

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



|                            |     |                       |  |
|----------------------------|-----|-----------------------|--|
| <b>For office use only</b> |     | <b>Date received:</b> |  |
| Date of customer contact:  | / / | LA office date stamp  |  |
| Date issued:               | / / |                       |  |
| Issued by:                 |     |                       |  |
| Reference No:              |     |                       |  |

When filling in this form you must answer **all** questions unless told to miss questions or sections out. Use dark blue or black ink and if you make a mistake, cross it out and put the right answer next to it.

## 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><br>You can find this on payslips or letters from social security or the tax office.<br>We need to see proof of this. | Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> Letter <input type="text"/>     | Letters <input type="text"/> <input type="text"/> Numbers <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 Council Tax Reduction application with Hull City Council we'll need to see proof of your identity and National Insurance number.**

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?

 /  / 
 /  / 

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



Are you registered blind? Yes  No

Yes  No

If yes, please give your registration number



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?

 /  / 
 /  / 

Which country have you moved from?



Please provide any evidences you/your partner have which show you are eligible to apply, for example, Passport or Home Office documents.

## Part 2 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

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.

If you receive Universal Credit and your Housing element award is less than your monthly rental liability you may be able to receive further help via a Discretionary Housing Payment. Please telephone 01482 300 303 for further information.

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 4**      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"/><br>Someone else <input type="checkbox"/>   | You <input type="checkbox"/> Your partner <input type="checkbox"/><br>Someone else <input type="checkbox"/>   | You <input type="checkbox"/> Your partner <input type="checkbox"/><br>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"/><br>We need to see proof of this.   | No <input type="checkbox"/> Yes <input type="checkbox"/><br>We need to see proof of this.   | No <input type="checkbox"/> Yes <input type="checkbox"/><br>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"/><br>How much?<br>Care/Daily living <input type="text"/> £<br>Mobility <input type="text"/> £<br>We need to see proof of this. | No <input type="checkbox"/> Yes <input type="checkbox"/><br>How much?<br>Care/Daily living <input type="text"/> £<br>Mobility <input type="text"/> £<br>We need to see proof of this. | No <input type="checkbox"/> Yes <input type="checkbox"/><br>How much?<br>Care/Daily living <input type="text"/> £<br>Mobility <input type="text"/> £<br>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"/><br><input type="text"/> £      a week<br>We need to see proof of this.   | <input type="text"/><br><input type="text"/> £      a week<br>We need to see proof of this.   | <input type="text"/><br><input type="text"/> £      a week<br>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 bathroom, hall or toilet with you.

No  Go to Part 5 Yes  Fill in this section

|   | First person   | Second person  | Third person   |
|---|--|--|--|
| 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

|  |  |  |  |
|--|--|--|--|
| Do they get Income Support, Income-based Jobseeker's Allowance, Pension Credit, Income-related Employment and Support Allowance or Universal Credit? | 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"/>                                     |

|  |  |  |  |
|--|--|--|--|
| Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Payments? | 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<br><input type="text"/>                              | Tell us which<br><input type="text"/>                              | Tell us which<br><input type="text"/>                              |

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

|  |  |  |  |
|--|--|--|--|
| 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? |
|  | £ <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"/> |
| 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"/> |

|   | First person  | Second person   | Third person  |
|---|---|---|---|
| <b>Are they in hospital at the moment?</b>                | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about it below.   | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about it below.   | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about it below.   |
| <b>Do they normally work for 16 hours or more a week?</b> | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about their earnings before any deductions<br>£ every<br>We need to see proof of their earnings | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about their earnings before any deductions<br>£ every<br>We need to see proof of their earnings | No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, tell us about their earnings before any deductions<br>£ every<br>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.

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

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

## Part 5 About Savings and Capital

We need to know if you or your partner have any savings investments or property in the UK or Abroad.

**Do you and your partner have capital or savings over £6000?** No  Go to Part 6 Yes  Please give details below.

Tell us the different accounts, stocks/shares bonds etc that you and your partner have including account numbers and amounts.

Apart from your home, do you or your partner own any other property or land? If it is on a mortgage or loan, still tick Yes  
 You Yes  No  Your partner Yes  No

We may ask to see evidence of any savings, investments or property. Read the checklist at Part 10 Page 8 to see what you can use as evidence.

**Apart from Universal credit, do you or your partner receive or expect to receive any other money?**

This includes earnings, other benefits, occupational pensions, work pensions and private pensions, maintenance for you or your partner, 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 such as boarders, lodgers or subtenants.

No  Go to **Part 7** Yes  If 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?<br>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 you / 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?<br>for example, cheque, BACS, cash,                     | <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 may get. Read the Checklist at Part 10, Page 8 to see what you can use as evidence.

**Part 7 Backdating**

We can usually award 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 any separate sheets of paper with this form, tell us the total number you are sending

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 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

**Part 9 Declaration**

**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 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 Council Tax Reduction.
- **I understand** that my Council Tax account will be adjusted where I have received too much 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 on this form are correct.

Name of the person who filled in the form

Relationship to the person applying

Signature

Date

**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 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 your full up to date bank, building society or post office statements. Certificates for premium bonds, National savings certificates, ISAs, stocks, shares and unit trusts. We will need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show all details for the last two months.

Evidence of earnings you  your partner

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

This means the last five payslips, if paid weekly, the last three if paid fortnightly or the last 2 if paid four weekly or monthly. If it is self employment, we need to see accounts for the last financial year or if trading for less than six months, a summary of trading records so far. We can supply self employed forms if required.

Please ring 01482 300 303 or visit the nearest Customer Service Centre.

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 courts regarding maintenance received. We will also need to see evidence of any money people may 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.

**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 10, and collected any evidence to support you application.
- Read and signed the Declaration at Part 9.
- Completed the Customer receipt at the bottom of this page.

**Once you have completed the form:****You can either:**

- 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 2AA.
- Hand your completed form with your evidences to any Hull City Council Customer Service Centre or Information point. **Remember do not send** valuable items (such as your passport) through the post.

**Important note: Once completed, do not delay in returning this form to us. If you need to provide evidence at a later date, return the application form straight away then 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

**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

## About Changes and Reviews

If you are entitled to 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
- 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
- A signed and completed Housing Benefit / Council Tax Reduction 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 2AA.

## Contacting Hull City Council Benefits Service

**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 9.

### **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.

### **Evidences**

We will need to see evidence of some of the things you write about on the form. There is a checklist in Part 10 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 relevant evidences.

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

