

## Part 12

If you are a council tenant or owner-occupier, do not fill in this section, go to part 13. All other applicants must fill in this section.

### Details of your rent (continued)

Please tick 'Yes' or 'No'.

Do you have a tenancy agreement?

Yes  No

What type of tenancy do you have (for example, shorthold or assured)?

How long is the tenancy for?

Do you pay ground rent or site fees?

Yes  No

If 'Yes', how much do you pay each week?

£

Please give the full name and address of your landlord or their agent.

Landlord's or agent's name

Landlord's or agent's address

Landlord's or agent's phone number (if you know it)

If your landlord doesn't own your property, who is the owner?

Owner's name

Owner's address

Owner's phone number (if you know it)

Who do you want your Housing Benefit to be paid to? Please tick the appropriate box.

Yourself  Landlord or agent  Owner

Can we discuss your application with the landlord, agent or owner? Yes  No

## Part 13

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

I understand the following.

If I give information that is incorrect or incomplete, you may take action against me.

You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the council, rent offices, and other councils.

You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if law allows this.

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

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

Signature of the person claiming

Date

Telephone Number

Forms filled in by someone other than the person claiming

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

Name of the person who filled in the form

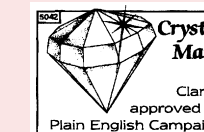
Signature of the person

Relationship to the person claiming

# Housing Benefit and Council Tax Benefit application form



Revenues and Benefits Division  
Civic Centre Regent Street  
Gateshead Tyne and Wear NE8 1HH  
Phone: 0191 433 3000  
Fax: 0191 477 3602  
Answerphone: 0191 477 9954



This form is for new claimants, including those who want to apply for Second Adult Rebate.

Please read the attached guidance notes before you fill in this form in either black or blue biro. You must send us the proof we ask for or your claim will be delayed.

**Strictly private and confidential**


Address: Please give your full postal address.

Office use

Property reference number

HBIS reference number

Date the form was issued

Please answer all the questions then go to part 2. You must provide proof of your identity when you send us your claim (see guidance notes).

## Part 1

Details of you and, if relevant, your partner.

Surname (please say if you are Mr, Mrs, Miss or Ms)

Other names

Date of birth

National insurance number

Do you receive Income Support? (Please tick 'Yes' or 'No').

Yes  No

Do you receive income-based Jobseeker's Allowance?

Yes  No

Are you registered blind?

Yes  No

Are you in hospital or a residential care home?

Yes  No

Are you a full-time student or student nurse?

Yes  No

Are you on a youth training scheme?

Yes  No

Are you in prison or on remand?

Yes  No

Are you severely mentally impaired?

Yes  No

Does someone who does not live with you receive Invalid Care Allowance for caring for you or your partner?

Yes  No

Do you receive Disability Living Allowance, Attendance Allowance or Severe Disablement Allowance?

Yes  No

Have you moved to this country within the last five years?

Yes  No

Please give your last address (even if it was not in Gateshead).

Did you claim local authority benefit at the last address?

Yes  No

Do you want to apply for Second Adult Rebate only?

Yes  No

You

Your partner

## Part 2

Please give details of all the children who live with you who you are responsible for. Then go to part 3.

### Details of the children who live in your household

Please tick 'Yes' or 'No'.

Surname

Other names

Date of birth

Relationship to you

(for example, son, daughter or foster child)

Sex (please tick)

Do you get Child Benefit for this child?

(If you have just applied for it, write 'Applied'.)

If your child is 18, what date will

Child Benefit end?

Do they receive Disability Living Allowance?

Are they registered blind?

Are they in full-time education?

Name of the school or college they go to

Do they have a regular source of income?

Do they have savings over £3000?

First child	Second child
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Surname

Other names

Date of birth

Relationship to you

(for example, son, daughter or foster child)

Sex (please tick)

Do you get Child Benefit for this child?

(If you have just applied for it, write 'Applied'.)

If your child is 18, what date will

Child Benefit end?

Do they receive Disability Living Allowance?

Are they registered blind?

Are they in full-time education?

Name of the school or college they go to

Do they have a regular source of income?

Do they have savings over £3000?

Third child	Fourth child
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 11

If you are a council tenant or owner-occupier, do not fill in this section, go to part 13. All other applicants must fill in this section.

### Details of your property

Do you live in a:

bungalow?  detached house?  semi-detached house?  terraced house?

caravan or mobile home?  terraced flat?  flat in a block?  flat over a shop?

room?  If you have ticked 'room', where is it in the building? Front  Back  Middle  My room number:

Which floor is your home on? All floors  Basement  First  Second  Ground

Other  Please give details:  Number of floors in the building:

Please answer all of the following questions.

Room	Give the number of rooms in the whole of the property.	Give the number only you and your family use.	Give the number you share with other people.	Give details (for each room) of furniture that your landlord provides (use a separate sheet if necessary).	Please answer 'Yes' or 'No' to the following.	Yes or No
Living rooms					Does your landlord live in the property?	
Bedrooms					Do you have central heating?	
Bed-sitting rooms					Do you have a garage?	
Kitchens					When you moved into the property, was it furnished by your landlord?	
Bathrooms					Are you related to your landlord?	
Separate toilets					If you are related to your landlord, what is the relationship?	Enter below
Other						

## Part 12

If you are a council tenant or owner-occupier, do not fill in this section, go to part 13. All other applicants must fill in this section. please supply proof of rent/tenancy agreement.

### Details of your rent Please tick 'Yes' or 'No'.

How much is the rent on your home?

How often do you pay this amount?

(For example, every week, two weeks, four weeks or calendar month.)

Has the rent gone up in the last 12 months?

If 'Yes', when did it go up?

How much was the rent before it went up?

Has your rent been registered?

(If 'Yes', send us a copy of the registration form RO5.)

£

Yes  No

£

Yes  No

Please say how much is included in your rent for the following. If it is nothing, write 'Nil'.

Item	Amount included	Item	Amount included
Council Tax	£	Cleaning	£
Water rates	£	Laundry	£
Hot water	£	Gardening	£
Lighting	£	Garage	£
Heating	£	Meals	£
Cooking	£	Full board	£

If not full board, how much do you pay for the following?

Breakfast £  Evening meal £

Midday meal £

Please say how much is included in your rent for services. If it is nothing, write 'Nil'.

Item	Amount included
Heating shared areas	£
Cleaning shared areas	£
Lighting shared areas	£
Laundry	£
Gardening	£
General counselling and support	£
Cleaning your rooms and windows	£
Emergency alarm system	£
Other services (please give details below)	£

## Part 8

Please give details of all your and your partner's savings and investments. Please give the amount you have in each category. If you have no savings, investments or other property, go to part 9.

**Savings and investments** Please tick 'Yes' or 'No'.

We need proof for all the information you give in this section. We will return your claim if you don't send us proof.

Cash savings

You	Your partner
£	£
£	£
£	£
£	£
£	£
£	£
£	£
£	£
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', what is the address of the property?

When did you buy it and what is its current value?

£

Is it mortgaged?

Yes  No

If 'Yes', how much is left to pay on the mortgage?

£

Does a sick or elderly relative live in the property?

Yes  No

Does an ex-partner live in the property?

Yes  No

## Part 9

Please give details for you and your partner. If none of this is relevant to you, go to part 10.

**Other information**

Do you have a registered childminder to look after a child?

(If 'Yes', ask for form WB/Childcare.)

Do you contribute towards a student grant for your son or daughter?

You	Your partner
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 10

You must fill in this section.

**Your home** Please tick the appropriate boxes.

Are you:

an owner-occupier?  a council tenant?  a private tenant?  a housing association tenant?

a boarder?  in bed and breakfast?  other?  Please give details:

When did you move into this property

(or if you have not moved in, when do you plan to move in)?

If this is within the last year, why did you move from your last address?

If you are a tenant, what date did this tenancy start?

Are you a joint occupier (tenant or owner)?

Do you sublet any part of your property?

If you have answered 'Yes' to either of the two questions above, please give the name of the other person involved.

<input type="text"/>
<input type="text"/>
<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>

## Part 3

Please give details of all the other people who normally live with you, then go to part 4. We must see proof of the information you give for each person. We will assume the maximum income in any situation if you do not send us proof of income and this could reduce your benefit.

**Details of other people who live in your household** Please tick 'Yes' or 'No'.

Surname

Other names

Date of birth

Their relationship to you

Do they pay you rent?

Are they a full-time student or student nurse?

Are they on a youth training scheme?

Are they in prison or on remand?

Are they severely mentally impaired?

Are they in hospital or residential care?

Do they get Income Support or income-based Jobseeker's Allowance?

What are their gross earnings (before deductions)?

How many hours a week do they work?

Give the total of all the other income they receive (for example, benefits).

How much savings do they have?

How much interest do they get from their savings?

Are they married to, or living as a couple with, anyone shown on this form?

If 'Yes', what is that person's name?

Surname

Other names

Date of birth

Their relationship to you

Do they pay you rent?

Are they a full-time student or student nurse?

Are they on a youth training scheme?

Are they in prison or on remand?

Are they severely mentally impaired?

Are they in hospital or residential care?

Do they get Income Support or income-based Jobseeker's Allowance?

What are their gross earnings (before deductions)?

How many hours a week do they work?

Give the total of all the other income they receive (for example, benefits).

How much savings do they have?

How much interest do they get from their savings?

Are they married to, or living as a couple with, anyone shown on this form?

If 'Yes', what is that person's name?

First person	Second person
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
£ every	£ every
<input type="text"/>	<input type="text"/>
£ every	£ every
£	£
£ every	£ every
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Third person	Fourth person
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
£ every	£ every
<input type="text"/>	<input type="text"/>
£ every	£ every
£	£
£ every	£ every
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

## Part 4

You must give proof of all your earnings by sending us your payslips from the last five weeks, three fortnights or two months. Please say how often you are paid, for example, every week, every month or every calendar month.

### Income details (earned income)

Please tick 'Yes' or 'No'.

Are you or your partner in paid employment?  
If 'Yes', fill in this section. If 'No', go to part 5.

How many paid jobs do you have?

What is your main job title?

What is your pay number?

What date did you start this job?

What date will you finish this job?

What type of work do you do?

How many hours a week do you work?

How much are you paid?

How often do you receive this  
(for example, every month or every week)?

Do you ever receive other payments  
(for things like overtime, bonus, commission or tips)?

If 'Yes', please give details and amounts.

What date is your next pay rise (if known)?

Your employer's name

Your employer's address

You	Your partner
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you or your partner have a second job, you must give the same details on a separate sheet.

## Part 5

You must send us either your most recent audited accounts or records of income and spending for the current trading year.

### Income details (Self-employed earnings)

Please tick 'Yes' or 'No' where appropriate.

Are you or your partner self-employed?  
If 'Yes', fill in this section. If 'No', go to part 6.

What type of business is it?

Give the name of the business.

Give the address of the business.

How many hours a week do you work?

Is the business a partnership?

Do you receive a Government Allowance?

If 'Yes', please give the amount and the date it started.

What are your business's average earnings every week?

When did the business start?

You	Your partner
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
You <input type="text"/>	Your partner <input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>

## Part 6

Please give details for you and your partner. Say how often you are paid, for example, every week, every two weeks, every month or every calendar month (see guidance notes). Please remember, you must tell us about your private and personal pension. If you have no income in this section, go to part 7. Do not, however, tear out any pages from your benefit order books to give us as proof. If you do, this will stop you being able to cash your orders at the Post Office.

### Income details (other income)

Type of income	Amount for you	How often you receive it	Amount for your partner	How often they receive it	The proof we need to see
1 Jobseeker's Allowance					Pages 1 to 3 of your notice letter
2 Income Support					
3 Working Families' Tax Credit					
4 Earnings 'top-up'					
5 Child Benefit					The front page and first two pages from the payment order book or notice letter if it is paid into your bank
6 State Retirement Pension					
7 Widow's Pension					Last notice letter
8 Private or personal pension					
9 Statutory Maternity Pay					Most recent payslips
10 Statutory Sick Pay					
11 Incapacity Benefit (short term)					Pages 1 to 3 of your notice letter or the front cover and first two pages from your order book
12 Incapacity Benefit (long term)					
13 Attendance Allowance					
14 Disability Living Allowance (care)					
15 Disability Living Allowance (mobility)					
16 Disabled Person's Tax Credit					
17 Maternity Allowance					
18 Invalid Care Allowance					
19 Industrial Injury Benefit					
20 Severe Disablement Allowance					
21 War Widow's Pension					Court order or letter from the Child Support Agency
22 War Disability Pension					
23 Maintenance you receive					Letter from the jobcentre
24 Youth or employment training					
25 Adoption or Custodianship Allowance					Letter from social services or a solicitor
26 Fostering payments					
27 Cash instead of coal					Letter from the Mineworkers Pension Scheme
28 Rent from other properties					Tenancy agreement or rent book
29 Income from boarders or lodgers					
30 Student income					Letter of award or loan
31 Other (please give details)					As appropriate

## Part 7

Only give details if you are working. We will need to see proof. If this does not apply to you, go to part 8.

### Personal pension contributions

Do you pay into a personal pension scheme  
(other than as a deduction from your wage)?

If 'Yes', please say how much and the date it started.

How often do you pay?

You	Your partner
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>