Street
Darwen
BB3 1BQ

What to do next

When you have filled in the form, sign it and send it to us with the evidence we need to see, or you can bring the form and evidence to us. **Do not** send valuable items such as bank books or passports in the post. Bring them to the customer services reception at either Blackburn or Darwen Town Hall and we will get the information we need and give them back to you.

If you cannot get the evidence we need straight away, do not worry. Send the form to us, but let us know that you will be sending some evidence later. If you do not send the form to us straight away, you might lose potential benefit.

 **FRAUD HOTLINE:** The majority of benefit claims are genuine. Unfortunately, some people abuse the benefits system by submitting fraudulent claims. If you know of someone falsely claiming benefits, please ring our confidential free phone hotline - 0800 328 6340. Your call will be dealt with in the strictest confidence.

PART 1 About your application

Are you a:

- Housing Association tenant?
 Private tenant?
 Hostel tenant?
 Boarder?
 an owner occupier?

If you are just claiming Second Adult Rebate, only fill in Part 2, Part 3, Part 4 and Part 18 of this form.

PART 2 About you and your partner:

Are you single married divorced separated widowed in a civil partnership

Do you have a partner who normally lives with you?

- No If you have a partner, you must answer all the questions about them, as well as yourself
 Yes

	You	Your partner
Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other last names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, other)	<input type="text"/>	<input type="text"/>
Address Do not tell us your partner's address if it is the same as yours	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
What date did you move into this property?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>
	If you do not have a National Insurance number tick this box <input type="checkbox"/>	If you do not have a National Insurance number tick this box <input type="checkbox"/>
	Have you applied for a National Insurance number? (Please provide proof) No <input type="checkbox"/> Yes <input type="checkbox"/>	Have you applied for a National Insurance number? (Please provide proof) No <input type="checkbox"/> Yes <input type="checkbox"/>
Your daytime phone number	<input type="text"/>	<input type="text"/>
Your email address	<input type="text"/>	<input type="text"/>
Are you currently registered with the Local Authorities Leaving Care Team?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you or your partner students?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If 'Yes' please send a copy of your student grant and loan awards

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 2 About you and your partner (continued):

You

Your partner

Have you or your partner claimed Housing Benefit or Council Tax Support before?

No
Yes When did you claim?

No
Yes When did you claim?

Which council did you claim from?

Which council did they claim from?

What name did you claim in?

What name did they claim in?

What address did you claim for?

What address did they claim for?

Postcode

Postcode

Have you told the council that paid your benefit that you have moved?

No
Yes

No
Yes

If you have moved homes in the last 12 months, tell us your last address

Postcode

Postcode

Were you the home owner, a private tenant, a council tenant or a boarder at this address?

If you were the home owner, has the property been sold?

No
Yes

No
Yes

Is a copy of the completion statement enclosed?

No
Yes

No
Yes

Have you or your partner come to live in the United Kingdom in the last 2 years?

No
Yes

No
Yes

If yes, please provide proof of your immigration status (i.e. letter from the Home Office and your original passport)

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

The UK is England, Northern Ireland, Scotland and Wales
Please provide proof

Are you or your partner temporarily absent from home at the moment?

No
Yes If yes, from what date?

No
Yes If yes, from what date?

Please explain why you or your partner are currently living away from home in Part 15.

Do you intend to return home? No Yes

No Yes

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PART 3 About children

You may be able to get more benefit if there are children in your household and they are:

- under 16; or
- aged 16 or 17 and registered for work or youth training; or
- aged 16 to 20 and in further education

If in the age range of 18-20 and in further education, please provide a student exemption certificate

Are there any children in your household? No Go to **Part 4**
 Yes If there are more than 4 children, use a separate piece of paper to tell us all the information we ask for on this page.
If you are sending a separate piece of paper, tick this box

	First child	Second child	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<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"/>
What is the child's sex? (Please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<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"/>
Who gets Child Benefit for them? (We need to see proof of this)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind? (We need to see proof of this)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you wish to claim free school meals for your children?*	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please state school attended	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please state school year (eg 1-11)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please Note: Free school meals are only available if you are in receipt of Job Seekers Allowance (Income Based), ESA (IR), Universal Credit, PCGC or Income Support, or in certain cases people who receive Child Tax Credits but **not** Working Tax Credit.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 3 About children (continued)

	First child	Second child	Third child	Fourth child
Does the child get Disability Living Allowance (We need to see proof of this)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay a registered childminder, nursery or after-school club any childminding costs for this child? (We need to see proof of this)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Name and registration number of the minder	Name and registration number of the minder	Name and registration number of the minder	Name and registration number of the minder
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 4 About other people who live with you

Do any adults usually live with you and your partner? No Go to **Part 5**
By adults we mean people aged 16 or over who nobody gets Child Benefit for Yes Give details below

Now tell us about all the people who usually live with you and your partner.
If you want to tell us about more than 3 people, use a separate sheet of paper.

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

	First person	Second person	Third person
Last name	<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"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Do they get Income Support, income-based Jobseeker's Allowance, ESA (IR), Universal Credit or PCGC? We need to see proof of this	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do they get Disability Living Allowance, Personal Independence Payments or Attendance Allowance? We need to see proof of this	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on a youth training scheme? We need to see proof of this	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which	Yes <input type="checkbox"/> Tell us which
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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PART 4 About other people who live with you (continued)

	First person	Second person	Third person
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ a week	£ a week	£ a week
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date commenced	/ /	/ /	/ /
Date due to be released	/ /	/ /	/ /
Do they intend to return to this address?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in?
	/ /	/ /	/ /
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How often are they paid? We need to see their latest payslip	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/>
Do they have any other income at all?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

This includes any benefits or allowances you have not told us about on this form and interest from savings and investments
Please provide proof of all income

Are any of the people who normally live with you married to each other or living together as if they were married?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names
		is the partner of	

Are any of the people in Part 4 known by a different name? If Yes, please give details below	No <input type="checkbox"/> Yes <input type="checkbox"/>
True name <input style="width: 300px;" type="text"/>	Known as <input style="width: 300px;" type="text"/>
True name <input style="width: 300px;" type="text"/>	Known as <input style="width: 300px;" type="text"/>

If more than one family, please use a separate piece of paper, sign it and tick this box

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PART 7 About working for an employer (continued)

	You	Your Partner						
When did you start this job?	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
How often do you get paid? (Please provide proof)	Every	Every						
When will you get your next pay rise?	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
How are you paid?								
How many hours a week do you usually work?								
Give details of any regular overtime, bonuses or commission or tips or expenses								
Are you getting Statutory Sick Pay (SSP)? (Please provide proof)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>						
What date did it start?	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>							
Are you getting Statutory Maternity Pay (SMP) from your employer at the moment? (Please provide proof)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>						
What date did it start?	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>							
Are you getting any other sick pay or maternity pay from your employer at the moment? (Please provide proof)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>						
Do you pay into a private or company pension scheme? (Please provide proof)	No <input type="checkbox"/> Yes <input type="checkbox"/> How often? Every	No <input type="checkbox"/> Yes <input type="checkbox"/> How often? Every						

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PART 8 Your Income/other income received

If you or your partner have income from any of the following, please tell us the amount you receive and how often you receive this amount. If you have deductions from your benefit, please give details in Part 15 - Anything else you need to tell us. Please answer all the questions. If none, tick 'None' box.

Benefits and Allowances Please provide proof	You			Your Partner		
	Yes	Frequency (weekly, monthly, 4 weekly etc)	None	Yes	Frequency (weekly, monthly, 4 weekly etc)	None
Working Tax/Disabled Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance (Contribution Based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit/ESA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Sick Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance or Disability Living Allowance (Care Component) or Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (Mobility Component)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Retirement pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered blind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Are you treated by the Department of Works and Pensions as incapable of work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If so from what date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does anyone receive carers allowance for looking after you (Please provide proof)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If yes please provide their name and address	<input type="text"/>					
Does the carer have to stay overnight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	How often?	<input type="text"/>	

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PART 8 Your Income/other income received (continued)

	You			Your Partner		
	£	Date it started	Frequency (weekly, monthly, 4 weekly etc)	£	Date it started	Frequency (weekly, monthly, 4 weekly etc)
War Disablement Pension	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Private Pension or Occupational Pension (after tax)	<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="No"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>
Who is it paid by? (e.g. your former employer) <small>(Please provide proof)</small>	<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/>		
OTHER INCOME:						
Pension or benefits from another country <small>(Please provide provide)</small>	<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="No"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>
Do you have any income from: sub tenants?	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
rented property? <small>(Please provide proof)</small>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
boarders?	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Any other income/pensions/benefit , for example from annuities, charities and so on. Please give details if any other benefits	<input style="width: 100%; height: 50px;" type="text"/>			<input style="width: 100%; height: 50px;" type="text"/>		
Have you or your partner applied for any other benefit but not received it yet				<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="No"/>
If yes please give details	<input style="width: 100%; height: 40px;" type="text"/>			<input style="width: 100%; height: 40px;" type="text"/>		
What date did you apply?	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Does anyone owe money to you, your partner, or any children you are claiming for?	<input type="text" value="Yes"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="text" value="No"/>	<input style="width: 20px; height: 20px;" type="text"/>	What for? <input style="width: 100%; height: 40px;" type="text"/>	
				How Much?	<input style="width: 100%; height: 20px;" type="text"/>	
If you currently have no income, please tick this box and tell us how you are meeting your day to day living costs in Part 15.	<input type="checkbox"/>					

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 9 About capital, savings and investments

Do you or your partner have Capital Savings or Investments over £16000

No
Yes

How many bank accounts / do you and your partner have?

(Please provide proof of current balance)

Do you or your partner have a Paypal account or any other internet bank (Please provide proof of current balance)

No
Yes

Do you, your partner, or any children you are claiming for have any bank accounts?

Please supply proof of all your capital - for example your building society book, bank books etc. Whatever proof you send must cover the 2 months before this claim. (A slip showing the outstanding balance is NOT acceptable)

No
Yes

Tell us about all your **bank accounts**, even empty or overdrawn ones. If there are more than 2 bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

Name of Bank

Account Number

Whose name is the account in?

How much is in the account

 £

Name of Bank

Account Number

Whose name is the account in?

How much is in the account

 £

If you are sending a separate piece of paper, sign the piece of paper and tick this box.

Do you or your partner have any premium bonds?

(Please provide proof)

No
Yes

Value

 £

Do you or your partner have any National Savings Certificates?

No
Yes

Issue number

Value

 £

How many?

Issue number

Value

 £

How many?

Do you or your partner have any stocks, shares, bonds or unit trusts? (Please provide proof)

No
Yes

Do you or your partner have any post office accounts?

(Please provide proof)

No
Yes

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 9 About capital, savings and investments (continued)

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

For example cash, ISAs, compensation or any other money you have not told us about on this form
(Please provide proof)

No
Yes Tell us about this

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

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

No
Yes What is the address

 Postcode

If more than 1 property, please provide a separate piece of paper with details, sign the piece of paper and tick this box

How much is it worth?
(Please provide proof)

 £

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

 £

Is the property rented out?

No
Yes If yes, how much do you receive?

Weekly £

Monthly £

Is this property up for sale?
(Please provide proof)

No why?

Yes If yes, from what date

Other i.e. endowments

 £

PART 10 About your tenancy

If you are a home owner please go to Part 15. If you pay rent you are required to provide proof of your tenancy. This proof could come in several forms of which one or more of the following is acceptable: Up-to-date Tenancy Agreement, Letter from Landlord, Certificate of Rent, Letter from Agent.

The proof must contain the following information:

- The name and address of the tenant
- The name and address/contact of either landlord or agent
- If appropriate, the name and business address of the managing agent
- The date the agreement started/type of tenancy
- The amount of rent payable
- What services (if any) are included in the rent, together with the amounts charged for each
- The payment period, e.g. Weekly, 4 Weekly, Calendar Monthly

If your joint tenant wishes to claim a separate claim form will need completing.

Are you a joint tenant? No Yes

You must inform us of any changes to your joint tenants household as this may affect any potential benefit award.

If you have lived at this address for less than 6 months, please say where you saw the property advertised.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 11 Your landlord's details

Your landlord's name

Address

postcode

Phone number

If your landlord has an agent, tell us their full name and address

By agent we mean the person or organisation you actually pay your rent to

postcode

Phone number

Are you, 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. Some **examples** are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or step-daughter.

No

Yes

What is the relationship?

Does your landlord employ you?

No

Yes

No

Yes

Does your landlord live in the property you rent?

No

Yes

Please state the number of rooms that just you and your family use

Living room	Bedrooms	bedsit rooms	kitchens	bathrooms	other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state the number of rooms that you share with other residents

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 11 Your landlord's details (continued)

Your tenancy start date

How much is your rent?

 £

How often do you pay it?

 every

Does anybody, other than your partner, help you pay the rent?

No Yes

If 'Yes' who?

Have you, or your partner, ever owned this property?

No Yes

Does the rent include the following?

(Give the amounts that are included, if you know them and provide proof)

		Amount			Amount			Amount			
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	Cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	Meals	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	Water Rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	Laundry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>				

General counselling and support No Yes

Cleaning rooms or windows No Yes

Emergency alarm No Yes

Warden services No Yes

Does your landlord provide any other services? (for example gardening or cleaning) No
Yes

If 'Yes' please give details

If meals are included, which do you receive?

Breakfast

Lunch

Evening meal

PART 12 Information sharing agreement

Sharing information with your landlord can help us deal with your claim more quickly, and can reduce the risk of you falling behind with your rent because of your claim being delayed. We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else.

If you give us permission, we would be able to tell your landlord:

- If you have claimed Housing Benefit
- When we have made a decision on your claim
- When we have made a payment to you
- When we need more information to make a decision on your claim, and what that information is.

We will not give your landlord any information about:

- Your personal or household circumstances
- Your financial circumstances

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 12 Information sharing agreement (continued)

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. If you want to give us your permission to discuss your claim with your landlord please sign the box below:

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

The Name and address of the landlord or their nominated representative

Sign Date

We may need to contact your landlord to check any information you have given

If you **do not** want us to contact your landlord, please tick this box

If you would like to give us permission to discuss your claim with a nominated party acting on your behalf, please provide the following information:

The Name and address of your nominated representative:

Relationship to you:

PART 13 Local Housing Allowance direct payment details

Local Housing Allowance is paid to the tenant and not to the landlord.

Please provide us with the details of the bank account you would like us to pay your Local Housing Allowance into:

Name of bank

Bank or building society sort code

Account Name

Bank or building society account number

Your Signature

Date

If you have completed this section go to Part 15

PART 14 Paying benefit

Please note this section only applies to tenants who are renting from a Housing Association.

We pay Housing Benefit every four weeks.

If you get Housing Benefit do

you want payments to go to: yourself? your housing association?

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 14 Paying benefit (continued)

If you want us to make payments direct to your landlord please complete the 'Direct payment of benefit to your landlord request' included in this claim form - see page 21.

If you want us to pay the money into your bank or building society account, please give us the following:

The name of the Account Holder

the account number

the sort code

The name of the
bank or building society

PART 15 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many

PART 16 Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not being able to make an earlier claim. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you could not claim earlier.

**Date you want to
claim benefit from**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tell us why you could not claim earlier, providing proof if possible.

Please provide as much information as possible in support of your request and provide supporting evidence where possible.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 17 Examples of acceptable evidence

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one, and for any other adults living in your home.

Evidence of identity

Such as a birth certificate, marriage certificate, passport, National Insurance Number card, medical card, driving licence, UK residence permit, EiC identity card or recent gas or electricity bill. **We need to see two of these documents for each person.**

Immigration

Please send us your proof of immigration status from the Home Office and your original passport.

Evidence of National Insurance Number

Such as a National Insurance Number card, payslips or letters from Department for Work and Pensions or the Inland Revenue.

Evidence of capital, savings and investments

Such as all your bank, building society or post office books, Paypal or internet accounts, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings.

The evidence you send must show details for at least the last 2 months.

Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you do not have these payslips, please ask your employer to complete the certificate of earnings at the back of this form. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than 6 months, a summary of your trading record so far.

Evidence of non dependent earnings. (as above but only one payslip required)

Evidence of other income

Such as pension slips from a former employer, we need to see evidence of any money people pay you for board and lodgings. **Any other rent received from other properties.**

Evidence of benefits, allowances and pensions

Such as current award notices or letters from Department for Work and Pensions/Inland Revenue confirming how much you get. If you do not have evidence, let us know straight away.

Evidence of private rent and tenancy

Such as a tenancy agreement, a letter from your landlord, a rent book or rent receipts.

Evidence of other money paid out

Such as receipts from registered child carers, or contributions into a private pension scheme.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 17 Checklist Reminder

List of documents you will need

Please tick below the evidence you are sending with this form. We must see **original** documents, not copies. Please **DO NOT** send valuable items through the post. If you can, bring your documents into Customer Services, we will photocopy the details we need and return them to you immediately. If you cannot get into the office please telephone 0845 070 1066.

For you and your partner

National Insurance number	<input type="checkbox"/>	State retirement pension	<input type="checkbox"/>
Student grant/loan award	<input type="checkbox"/>	Widow's pension	<input type="checkbox"/>
Completion statement (if recently moved house)	<input type="checkbox"/>	Any other pension details	<input type="checkbox"/>
Proof of property for sale	<input type="checkbox"/>	Attendance allowance or disability living allowance (care or mobility component)	<input type="checkbox"/>
Date of entry to the UK (if not British)	<input type="checkbox"/>	Disability living allowance for child	<input type="checkbox"/>
Home office letter	<input type="checkbox"/>	Income support	<input type="checkbox"/>
Immigration Status	<input type="checkbox"/>	PCGC	<input type="checkbox"/>
Payslips	<input type="checkbox"/>	If your child is registered blind	<input type="checkbox"/>
Certificate of earnings	<input type="checkbox"/>	Registered child-minding costs	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	Paypal/internet accounts	<input type="checkbox"/>
Working/disabled tax credit	<input type="checkbox"/>	Bank accounts/building society account/post office account	<input type="checkbox"/>
Child tax credit	<input type="checkbox"/>	Any capital/savings/investments	<input type="checkbox"/>
Jobseekers Allowance (Contribution based)	<input type="checkbox"/>	Premium bonds/stocks/shares	<input type="checkbox"/>
Incapacity benefit	<input type="checkbox"/>	Any land owned/timeshare/other property	<input type="checkbox"/>
Employment Support Allowance	<input type="checkbox"/>	Tenancy agreement	<input type="checkbox"/>
Maternity allowance	<input type="checkbox"/>	Self employed trading accounts for last financial year	<input type="checkbox"/>
Statutory sick pay (from DWP or employer)	<input type="checkbox"/>	Self assessed income sheet	<input type="checkbox"/>
Carer's allowance	<input type="checkbox"/>	Full time student/student nurse/care worker/apprentice/youth training i.e loans, certificates, Training 2000 letter.	<input type="checkbox"/>
Anyone who may receive carer's allowance for you	<input type="checkbox"/>		
Severe disablement allowance	<input type="checkbox"/>		
Industrial injuries benefit	<input type="checkbox"/>		
Training scheme	<input type="checkbox"/>		

Non Dependants

Proof of any income/latest payslip	<input type="checkbox"/>	Any of the above benefits they may receive	<input type="checkbox"/>
Student exemption certificate	<input type="checkbox"/>		

Evidence needs to be in the form of an award or entitlement letter

Changes you must notify us about

Notify us straight away if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and subtenants);
- your income, or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home for more than a month;
- you receive any decision from the home office; or
- anything you have told us about changes.

You **MUST** notify us about these changes in writing. If you don't notify us about these changes you may lose money you are entitled to or you may get too much benefit. Please note reporting any change to another organisation, a department of DWP or another department in the Council is **NOT** sufficient.

It is an offence not to notify us about any change in circumstances that may affect your benefit. We may take court action against you and if we pay you too much benefit, you will probably have to pay it back.

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

PART 18 Declaration

How we collect and use information

We will use the information you give on the form, and any supporting evidence you sent us to process your claim for Housing Benefit, Council Tax Support and Free School Meals (where applicable). We may pass the information to the Department for Work and Pensions and the HM Revenue & Customs as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

- make sure the information; and
- prevent or detect crime; and
- protect public funds.

By law, we must give out some information if we are asked by, for example, the Department for Work and Pensions, HM Revenues & Customs and the Audit Commission. We will also give details of who lives at your address to the Electoral Registration Officer to help to get the electoral roll right.

The Council may use your details to deal with the licensing of private properties, to check school attendance, to collect debts such as council rents and council tax, and to prevent and detect fraud. We may share the details with other organisations that inspect or handle public funds, and a credit reference agency. This is to help work out and pay benefits, collect council tax and prevent and detect fraud. We will give out information to prevent or detect crime if this is necessary.

When you sign this form you give us permission to make any enquiries to check your details, including checking with other sources within the Council, The Pension Service, Jobcentre Plus, HM Revenues & Customs, the Valuation Office Agency, providers of specialist hostels for homeless people, and other Council's.

Blackburn with Darwen Borough Council is the data controller 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 it, please ask us.

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they MUST sign below to confirm all details about them are correct.

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

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit, Council Tax Support, or Free School Meals.
- You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for benefits that I have made or may make. You may give some information to some government departments, local authorities and organisations that may lend me money, if the law allows this.
- I have read, or had read to me, and understand the information on this form.

I know I must let the council know about any change in our circumstances which might affect my claim.

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

Signature of person claiming

Date

--	--	--

Partner's Signature

Date

--	--	--

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

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

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

--	--	--

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

Direct payment of benefit to your landlord request

If you want us to pay your benefit straight to your landlord you must sign this declaration.

This is not for Local Housing Allowance claimants

Please pay my Housing Benefit straight to my landlord. I understand that:

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

We will not give your landlord any information about:

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

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

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

Signature

Date

Name

Address

 Postcode

Now ask your landlord to sign this agreement

Landlord's name

Landlord's Reference

Name of your bank
(not required if Landlord Ref. given)

Address of your bank

Name the account holder

 Postcode

Account number

Sort code

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

- I must notify you straight away if I find out about any change in the tenant's circumstances;
- you can stop paying benefit to me if I do not notify you about any change of circumstances; and
- 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 for any other tenants. This will not affect their rent.

Landlord's Signature

Date

Landlord's Address

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

Employers certificate of earnings - For completion by your employer

Reference number
Name
Address
Occupation
Works or clock number

If you do not have payslips please ask your employer to fill in this earnings certificate.

When you have filled this form in, please return it to:
Blackburn with Darwen Borough Council, Benefits Service, ADMAIL 3860, Blackburn BB1 1WB

Please ask the employer to fill in the details below.

Please help us by filling in this form and returning it to your employee. Please fill in the amounts for the last 5 weeks (if they are paid every week) or the last 2 months (if they are paid every month)

National Insurance number Date started work

Last date in week or month	Hours worked	Gross pay	National Insurance	Tax	Tax to date	Workplace Pension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gross pay to date £ Month or week number

1 When is the next pay increase due?

2 How do you pay this employee? Cash Straight into their bank account Cheque
 Other Please give details

3 Do you make bonus payments? Yes No
 if 'Yes' how much and how often? £ every

4 What is their normal basic pay each week? £

How many hours do they usually work each week? How many hours of overtime do they usually work each week?

Company details

What is the name and address of your company?

What is the phone number?

Employer's signature

Company stamp - must be stamped by employer

Print name

All evidence must be provided in the form of ORIGINAL documents. PHOTOCOPIES WILL NOT BE ACCEPTED. If you cannot get the evidence we need straight away, do not worry. Send the form back to us, but let us know that you will be sending some more evidence later. If you do not send the form to us straight away, you may lose potential benefit/support.

Part 18 - Monitoring our services

Blackburn with Darwen Borough Council works towards eliminating discrimination and promoting equal opportunities. Collecting the following information can help us achieve this. Data collected will be used to help us to plan and deliver services more effectively to individuals and service users. It will also be used to report on the needs of different groups of people. Information provided will be treated confidentially in accordance with the data protection act 1998.

Are you?

- Male
 Female

What is your age group?

- 16 - 24
 25 - 59
 60 and over

How would you describe your ethnic origin?

White

- British
 Irish
 Any other white background

Black or Black British

- African
 Caribbean
 Any other Black background

Mixed Race/Dual Heritage

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

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Any other Asian background

Chinese

- Chinese

Do you consider yourself to be a disabled person?

The Disability Discrimination Act 1995 defines disability as a “physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities”.

- No
 Yes

If you have answered yes please tick which of the following apply:
(you may tick more than one)

- A physical impairment
 A visual impairment
 A hearing impairment
- Mental health issues
 A learning difficulty
 A specific learning difficulty
- Deaf BSL user
 Long term condition
For example: diabetes, multiple sclerosis, living with HIV or cancer

Thank you for taking the time to provide us with this monitoring information