

**The Applicant** 

www.clacksweb.org.uk

Email: benefits@clacks.gov.uk
Telephone: 01259 450000

### Return in person or by post to:

Clackmannanshire Council Revenues & Payments Services Kilncraigs Greenside Street Alloa FK10 1EB

Tel No: 01259 450000

FOR (	OFFIC	IAL	. U:	SE	ON	ILY	,				
Benet	fit Re	f No	)								
Issue	d ] / [		/					]			-
Recei	ved										

# **Council Tax Multiplier**

## **Housing Benefit & Council Tax Reduction Claim Form**

Title Forename  Address  Town	Surname  Postcode
Please tick	
Owner Occupier Housing Association	Tenant Council Tenant
Private Tenant Homeless Accommo	dation Other (give details)
Is this your first claim at this address?	Yes No
If you are a tenant, what date did your tenancy start?	Date / / / / / / / / / / / / / / / / / / /
What date did you move in?	Date / / / / / / / / / / / / / / / / / / /
What was your previous address?  Town	Postcode
Did you claim benefit there?	Yes No No
Status at previous address? eg. owner, tenant, other	

	Have your or your partner come to live in the UK within	n the	last	2 y	ear	s?		Yes		No [	$\supset$ $)$
	If yes, what is your nationality?										
	Which country did you live in?										
	Why have you come to live in the UK?										
	How long do you plan to stay?										
	Do you still have bank accounts or property overseas?							Yes		No [	$\supset \int$
`											

#### **GUIDANCE NOTES**

- 1. Each section has a proof box, which tells you what we need to see. If it is a new claim, we must see proof of your identity. We need to see original documents, photocopies are not acceptable. Documents must be clear and legible, if we cannot read them we cannot accept them. If you are sending original documents by post we recommend using Recorded Delivery to ensure they do not go astray. Please also make sure you use the correct postage.
- 2. If you and/or your partner have capital/savings of £16,000 or more, you will not qualify for Housing Benefit or Council Tax Reduction, unless you are aged 60 or over and receiving Guarantee Pension Credit.
- 3. **Backdate of Benefit:** In exceptional circumstances, if you have a good reason for failing to claim earlier we may be able to backdate your entitlement to benefit. **The Government's rule for late claims are strict.** If you delay sending your form back to us, you will probably lose benefit. The time limit has changed to one month for working age claimants and 3 months for pensioners from the date we receive your application, but you must be able to provide you had good reasons for not claiming earlier. You need to have a good reason for every day during the time you want to be considered for backdating. If applicable you must write to us on a separate sheet, giving your reasons for not applying earlier. We will look into your claim and notify you of your decision. **PLEASE NOTE: Ignorance of the rules does not count as a valid reason** and it is not good enough just to provide that you had a low income during the time you want to claim for.
- 4. Once you have completed the form, read over it again to make sure you have included all the information required and if you are satisfied please return the form without delay to any of the offices listed on the back of the form.
  - **REMEMBER:** If you delay returning the form, you may lose benefit. If you do not have all the documentary evidence needed to support your claim, the timescale is one month.

Please write clearly and answer all the questions. If a question does not apply to you write N/A (not applicable)

### Section A - About you and your partner

By partner we mean your husband or wife, or someone you live with as if you were married to them or a civil partner. (You must provide your National Insurance Number for both yourself and your partner)

**PROOF OF IDENTITY** - We need to see 2 original items of identification before we can assess all new claims (we cannot accept photocopied documents). They could be: Driving Licence, Birth Certificate, Marriage Certificate, NI Number Card, Valid Passport, Medical Cart or recent printed wage slip.

**PROOF OF NATIONAL INSURANCE NUMBER:** We need to see the original proof of your National Insurance Number for both you and your partner before we can assess your claim. This could be: P45, P60, Wage/Salary Slips, Income Tax Letter, DWP Letter, RD3 National Insurance Card. If you don't have proof now, you can send or bring it to us whin 4 weeks.

	YOU	YOUR PARTNER
Surname		
Forename		
Title		
Former Name		
Date of Birth		
N I Number		
Sex		
Marital Status		
In Hospital	Yes No	Yes No
If Yes when did you go in?		
Name of Hospital		
When do you expect to come out?		
Does anyone get Invalid Care Allowance for looking after your or your partner?	Yes No	Yes No
Do you have an overnight carer?	Yes No No	Yes No No
Are you the only adult aged 18 or over  If Yes, from what date?  //	in the house? Yes No	
If someone has left the property, what	is their name and address	
Title Forename	Surname	
Address Town	Postcode	

Please tick if you or your partner are:				
	YOU		YOUR PAR	RTNER
a student	Yes	No	Yes	No 🗌
a student nurse	Yes	No	Yes	No 🗌
an apprentice	Yes	No 🗌	Yes	No 🗌
a skillseeker	Yes	No 🗌	Yes	No 🗌
severely mentally impaired	Yes	No 🗌	Yes	No 🗌
registered or certified blind	Yes	No 🗌	Yes	No 🗌
long term sick or disabled and incapable of work	Yes	No 🗌	Yes	No 🗌
a carer	Yes	No	Yes	No 🗌
in legal custody	Yes	No 🗌	Yes	No 🗌
If in legal custody, which prison / remand centre?				
expected release date	/ /		/	/
Give the names of any other joint owners	or tenants			
Title Forename  Title Forename  Forename	Surnan Surnan			
Do you have any dependant children living If Yes, and you receive Child Benefit, comp If Yes, and you do not receive Child Benefit If No, go to Section C  Section B1	with you? elete <b>Section B1</b>	ion is about deper	ndant children No 🗌	
Child 1				
Surname		ld benefit ends	/	/
Forename	Does the	e child live with yo	ou? Yes [	No
Relationship	Do they Allowan	receive Disability ce?	Living Yes [	No
	Are they	registered blind?	Yes [	No
Sex	Are they	in full-time educa	ation? Yes [	No _
Date of Birth		oay Childminding :hild? (eg. childmi		No

Page 4

Child 2			
Surname	Date child benefit ends /	/ 🗌	
Forename	Does the child live with you?	Yes	No 🗌
Relationship	Do they receive Disability Living Allowance?	Yes	No 🗌
	Are they registered blind?	Yes	No 🗌
Sex	Are they in full-time education?	Yes	No 🗌
Date of Birth	Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No 🗌
Child 3			
Surname	Date child benefit ends /	/	
Forename	Does the child live with you?	Yes	No
Relationship	Do they receive Disability Living Allowance?	Yes	No _
	Are they registered blind?	Yes	No 🗌
Sex	Are they in full-time education?	Yes	No 🗌
Date of Birth	Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No 🗌
Child 4			
Cilia 4			
Surname	Date child benefit ends /		
Surname	Date child benefit ends / Does the child live with you?	// Yes	No
Surname Forename	Does the child live with you?  Do they receive Disability Living	/ /	No No
Surname	Does the child live with you?  Do they receive Disability Living Allowance?	Yes	No 🗌
Surname Forename	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?	Yes	No No
Surname Forename Relationship Sex	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?	Yes	No No No
Surname  Forename  Relationship  Sex  Date of Birth	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?	Yes	No No
Surname Forename Relationship Sex	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No No No
Surname  Forename  Relationship  Sex  Date of Birth	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder,	Yes	No No No
Surname  Forename  Relationship  Sex  Date of Birth  /	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No No No
Surname  Forename  Relationship  Date of Birth  / / / / / / / / / / / / / / / / / / /	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder, nursery)	Yes	No No No No No
Surname  Forename  Relationship  Date of Birth  / / / / / / / / / / / / / / / / / / /	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder, nursery)  Date child benefit ends / [ Does the child live with you?  Do they receive Disability Living	Yes	No N
Surname  Forename  Relationship  Date of Birth  / / / / / / / / / / / / / / / / / / /	Does the child live with you?  Do they receive Disability Living Allowance?  Are they registered blind?  Are they in full-time education?  Do you pay Childminding costs for this child? (eg. childminder, nursery)  Date child benefit ends //  Does the child live with you?  Do they receive Disability Living Allowance?	Yes	No   No   No   No   No   No   No   No

Child 6	
Surname	Date child benefit ends / / / /
Forename	Does the child live with you? Yes No
Relationship	Do they receive Disability Living Yes No Allowance?
	Are they registered blind? Yes No No
Sex The second s	Are they in full-time education? Yes No
Date of Birth	Do you pay Childminding costs Yes No nursery)
Name of Childminder/Nursery	
Address	
Town	Postcode
Registration No How mu	ch do you pay? Each Period
We need to see proof	
Section B2	
If you have children living with you whom you do no	t receive Child Benefit please answer the following:
Child's Forename	Surname
Reason you don't get Child Benefit	
Do you have a child about to leave school? Yes	No No
If Yes state name	
Child's Forename	Surname
If Yes what is the expected leaving date?	

#### Please give details of anyone else who Section C - Other people who usually live with you lives in your home. They could be relatives, friends or boarders. Do not include your partner or a joint tenant. Does anyone else live with you? No If **Yes** give details below. If **No** go to section D Person 1 Surname **Forename** Sex Date of Birth Relationship to you N I Number Please tick the box which applies. Student or Student Nurse Yes No Do they work? Yes No Amount earned before £ Severely Mentally Impaired Yes No deductions Skillseeker No Yes How often paid **Apprentice** Hours worked each week No Yes In Legal Custody Yes No Do they have savings? Yes No If Yes, which prison/ Amount of interest they £ • remand centre get each year Expected release date Do they receive state Yes No benefits? In Hospital Yes No Which benefit(s)? If yes, date they went in £ Weekly amount(s) Name of Hospital Expected date to come out Person 2 Surname **Forename** Date of Birth Sex Relationship to you / N I Number Please tick the box which applies. Student or Student Nurse Yes No Do they work? Yes No Amount earned before £ Severely Mentally Impaired No Yes deductions Skillseeker Yes No How often paid **Apprentice** Hours worked each week Yes No In Legal Custody Do they have savings? Yes No Yes No Amount of interest they If Yes, which prison/ £ remand centre get each year Expected release date Do they receive state No Yes benefits? In Hospital No Which benefit(s)? If yes, date they went in £ Weekly amount(s) Name of Hospital Expected date to

come out

Person 3			
Surname			Forename
Date of Birth	Sex		Relationship to you
N I Number			
Please tick the box which appli	es.		
Student or Student Nurse	Yes	No	Do they work? Yes No
Severely Mentally Impaired	Yes	No	Amount earned before deductions
Skillseeker	Yes	No	How often paid
Apprentice	Yes	No	Hours worked each week
In Legal Custody	Yes	No	Do they have savings? Yes No
If Yes, which prison/ remand centre			Amount of interest they get each year
Expected release date /	′		Do they receive state Yes No benefits?
In Hospital	Yes	No	Which benefit(s)?
If yes, date they went in	′		Weekly amount(s) £ •
Name of Hospital			Weekly amount(s)
Expected date to	,		
come out			
Person 4			
Surname			Forename
Date of Birth	Sex		Relationship to you
N I Number			
Please tick the box which appli	es		
Student or Student Nurse	Yes	No	Do they work? Yes No
Severely Mentally Impaired	Yes	No 🗌	Amount earned before deductions
Skillseeker	Yes	No 🗌	How often paid
Apprentice	Yes	No	Hours worked each week
In Legal Custody	Yes	No	Do they have savings? Yes No
If Yes, which prison/remand centre			Amount of interest they get each year
Expected release date /	//		Do they receive state Yes No benefits?
In Hospital	Yes	No	
If yes, date they went in/	/ /		Which benefit(s)?
Name of Hospital			Weekly amount(s) £     •
Expected date to			Veckly unbunit(5) 2

Person 5		
Surname		Forename
Date of Birth Sex		Relationship to you
N I Number		
Please tick the box which applies. Student or Student Nurse Yes	No 🗆	Do they work? Yes No
Severely Mentally Impaired Yes		Amount earned before
		deductions
103		How often paid
Apprentice Yes		Hours worked each week
In Legal Custody Yes	No	Do they have savings? Yes No
If Yes, which prison/ remand centre		Amount of interest they get each year
Expected release date / /	/	Do they receive state Yes No benefits?
In Hospital Yes	No	
If yes, date they went in /	/	Which benefit(s)?
Name of Hospital		Weekly amount(s) £     •
Expected date to come out /		
come out		
Are any of the people listed above mai	ried to each othe	r or living together as married? Yes No
If Yes, please tell us below:		
	IS THE PART	NER OF
	IS THE PART	NER OF
Do the people who live with you pay r	ent? Yes	No 🗌
If Yes, please state how much they pay	you each week.	
Doub poid on the worls	e	
Rent paid each week	£     •	
Does the rent include the following: Meals (state 1, 2 or 3 meals each day)		
Heating or other costs (please list)	£	
<b>PROOF:</b> we must have proof of the income	and savings of <b>all</b> of t	he people you have told us about in this section. If you

**PROOF:** we must have proof of the income and savings of **all** of the people you have told us about in this section. If you don't have this proof now, you can send or bring it in to us within 4 weeks. But you must fill in this form and return it straight away.

### **Section D - Your Earnings**

Please fill in this section if you or your partner are working, getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP)

**PROOF** - We must see **original** proof of **all** your earnings before we can assess your claim. We cannot accept photocopies. If you don't give us sufficient proof of your **earnings**, we may have to contact your employer.

NOTE: To confirm the above we need for your and your partner:-

Your last 5 payslips - if paid weekly; Your last 3 payslips - if paid fortnightly; Your past 2 payslips - if paid 4 weekly or monthly.

SUBMIT YOUR FORM WITHOUT DELAY, EVEN IF YOU CANNOT SUPPLY ALL YOUR WAGE SLIPS.

### IF YOU DON'T YOU COULD LOSE BENEFIT

<b>Do you or your partner work?</b> Yes If you or your partner are self employed, give details below. If you or your partner	_	to s			ìΕ.	lf :	yοι	I OI	r yo	ur	par	tne	er a	re į	oai	d fo	or v	voi	rk y	ou/	do	
Section <b>and</b> Section E.	ıaı	e po	מו נון	, μ	aiu	101	VV	JIK	an	uр	art	ıy 3	CII	CII	ipic	Јус	u, c	.01	пр	icu	C (I	113
A DOLLT VOLUD EA DAUBLES					_							_					_	_	_	_		
ABOUT YOUR EARNINGS		1			<u> </u>	<b>/</b> 0l	J						_	_	YC	UF	R P	AR	TN	IER	<u> </u>	
Occupation/Job Title Name, Address and Telephone number of Employer																		<u>+</u> +	<u>+</u>			
Payroll Number													+		<u> </u>		$\pm$	$\pm$	$\pm$	$\pm$		
When did you start? Hours worked each week				/			/									/ [	Ī	Ī	/	Ī		
Is your job for a fixed period of time?					Y	es		]	N	0							Yes	; [		_	No	
If <b>Yes</b> , what date will it end?				/			/									/ [			/[			
How often are you paid?	EΑ	ιCΗ										EA	СH	I [								
Total Pay before Deductions (Gross)				£					•							£					•	
Total Pay after Deductions (Net)				£					•							£	$\Box$	$\prod$	$\Box$	$\Box$	•	
Method of payment ie. cash, cheque																						
Date of last pay rise  Date of next pay rise												 		<u> </u>	]   	/ [ / [	$\mp$		/ [ / [	$\exists$	<u> </u>	
Do you get tips, bonuses or commission?	?		_	1	Y	es		Ī	N	0			_			_	Yes	 ; [	٦		No	
If <b>Yes</b> , please state <b>amount</b>				£					•							£	$\prod$	$oxed{\mathbb{I}}$		$\Box$	•	
and how often you get this.	EA	\CH										EΑ	۱C۲	1 L			$\perp$	$\perp$	$\underline{\perp}$	$\underline{\bot}$		
If you get <b>SSP</b> or <b>SMP</b> , please state amount and how often you are paid.	г/		, [	£		<u> </u>			•			] ] _ ^	. CI	. F		£	$\frac{1}{+}$	井	극	극	•	+
Date SSP / SMP, payments started	E <i>F</i>	ACH					 ] /		<u> </u>			] E <i>P</i> ]		1 _		<u>_</u> / [	$\pm$	$\exists$	<u> </u>	$\pm$		
Do you or your partner do permitted wor receiving ESA (conts), Incapacity Benefit Disablement Allowance.					Ye	es			No	o												
Do you or your partner do any other paid	d w	ork	?		Υє	es			No	<b>o</b>												
ICM I I I I I I I I I I I I I I I I I I		_																				

If **Yes**, give details below. If **No**, go to Section F.

ABOUT YOUR OTHER EARNINGS				١	YO	U							Υ	Όι	JR I	PA	RT	NER										
Occupation/Job Title																												
Name, Address and Telephone number																												
of Employer	$\sqcup$	4															<u> </u>											
	H	+	+																	_								
Payroll Number																												
When did you start?			]/			] /								/			/											
Hours worked each week																												
Total pay before deductions (Gross)			£					•						£					•									
Total pay after deductions (Net)			£					•						£					•									
How often are you paid?	EAC	Η									EA	СН																
Method of payment ie. cash, cheque																												
Section E - Self-employed earnings  If you or your partner are self-employed) please give of self-employed.  ABOUT YOUR BUSINESS  YOU													s be	eloν	<i>N</i> .				<b>D</b>									
Name of Business		_	_	<u> </u>	YO	<u> </u>		Т	<u> </u>			T	<u>Y</u>	UL	JK	PA	KII	NE	K									
	Н	$\perp$	<u> </u>	<u> </u>		<u>                                      </u>	<u></u>				F		<u> </u>					Ш	Щ									
Business Address	$\vdash$	+		-						Н								$\vdash\vdash$	$\vdash$	$\dashv$	_							
	H	$\dagger$								Н								H										
Type of work done																												
Do you have any partners in the business	?			Y	es		]	Ν	0						Ye	es			No	o [								
If yes, give their names here.																												
What percentage of the business belongs	to y	ou?								] %											%							
Do you get any government business allo	wan	ces?	•	Y	es			Ν	0						Y	es		]	Ν	0								
If <b>Yes</b> , please give details of any awards here.																												
If you have been self-employed for less th	an a	yea	r, g	ive	det	ails	s of	fyo	ur	esti	mat	ed	ear	nin	ıgs	be	lov	٧.										
ESTIMATED EARNINGS				١	YO	U							Υ	Όι	JR I	PA	RT	NE	R									
Date you started trading.			] /			] /								]/			/											
An estimate of how much you make each week.	£				•			] E	ach	Wk	£					•			Ea	ach	Wk							
PROOF - We must see original proof of all your Please send or bring in your most recent audited proof of the estimated earnings you have told us Assessment. If we need further proof, we will asl send or bring it in to us within 4 weeks. But you	l acco abou k you must	unts ut. W for tl fill ir	. If y le ne his a n thi	ou leed s s so s for	have to s on a	e be ee y as p ind	een oui oss retu	self r bu ible urn i	em sine . If it st	nplog ess b you raig	yed fo bank s don' ht aw	or le state t ha ay.	ss t eme	han nts	a y <b>an</b> c	ear, <b>J</b> yo	we ur l	will ates	l ne st Ta	ed ix								
Section F - Money you pay out					V. C.									· ·	I.S.	0.5	D=	<b>.</b>										
7 7 1 7				$\equiv$	YO	U							Y		JR	IR PARTNER												
Money paid towards student grants.  Please provide proof of payment	EAC		£	-	<u> </u> 	<u> </u>	<u> </u>	•		<u> </u>	  ^	CLI		£				$\sqsubseteq$										

Total amount paid into a private pension or stakeholder pension.

Please provide proof of payment

		YO	U		YOUR PARTNER	
	£			•	£ .	_
EACH[					EACH	
	£			•	£	_
EACH[					EACH	_

Section	G - Students	Are you or you details belo									cati	ion	? \	⁄es		No		] If	Ye	<b>s</b> , g	ive		
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Name of Co	ollege/University				T	T	T	T	T				Г	T					T	T	$\overline{\top}$	T	乛
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Course Titl	e																						
Are you in	your final year?					Ye	s [			No	) [						Ye	es [			No		
Date acade	emic year starts				/[			/[								/			/[				
Date acade	emic year ends				/[			/[								/[			/[				
Date cours	e ends				/[			/[								/[			/[				
Amount of	Grant/Bursary			£						•					£						•		
Amount of	Loan			£						•					£						•		
Amount of	deed covenant			£						•					£						•		
Amount of	parental support	t		£						•					£						•		
PROOF - Bus how mustatement But you mus agreement	H - Money Con Before we can asses uch you get and ho is for the last 2 mo ust fill in this form a c or CSA award letter	ss your claim was woften you gonths. If you don't stand return it star and bank star a	et it. The on't had raight a satemen	nis c ve p awa its s	orod by. M hov	d b of n Mair wing	e so nte g ei	, yo nar ntri <b>D I</b>	ethiou conce nce es.	ing an s pay	like sen /me	e a l d o ents	ette r br s: Pl	er o ing eas	of aw g it ir	ard ito	alc us v de p	ong with	wit nin 4	th <b>f</b> u 4 w	ull k eeks	oan S.	
	our partner get a p																I	62		]		ı	
Do you or y	our partner get a p	pension or su	perann	uat	ion	in	res	pe	ct c	of a	for	me	er p	ar	tner	?	Y	es			No	)	
						Υ	<b>/</b> 0l	J								YO	UR	PA	RT	NE	R		
Pension 1	Start Date				/			/								/	L		] /				
	Amount				£					•						£					•		
	How often paid																						
	Name of Pensio	n Company																					
	Date of next inc	rease			] /			/								/			] /				
Pension 2	Start Date				/			/								]/			] /				
	Amount				£					•						£					•		
	How often paid												Ĺ	$\top$			Ī						
	Name of Pensio	n Company											Ī	Ť	Ī		T	T	T	T	$\Box$		
	Date of next inc	rease		H	1/			/			П			T	i	7	T	T	1 /	$\overline{}$	$\exists$		

If you or your partner get any other works or private pensions in addition to these, please detail on a separate sheet of paper.

<b>Maintenance</b> Do you or your partner receive	e any mainte	enan	ice																	N	U	
						YO	1							V	<u> </u>	JR	DΛ	DT	NIE	ED		
For Whom		Н	_	$\overline{}$	Ŧ				_	T	_		Т	<u>'</u>		<u> </u>	FA		INE	LN	Т	$\blacksquare$
How Often		H	$\dashv$	$\pm$	$\pm$	+			$\dashv$	$\pm$	ㅓ	H			_		$\vdash$	$\vdash$	<u>_</u>	+	$\pm$	+
Amount					£	+			_	$\frac{1}{1}$	ᅥ	L			£		H	$\vdash$	<u> </u>	$\pm$	$\pm$	+
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By this we mean state pensions, any other allowances or benefits. Do you or your partner receive any other income? Yes No  PROOF -Before we can assess your claim we need to see original proof of all the unearned income you have told us about. We cannot accept photocopies. A letter of award is not enough on it's own. We need to see proof which shows us how much unearned income you get, and how often you get it. This could be something like letter of award along with full bank statements for the last 2 months. If you don't have this proof now, you can send or bring it into us within 4 weeks. But you must fill in this form and return it straight away. Pension Credits: (please provide your most recent full Pension Credit Award letter which you have received from the Pension Service.)  IF YOU DON'T YOU COULD LOSE BENEFIT																						
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		YOU		YOUR PARTNER
Cash in lieu of coal	How much	£		£
	How Often			
Have you any other money	How much	£		£
coming in? Give details here:	How Often			
What is the source?				
Are you and your partner waiting benefit, pension, allowance or consurance payments)?	-		•	
If <b>Yes</b> , please state the name of th	e award(s) here:			
PLEASE NOTE! We do not need to know about Fund or The MacFarlane Trust.		u get from	The Eileen 1	rust, Independent Living
Section J - Bank, Building Tell us about all your bank accoun	<u> </u>			s
Do you or your partner have any k	bank accounts?	Yes	No	
Do you or your partner have any l	bank accounts?	YesYOU		YOUR PARTNER
	bank accounts?			YOUR PARTNER
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Name of Bank Account Number Account Name Current Balance Do you or your partner have any E Name of Building Society Account Number		YOU  Accounts?		£ .
Name of Bank Account Number Account Name Current Balance Do you or your partner have any E Name of Building Society Account Number Account Name Current Balance	Building Society /	YOU  YOU  Accounts?	Yes	£
Name of Bank Account Number Account Name Current Balance Do you or your partner have any E Name of Building Society Account Number Account Name Current Balance Do you or your partner have a Pos	Building Society /	YOU  YOU  Accounts?	Yes	£
Name of Bank Account Number Account Name Current Balance Do you or your partner have any Beneficially account Number Account Number Account Name Current Balance Do you or your partner have a Post Type of Account	Building Society /	YOU  YOU  Accounts?	Yes	£
Name of Bank Account Number Account Name Current Balance Do you or your partner have any Beneficially account Number Account Number Account Name Current Balance Do you or your partner have a Post Type of Account Number	Building Society /	YOU  YOU  Accounts?	Yes	£
Name of Bank Account Number Account Name Current Balance Do you or your partner have any E Name of Building Society Account Number Account Name	Building Society /	YOU  Accounts?	Yes	£
Name of Bank Account Number Account Name Current Balance Do you or your partner have any Beneficially account Number Account Number Account Name Current Balance Do you or your partner have a Post Type of Account Account Number Account Number Account Number Account Name Account Number	Building Society /	YOU  Accounts?	Yes	£

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	YOU	YOUR PARTNER
Do you or your partner have any National	Savings Certificates? Y	'es No
Issue Number		
Value	£	£
How Many		
Do you or your partner have any Stocks, Sl	hares, Bonds or Unit Trusts?	es No
Company Name		
Number of Shares		
Do you or your partner have any other Cap For example Cash, TESSAs, PEPS, ISAS, Con form.	,	es No ou have not told us about on this
Description and Value	£	£ .
Do you and/or your partner own any othe either in the UK or abroad?		er than the home you live in
Address of Property		
Value of property		
Outstanding mortgage/loan left on property	£	£
Does an elderly relative live in this propert	ty mentioned above? Yes	No
If <b>Yes</b> , how much rent do they pay?	£	£

**PROOF** - We must see proof of **all** your capital before we can assess your claim. We must see **original** documents, full bank statements for the last 2 months (a mini-statement is not acceptable), savings book, savings certificates, share dividend statements and property deeds. If you don't have this proof now, you can send or bring to us within 4 weeks. But you must fill in this form and return it straight away.

### **Section K - Your home and your rent**

### Do not complete if you are an owner/occupier.

**PROOF** - Before we can assess your claim we need to see **original** proof of your rent. This should be a tenancy agreement, lease or rent book. If your rent has been registered with the rent officer, we need to see the notice of registration (form R05). If the proof you have given us is not sufficient, we may contact your landlord. If you don't have this proof now, you can send or bring it in to us within 4 weeks. But you must fill in this form and return it straight away.

Your Tenancy	Title
What is your landlord's name?	
What is their address?	
Are you, your partner, or any of you or y landlord's partners or the agent's partne	our partner's children related to your landlord or agent, or to your er? Yes No
If Yes, what is the relationship?	
Does the landlord live in the property you rent?	Yes No
Do you pay money to a letting agency for the home you rent?	Yes No
If Yes, please state their name and address here:	Name
Date tenancy started Date tenancy ends	
When did you move in? Or when are you going to move in?	
Is it a shorthold tenancy?	Yes No
If No, what type of tenancy do you have?	
Are you a joint tenant?	Yes No Surposes
If Yes, please state other tenant(s) name(s) here:	Forename Surname
Your share of rent:	06

### **Your Home**

Please tick the box whic	:h best descrik	oes your ho	me				
If it is a <b>House</b> , is it	Detached [	Sem	i-detached [	Terr	aced	Room(s) i	n house
If it is a <b>Bungalow</b> , is it	Detached	Sem	i-detached	Terr	aced Ro	om(s) in bu	ungalow 🗌
If it is a <b>Caravan</b> , is it	Static		Tourer		Connecte	d to mains	services
If it is a <b>Flat</b> , is it	In a house	Over S	hop In	a block	Bedsit	Room(s)	in hotel or hostel
If you have a bedsit, flat,	, room(s) in a	hotel or ho	stel, please t	ick to state v	where in the p	oroperty th	ey are:
	Front	Ce	ntre 🗌	Back	] Room N	umber	
How many floors are the	ere in the who	ole building	j?		Floors	5	
	What floor(s	s) are you or	n?		Floors	5	
<b>About Your Home</b>							
Please state the total nu have to yourselves and t		•					our family
	Living B	Bedrooms	Bedsits	Kitchens	Bathrooms	Toilets	Other
	Rooms						Rooms
Total number in your home	Rooms						Rooms
•	Rooms						Rooms
Number used by you	Rooms						Rooms
Number used by you and your family  Number you share with other tenants		ord?	Fully		Partly	Not	Rooms  at all
Number used by you and your family  Number you share with other tenants and/or you landlord	by your landlo		Fully		Partly \( \bigcup \)	If you live	at all
Number used by you and your family  Number you share with other tenants and/or you landlord  Is your home furnished I	by your landlo	<b>j</b> ?	Yes	<u> </u>	, — —	If you live bedsit do cooking fa	at all in a you have acilities
Number used by you and your family  Number you share with other tenants and/or you landlord  Is your home furnished I	by your landlo	<b>j</b> ?	Yes	S  Lan	No 🗌	If you live bedsit do cooking fa	at all in a you have
Number used by you and your family  Number you share with other tenants and/or you landlord  Is your home furnished I  Does your home have ce	by your landlo	<b>j</b> ?	Yes e? You		No [	If you live bedsit do cooking fa and a sho	at all in a you have acilities
Number used by you and your family  Number you share with other tenants and/or you landlord  Is your home furnished I  Does your home have co	by your landled entral heating g the inside of	g? f your home	Yes e? You Yes		No	If you live bedsit do cooking fa and a sho room?	at all in a you have acilities wer in your

Your home			
How much rent do you (and your partner) pay?	£		
How often do you pay this?	EACH		
Who do you pay rent to?			
Has your rent been registered with the rent officer?	Yes No Don't I	know	
Do you have any weeks when you do not pay rent?	o Yes No		
If yes, please say when:	from / /	to /	//
What your rent includes			
Are any of the following services	Included	Yes No	How Much?
included in your rent? If you get a separate bill or the	Heating		£
service is not provided tick <b>No</b> .  If <b>Yes</b> , please also say <b>how much</b>	Lighting		£
it costs (if you know)	Electricity or Gas for Cooking		£
	Hot Water		£
	Council Tax		£
	Cleaning of Rooms and Windows		£
	Laundry		£
	Emergency Alarm		£
	General Counselling and Support		£
	Personal Care and Support		£
	Medical		£
	Warden		£
	Cleaning of Shared Areas		£
	Heating of Shared Areas		£
	Lighting of Shared Areas		£
	Other Services		£
Meals Are meals inc	cluded in your rent? Yes	No 🗌	
If <b>Yes</b> , how m	nany meals do you get each day? (tick	the box whic	h applies)
breakfast on	y 2 meals each day	3 meals eac	h day

## **Section L - How We Pay Your Housing Benefit**

This does not apply to Council Tenants, Housing Association Tenants, tenants or caravans etc.

If you are a private tenant we recommend that you get your money paid directly into your bank account. If we cannot pay into your account, we will send you a crossed cheque. **Please note that we cannot make payments into Post Office Card Accounts.** 

Please tell us how you war	nt your housing benefit paid.
Please tick one: Please pay straight into my	y account Please pay me by cheque
If you want your benefit pa	paid directly into your bank account, please provide the following information:
Name of Your Bank	
Address of Your Bank	
Name of Account Holder	
Account Number	Bank Sort Code
-	lty in managing your rent payments please contact 01259 450000. This will allow thing payments direct to your landlord on your behalf.
•	il 2006, <b>ALL</b> Private Landlords letting properties in Scotland must have applied for of Landlords. It is a criminal offence to let a property if it is not registered.
Sharing Information with	h your Landlord
you falling behind with yo	mation with your Landlord helps us to deal with your claim quickly and reduces the risk o our rent because of your claim being delayed. Under the Data Protection Act we need yo mation. If you give us permission, we would be able to tell your landlord:
decision on your claim	d claimed or renewed your claim for Housing Benefit and, if so, whether we have made a or not; and ner information to make a decision on your claim, and if so what information this is.
tenancy started, before we if you have not given us pe	mation about your claim that we need to check with your Landlord, such as the date your e can make a decision on your claim. If this is the case, we have to ask your landlord even bermission to discuss your claim with them. But unless you have given us permission by not discuss anything else with your landlord.
<ul> <li>your personal or house</li> <li>If you do not give us permented</li> <li>permission but then changed</li> <li>If you want to give us permented</li> <li>I give Clackmannanshire</li> </ul>	Indlord any information about: Isehold circumstances; or • your financial circumstances Inission to discuss your claim with your landlord, it will not affect your claim. If you give using your mind, we will follow your wishes. Just contact us to let us know. Imprission to discuss your claim with your landlord, please sign below. In a Council permission to share my information about the progress of any Housing andlord or their representative.
Signature	Date / / / /

### **Section M - Declaration**

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

- I have read and understood the information Clackmannanshire Council have provided in this form.
- The information I have given in this form is true and complete.
- I understand that Clackmannanshire Council may use the information I have given to prevent fraud and detect crime.
- I understand that I must tell Clackmannanshire Council about any changes in my circumstances or the circumstances of my partner, my children and anyone living with me.
- I will tell you if any details in the letter you send me are incorrect.
- I understand, that under the Data Protection Act, Clackmannanshire Council can give information about my claim to organisations that are listed in the Council's data protection registration. These include government agencies, council departments, HM Revenues and Customs, The Rent Service, other councils and fraud officers.
- I understand that if I do not tell you about any changes, I may have to repay any overpayment and I may also be prosecuted, have to pay a fine or other action be taken against me.

Signature of Claimant																[	Date				<i>'</i> [			/ [			
Cianatura of Dartner															_	r	)ata	_			_		_	_			
Signature of Partner																L	Date			/	<u> </u>		/	<u> </u>			
Telephone No.			L									I	Мо	bile	Nc	) [											
Email Address			$\perp$																								
If you are completing t Name of person comp					of th	ne cla	imaı	nt	t yc	ou	must	t co	om	plet	e tl	he	follo	wi	ng	sect	tio	n -					
Title Forei	nam	ie					_	_		2	Surna	am	ne				_										_
										L																	
Signature of the perso	n co	mple	ting	the f	orm																						
Relationship to Claima	nt																					]					
Why you are completing	ng th	ne for	m																								
If there are any <b>other</b> of	circu	msta	nce	s whic	h yc	u bel	ieve	n	nay	y a	ssist	yo	ur	clair	n p	lea	ise c	on	ple	ete (	on	a se	ра	rate	e sh	eet	
Are you related to any						ne Ho	usin	g	Ве	ene	efit/C	ou	ınc	il Tax	κ R	edı	ıctic	n S	Sec	tior	1?		Ye	s	$\neg$	No	· [
If <b>Yes</b> , please provide t	he e	mplo	yee	s nam	ie.																			_	_		
Title Forer	nam	e						,		Ç	Surna	am	ie_		_	_		_	_	_	_		_	_	_	_	

### Section N - anything else you need to tell us

Please tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box.																										
																								$\Box$		

### Return in person or by post to:

Clackmannanshire Council Revenues & Payments Services Kilncraigs Geeenside Street Alloa FK10 1EB

#### **Change in Circumstances**

If you or your partners wages or benefits change
If you move home
If someone moves in or out of the house
If someone who lives with you has a change in their income
Please report your change to your nearest local office.

### **Data Protection**

Tel: 01259 450000

In line with the Data Protection Act 1988, we will process your information for the purposes of collecting any council tax you owe us. The Council has a duty to manage public funds properly. As a result, we will use the information you provide to make sure all amounts we are owed are paid on time (for example) by identifying people who have not yet paid their Council Tax and to help people who are entitled to claim benefits).

From the 1st April 2013, the Council will also be administering the new Scottish Welfare Fund in Clackmannanshire, following the abolition of the Social Fund by the Department for Works and Pensions.

Due to this change, the Revenues and Payments Service will now use personal data held for Council Tax and Housing and Council Tax Reduction purposes to assist in the processing of all claims made for Welfare Benefits to ensure that customers receive the correct amount should they apply to the Welfare Fund.

We may also use this information to prevent and detect fraud. We may share your details for the same purpose with other public organisations such as other Councils that handle public funds.

We may also share your details with other organisations including credit reference agencies and the Department for Works and Pensions, for the purposes of confirming who is living at a particular address or if claim is made for benefits.

Should you have a query regarding the above information, please contact Support Services or the Revenues and Payments Service on 01259 450000 or for further details please see www.clacksweb.org.uk.