

Name:
Address:
Postcode:

Reference number:
Date issued: / /
Date of first contact: / /

**Claim form for Housing Benefit, Local Housing Allowance,
Council Tax Benefit and Second Adult Rebate**

Please take the time to read these notes on the front and back of this page before you fill in this form.



What are Housing Benefit, Local Housing Allowance, Council Tax Benefit and Second Adult Rebate?

Housing Benefit is help towards paying your rent if you rent your home from a housing association or do not qualify for Local Housing Allowance (we will check this for you).

Local Housing Allowance is a rate that we use to work out Housing Benefit for you when you rent your home from a private landlord. **Council Tax Benefit** is help towards paying your council tax bill.

You may get **Second Adult Rebate** if:

- you are the only person in your home who has to pay council tax;
- there is at least one other person aged 18 or over living with you; and
- they are on a low income.

Please contact us if you are in any doubt about whether you qualify for this or not.

We will usually work out both your Council Tax Benefit and Second Adult Rebate and, if you qualify for both, we will pay you the higher of these two benefits. Your Council Tax Benefit or Second Adult Rebate will be paid straight to your council tax account.

How to fill in this form

So we can work out your benefit properly, we need to know about your circumstances. We need to know what your income is and about any savings you may have. If you have a partner, we need details of their income and savings too. We also need to know about other people who live with you and, if you rent your home, how much rent you pay.

Please answer **all** the questions by ticking either 'Yes' or 'No' and giving more details when we ask. If you do not answer all the questions, we will have to write to you to ask for the information, which might delay your benefit.

If there is not enough room on the form for you to write everything that you need to, please write in the space in section 12 at the back of this form. It will help us if you make it clear which part of the form your information is about.

If you need any advice about claiming benefit or if you have any problems filling in the form or giving us proof, please call us on the phone number at the top of the page. You are also welcome to visit us at Civic Offices, Angel Street, Bridgend for help. We can also send a housing officer to see you in your home.

Use **black ink** to fill in this form and send it back to us as soon as you can.

Even if you do not have the proof we need at the moment, send this form back to us. **If you wait, you could lose benefit.** You can send us the proof or information later, but please make sure you send **original documents** and put your name and address on everything you send.

Which part of the form should I fill in?

You must fill in **all** sections of the form to claim Housing Benefit, Local Housing Allowance, Council Tax Benefit and Second Adult Rebate.

However, if you are getting **Income Support, income-based Jobseeker's Allowance** or **Pension Credit (Guarantee Credit)** you only need to fill in sections **1, 2A, 3, 4, 11, 12, 13** and **14**. If you have just applied for, or are waiting to hear about, any of these benefits then you must fill in all sections.

What proof must I give?

At the start of some sections is a list of items that you can send as proof to support the information you give us. These must be **original documents**. We will try to send your documents back to you within two working days of receiving them. If you do not want to post them to us, you can bring them to our helpdesk at our offices. (See the back page of this form for the address.) We are open from 8.30am to 5pm Monday to Thursday and 8.30am to 4.30pm on Fridays. You can also take your claim form and proof to any of our information points.

- Aberkenfig Library – Heol y Llyfrau, Aberkenfig, Bridgend
- Maesteg Library – North's Lane, Maesteg
- Pencoed Library – Pen y Bont Road, Pencoed, Bridgend
- Porthcawl Council Information Point – Old Police Station, John Street, Porthcawl
- Pyle Life Centre – Helig Fan, Pyle, Bridgend
- Ogmore Valley Life Centre, Penllwyngwent, Ogmore Vale

Backdating claims

Your Housing Benefit and Council Tax Benefit will normally start the Monday after we receive your form. However, if you have a good reason for not sending it in earlier and you want us to backdate your claim, please fill in section 12, giving as much detail as you can.

About section 5 – Students

A student is someone who is on a course at a school, college or university. If you are a part-time student, you could get Housing Benefit, Local Housing Allowance and Council Tax Benefit. If you are a full-time student, you usually cannot.

Full-time means that you attend lessons 16 hours a week. If you are a full-time student, you could get benefit if you:

- are receiving Income Support or income-based Jobseeker's Allowance;
- are a single parent;
- and your partner are both students and are responsible for a child or children;
- are disabled;
- are aged 60 or over;
- are under the age of 19 and in further education (studying A-levels, BTEC or a similar qualification); or
- are responsible for a foster child.

You could also get benefit if your partner is a student but you are not. The person who is not the student must make the claim.

If you are in any doubt about whether or not you qualify for these benefits, please contact us before filling in this form.

About section 10 – Accounts, savings and investments

If you, your partner or both of you have savings of £16,000 or over, you will not usually qualify for Housing Benefit, Local Housing Allowance or Council Tax Benefit. If you are in any doubt about whether you qualify for these benefits, please contact us before filling in this form.

About section 11 – About your rent

In section 11, we ask you to tell us about any services you receive that are included as part of your rent (service charges). Generally, we cannot pay Housing Benefit or Local Housing Allowance for most services you receive. But, we can pay towards your service charges for things like shared corridors.

Section 1

About you

Are you applying for help with your rent? No Yes

Are you applying for help with your council tax? No Yes

Are you applying for Second Adult Rebate? No Yes

Throughout the form we ask questions about you and your partner. By partner, we mean a husband, wife or civil partner or someone you live with as if they were your husband, wife or civil partner. (A civil partner is someone who has entered into a formal agreement (known as a civil partnership) with a same-sex partner so they have the same legal status as a married couple.)

	You	Your partner
Title (Mr, Mrs, Ms, Miss)	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Previous name or any other name you are known by	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Age <input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Daytime phone number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	
Are you getting Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you applied for Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you apply?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
If you are unemployed, please tell us which Jobcentre Plus you go to.	<input type="text"/>	<input type="text"/>

You do not need to tell us this but it may speed up your claim if we need to contact you.

Even if you are waiting to hear about your claim for Income Support, Jobseeker's Allowance or Pension Credit (Guarantee Credit), send this form in as soon as you can or **you could lose benefit.**

Your home

Have you or your partner moved into your home in the last 12 months? No Go to the next page.
Yes Please tell us about this below.

	You	Your partner
When did you move to your current address? If you have not moved in yet, tell us when you expect to move in (normally you will not receive Housing Benefit or Local Housing Allowance until you move in).	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What was your or your partner's last address? If your partner lived at a different previous address, please give us their address too.	<input type="text"/>	<input type="text"/>
When did you move out of your last home?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Did you own the property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you rent the property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Did you claim Housing Benefit, Local Housing Allowance or Council Tax Benefit at your previous address?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Your identity

We need to see proof of your and your partner's identity. You must show at least **two** of the items listed below to prove both your identity and your partner's identity. One of the items must show your National Insurance number. If you do not have a National Insurance number, please contact us for advice. Our phone number and address are on the front of this form.

Have you given us this information before? Yes Go to 'Your nationality' below.
No Please fill in this section.

All documents you send us must be originals. We cannot accept photocopies.

- Birth certificate
- Driving licence
- Passport (it must be current and valid)
- Gas, water or electricity bill (that you have received in the last three months)
- Bank statements (that you have received in the last four weeks)
- Marriage certificate
- Letter of confirmation from a solicitor, a social worker, a probation officer or from HM Revenue & Customs
- Credit card
- Medical card
- Life assurance or insurance policies
- Divorce or annulment papers
- UK residence permit
- Home Office Standard Acknowledgement Letter (SAL1 or 2)
- Armed Forces certificate of employment

You can find your National Insurance number on any of the following documents.

- P45 (given to you when you leave a job)
- P60 (your yearly tax statement if you are working)
- Wage slips from your current employer
- A letter from the Department for Work and Pensions
- National Insurance card (RD3)
- A letter from HM Revenue & Customs
- A state retirement pension or working tax credit letter
- Bank statement (if you are self-employed and paying class 2 National Insurance contributions by direct debit)

	You	Your partner
Which document are you using to confirm your National Insurance number?	<input type="text"/>	<input type="text"/>
Which other document are you providing to confirm your identity?	<input type="text"/>	<input type="text"/>

Your nationality

Have you or your partner come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years? No Go to section 2.
Yes Please tell us about this here.

Please send us your immigration papers if you or your partner:

- have been granted refugee status;
- have been granted 'exceptional leave to remain'; or
- are seeking asylum, or have been granted asylum.

We need to see these to work out whether you or your partner are entitled to claim public funds. We may contact you in the future about this. We may also contact the Home Office to check this information.

	You	Your partner
What is your nationality?	<input type="text"/>	<input type="text"/>
What date did you last arrive in the UK?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
Are you seeking asylum in the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Section 2

Your and your partner's health

The answers you give to the following questions will make sure that you get the right amount of benefit if you have a disability. You must provide proof of what disability benefits you get.

All documents you send us must be originals. We cannot accept photocopies.

Part A

	You	Your partner
Do you get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much for care?	£ <input type="text"/>	£ <input type="text"/>
How much for mobility?	£ <input type="text"/>	£ <input type="text"/>
Do you get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
Do you get Constant Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you claimed for any of these benefits and you are waiting to hear about the outcome?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Which benefit have you applied for?	<input type="text"/>	<input type="text"/>
What date did you apply for the benefit?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been registered blind in the last 28 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When do you expect to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part B

	You	Your partner
Have you been too ill to work for more than 28 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give the date you last worked.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you get Mobility Supplement paid with your War Disablement Pension?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you been given, or do you get an allowance for, an invalid carriage or any other vehicle?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does anyone receive Carer's Allowance for looking after you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please tell us who gets the allowance.	<input type="text"/>	
What is their address?	<input type="text"/>	
	Postcode: <input type="text"/>	
Have you claimed Carer's Allowance but have been refused because you get another benefit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When did you claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which benefit do you get instead?	<input type="text"/>	<input type="text"/>

Section 3

About your children

Please give details about any children who live with you and who you or your partner get Child Benefit for. If other children live with you permanently and you or your partner do not get Child Benefit for them, they should be included in section 4 on the next page.

Have you or your partner applied for or are getting Child Benefit?

No

Go to section 4.

Yes

Please tell us about this below.

You must send proof that you receive Child Benefit for the children who live with you. This can be your award letter, a bank statement (if Child Benefit is paid into your bank or savings account) or your Child Benefit payment book. Please do **not** send your book through the post. Bring it to our offices instead (see the front page for the address).

All documents you show us must be originals. We cannot accept photocopies.

First names	Last name	Date of birth	Male or female?
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Do any of these children get Disability Living Allowance?

No Yes

Who?

Are any of the children registered blind?

No Yes

Who?

Have any of the children been registered blind in the last 28 weeks?

No Yes

Who?

You may be able to get more benefit if you have a child who is looked after by a registered childminder or who goes to a nursery, playscheme or after-school club.

Do you or your partner make payments for childcare?

No

Go to section 4.

Yes

Please give us more details below.

We need to see five receipts for childcare if you pay weekly, or two if you pay monthly and your contract (if you have one). If the amount you pay varies during term time, holidays or because of your work patterns, please give full details for a three-month period and send us receipts.

What is the name and address of your registered childminder, or the nursery, playscheme or after-school club?

 Postcode:

What is their registration or reference number?
This will be on your contract.

What is the name of the child or children being cared for?

How much do you spend each week on childcare?

 £

Does the amount you pay vary (for example, during term time, holidays or because of work patterns)?

No Yes

Section 4

Other people living in your home

Other than the people mentioned in sections 1 and 3, does anyone else live in your home?

No

Go to section 5.

Yes

Please tell us about them below.

Please fill in:

- **part A** for people who are members of your family, or for people who live with you but don't pay rent (we call these non-dependants); and
- **part B** on the next page for people who pay rent to live in your home, such as boarders, lodgers or tenants.

Part A Non-dependants

You must send us proof of income for anyone living in your home. This can be proof of the benefits they are getting, or up-to-date payslips (five if they are paid weekly or two if they are paid monthly). Or, their employer could complete the enclosed confirmation of earnings form. If you cannot send proof, you may not get all the benefit you are entitled to. If there are more than three non-dependants living in your home, give us their details in **section 12**.

All documents you send us must be originals. We cannot accept photocopies.

	Person one	Person two	Person three
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<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"/>
Relationship to you (such as son, daughter, friend, and so on)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, Pension Credit (Guarantee Credit) or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What are their earnings before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any other income, such as State Retirement Pension, Working Tax Credit, Pension Credit, ESA or other pension?	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', what do they get?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much are they receiving?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they get any interest on their savings?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do they get each year?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they:			
• a student or student nurse?			
• in full-time education or an apprentice?			
• on youth training?			
• in hospital?			
• in prison or a place of detention?			
• a care worker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please say which in the spaces here. (We may contact you for more details.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they have a severe learning disability mental illness or form of dementia?	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 any of the above married to each other or, living together as if they are married or living together as civil partners?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Tell us their names.	<input type="text"/>	is the partner of	<input type="text"/>

Part B Boarders, lodgers or tenants

Their full name	Their date of birth	How much rent do you charge them?	How often?
	/ /	£	
	/ /	£	

Do you give them meals? No Yes

Is a charge for heating included in their rent? No Yes

Section 5 Students

Are you or your partner a student? No Go to section 6.

Yes Please tell us about this below.

Please read the notes at the beginning of this form before filling in this section. We need to see the following as proof of your income.

- Your grant award or certificate for the current academic year.
- Details of any student loans you have taken out during the current academic year.
- Details of any money you receive from your parents or guardians. Please ask them to confirm in writing how much they give you, how often and how long the payments will last.

All documents you send us must be originals. We cannot accept photocopies.

	You	Your partner
Are you a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you studying:	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>	full-time? <input type="checkbox"/> part-time? <input type="checkbox"/>
What course of study are you following (further education course, such as HND, BSc, MSc)?	<input type="text"/>	<input type="text"/>
Which college or university do you go to?	<input type="text"/>	<input type="text"/>
When does the current academic year start?	/ /	/ /
When does the current academic year end?	/ /	/ /
How many years does the course cover?	<input type="text"/> years	<input type="text"/> years
What is your current year of study?	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>
Do you receive a student maintenance grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you receive a National Assembly learning grant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you receive sponsorship (for example from your employer)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you have a scholarship?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Do you receive financial support from your parents or guardians?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
Are you receiving a student loan during this academic year?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>

Section 6

Pensions

Do you pay into a private pension scheme? No Go to section 7.

Yes Please tell us about this here.

How much do you pay?

£

£

How often (every week, every two weeks, every four weeks or every month)?

We will need to see a letter from your pension company confirming your pension scheme. We will also need to see evidence of the amount you pay, such as a bank statement.

Section 7

Your earnings

Are you or your partner working (including voluntary work), receiving Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay?

No Go to section 8.

Yes Please tell us about this below.

We need to see proof of your and your partner's earnings, Statutory Sick Pay, Statutory Maternity Pay or Paternity Pay. We may contact your employer to check the details you give us. Please send us one of the following items.

- Five of your most recent payslips if you are paid every week, three if you are paid every two weeks or two if you are paid every four weeks or every month. We will only accept printed payslips.
- A certificate of earnings form if you do not have any payslips or you get hand-written payslips.
- A letter from your employer **on headed paper** (with your company's logo on the top of the letter) giving details of your expected earnings if you have just started a new job. You will need to send payslips when you receive them to confirm your earnings.

If you have told us that your wages are paid into an account, please remember to tell us about this account in section 10.

All documents you send us must be originals. We cannot accept photocopies.

Working for an employer

You

Your partner

Are you working?

No Yes

No Yes

Who do you work for?

What is the company's address?

Postcode:

Postcode:

Company phone number

What is your job title?

What is your payroll number (this will be on your payslip)?

How many hours do you normally work each week?

hours

hours

How often are you paid (every week, every two weeks, every four weeks or every month)?

When did you start this job?

/ /

/ /

How are you paid (by cheque, cash or into your bank account)?

How much are you paid?

£

£

When will your next pay rise be?

/ /

/ /

Do you work regular overtime or get regular bonuses, tips or commission?

No Yes

No Yes

How much do you get?

£ each

£ each

	You	Your partner
If this job is for a fixed time, please tell us the date it will end.	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you get Statutory Sick Pay, Statutory Maternity Pay or Statutory Paternity Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
When did it start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you have more than one job?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What is the name and address of your second employer?	<input type="text"/>	<input type="text"/>
	Postcode: <input type="text"/>	Postcode: <input type="text"/>
How many hours do you normally work each week?	<input type="text"/> hours	<input type="text"/> hours
How often are you paid (every week, every two weeks, every four weeks or every month)?	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How much are you paid (each week or month)?	£ <input type="text"/>	£ <input type="text"/>

If you or your partner have more than two jobs, please give us the details in section 12.

Self-employed

Are you or your partner self-employed?

No

Go to section 8.

Yes

Please tell us about this below.

We need to see the following original documents as proof of your income.

- Your latest accounts (income and expenditure account or trading, profit and loss account and balance sheet).
- Your business's bank statements for the last three months and the original letter from the Department for Work and Pensions that gives details of any government business allowance.
- If you have a business partner, the partnership agreement and information that confirms the percentage of the business income you receive.
- If you have started trading in the last three months, or if you do not have any accounts, please phone us for advice. The number is on the front of this form.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your business called?	<input type="text"/>	<input type="text"/>
What is your business address?	<input type="text"/>	<input type="text"/>
When did your business start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How much do you earn each week?	£ <input type="text"/>	£ <input type="text"/>
How many hours do you normally work each week?	<input type="text"/> hours	<input type="text"/> hours
Do you have a business partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a government business allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is this the only work you do? (If 'No' please tell us about this in section 12)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Employer's confirmation of your earnings

Please fill in this section and ask your employer to fill in the next section, then send it to the following address.
Bridgend County Borough Council, PO Box 107, Bridgend, CF31 1WB Phone: 01656 643396

To be filled in by the employee

Name	<input type="text"/>	National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postcode:	<input type="text"/>	Job title	<input type="text"/>
Signature	<input type="text"/>	Payroll number	<input type="text"/>

To be filled in by the employer

Please help your employee by filling in the information we ask for below and over the page. Earnings (before tax and National Insurance have been taken out) should include any bonuses, overtime, Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay, commission and so on. Please give this form back to your employee or send it to the address above.

How often does your employee get paid?

- Every week Please give details of last five pay periods.
- Every two weeks Please give details of last three pay periods.
- Every four weeks Please give details of last two pay periods.
- Every month Please give details of last two pay periods.

How do you pay your employee?

- Cash
- Cheque
- Direct bank transfer

Normal hours worked each week hours Tax code **Please turn over**

Employer's confirmation of your earnings

Please fill in this section and ask your employer to fill in the next section, then send it to the following address.
Bridgend County Borough Council, PO Box 107, Bridgend, CF31 1WB Phone: 01656 643396

To be filled in by the employee

Name	<input type="text"/>	National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postcode:	<input type="text"/>	Job title	<input type="text"/>
Signature	<input type="text"/>	Payroll number	<input type="text"/>

To be filled in by the employer

Please help your employee by filling in the information we ask for below and over the page. Earnings (before tax and National Insurance have been taken out) should include any bonuses, overtime, Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay, commission and so on. Please give this form back to your employee or send it to the address above.

How often does your employee get paid?

- Every week Please give details of last five pay periods.
- Every two weeks Please give details of last three pay periods.
- Every four weeks Please give details of last two pay periods.
- Every month Please give details of last two pay periods.

How do you pay your employee?

- Cash
- Cheque
- Direct bank transfer

Normal hours worked each week hours Tax code **Please turn over**

Pay period ending	Pay before tax and National Insurance	Income tax	National Insurance (NI)	Tax Credit	Pension payments	Pay after tax and National Insurance	Number of hours worked in this period
1	£	£	£	£	£	£	
2	£	£	£	£	£	£	
3	£	£	£	£	£	£	
4	£	£	£	£	£	£	
5	£	£	£	£	£	£	

Pay (before tax and National Insurance) so far for the current year from / / to / /

Pay (before tax and National Insurance) £ Tax £ NI £ Pension £ Net pay £

Are these normal earnings? No Yes If 'No' please explain here

Employer's name and address
Postcode:

Phone number

Employer's authorisation stamp:

The information I have given above is true and complete.

Your signature

Position in your company Date / /

Pay period ending	Pay before tax and National Insurance	Income tax	National Insurance (NI)	Tax Credit	Pension payments	Pay after tax and National Insurance	Number of hours worked in this period
1	£	£	£	£	£	£	
2	£	£	£	£	£	£	
3	£	£	£	£	£	£	
4	£	£	£	£	£	£	
5	£	£	£	£	£	£	

Pay (before tax and National Insurance) so far for the current year from / / to / /

Pay (Before tax and National Insurance) £ Tax £ NI £ Pension £ Net pay £

Are these normal earnings? No Yes If 'No' please explain here

Employer's name and address
Postcode:

Phone number

Employer's authorisation stamp:

The information I have given above is true and complete.

Your signature

Position in your company Date / /

Section 8

Benefit income

Do you or your partner receive any of the benefits listed below or are waiting to hear about a benefit that you have claimed for?

No Go to section 9a.

Yes Please tell us about this below.

You must send us up-to-date proof of all your benefits. This could be a letter showing how much you get, an up-to-date payment slip or a bank statement showing the payment being made into your account. You can also use your order book as proof of how much you get. Please do **not** send it through the post.

All documents you send us must be originals. We cannot accept photocopies.

You must fill in **all** the boxes. Please write 'none' in the box if you do not receive the benefit.

How often do you get this benefit?

Benefits received	You	Your partner	How often do you get this benefit?
Income-based Jobseeker's Allowance	£	£	
Working Tax Credit	£	£	
Pension Credit (Savings Credit)	£	£	
Incapacity Benefit	£	£	
What date did your Incapacity Benefit start?	/ /	/ /	
Employment and Support Allowance (contribution-based)	£	£	
What date did it start?	/ /	/ /	
Employment and Support Allowance (income-related)	£	£	
What date did it start?	/ /	/ /	
Child Tax Credit	£	£	
Severe Disablement Allowance	£	£	
Industrial Injuries Disablement Benefit	£	£	
Carer's Allowance	£	£	
Maternity Allowance	£	£	
Widow's Pension	£	£	
Widowed Mother's Allowance	£	£	
Widowed Parent's Allowance	£	£	
Bereavement Allowance	£	£	
War Widow's Pension	£	£	
War Disablement Pension	£	£	
Fostering Allowance	£	£	
Guardian's Allowance	£	£	
Statutory Paternity Pay	£	£	
Statutory Adoption Allowance	£	£	
State Retirement Pension	£	£	

Have you or your partner chosen to delay receiving your State Retirement Pension?

No Yes We will write to you about this.

You

Your partner

Have you claimed a benefit that you are waiting to hear about?

No Yes

No Yes

Which benefit have you applied for?

When did you apply for the benefit?

Section 9a

Other income you receive

Do you or your partner receive any of the types of income listed below?

No

Go to section 9b at the bottom of the page.

Yes

Please tell us about this below.

Please provide proof of how much you get and how often. If you are not sure what proof you can provide, please call the Benefits Section for advice. The phone number is on the front of this form. You do not need to tell us about any payments you receive from the Eileen Trust, Independent Living Fund MacFarlane Trust or maintenance you receive for your children from an ex-partner.

All documents you send us must be originals. We cannot accept photocopies.

You must fill in **all** boxes. Please write 'none' if something does not apply to you or your partner.

	You	Your partner	How often do you get this income?
How much works, occupational or service pension do you get?	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
When was your last increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Who pays you this pension?	<input type="text"/>	<input type="text"/>	
How much private or other pension do you get?	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
When was your last increase?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Who pays you this pension?	<input type="text"/>	<input type="text"/>	
Are you over 60 and have you chosen to receive your works pension at a future date?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
If you receive any of the following incomes, please tell us how much in the spaces provided.			
Pension Protection Fund	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance for yourself	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Home income plan	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Loan-protection policy	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Mortgage-protection policy	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments instead of coal	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Charitable or voluntary payments such as payments from friends, family or charity?	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Councillor allowances	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Income from property or land you own	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Career development loan	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Income from a trust fund	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Part-time firefighter, auxiliary coastguard, territorial army or reserve forces income	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Any other income	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>
Please say where this income comes from and how often you get it.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9b

Payments you make

Do you or your partner pay towards a son or daughter going to university or college?

No

Go to section 10.

Yes

We will write to you about this.

Section 10

Accounts, savings and investments

Please tell us below about any accounts, cash savings and investments you or your partner have. This includes **all** bank, building society or post office accounts that you have, even if the accounts are overdrawn. We also need to know about any savings you have invested in bonds, savings certificates, stocks, shares, unit trusts and any property or land that you or your partner own. **Please tick 'No' if something does not apply to you or your partner.** We need proof of all your accounts, savings and investments. We accept the following.

- Bank, building society and post office statements or passbooks. These must cover at least the last two months. We cannot accept balance slips showing the current amount.
- A letter from your bank or building society. This should show the type of account held, the account number, the current balance and details of any transactions you have made in the last two months.

For investments or other savings (such as unit trusts and savings certificates) we need to see documents that prove that you own them.

All documents you send us must be originals. We cannot accept photocopies.

Part A

You

Your partner

Do you have the following? (If 'Yes', please say how much)

Cash savings? No Yes £

No Yes £

Premium Bonds? No Yes £

No Yes £

Current accounts? No Yes **Account number**

No Yes **Account number**

£

£

£

£

Deposit accounts? No Yes

No Yes

£

£

£

£

Building society accounts? No Yes

No Yes

£

£

£

£

Post Office accounts (including card accounts)? No Yes

No Yes

£

£

£

£

ISAs? (Individual Savings Account) No Yes

No Yes

£

£

TESSAs? (Tax Exempt Special Savings Account) No Yes

No Yes

£

£

PEPs? (Personal Equity Plan) No Yes

No Yes

£

£

Do you or your partner have any stocks, shares, bonds, unit trusts or National Savings Certificates?

No Go to part B below.

Yes Please tell us about them below.

Stocks, shares, bonds and unit trusts	
Name of company	Number of stocks, shares, bonds or unit trusts

National Savings Certificates	
Name of company	Number of units

Part B

Have you bought payments under an annuity (invested a lump sum which pays you a regular income)?

Do you qualify for any money from a trust?

Do you have any business interest which you have not told us about on this form?

If you have answered 'Yes' to any of these questions, we will contact you for more details.

Do you have any other kind of savings or investments?

How much is held?

Please show us proof of this.

Which bank or company is this money saved or invested in?

Do you or your partner own any other property or land other than the one you are claiming for?

This includes properties in this country and abroad.

What is the full address of the property or land?

Does anyone else own this property or land with you and your partner?

Is the property or land up for sale?

When did you put it on the market?

Please show us proof of this.

What is its current value?

Is the property or land mortgaged?

If 'Yes', how much do you owe?

How much are the monthly mortgage payments?

Please show us proof of this.

Do people live in the property?

If the property is lived in, please give people's names and their relationship to you (such as parent, ex-partner, tenant and so on).

You

Your partner

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

£

£

No Go to section 11.

Yes Please answer these questions.

Postcode:

No Yes Give us their details in section 12.

No Yes

£

No Yes

£

£

No Yes

All documents you send us must be originals. We cannot accept photocopies.

Section 11

About your rent

We need to see **original proof** of the rent you have to pay. We accept your tenancy agreement or your rent book as proof. If you do not have either of these, please ask your landlord or agent to fill in the enclosed proof of rent form.

If your rent is registered with The Rent Service, we also need to see your current registration document.

Your tenancy

You must give us details of your landlord and agent (if you have one).

	Your landlord	Your agent
First names	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	Postcode: <input type="text"/>	Postcode: <input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
When did you start renting your home?		<input type="text"/> / <input type="text"/> / <input type="text"/>
Has your rent been registered as a fair rent by the Rent Officer?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have a shorthold tenancy?		No <input type="checkbox"/> Yes <input type="checkbox"/>
How long is your tenancy for?	Six months <input type="checkbox"/> 12 months <input type="checkbox"/> Other (please tell us) <input type="text"/>	
Does anyone else share the rent with you and your partner?		No <input type="checkbox"/> Yes <input type="checkbox"/>
If anyone else shares the rent with you and your partner, please tell us their names.	<input type="text"/>	<input type="text"/>
How much notice do you have to give to end your tenancy?		<input type="text"/>
How much is your rent?		£ <input type="text"/>
How often is your rent due?	Every week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Every four weeks <input type="checkbox"/> Every month <input type="checkbox"/> Other (please tell us) <input type="text"/>	
What was the date of your last rent increase?		<input type="text"/> / <input type="text"/> / <input type="text"/>
If you are behind with your rent, please tell us how many weeks you are behind.		<input type="text"/> weeks
Do you have any rent-free weeks?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is any part of your home used for business purposes?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home part of a shared-ownership scheme (known as New Build HomeBuy)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is your home a part of a co-ownership scheme (a co-ownership scheme is one where the tenant is a member of the association that they rent a house from and when this ends will be entitled to a payment related to the value of the house.)		No <input type="checkbox"/> Yes <input type="checkbox"/>
Has anyone who used to live with you died in the last 12 months?		No <input type="checkbox"/> Yes <input type="checkbox"/>

The property you live in

Is your home:

- | | | |
|--|--|---|
| a house? <input type="checkbox"/> | a flat in a block? <input type="checkbox"/> | a room or rooms in a house? <input type="checkbox"/> |
| a bungalow? <input type="checkbox"/> | a flat in a house? <input type="checkbox"/> | sheltered housing (where there is a resident warden)? <input type="checkbox"/> |
| a bedsit? <input type="checkbox"/> | a flat over a shop? <input type="checkbox"/> | a maisonette? <input type="checkbox"/> |
| other? Please say what it is. <input type="text"/> | | supported housing (where counselling, support, emergency alarms and personal care are provided)? <input type="checkbox"/> |

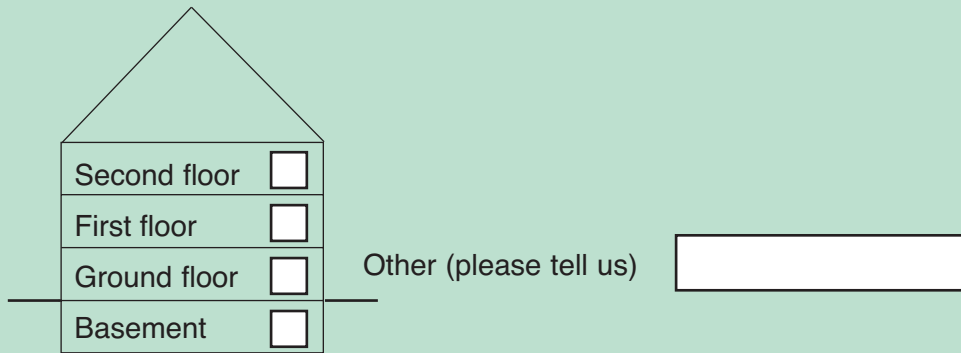
Is your property:

- terraced? semi-detached? detached?

How many floors does the whole building have?

If you rent a room, flat or bedsit, **you must fill in this section, or your claim could be delayed.**
If you don't, skip this question.

Which floor is your home on?



If you are facing the front of the building, is your home:

- at the front? in the centre? at the back?

What is your room or bedsit number?

How many flats or bedsits are there in your building?

How much furniture is provided by your landlord? Is your home:

- fully furnished? partly furnished? not furnished?

Is your landlord responsible for decorating the inside of your home? No Yes

Does your home have central heating? No Yes

Do you have a garage? No Yes

Is there a garage available for you to rent? No Yes

Does your home have a garden? No Yes

Does your home have a parking area? No Yes

Please tell us the number of rooms in the property.

	Living rooms	Bedrooms	Bedsits (one roomed housing which includes combined sleeping and living area)	Kitchens	Bathrooms	Toilets	Other rooms (such as a study or utility area)
How many of these rooms are there in your property?							
How many are only used by you and your family?							
How many of these rooms do you share with other people (including other tenants or your landlord)?							

Services

Please tell us if any of the following services are included in your rent. If you tick 'Yes', tell us how much you pay for each service. If you do not know the exact cost of the service provided, we may use the most recent figures that the Department for Work and Pensions set for these charges.

Water rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Council tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Heating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Window cleaning	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Cleaning inside the room or flat	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Cleaning, lighting or heating shared areas	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Laundry equipment (such as a washing machine)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Laundry or bed linen that is washed for you	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Garage	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Emergency-alarm system	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	We may write to you to get more information about these.
Counselling and support (which is help given to claim benefits, and budget and debt counselling)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Nursing and personal care (which is help given to help you take your medicine, bathe or dress.)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Other service (please say what it is in the box provided)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	<input type="text"/>
Breakfast	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Lunch	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	
Evening meal	No <input type="checkbox"/>	Yes <input type="checkbox"/>	£ <input type="text"/>	

Are you renting your home from a housing association? Yes Go to the next page.

No Please answer the following questions.

- Are you or your partner related to your landlord, or your landlord's partner or to your agent or your agent's partner (if you have an agent)? No Yes

Please say how you are related (such as ex-partner, parent, brother, brother-in-law, stepbrother and so on).

- Are any of your children or your partner's children related to your landlord or landlord's partner or to your agent or agent's partner (if you have an agent)? No Yes

Who?

What is their relationship?

(such as son, brother, father, mother, daughter or sister)

- Has your landlord ever lived in your property? No Yes

- Are you or your partner, a director of, or employed by the company who are your landlord? No Yes

- Is your ex-partner or your partner's ex-partner a director of, or employed by, the company who are your landlord? No Yes

- Is any of your household a director of, or employed by, the company who are your landlord? No Yes

- Do you pay rent to a trust where either you or your partner are trustees (trustee's look after property for the benefit of someone else.)? No Yes

- Do you pay rent to a trust where either your ex-partner or your partner's ex-partner is a trustee? No Yes

- Do you pay rent to a trust where any member of your household (including children) is a trustee? No Yes

- Have you or your partner ever owned or owned part of the property you are renting? No Yes

- Do you have to rent your home as a condition of your employment? No Yes

- Are you living in a property that is maintained by a religious group (such as a church)? No Yes

If you have answered 'Yes' to any of the questions above, please give us more details in section 12. We may contact you for more information about this.

If you are **under** 22 years of age, please answer these questions.

Have you ever been in care (looked after by a local authority)? No Yes

Have you ever been given housing by Social Services? No Yes

If you have answered 'Yes' to either of these questions, we may contact you for more information.

Section 12

Backdating benefit claims

We normally pay benefit from the Monday after we receive your claim. Sometimes we can pay from an earlier date if you have good reasons why you have not claimed earlier. If you want us to consider paying your benefit from an earlier date, please give as much detail as you can in the space below.

Tell us the date you want to claim from. / /

Please tell us why you did not claim earlier.

Checklist

Please check that you have answered all the questions that apply to you, fill in section 13 and remember to sign the form in section 14. If you do not have the proof we need at the moment, **send the form back to us anyway**. We will then write to you to confirm the date we received your claim and we will ask you for the information and proof that we need. The letter we send you will include your claim form. You should send this back to us with all the details we need. We will not be able to pay you benefit until we have all the proof we need. Please tick the boxes below to tell us what you are sending with this form.

	You	Your partner
● Have you answered all the questions?	Yes <input type="checkbox"/>	
● Have you signed the form?	Yes <input type="checkbox"/>	
Have you given us:		
● proof of your identity and National Insurance number?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
● proof of your rent?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
● proof of all your income?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
● proof of all your accounts and savings?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
● proof of income for anyone else living in your home (if this applies)?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
● a certificate of earnings?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Remember, if you do not provide all the information we have asked for on this form, we might not be able to pay you any benefit.

Please use this space to tell us about anything else you think might help your claim.

We need to check the ethnic group of everyone who applies for benefit to make sure that we are meeting your needs. It would be helpful if you could fill in the following form, but you don't have to.

What is your ethnic group? (Please tick the box that applies to you.)

A White British English Irish Welsh Scottish**B Asian or British Asian** Indian Pakistani Bangladeshi Any other asian background**C Chinese or other ethnic group** Chinese**D Mixed** White and Asian White and black African White and black Caribbean Any other mixed background (please state)**E Black or black British** Caribbean African Any other black background**F Other ethnic group** Other (please tell us)**Useful contacts**

Bridgend Citizens Advice Bureau
Ground Floor
26 Dunraven Place
Bridgend
CF31 1JD
Phone: 01656 654951
Website: www.citizensadvice.org.uk

Shelter Cymru
25 Walter Road
Swansea
SA1 5NN
Phone: 01792 469400
Website: www.sheltercymru.org.uk

Pension Service
PO Box 139
Swansea
SA6 8WD
Phone: 0845 6060265
Website: www.thepensionsservice.gov.uk

Maesteg Citizens Advice Bureau
Council Offices
Talbot Street
Maesteg
CF34 9BY
Phone: 01656 734662
Website: www.citizensadvice.org.uk

Age Concern
PO Box 243
Bridgend
CF31 9EZ
Phone: 01656 669288
Website: www.ageconcern.org.uk

Bridgend Credit Union
Lifelong Learning Centre
Merfield Close
Sarn
CF32 9SW
Phone: 01656 729912
Website: www.abcul.org

If you are filling in this form for someone else.

Please tell us why you are filling in this form for someone else.

I confirm that I have read each question to the person claiming benefit and I have accurately written the answers they gave me.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming
(such as mother, son or careworker)

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

- I understand that if I give information that is not correct or complete, you may take legal action against me.
- I understand that you will use the information I have given to process my claim for Housing Benefit, Local Housing Allowance or Council Tax Benefit. You can check some of the information with other council departments such as taxation and homelessness or housing advice units in Bridgend County Borough Council, rent offices, and other councils.
- You may use any information I have given on this form and any other claim for benefits that I have made or may make. You may give some information to other government organisations as allowed by law.

I know I must let the Housing Benefit section of the council know immediately about any changes in my circumstances which might affect my claim.

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

Your signature

Date

Your partner's signature

Date

**Remember, if you make a false statement
or withhold information you may be prosecuted.**

How we collect and use information

The information we collect, both on this form and from supporting evidence, will be used to process your Housing Benefit, Local Housing Allowance and Council Tax Benefit claims. The information may be passed to relevant government departments as allowed by law.

We may check information you or anyone else has provided with other information we hold. We may also get information from other organisations, or give information to them, to check how accurate the information you have given is to prevent or detect crime, or to protect public funds in other ways. These other organisations include government departments and local councils.

We will not give information about you to anyone outside Bridgend County Borough Council or use information about you for any other purpose unless the law lets us.

We are the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at the Civic Offices, Angel Street, Bridgend CF31 1WB. You can also phone us on 01656 643643.