

# Application Form

- Housing Benefit • Council Tax Reduction
- Alternative Council Tax Reduction

This form can be made available in other languages and formats (including large print, audio tape and Braille as appropriate). Please telephone 01482 300 303, textphone 01482 300 349



For office use only		Date received:	
Date of customer contact:	/ /	LA office date stamp	
Date issued:	/ /		
Issued by:			
Reference No:			

Please read 'tear-off 3' help notes at the back of this form **BEFORE** you complete it.

If you are of pensionable age and wish to apply for Alternative Council Tax Reduction, please tick (✓) this box  and only fill in Parts 1, 3, 16 and 17 of this form.

**Are you:**

- a council tenant?       an owner-occupier?       a private tenant?       a student?   
a hostel tenant?       a housing association or social landlord tenant?       self-employed?

## Part 1 About you and your partner

On this form, by partner we mean someone of the opposite sex or same sex who is either -

- a person you are married to or
- a person you live with as if you are married to them

Do you have a partner who normally lives with you    No     Yes     If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title Mr, Mrs, Miss, other	<input type="text"/>	<input type="text"/>
Address you are applying for, including room number. Do not tell us your partner's address if it is the same as yours.	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
What date did you move to this address?	<input type="text"/>	<input type="text"/>
	If you have not moved in yet, tell us when you expect to move in. You must then tell us in writing when you have actually moved in.	If your partner has not moved in yet, tell us when they expect to move in. You must then tell us in writing when they have actually moved in.
Your phone number	Daytime <input type="text"/> Mobile <input type="text"/>	Daytime <input type="text"/> Mobile <input type="text"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Textphone <input type="checkbox"/>
e-mail address	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
<b>National Insurance (NI) number</b> You can find this on payslips or letters from social security or the tax office. We need to see proof of this.	Letters <input type="text"/> <input type="text"/> Numbers <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"/> Letter <input type="text"/>
	If you do not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>	If your partner does not have a NI number, or cannot find it, tick this box. <input type="checkbox"/>

**If this is your first Housing Benefit claim with Hull City Council we'll need to see proof of your identity and National Insurance number. See the checklist at Part 16, Page 19.**

You

Your partner

Tell us your previous address (this is the address you are living at or have lived at before the one you are applying for)

Postcode

Postcode

Date you moved or are due to move out of this address? / /

/ /
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Were you the homeowner, a private tenant, a council tenant or a lodger at this address?

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Have you or your partner claimed Housing Benefit, Council Tax Reduction or Alternative Council Tax Reduction before?

No  Yes  Please tell us about it below

No  Yes  Please tell us about it below

When did you last apply? / /

/ /
-----

What name did you use for the application?

--

--

At what address did you apply?  
If different to the above address.

Postcode

Postcode

What is your nationality?

--

--

Have you continuously lived in the UK for at least the last 5 years? Yes  No  Please tell us about it below

Yes  No  Please tell us about it below

On what date did you last enter and apply to stay in the UK? / /

/ /
-----

If you have lived in the UK for 3 months or longer, what income have you received for the last 3 months?  
(For example earned income, child benefit etc)

(We will need to see proof of these)

Which country have you moved from? / /

/ /
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Please provide any supporting documents you and/or your partner have which prove you are eligible to apply, for example, Passport, Home Office documents, Visa, or Registration Card.

Are you or your partner in hospital at the moment?

No  Yes  Please tell us about it below

No  Yes  Please tell us about it below

When did you go in? / /

/ /
-----

When will you come out, if you know this? / /

/ /
-----

Do you receive support or assistance from a care worker, a social worker, an official appointee or from a voluntary organisation?

No  Yes  Please tell us about it below

No  Yes  Please tell us about it below

Tell us their name

--

--

What is their relationship to you?

--

--

Tell us their contact details

--

--

**You**

**Your partner**

**Do you or your partner get Disability Living Allowance or Personal Independence Payments** No  Yes  Please tell us about it below  
 Care/Daily living £   
 Mobility £

**Do you or your partner get Disability Living Allowance or Personal Independence Payments** No  Yes  Please tell us about it below  
 Care/Daily living £   
 Mobility £

**Do you or your partner have a vehicle from a Mobility scheme?**  
 No  Yes

No  Yes

**Do you or your partner get Attendance Allowance?**  
 No  Yes

No  Yes

**Does anyone get Carer's Allowance for looking after you or your partner?**  
 No  Yes  We need to see proof of this

No  Yes  We need to see proof of this

If yes, tell us their name

Their address

**Have you or your partner been told that you are entitled to Carer's Allowance, but you do not receive it, because you are getting another benefit instead?**

No  Yes  We need to see proof of this

No  Yes  We need to see proof of this

**Do you or your partner have a carer who does not live with you but who stays overnight to care for you?**  
 No  Yes  We will write to you about this

No  Yes  We will write to you about this

**Do you or your partner pay towards the upkeep of a student?**  
 No  Yes  How much do you pay and how often?

No  Yes  How much do you pay and how often?

£  every

£  every

**Please tick if you or your partner are:**

- |  |   |                            |                            |
|--|---|----------------------------|----------------------------|
| 1 an apprentice <input type="checkbox"/>     | 4 severely mentally impaired <input type="checkbox"/> | 1 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2 on youth training <input type="checkbox"/> | 5 registered blind <input type="checkbox"/>           | 2 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3 in legal custody <input type="checkbox"/>  | 6 long-term sick or disabled <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> |

**We will contact you if we need any more information about these.**

**Are you or your partner a student? By student we mean anyone who is attending a course of study at an educational establishment, including student nurses.**

No  Yes  Please tell us about it below  
 Is this Full time  Part time

No  Yes  Please tell us about it below  
 Is this Full time  Part time

If yes, which educational establishment do you study at? (Give full name of college/university etc.)

What is the course title and level? for example A Level, Degree

What is the length of the course for example 1 year, 3 years?

What date did the course start?

Please provide the term dates

**Do you or your partner get any of the following?**

- |  |                                    |                            |                            |
|--|------------------------------------|----------------------------|----------------------------|
| 1 student grant <input type="checkbox"/> | 3 bursary <input type="checkbox"/> | 1 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 2 loan <input type="checkbox"/>          | 4 none <input type="checkbox"/>    | 2 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Are there any children currently living in your household?

By children we mean anyone currently living in your household who is:

- under 16
- aged 16, 17, 18 or 19 and either in education, doing a course not higher than GCE A-level, SCE Higher level or GNVQ Advanced, or on an approved government training course.

No  Go to Part 3      Yes

If there are more than three children, please use a separate sheet to tell us all the information we ask below and send it with the form.

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

	First child	Second child	Third child
Surname or family 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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's gender?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
The child's relationship to you	<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"/>
Usual address, if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	You <input type="checkbox"/> Your partner <input type="checkbox"/> Someone else <input type="checkbox"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/> Someone else <input type="checkbox"/>	You <input type="checkbox"/> Your partner <input type="checkbox"/> Someone else <input type="checkbox"/>
If someone else, tell us their name and address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is your child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance/Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care/Daily living <input type="text"/> £ Mobility <input type="text"/> £ We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care/Daily living <input type="text"/> £ Mobility <input type="text"/> £ We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care/Daily living <input type="text"/> £ Mobility <input type="text"/> £ We need to see proof of this.
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, tell us the name and registration number of the minder and how much you pay them per week.	<input type="text"/> <input type="text"/> £      a week We need to see proof of this.	<input type="text"/> <input type="text"/> £      a week We need to see proof of this.	<input type="text"/> <input type="text"/> £      a week We need to see proof of this.

**Do any adults usually live with you and your partner?**

By *adults* we mean people over 16 who nobody gets Child Benefit for.

Do not tell us about people who just share a hall, bathroom or toilet with you.

**No**  Go to **Part 4**     **Yes**  Fill in this section

If you want to tell us about more than three people, use a separate sheet of paper.

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

	<b>First person</b>	<b>Second person</b>	<b>Third person</b>
Title Mr, Mrs, Miss, other	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their gender?	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance Number	<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"/>
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, boarder or friend

<b>Do they get Income Support, Income-based Jobseeker's Allowance, Pension Credit, Income-related Employment and Support Allowance or Universal Credit?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If "Yes" which?	If "Yes" which?	If "Yes" which?
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments?</b>	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?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
	Tell us which <input type="text"/>	Tell us which <input type="text"/>	Tell us which <input type="text"/>

<b>Are they registered blind?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which <input type="text"/>

<b>Do they pay rent or money for board and lodgings to you or your partner?</b>	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?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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<b>Are they severely mentally impaired?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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	First person	Second person	Third person
<b>Are they in legal custody at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what is their release date if known? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what is their release date if known? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what is their release date if known? / /
<b>Are they in hospital at the moment?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about it below. When did they go in? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about it below. When did they go in? / /	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about it below. When did they go in? / /
<b>Do they normally work for 16 hours or more a week?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about their earnings before any deductions £ every We need to see proof of their earnings	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about their earnings before any deductions £ every We need to see proof of their earnings	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, tell us about their earnings before any deductions £ every We need to see proof of their earnings

**Do they have any other income at all?** Please tell us about **ALL** other income they have. This includes any benefits or allowances you have not told us about already on this form and interest from savings and investments.

	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, tell us about it below.	If yes, tell us about it below.	If yes, tell us about it below.
1 What is this income?			
How much is it before deductions?	£ every	£ every	£ every
2 What is this income?			
How much is it before deductions?	£ every	£ every	£ every
3 What is this income?			
How much is it before deductions?	£ every We need to see proof of their income	£ every We need to see proof of their income	£ every We need to see proof of their income

**Are any of the people you have told us about who normally live with you married to each other, Civil Partners, or living together as if they were married or Civil Partners?**

No  Yes  Tell us their names below

is the partner of

is the partner of

You will need to supply proof of each persons details and proof of their income and circumstances where you have ticked 'YES' in this part of the form

**You**

**Your partner**

**Are you or your partner actually getting Income Support, Income-based Jobseeker's Allowance, Pension Credit or Income-related Employment and Support Allowance?**

No  Yes  Tell us about it below

Which benefit are you getting?

When did you start to get it?

 /  / 

No  Yes  Tell us about it below

Which benefit are you getting?

When did you start to get it?

 /  / 

**If you have answered 'Yes' to this question, go to Part 11 page 13. If you have answered 'No' please answer the question below then go to Part 5.**

**Are you or your partner waiting to hear about a claim for Income Support, Income-based Jobseeker's Allowance, Pension Credit or Income-related Employment and Support Allowance?**

No  Yes  Tell us about it below

Which benefit are you waiting to hear about?

When did you claim?

 /  / 

No  Yes  Tell us about it below

Which benefit are you waiting to hear about?

When did you claim?

 /  / 

We must see evidence of your benefits, allowances and/or pensions before we can decide how much help you can get. Read the checklist at Part 16, page 19 to see what you can use as evidence.

**Part 5 About being self-employed**

**Are you or your partner self-employed?** No  Go to **Part 6** Yes  Answer the questions below.

You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

**You**

**Your partner**

What kind of work do you do?



When did the business start?

 /  / 
 /  / 

What is the name of the business?



What is the business address?




 Postcode

 Postcode

Do you have any business partners? No  Yes  Tell us their name and address.




 Postcode

 Postcode

**If you or your partner have more than one business partner, please give their details on a separate sheet.**

If you are enclosing a separate sheet, please tick

**You****Your partner**

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No  Yes 

How much do you get and how often?

£  every No  Yes 

How much do you get and how often?

£  every 

Do you pay into a private pension scheme?

No  Yes 

How much do you pay and how often?

£  every No  Yes 

How much do you pay and how often?

£  every 

We must see evidence of your earnings before we can decide how much help you can get. Read the checklist at Part 16, Page 19 to see what you can use as evidence.

## Part 6 About working for an employer

Do you or your partner work for an employer?

No  Go to Part 7 Yes No  Go to Part 7 Yes 

If 'Yes' answer the following questions. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

What is your employers name and address?

  
  
 Postcode

  
  
 Postcode

When did you start this job?

 /  /  /  / 

What is your payroll, employee or staff number?

Are you employed for a limited period?

No  Yes  Tell us about it belowNo  Yes  Tell us about it below

If yes, when are you due to finish?

 /  /  /  / 

How much do you get paid before tax and National Insurance are taken off?

£ £ 

How often do you get paid? for example; weekly, four weekly, calendar monthly

How are you paid, for example, by BACs, by cash, by cheque or if other please state?



You	Your partner
When was your last pay rise? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise be? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work? <input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please state which <input type="text"/>	If yes, please state which <input type="text"/>
What date did you start to get this? <input type="text"/> / <input type="text"/> / <input type="text"/>	What date did you start to get this? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting any other sick pay or maternity pay from your employer at the moment? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what pay do you receive? <input type="text"/>	If yes, what pay do you receive? <input type="text"/>
How much do you receive and how often? £ <input type="text"/> every <input type="text"/>	How much do you receive and how often? £ <input type="text"/> every <input type="text"/>
Do you pay into a private or company pension scheme? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay and how often? £ <input type="text"/> every <input type="text"/>	If yes, please state what, how much and how often? £ <input type="text"/> every <input type="text"/>

We must see evidence of any earnings before we can decide how much help you can get. Read the checklist at Part 16, page 19 to see what you can use as evidence. If you get tips or bonuses, tell us about these in Part 14, page 18.

## Part 7 About any other work

**Do you or your partner do any other work at all?**  
 This could be voluntary, therapeutic or permitted work on the advice of a doctor or any other work, even if it is not paid work.

No  Go to **Part 8** Yes  Answer the questions below.

What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person or organisation you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>

**Do you get paid?** If you only get expenses or tips, still tick **Yes** and give details.

No  go to **Part 8** Yes  Tell us about it below. No  go to **Part 8** Yes  Tell us about it below.

How much do you get before any deductions?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
What is the payment type? For example; expenses or tips?	<input type="text"/>	<input type="text"/>

We must see evidence of any earnings, expenses, tips before we can decide how much help you can get. Read the checklist at Part 16, page 19 to see what you can use as evidence.

Are you or your partner getting any state benefits, pensions or are you waiting to hear about any state benefits or pensions you have claimed?

No  Go to **Part 9** Yes  Tell us about the state benefits/pensions below.  
Tell us the full rate of the benefits before any deductions.

Read the list below and tell us about any that you or your partner are getting now or are waiting to hear about. This list is not exhaustive.

- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Maternity Allowance
- Working Tax Credit
- Incapacity Benefit
- Contribution based Employment and Support Allowance
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- Pension Credit, including Savings Credit
- State Retirement Pension
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Armed Forces Compensation Scheme
- Armed Forces Independence Payment
- Universal Credit

If you are getting or waiting to hear about more than four of these benefits or pensions, tell us about them on a separate sheet of paper.

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

	You	Your partner
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£                      every                      by	£                      every                      by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£                      every                      by	£                      every                      by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£                      every                      by	£                      every                      by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£                      every                      by	£                      every                      by

**Do you or your partner have any other money coming in, or expect to have any other money coming in, that you have not already told us about on this form?**

This includes occupational pensions, work pensions and private pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, personal injury payments, training allowances, a student grant, bursary or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

**No**  **Go to Part 10** **Yes**  Answer the questions below. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

	Other money 1	Other money 2	Other money 3
Who gets the money? for example you, your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where does the money come from? for example, works pension, student grant	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?, for example, every week or month	<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every
How is this paid? for example, cheque, BACS, cash,	<input type="text"/>	<input type="text"/>	<input type="text"/>
When was this money first received?	<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"/>
When is the money likely to go up, if known?	<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"/>
Does anyone owe money to you and or your partner?	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Tell us about it below	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Tell us about it below	<b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Tell us about it below
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday pay.**

**No**  **Yes**  Tell us about it below

What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

**We must see evidence of any money coming in before we can decide how much help you can get. Read the checklist at Part 16, page 19 to see what you can use as evidence.**

We need to know if you or your partner have any bank accounts, savings, investments or property in the UK or abroad.

If you have more than two accounts or three types of stocks and shares, please use a separate sheet.

If you are using a separate sheet tick here

Do you or your partner have any of the following? You **must** tick either No or Yes for each one.

	No	Yes	How many accounts?	Total amount	£	Ref. A/c numbers etc.
Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Building Society Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Post Office® accounts including Post Office Card accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Paypal Accounts, including Paypal Holding accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Premium Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Unit trusts, ISAs or other investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Income bonds or capital bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Money or property held in trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Any other cash, savings or investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

If yes, tell us what these other savings or investments are

Do you or your partner have any Shares? **No**  **Yes**  If Yes, please give details below.

Stock or Shares – approximate value £  Number of stocks or shares held

Name of the company the stocks or shares are held in

Stock or Shares – approximate value £  Number of stocks or shares held

Name of the company the stocks or shares are held in

Stock or Shares – approximate value £  Number of stocks or shares held

Name of the company the stocks or shares are held in

We must see evidence of any savings, investments or property before we can decide how much help you can get. Read the checklist at Part 16, page 19 to see what you can use as evidence.

Do you or your partner have any National Savings Certificates? No  Yes  We must see the original certificates as proof.

Do any of your savings or investments include:  
 • money from the sale of a house or money from a charity? No  Yes  We will write to you about it.

Apart from your home, do you or your partner own any other property or land in the UK or abroad? If it is on a mortgage or a loan, still tick Yes. No  Yes  We will write to you about it.

**Have you or your partner received one of the following:**

- a Far Eastern Prisoner of War Compensation payment No  Yes
- a compensation payment made to victims of atrocities that happened during the Second World War? No  Yes
- a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust? No  Yes
- a payment from the London Bombings Relief Charitable fund No  Yes

If yes, who received the payment? You  Your partner  How much was received? £

**We need to know this to make sure we do not count it as part of your savings.**

**Part 11 About where you live**

Are you temporarily living away from home at the moment? No  Yes

If yes, why are you not living at home?

When did you last live at home?  /  /

When do you expect to go back home?  /  /

What is the address of where you are living at the moment?   
  
 Postcode

**Have you sublet your home?** No  Yes

If yes, who lives there now?

**Do you have a main home somewhere else in the UK or abroad? Tick Yes, even if you do not pay rent for it.**  
 No  Yes  If yes, What is the address?   
  
 Postcode

**Do you pay rent on this home?** No  Yes  How much? £  every

**Do you own your home or have a mortgage?** No  Yes  **Go to Part 13**

**Are you a joint tenant with someone other than your partner?** No  Yes  Tell us the details below.

If yes, tell us their names and their relationship to you and or your partner.

How much of the rent do they pay and how often?  £  every

For example, every week, every fortnight, every four weeks or monthly. We may write to you about this

Are you a Hull City Council tenant?

No  Go to the next question

Yes  Go to Part 13

What sort of building do you live in?

Tick one box only.

Detached house

Flat in a house

Board and lodgings

Semi-detached house

Flat in a block

Hostel accommodation

Terraced house

Flat over a shop

Residential nursing home

Maisonette

A studio flat

Residential care home

Detached bungalow

Bedsit or room(s)

Caravan, mobile home or houseboat

Semi-detached bungalow

Hotel

Other - give details

How many floors are there?

Does your home have central heating? No  Yes

Does your home have a garden? No  Yes

Does your home have a garage? No  Yes

Does your home have a parking space? No  Yes

Do you and your household occupy only part of the building you have ticked? No  Yes

If yes, where in the building do you live, as if viewed from the street?

At the front left

At the front right

In the middle

At the back left

At the back right

Which floors do you live on? For example: ground floor, first floor

How many rooms are there?

**In the whole building?**

**Just for you and your household?**

**That you share with other people?**

Living rooms



Bedsitting rooms



Bedrooms



Bathrooms or Shower rooms



Separate Toilets



Kitchens



Other rooms

Do you use any part of your home for business? **No**  **Yes**  If yes, we may write to you about this.

**Are you charged rent for the home you are living in?** **No**  Go to **Part 13** **Yes**  Go to the next question  
Tick yes even if you would pay rent but you already get Housing Benefit

**What is your landlord's full name and business address?** By *landlord* we mean the person or organisation who owns the property you live in.

Postcode

**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

**Does your Landlord live in the same property as yourself?**

**No**  **Yes**

**Have you ever owned the property for which you are claiming Housing Benefit?**

**No**  **Yes**  If Yes, what date was it sold?

/ /
-----

**Are you or your partner, or any of your children or your partner's children, related to your landlord or agent, or your landlord's or agent's partner?**  
*Related includes* related through marriage, civil partnership, even if that marriage or civil partnership has ended. For example, ex-wife, ex-husband, ex-civil partner, aunt, brother, daughter, father, grandchildren, grandparent, son-in-law, stepdaughter.

**No**  **Yes**

If 'Yes' you **must** tell us about the relationship as this may affect your Housing Benefit. Please state the name of the person who is related to the landlord or agent or your landlord or agent's partner.

--

Who are they related to? You must tick the box that applies.

Landlord <input type="checkbox"/>	Landlord's partner <input type="checkbox"/>
Agent <input type="checkbox"/>	Agent's partner <input type="checkbox"/>

Please state how they are related: For example: ex-wife, ex-husband, ex-civil partner, aunt, brother, daughter, father, grandchildren, grandparent, son-in law, and stepdaughter.

--

**What date did you start renting your home?**

/ /
-----

**What sort of tenancy do you have?**

For example, shorthold, assured tied rent, licence or something like this.

--

**How long is the tenancy for?**

from 

/ /
-----

 to 

/ /
-----

**What is the property let as?** Tick the box that applies. Fully Furnished  Part Furnished  Unfurnished

**How much rent are you charged and how often?**

For example, every week, every fortnight, every four weeks or monthly.

£ every
---------

**When is the next rent increase due, if known?**

/ /
-----

We must see evidence of your rent and tenancy before we can decide how much Housing Benefit you can get. You need to tell us if your rent changes. Read the checklist at Part 16, page 19 to see what you can use as proof.

Has your rent been registered as a Fair Rent by a Rent Officer? **No**  **Yes**  Please send us the Notice of Registration form R05.

Do you have any weeks when you do not have to pay rent? **No**  **Yes**  How many in a year?

Are you behind with your rent? **No**  **Yes**  By how many weeks?   
How much do you owe?

Who has to pay the Council Tax bill for your home? Tick the box that applies.  
You or your partner  Your landlord   
Someone else  If someone else, tell us who it is.

What is the Council Tax account number?

Does your rent **include** money for the following? You must tick either No or Yes for each.

Meals **No**  **Yes**  How much? £  every   
For which meals? Breakfast  Lunch   
Please tick. Evening meal

Water Authority charges **No**  **Yes**  How much? £  every

Heating **No**  **Yes**  How much? £  every

Lighting **No**  **Yes**  How much? £  every

Hot Water **No**  **Yes**  How much? £  every

Fuel for cooking **No**  **Yes**  How much? £  every

All power **No**  **Yes**  How much? £  every

Council Tax **No**  **Yes**  How much? £  every

Laundry **No**  **Yes**  How much? £  every

Cleaning rooms or windows **No**  **Yes**  How much? £  every

Gardening **No**  **Yes**  How much? £  every

Garage or parking space **No**  **Yes**  How much? £  every

Do you have to rent the garage as part of your Tenancy Agreement? **No**  **Yes**  How much? £  every

Personal Care and Support **No**  **Yes**  How much? £  every

Do you pay any service charges within your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance? **No**  **Yes**  How much? £  every   
What for?

Do you get utility bills? **No**  **Yes**  Please tick  Gas  Electricity  Water

We must see evidence of your rent and tenancy before we can decide how much Housing Benefit you can get.  
Read the checklist at Part 16 Page 19 to see what you can use as evidence.



**Section A: If you pay Council Tax** we will adjust your Council Tax account with any Council Tax Reduction you are awarded and send you a new bill.

**Section B: If you are a Council tenant,** we will credit your rent account with any Housing Benefit you are awarded.

**Section C: If you rent your home from a Housing Association or a Charity who provides you with support, or you have been renting your current home from a Private Landlord since before 14 January 1989** you can choose one of the following options to receive payments of Housing Benefit; please tick **one box only**:-

I would like any Housing Benefit I am awarded to be paid

- By Direct Credit (BACs) to my bank or building society account: **Go to Section F.**
- Directly to my landlord: **Go to Part 14.**
- By Direct Credit into the bank or building society account of of a nominated person: **Go to Section E.**
- Directly to me by cheque, for a temporary period, while I organise a suitable bank or building society account to have my Housing Benefit paid into: **Go to Part 14.**

**Section D: If you rent your home from a Private Landlord**

**Your first payment of Housing Benefit** may be paid directly to your landlord where the Council considers it to be in your best interests. This could happen if you have not already paid any rent for the period you are claiming for or if you are 8 weeks or more in arrears with your rent. If you **do not** want your first payment of Housing Benefit to be paid directly to your landlord you must tell us why.

- I have already paid my rent and I have enclosed evidence of the amount I paid and the period it covers.
- Another reason, please state why

**Ongoing payments of Housing Benefit.** If you have a bank/building society account, these payments will be transferred to your account (not a Post Office account) by Direct Credit (BACs). **Go to Section F.**

If you do not have a bank/building society account or you believe you will have difficulty managing your affairs you can ask us to make payments as follows: Tick **one box only**:-

- By Direct Credit into the bank or building society account of a nominated person: **Go to Section E.**
- Directly to you by cheque, for a temporary period, while you organise a suitable bank or building society account to have your Housing Benefit paid into: **Go to Part 14.**
- Directly to your landlord if you feel that you will have difficulty managing your financial affairs. We will send you an additional form to complete which will be considered under Hull City Council's Safeguard policy: **Go to Part 14.**

**Section E: If you have ticked for your Housing Benefit to be paid to a nominated person**

**The nominated person must provide a signed statement agreeing to this.**

Tell us this person's name and address and contact details

Name		Address	
Telephone No.			Postcode

**You must complete Section F with details of the bank or building society account into which your nominated person has agreed for your Housing Benefit to be paid into.**

**Section F: Bank or building society account into which Housing benefit is to be paid**

Name of Account Holder as it appears on the chequebook or statement

- This is my account
- This is the account of the person I have nominated to receive my Housing Benefit

Full name and address of bank or building society

	Account Number	
	Roll Number	
Postcode	Sort Code	

You must provide details **and evidence** of this account. For example a statement or paying-in slip.

Please use this space to tell us anything else you think we should know about. This must include details of

- any tips or bonuses received
- anything you know may happen in the near future that could affect your Housing Benefit or Council Tax Reduction. For example you have a child or change jobs
- any other circumstances we need to know about that you have not told us about already on this form.

If you need more space use a separate sheet of paper. If you are sending a separate sheet of paper please tick this box

I am enclosing a filled-in 'Sharing Information with Landlords' form. Tear-off 1, page 23

I will send you a filled-in 'Sharing Information with Landlords' form later. Tear-off 1, page 23

## Part 15 Backdating

We can usually award Housing Benefit and Council Tax Reduction from the Monday after the day we receive your application. Sometimes we can pay from an earlier date if you have a good reason for not applying earlier. If you want us to consider paying from an earlier date please answer the following questions.

What date would you like your award to start from?

For this earlier period, were your circumstances the same as on this form?

**No**  **Yes**

If no, please explain what your circumstances were.

Tell us why you did not apply earlier. We will not be able to consider backdating your application unless you give good reason for the delay in applying. If you need more space please continue on a separate sheet.

If you are sending a separate sheet regarding backdating, please tick this box

If you are sending any separate sheets of paper with this form, tell us the total number you are sending

Please tick to say what evidence you are providing with this form for you and your partner (if you have one).  
We must see original documents, not copies.

On this form, by partner we mean someone of the opposite sex or same sex who is either -

- a person you are married to or
- a person you live with as if you are married to them

Please do not send valuable items through the post. You can, bring them to any Hull City Council Customer Service Centre where we will take the details we need and give you the documents back straight away.

If you cannot get into the office, phone us on 01482 300 303 or textphone 01482 300 349 for more advice.

If you do not provide all the evidence we need, we might not be able to award you any Housing Benefit and/or Council Tax Reduction.

**If you cannot provide the evidence we need at the moment, return the completed form to us now and provide the evidence later. We can start to process your application but cannot make a decision until we have all the evidence**

Evidence of identity you  your partner

Such as a Birth Certificate, Marriage Certificate, Civil Partnership Certificate, Passport, National Insurance Number Card, Medical Card, Driving Licence, UK Residence Permit, EEC Identity Card or recent Gas or Electricity Bill.

**We may need to see several of these documents for each person.**

If you and your partner (where applicable) have made a claim for Housing and/or Council tax benefit or Council Tax Reduction with Hull City Council before, you do not have to provide this.

Evidence of your address you  your partner

Such as a recent utility bill.

Evidence of National Insurance number you  your partner

Such as a National Insurance number card, payslips or letters from social security or the tax office.

If you and your partner (where applicable) have made a claim for Housing and/or Council tax benefit or Council Tax Reduction with Hull City Council before, you do not have to provide this.

Evidence of capital, savings and investments you  your partner

Such as all your up to date bank, building society or post office books, full bank statements, 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 all details for at least the last three months.

Evidence of earnings you  your partner

**We also need this for any other adults living in your home.**

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We will contact your employer if you do not have these payslips. 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 six months, a summary of your trading records so far.

We can supply additional Earnings Certificates and Self Employed forms if required. Please ring 01482 300 303. A detachable Earnings Certificate is included in this form, please see Tear-off 2, page 25.

Evidence of other income you  your partner

**We also need this for any other adults living in your home.**

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits, allowances or pensions you  your partner

**We also need this for any other adults living in your home.**

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

Evidence of private rent and tenancy you  your partner

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

You can also use the 'Sharing Information with Landlords' tear-out section of this form Tear-off 1, page 23, to supply evidence of rent and tenancy.

Evidence of other money paid out you  your partner

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

Evidence of Bank or Building Society account you  your partner

Such as paying-in slip, statement.

Please read this declaration carefully before you sign and date it. Even if someone else has filled in this form for you, you must sign the declaration if you can

- **I declare** that the information I have given is true and complete.
- **I am aware** it is an offence to deliberately make a false statement or withhold information in order to obtain Housing Benefit, Council Tax Reduction or Alternative Council Tax Reduction and to do so could result in Hull City Council taking action against me. This may include court action which could lead to prosecution.
- **I agree** that the information I have provided with this application will be used to process this, or any other application made to Hull City Council for financial assistance, and that you may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with any other application for benefits/Tax Credits that I have made or will make with any government department, and that Information may be passed to other organisations, where the law allows this.
- **I agree** to let you know immediately, in writing, about about any change in my circumstances which might affect my Housing Benefit, Council Tax Reduction or Alternative Council Tax Reduction.
- **I understand** that I may have to pay back any Housing Benefit which I am overpaid and that my Council Tax account will be adjusted where I have received too much Council Tax Reduction or Alternative Council Tax Reduction.
- **I understand** that in order for Hull City Council to discuss my claim with my partner, who is included in my claim, they must sign in the partner's signature box below.

#### Signature of person or official appointee

Date  /  /

#### Partner's signature

Date  /  /

If this form has been filled in by someone other than the person applying or an official appointee, tell us why you are filling in this form.

**I declare** that as far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Name of the person who filled in the form

Relationship to the person applying

Signature

Date  /  /

## Sharing information with other people

It may help us to deal with your application more quickly if you give permission for Hull City Council Benefit Service to share information with a care worker, a social worker, an official appointee, avoluntary organisation or any other person who provides you with support or assistance.

The law allows Hull City Council to contact third parties and organisations regarding your Housing Benefit and Council Tax Reduction application if you give your permission to do so and we consider it to be in your best interests. It is your legal right, under Data Protection legislation, to change or withdraw your permisson at any time.

Please complete the sections below to give your permission.

I give permission for Hull City Council to share information with the person or organisation named below who provides me with support or assistance.

Contact name, address and relationship to you

Name of person or organisation
Address
Postcode
Relationship to you

Your signature

Contact's telephone number

Date

 /  /

**You should have:-**

- Filled in the application form, having answered **all** questions unless told to miss questions or sections out.
- Ticked the relevant boxes on the Checklist at Part 16, and collected any evidence to support you application.
- Read and signed the Declaration at Part 17.
- Completed the Customer receipt at the bottom of this page.

**If you:-**

- wish to allow Hull City Council Benefits Service to share information with your landlord you should complete part A of the 'Sharing Information with Landlords' Tear-off 1, page 23.
- do not have evidence of your rent, you can provide this by using the 'Sharing Information with Landlords' Tear-off 1; complete part A and arrange for your landlord to complete parts B and C then return the form to Hull Benefits Service.
- Do not have acceptable evidence of earnings as described in 'the checklist (Part 16)' you can provide this by using the 'Earnings Form (tear-off 2)'.

**Once you have completed the form:**

- Send the form along with your evidences to us at:  
FREEPOST RSJC-KKBE-ABXZ, Revenues and Benefits, Hull City Council, PO Box 15, Hull HU1 2AB.
- **REMEMBER do not** send valuable items through the post, you can bring them with your form to any Hull City Council Customer Service Centre or Information Point.

**Important note: Once completed, do not delay in returning this form to us. If you need to provide evidence, such as a completed 'Sharing Information with Landlords' or 'Earnings Form' at a later date, return the application form straight away and provide the evidences when they are available.**

**How your local council collects and uses information**

Hull City Council Revenues and Benefits Service will use the information and evidence you have provided with this application for its intended purpose and may pass relevant information to other agencies or government departments where this is allowed by the law. We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime
- and protect public funds

These third parties include government departments, other local authorities and private-sector organisations such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this.

Kingston upon Hull City Council is the data controller for the purposes of Data Protection legislation.

If you want to know more about what information Hull City Council Benefits Service has about you, or the way we use that information, please ask us.

HCC-BAF

**CUSTOMER RECEIPT**

HCC-BAF

**Housing Benefit and Council Tax Reduction Application**

Please enter your name and address in the box below if you wish to have this receipt of your Application Form. If you do not receive this receipt within 10 working days, please contact us.

Your Name

Your Address

Postcode

For office use only

This receipt can be used as proof that an application form has been received by Hull City Council

## About Changes and Reviews

If you are entitled to Housing Benefit, Council Tax Reduction or Alternative Council Tax Reduction you must notify the Housing Benefits Service immediately in writing about any change in your circumstances that may affect your award. Failure to do so may result in you losing some or all of your entitlement. Where you have received too much, you will be asked to pay this back.

We may review your entitlement at any time by whatever reasonable means the Council see fit. For example, by a home visit.

## Changes you must tell us about

- your partner moves into or out of your household
- any of your children leave school or leave home
- anyone moves into or out of your home, including lodgers and sub-tenants
- your income or the income of anyone living with you changes, this includes benefits
- your capital or savings 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 changes or leaves a job
- your rent changes
- you move address
- you start to pay child care costs or the amount you pay changes
- you or your partner are going to be temporarily absent from your home for more than a month
- you or anyone living with you starts work
- you receive any decision from the Home Office, or
- anything you have told us about changes

This is not a full list. If you are not sure, ask us for advice. **You must tell us about any changes in writing immediately, a phone call is not enough.** Do not rely on someone else to pass the message on.

### Ways of advising us about Changes in Circumstances

- A signed letter/fax
- A signed and completed Housing Benefit Service Change in Circumstances form

These forms are available from any HCC Customer Service Centre/Information Point, or you can download the forms from the Hull City Council website or have one posted to you by ringing the call centre on 01482 300 303.

- telephoning 01482 300 303
- using our text phone facility 01482 300 349
- by faxing us at 01482 613 680
- e-mailing: [benefitssr@hullcc.gov.uk](mailto:benefitssr@hullcc.gov.uk)
- visiting our website: [www.hullcc.gov.uk](http://www.hullcc.gov.uk)
- In Person by visiting any Hull City Council Customer Service Centre or Information Point. Please telephone 01482 300 303 for details of the nearest of these facilities.
- writing to:  
FREEPOST RSJC-KKBE-ABXZ, Revenues and Benefits, Hull City Council,  
P.O. Box 15, Hull HU1 2AB.

## Contacting Hull City Council Benefits Service

**Section A. Sharing Information with your landlord or agent**

Sharing information with your private landlord or their agent could help us to deal with your Housing Benefit Application more quickly and reduce the risk of you falling behind with your rent.

We may need to confirm information with your landlord or agent before we can make a decision, for example, the start date of your tenancy.

The law requires that we inform your landlord or agent of certain decisions we make about your Housing Benefit, for example, when a decision is made to pay your Housing Benefit to your landlord or agent.

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

**If you give us permission** by signing this form, we could tell your landlord whether;

- You have applied for or are receiving Housing Benefit
- We have made a decision, or
- We need more information to make a decision and what that information may be

**We will not give your landlord or agent any information about**

- Your personal or household circumstances or your financial circumstances

**You can** withdraw your permission at any time

**It will not** affect your Housing Benefit if you do not give us permission to share information with your landlord or agent.

**If you want to give us permission** to share information with your landlord or agent, please complete the section below.

**I give Hull City Council Benefits Service permission to share information about my Housing Benefit claim with my landlord or their agent.**

**Full name**  
in Capital Letters

**Signature**

**Application address**

Postcode

Date

/	/	/
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**If you are using this form to provide proof of your rent you must sign Section A above to give permission for information to be shared with your landlord or their agent. You must then detach this page from the form and give it to your landlord or their agent to complete Sections B and C.**

**When complete, please return this form to FREEPOST RSJC-KKBE-ABXZ, Revenues and Benefits, Hull City Council, PO Box 15, Hull HU1 2AB or call into any Hull City Council Customer Service Centre or Information Point. Ring 01482 300 303 for details of your nearest Customer Service Centre or Information Point.**







# Earnings Form for

- Housing Benefit
- Council Tax Reduction
- Alternative Council Tax Reduction

Please fill in Section A of this 'tear-off' and ask your employer to fill in Section B.

When the form has been completed, please take it to any Hull City Council Customer Service Centre/Information point or send it to us at the address at the bottom of this page. Please ring 01482 300 303 to find your nearest Customer Service Centre/Information point.

**Do not delay in sending the application form.** You can send the Earnings Form to us later. If you and your partner both work or you have more than one job please either ring 01482 300 303 or call into any Customer Service Centre or Information Point to ask for another Earnings form. If all the evidence is not provided or if it appears to be incomplete or incorrect, it may be necessary to contact your employer(s).

## Section A To be completed by you

### Your Details

Full name in Capital letters

Home Telephone number

Mobile Telephone number

Your address

Postcode

e-mail address if you have one

### Your Employer's Details

Your Employer's name in Capital letters

Telephone number

e-mail address if known

Your Employer's address

Postcode

Your place of work if different from your employer's address.

Postcode

When the form is fully complete you should send it to us at:-

**FREEPOST RSJC-KKBE-ABXZ,  
Revenues and Benefits,  
Hull City Council,  
PO Box 15,  
Hull,  
HU1 2AB**

**Please note:** If you have recently started work and your employer gives an estimate of your earnings on this form, we will need to see proof of your actual earnings at a later date.

Please give details of your employee's pay including overtime, bonuses or other payments. We need to see details of the last five weeks if they are paid weekly, the last three periods if they are paid fortnightly or two months if they are paid four weekly or calendar monthly as well as their gross pay-to-date for this financial year. If they have just started work and you do not know the details yet, please give an estimate. Please ensure that the form is fully completed and returned to the employee **as soon as possible**. Thank you for your help.

**Employee's name**

**Payroll number**

**National Insurance Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**How often is this employee paid? Please tick one box.**

Weekly	Two-weekly	Four-weekly	Monthly	Other please state
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Method of payment?**

Into a bank Account	By Cheque	By Cash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Period covered	From To	Period 1	Period 2	Period 3	Period 4	Period 5
		• Hours worked				
• Basic Pay						
• Overtime						
• Bonus						
• Commission						
• Travelling expenses to and from work or business						
• Holiday pay						
• Statutory Sick Pay						
• Statutory Maternity Pay						
• Working Tax Credit						
• Other please state						
<b>Total Gross pay</b>						
Income Tax						
Employee N.I.						
Employee Pension Cont.						
Other please state						

Gross pay to date at week or month no.
<input type="text"/>

Gross pay to date	Income Tax to date	Employee N.I. to date	Employee pension to date	SSP or SMP to date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date started this employment  /  /

Date of last pay-rise  /  /

**Declaration** The information on this form is true and complete

Company's Official Stamp and telephone number

Employer's signature

Position

Employer's full name

Date  /  /

Tel: <input type="text"/>
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If you do not have a company stamp please attach a letterhead or compliment slip

**Please read these notes carefully before filling in your application form.**

### **Filling in the form**

When filling in this form you must answer **all** questions unless told to miss questions or sections out. Use dark blue or black ink to fill in the form. **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 No or Yes by putting a tick (✓) in the relevant box. If you are picking from a list of answers tick the appropriate box. **Do not put a cross (x) in any boxes**

If someone else fills in the form for you, they must also sign the declaration in Part 17.

### **If you need help to fill in the form**

If you need any help, contact us by ringing 01482 **300 303**, textphone 01482 **300 349** or by going to any Customer Service Centre or Information Point, or you can get in touch with an organisation like the Citizens Advice Bureau. You can find their phone number and address in the phone book.

### **About Housing Benefit**

Housing Benefit can pay all or part of your rent. If your rent includes an amount for services, Housing Benefit may cover the cost of some of these. It may also give you some extra money towards things you have to pay for that are included in your rent, like children's play areas and cleaning shared areas. It cannot help with water charges.

The level of Housing Benefit is determined in accordance with the number of bedrooms required by your household. If you rent from a private landlord and you are awarded Local Housing Allowance, your Housing Benefit will be based on the Local Housing Allowance rate that applies to your household. If you are not of pensionable age and you rent your home from a Housing Association or the Council where there are more rooms in your property than the household needs, the amount of rent used to calculate your Housing Benefit will be reduced by a certain percentage. **Persons of pensionable age will not be affected by this reduction.** You can find out the Local Housing Allowance that applies to your household on the Hull City Council website at [www.hullcc.gov.uk](http://www.hullcc.gov.uk)

### **Council Tax Reduction**

Council Tax Reduction replaces Council Tax Benefit from 1st April 2013 and can reduce the amount of Council Tax you are liable to pay.

### **Alternative Council Tax Reduction**

Alternative Council Tax Reduction is for people over pensionable age who may not have a partner but who share their home with someone who:

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

If you are claiming Alternative Council Tax Reduction, only fill in Parts 1, 3, 16 and 17 of this form.

### **Evidences**

We will need to see evidence of some of the things you write about on the form. There is a checklist in Part 16 of the form to help you. If you are not sure if we need to see proof of something, please contact us by ringing 01482 **300 303** or by visiting any Customer Service Centre or Information Point. We will not be able to make an award until we have seen all evidences.

For further information about all of the above your can visit our website at [www.hullcc.gov.uk](http://www.hullcc.gov.uk)

