

Date requested:

Date issued:

Benefit no.:

DARTFORD BOROUGH COUNCIL

COUNCIL TAX BENEFIT/HOUSING BENEFIT CLAIM FORM

CONFIDENTIAL

READ THIS FORM CAREFULLY. PLEASE ANSWER ALL SECTIONS IN BLACK INK

Please complete your name and full address including room or flat number and postcode

Name

Address

Post Code

If applicable, please state the previous address you last claimed from and the date you claimed

Address

Status at that address (e.g. owner, tenant, living with friends)

Date of last claim

This Form should be returned immediately (to register your claim) even if you do not have all of the required documents. If the form is not fully completed it will be returned to you. YOU WILL BE REQUIRED TO PROVIDE ORIGINAL EVIDENCE OF INCOME, ETC BEFORE YOUR CLAIM CAN BE PAID. IF YOUR CIRCUMSTANCES CHANGE IN ANY WAY YOU MUST NOTIFY US IMMEDIATELY.

ARE YOU A:- PRIVATE TENANT COUNCIL TENANT HOMEOWNER
BOARDER HOSTEL DWELLER
HOUSING ASSOCIATION TENANT

(Tick one box only)

Have you applied for a Pre-Tenancy Determination? (Private Tenants Only) YES NO

Have you previously applied for Council Tax or Housing Benefit? YES NO

IF YOU DELAY IN RETURNING YOUR FORM YOU MAY LOSE BENEFIT

IF YOU HAVE ANY QUERIES OR WOULD LIKE HELP COMPLETING THIS FORM PLEASE PHONE 01322 343705 (Calls via TypeTalk welcome)

BENEFIT SECTION OPENING TIMES

MON – THU 8.45am – 5.15pm

Fri 8.45am – 4.45pm

VISITING SERVICE FOR THE ELDERLY OR DISABLED

If you are unable to get to our offices but would like help completing this form, then we can visit you in your home and give you all the help you need.

Call 01322 343034 to make an appointment.

All our officers carry identification.

Benefit entitlement will normally start on the Monday following receipt of your claim unless you can prove there was good cause for any delay.

OFFICE USE ONLY

Date Received

ARE YOU A DISABLED PERSON OR DO YOU HAVE A DISABLED PERSON LIVING WITH YOU?

If so, you may be entitled to a reduction in your Council Tax. Anyone who is substantially and permanently disabled (whatever the cause) may qualify provided that the conditions for relief are satisfied. The disabled person need not be the person liable to pay the Council Tax and can be under the age of 18 years.

For more information please contact the **Council Tax Section** on **01322 343700**.

EVIDENCE OF IDENTITY

You **MUST** provide at least **TWO original forms of identity for you and your partner**, if applicable. **One of these must show your N.I. number**. Failure to provide this proof may lead to the rejection of your claim. (Further identity may be requested).

THIS INFORMATION MAY NOT BE REQUIRED IF YOU HAVE RECENTLY PROVIDED IT

PLEASE TICK EVIDENCE THAT YOU ARE PROVIDING

	YOU	PARTNER
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Medical Card	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of your National Insurance Number (Compulsory)	<input type="checkbox"/>	<input type="checkbox"/>
Passport (current and valid)	<input type="checkbox"/>	<input type="checkbox"/>
Bank or Building Society Statements (dated within four weeks of the claim)	<input type="checkbox"/>	<input type="checkbox"/>
Benefit Payment Book	<input type="checkbox"/>	<input type="checkbox"/>
Wage Slips from Current Employer	<input type="checkbox"/>	<input type="checkbox"/>
Utility Bill paid in your name for last quarter	<input type="checkbox"/>	<input type="checkbox"/>

PHOTOCOPIES ARE NOT ACCEPTABLE

SUPPORTED ACCOMMODATION

	YES	NO
Do you receive Counselling or Support Services paid for within your Rent?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, we will need to pass Benefit information to the Kent Supporting People Team to enable them to pay your support costs.

Please sign if you agree we can pass on your information. If you do not sign it will affect the administration of your support charge payments.

Signature of Claimant or person completing the form on your behalf:

SECTION 1

ABOUT YOU AND YOUR PARTNER

YOU MUST COMPLETE THIS SECTION

Do you have a partner who normally lives with you?

YES

NO

If **NO** answer all the questions about you. If **YES** you must answer all the questions about you and your partner.

By partner we mean: a person you are married to or a person you live with as if you are married to them; or a civil partner or a person you live with as if you are civil partners.

YOU

Title (Mr/Mrs/Miss/Ms/Other)

Surname

First Names in Full

Former Names or "Known As" Names

National Insurance Number

Date of Birth / /

Date you Moved in to Your Present Home / /

Date Tenancy Started / /

PARTNER

Title (Mr/Mrs/Miss/Ms/Other)

Surname

First Names in Full

Former Names or "Known As" Names

National Insurance Number

Date of Birth / /

Date Partner Moved in / /

ARE YOU? (please tick YES or NO for each of the following)

Full Time Student YES NO

Registered Blind YES NO

Receiving Attendance Allowance or Disability Living Allowance YES NO

Unable to work because of sickness YES NO

If YES from when / /

In hospital YES NO

If YES from when / /

Discharge date if known / /

Does anyone receive Carer's Allowance for looking after you? YES NO

DO YOU?

Have an invalid motor vehicle YES NO

Rent a car from Motability YES NO

IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE ORIGINAL EVIDENCE

IS YOUR PARTNER? (please tick YES or NO for each of the following)

Full Time Student YES NO

Registered Blind YES NO

Receiving Attendance Allowance or Disability Living Allowance YES NO

Unable to work because of sickness YES NO

If YES from when / /

In hospital YES NO

If YES from when / /

Discharge date if known / /

Does anyone receive Carer's Allowance for looking after you? YES NO

DOES YOUR PARTNER?

Have an invalid motor vehicle YES NO

Rent a car from Motability YES NO

IF YES TO ANY OF THE ABOVE, YOU MUST PROVIDE ORIGINAL EVIDENCE

SECTION 1 continued ABOUT YOU AND YOUR PARTNER

Are you, or your partner, in receipt of either Income Support, Job Seekers Allowance (Income Based) or Pension Credit (Guaranteed)?

YES

NO

If YES, please go to Section 10

SECTION 2 IMMIGRATION STATUS

Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last 2 years?

YOU YES NO Go to section 3

PARTNER YES NO Go to section 3

If YES, what date did you arrive?

YOU / /

PARTNER / /

Please give your reasons for coming to the UK

What is your nationality?

Partner's nationality

You must provide proof that you are permitted to remain in this country. It may be necessary for us to contact the Home Office to verify this information.

SECTION 3 WORK AND EARNINGS

Have you or your Partner worked during the last 12 months?

YOU YES NO

PARTNER YES NO

Are you or your Partner currently working or receiving statutory sick pay?

YOU YES NO Go to section 4

PARTNER YES NO Go to section 4

	YOU	PARTNER
Job Title		
Payroll/Employment reference no.		
Name of Employer		
Address of Head Office of Employer		
Date Started	/ /	/ /
Number of hours worked per week		
Is the job permanent?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, when will it end?	/ /	/ /
Total gross pay before deductions, including overtime (indicate whether weekly or monthly or other)	£ weekly/monthly/other	£ weekly/monthly/other
Bonus, commission or tips not included in your gross pay	£ weekly/monthly/yearly	£ weekly/monthly/yearly
Do you have more than one job? If YES, please give full details in the space provided in Section 16 of this form	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you paying into a private pension scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 3 continued

WORK AND EARNINGS (continued)

If YES to the last question and the payment is not deducted from your wages, please give details of the pension scheme and provide proof of who you are paying to:

<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black;"></div>

	YOU	PARTNER
How are your wages paid? e.g. cash, cheque, direct to bank a/c		

In order to claim benefit you must provide proof of your earnings – we need your latest 5 consecutive payslips if you are weekly paid, or 2 if you are monthly paid. Or, you can ask your employer to complete a Certificate of Earnings form which is enclosed with this form. If the evidence requested is not provided then it may be necessary for us to contact your employer.

SELF EMPLOYMENT

	YOU	PARTNER
Are you or your partner self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 4	YES <input type="checkbox"/> NO <input type="checkbox"/> Go to section 4

If you or your partner are self employed, either as your only job, or as a second job, please complete the boxes below.

	YOU	PARTNER
Nature of business		
Address business trades from		
Date business started trading		

	YOU	PARTNER
Are you a partner in the business?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, you must provide a partnership agreement.	NO <input type="checkbox"/>	NO <input type="checkbox"/>
Do you or your partner receive Business Start Funding from the Government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, how much do you receive?	<input style="width: 150px;" type="text"/>	

You must provide your latest available trading accounts. If you do not have these, you must provide a summary of income and expenditure along with receipts which you should sign as being a true and accurate record, or complete a self-employed earners form which you can obtain from the Benefits Section.

Do you also work for an employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, you must ensure details are given at the start of this Section.		

Are you paying into a private pension scheme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, you must give details of the pension scheme and provide proof of who you are paying to.		

SECTION 4

PENSIONS AND LIFE ANNUITIES

Are you or your partner receiving any pension payments?

YOU PARTNER
 YES YES
 NO NO

Go to section 5

Go to section 5

If YES, please complete the boxes below.

Use **W** (weekly), **M** (monthly) or **4** (4 weekly) to indicate how often you are paid.

Use **B** (direct to bank), **P** (Payment Book) or **G** (Giro) to indicate how you receive your pension.

YOU MUST PROVIDE ORIGINAL EVIDENCE

Pension/Life Annuity (Section 16 can be used if more space required)

	PAID TO YOU	W, M or 4	B, P or G	Date of last increase	PAID TO PARTNER	W, M or 4	B, P or G	Date of last increase
State Retirement Pension Give amount								
Employment Pension (1) Give name of company and amount								
Employment Pension (2) Give name of company and amount								
Life Annuity Give name of company and amount								

Do you or your partner pay into a private pension scheme, or have you or your partner ever paid into a private pension scheme?

YES NO

If YES, please give details of the pension scheme and provide proof of who you are paying to or used to pay to.

YOU

PARTNER

FOR WIDOWS/WIDOWERS

	YOU	W, M or 4	B, P or G	Date of last increase
War Widow's Pension	£			
Widow's Pension or Widowed Mother's Allowance	£			
Widowed Parent's Allowance	£			

SECTION 5

BENEFITS AND ALLOWANCES

Have you or your partner applied for or are currently receiving any government benefits or allowances?

YOU PARTNER
 YES YES
 NO NO

Go to section 6

Go to section 6

If YES, please complete the rest of Section 5.

Use **W** (weekly), **M** (monthly) or **4** (4 weekly) to indicate how often you are paid.

Use **B** (direct to bank), **P** (Payment Book) or **G** (Giro) to indicate how you receive your pension.

PLEASE PROVIDE ORIGINAL EVIDENCE OF ALL BENEFITS & ALLOWANCES RECEIVED

Have you or your partner applied for or are receiving any government benefits or allowances?

SECTION 5 continued

BENEFITS AND ALLOWANCES

Please give details of any Benefits or Allowances which have been applied for or are pending but where payment has not yet been received.

Benefits/Allowances Date applied for / /

W, M or 4	B, P or G
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 Date payment due / / Amount expected (if known) £
 Is the money expected for you or your partner (please tick box)

	Date Started	YOU	W, M or 4	B, P or G	PARTNER	W, M or 4	B, P or G
Job Seekers (Contribution Based)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Short Term Incapacity (Lower Rate)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Short Term Incapacity (Higher Rate)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Long Term Incapacity	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Statutory Maternity Pay	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Maternity Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Adoption Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Disability Living Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
- Care component		£			£		
- Mobility component		£			£		
Attendance Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Mobility Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Disabled Person Tax Credit (supply notification letter)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Severe Disablement Benefit	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Industrial Disablement Benefit	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
War Disablement Pension	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Carer's Allowance	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Tax Credits (supply notification letter)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		
Pension Credits (supply notification letter)	<input type="text"/> / <input type="text"/> / <input type="text"/>	£			£		

SECTION 6 DEDUCTIONS FROM BENEFITS AND ALLOWANCES

Do you or your partner have any deductions made from your benefits or allowances? e.g. social fund loan repayments, recovery of overpayments, etc.

	YOU		PARTNER
YES <input type="checkbox"/>		YES <input type="checkbox"/>	
NO <input type="checkbox"/>	Go to section 7	NO <input type="checkbox"/>	Go to section 7

If YES, give details below and provide original evidence

.....

.....

.....

.....

SECTION 7

OTHER INCOME

Do you or your partner receive any other income? YOU PARTNER
 YES YES
 NO Go to section 8 NO Go to section 8

If YES, declare all other income from any source below. YOU MUST PROVIDE ORIGINAL EVIDENCE.

Maintenance or CSA payments received (Evidence must be provided)

	YOU	PARTNER
	£	£

	Date Started				
Government Training Scheme	/ /	YOU	W, M or 4	B, P or G	PARTNER
		£			£
Student Grant or Loan	/ /	£			£

Place of Study You/Partner

- What are the term dates?

From / /	From / /	From / /
To / /	To / /	To / /

- How long is the course for?

Rent from a property or room that you or your partner let to a tenant £

- Address of property

Any other income YES NO

What is this? Date next payment due / /

SECTION 8 MONEY, SAVINGS & INVESTMENTS

YOU MUST COMPLETE THIS SECTION AND ANSWER YES OR NO TO EACH QUESTION

Please give details of all savings, investments and money in bank or building society accounts or kept as cash. YOU MUST PROVIDE EVIDENCE FOR ALL INVESTMENTS AND TRANSACTIONS OCCURRING IN THE PAST TWO COMPLETE MONTHS.

SAVINGS AND INVESTMENTS

	YOU	PARTNER
How many accounts do you have in your name only?		
How many joint accounts do you have?		

			YOU (Amounts)	PARTNER (Amounts)
Do you have any of the following?				
Bank (Current/Card) Account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Bank (Deposit) Account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Building Society (Cheque/Card) Account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Building Society (Savings) Account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Post Office Account(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
National Savings Certificate or Premium Bonds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Shares/Unit Trusts	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£
Other, including cash, PEPS, ISAs, Bonds, etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£	£

Do you own any **other property**, either in this country or abroad? YES NO YES NO

If YES, please give the full address of the property, and if appropriate, who the joint owner is.

.....

SECTION 9**ALLOWABLE EXPENSES
CHILDREN AND STUDENTS****IF YOU DO NOT HAVE ANY CHILDREN GO TO SECTION 11****CHILDCARE COSTS**

If you pay for any child under the age of 15 to go to a registered childminder or a registered childcare provider (nursery), you may be eligible for extra benefit. So that we can take your childcare costs into account, **please supply the following:**

- (i) Name of Registered Childminder/Nursery
- (ii) Address of Registered Childminder/Nursery
- (iii) Provide current certificate or complete OFSTED registration number held by Childminder or Nursery
- (iv) Receipts from your childcare provider to show how much you have paid in childcare costs in the last 4 weeks.

STUDENT GRANT PAYMENTS

Do you or your partner pay any money to a son or daughter aged under 25 who is a student? YES NO

If YES, how much do you pay? £ weekly, monthly, 4 weekly (please delete)

You must send proof of these payments or indicate them on any bank statements which you are supplying.

**SECTION 10 YOU MUST PROVIDE EVIDENCE OF
CHILDREN FOR WHOM YOU RECEIVE CHILD BENEFIT**

Surname	First Names	Age	Date of Birth	Male/ Female (M/F)	Is your Child		If your child receives Income or Welfare Benefits give amount and details
					Disabled Yes/No	Blind Yes/No	

Do any of your children have £3,000 or more? YES NO

Have you any children aged 15 or over who will be leaving school? Please give their name.

Child's name

Expected date of leaving school / /

SECTION 11**OTHER OCCUPANTS**

Does anyone else live at your home who you have not yet named on this form?

YES NO Go to section 12

If YES, give their details, including children you do not get Child Benefit for and children who do not live with you all of the time, but who stay with you on a regular basis such as at week-ends or during school holidays. Also give details of joint tenants, sub-tenants, lodgers, boarders or landlords living in your home.

Surname	First Names	National Insurance Number	Relationship to you (see Note 1)	Date of Birth	If working state gross weekly pay	Other income details (see Note 2)
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

Note 1. For example, son, daughter, lodger. A joint-tenant is someone who shares your tenancy and whose name appears with yours on the tenancy agreement but who is not your partner.

Note 2. If anyone who lives with you receives any other income, please enter one of the following codes:

- IS = Income Support
- JSA(IB) = Job Seekers Allowance (Income Based)
- JSA(CONT) = Job Seekers Allowance (Contribution Based)
- YTS = Youth Training Scheme
- OTHER = Please give details here

Evidence of income from whatever source must be provided

Is anyone in your home in full-time further education or on a training course?

YES NO

If YES, who is this?

You Partner Any other person

Name of person

Type of course

Is it a Youth Training course?

YES NO

What is the name of the College, Training Centre or placement?

How many hours per week is the course for?

IMPORTANT NOTE

If you are the only person liable to pay Council Tax in your home and you have people listed in Section 11, whose combined total incomes are low, you may be entitled to Second Adult Rebate (this will not apply if you have a partner or if anyone in your home pays rent to you on a commercial basis). Your entitlement to Council Tax Benefit may be assessed with their circumstances rather than your own. Ask the Council's Benefit Section for advice and a form.

SECTION 12

DETAILS ABOUT YOUR HOME

Do you rent your home?

YES

NO Go to section 15

Are you a Council tenant?

YES Go to section 15

NO

This information may be passed to the Rent Officer.

TYPE OF PROPERTY

Please tick which applies to your accommodation

Detached House Semi-detached House Terraced House

Detached Bungalow Semi-detached Bungalow Terraced Bungalow

Flat in a block Flat over Shop Flat in House

Maisonette Caravan* Hostel

Room or rooms**

*Do you pay site rent?

YES

NO

**Please indicate the location of your room(s) in the building

Front

Centre

Rear

Other please state

USES OF ACCOMMODATION

Please state number of floors in whole building

Which floor is your home on?

All Floors

Basement

Ground Floor

1st Floor

2nd Floor

3rd Floor

Other, please describe

Is there a central heating system?

YES

NO

Is there a garage for you to use?

YES

NO

Is there a parking space for you to use?

YES

NO

Is there a garden?

YES

NO

If YES to any of these, please state the charge, if any, included in your rent.

£

SECTION 12 continued

DETAILS ABOUT YOUR HOME

Please state the number of:

	In the whole house or flat	Used by your household only	Shared with other households
Living Rooms			
Bedrooms			
Bed-sitting Rooms			
Kitchens			
Bathrooms			
Separate Toilets			
Other Rooms			
TOTAL			

SECTION 13

TENANCY DETAILS

Date your tenancy/rent started

Length of current tenancy agreement

Date you moved in / /

Name of your Landlord

Address of your Landlord

Name of Managing Agent

Address of Managing Agent

Are you, your partner or your children related to the Landlord? YES NO

If YES, what is the relationship?

Is your tenancy (please tick all relevant boxes)

Housing Association Joint Tenancy Assured Shorthold Tenancy

Is your home:

Fully furnished Partly furnished
 Minimally furnished Unfurnished

Who is responsible for decorating? Landlord Yourself Not known

What was your previous address?

Did you own it, rent it or other?

SECTION 14**THE RENT**

Please enclose your current tenancy agreement signed by you and your landlord or a letter from your landlord stating your tenancy details. You must also sign the letter as confirmation of tenancy details. This must be the original, copies are not acceptable.

How much does your landlord charge?

£ weekly, monthly, 4 weekly (please delete)

Has a Fair Rent been registered for your home?

YES NO NOT KNOWN

Are water rates included in your rent?

YES NO NOT KNOWN

If YES, how much is this?

£ weekly, monthly, 4 weekly (please delete)

If water rates are paid separately by you, please forward your current bill.

Are any of the following included in your Rent?

	YES	NO	AMOUNT IF KNOWN (£)
Heating			
Lighting			
Hot Water			
Power for Cooking			
Cleaning of Room(s)			
Laundry			
Porter/Caretaker			
Gardening			
Communal Cleaning			
Support Services			
Meals*			

* If YES to "Meals", please state which of the following:

Full Board Breakfast Only Part Board

SECTION 15**PAYMENT OF YOUR HOUSING BENEFIT**

If you qualify and payment is to be made directly to your Rent Account for Council Tenants, or your Landlord for privately rented accommodation, please sign the consent below. You do not need to sign this if you are renting private accommodation and payments are to be made directly into your bank, building society or Post Office account.

You may provide information to my landlord regarding the progress of my claim where direct payments are to be made to them. Additionally, I accept that my landlord will be notified of the amount of Housing Benefit to be paid in respect of my claim, the date benefit will be payable from and any future changes to the amount of benefit in payment. No further information will be given to the landlord without my written consent.

Signature of Claimant:

Who would you like your Housing Benefit paid to?

Yourself

Landlord*

Managing Agent*

(*Please sign the consent above)

(continued over page)

SECTION 15 continued PAYMENT OF YOUR HOUSING BENEFIT

If you wish to have Housing Benefit paid to yourself and you do not already have a bank/building society account, it will be necessary for you to open one. If this is the case, do not delay returning your form as you could lose benefit **but we will be unable to pay your benefit until you notify us of your bank/building society or Post Office account details.**

If you need further information about the types of account you can open, please contact us on 01322 343705 and we will be pleased to send you a leaflet.

Account Details

Name of Bank, Building Society or Post Office

Account/Roll Number (the account must be a current account or cheque account)

Sort Code

 - -

Account holders name

COUNCIL TAX BENEFIT

You should note that Council Tax Benefit is always credited to your Council Tax account. Following any award or adjustment of such benefit you will be issued with a revised Council Tax bill which will show the benefit and the revised amount for payment.

SECTION 16

FURTHER INFORMATION

PLEASE GIVE ANY FURTHER INFORMATION YOU FEEL MAY BE RELEVANT TO YOUR CLAIM for example, reasons for moving to your new address, a death in your household in the last 12 months, or a member of your family with special needs:

SECTION 17 YOU MAY COMPLETE THIS SECTION IF YOU WISH:

ETHNIC ORIGIN:

White:

British

Irish

Other

Mixed:

White & Black Caribbean

White & Black African

White & Asian

Other

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Other

Black or Black British:

Caribbean

African

Other

Chinese or Other:

Chinese

Other

Refused to answer

SECTION 18

PLEASE READ THIS SECTION BEFORE SIGNING THE BACK PAGE

DATA PROTECTION

The information you have provided on this form will be used to assess your Housing and Council Tax Benefit entitlement. It will be held securely and used in connection with the assessment, notification and recovery of overpayments due to this Authority.

All or part of the information provided may be disclosed or supplied to external organisations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority and to the Council's external auditors for the following purposes:

- the prevention or detection of crime;
- the apprehension or prosecution of offenders;
- the assessment or collection of any tax or duty in any case where failure to disclose would be likely to prejudice any of those matters;
- data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.

All or part of the information provided may also be used by other Departments of the Council for purposes connected with the collection of Council debts or to assist in other statutory functions such as Environmental Health or Planning.

The Council may make a search (including making enquiries about principle directors) with a Credit Reference Agency. The Credit Reference Agency will keep a record and may share this information with other businesses.

CHANGE OF CIRCUMSTANCES

It is your responsibility to inform the Council's Benefit Office, in writing, immediately if there is a change of circumstances which may affect your entitlement to benefit.

If you are in any doubt, please tell us and we will decide if the change affects your benefit. Remember that failure to provide any of the evidence requested on this form will result in the Council being unable to pay Benefit.

IF YOU DO NOT TELL US OF ANY CHANGE, YOU MAY HAVE TO PAY BACK BENEFIT

RETURNING THIS FORM

You can either post this form back to the address below, or bring it to the Civic Centre, Temple Hill cash office, or the Swanscombe cash office.

**BENEFITS SECTION, DARTFORD BOROUGH COUNCIL
CIVIC CENTRE, HOME GARDENS, DARTFORD, KENT, DA1 1DR**

01322 343705

(continued over page)

Please check carefully that you have answered all the questions on this claim form correctly and make sure that you have not forgotten anything. If you have a partner, you must **both** read and sign this form. Even if someone has helped you to fill in this form, you must sign the declaration yourself.

WARNING

It is an offence for anyone to make a statement or produce information which he or she knows to be false in order to obtain or to attempt to obtain Council Tax Benefit or Housing Benefit. A person convicted of such an offence shall be liable to a fine, a term of imprisonment, or both.

YOUR DECLARATION

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

I understand the following:

- I must provide original evidence when requested to support my claim.
- 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 or other Councils.
- You will keep computer and paper records of my information in accordance with Data Protection principles.
- 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 the law allows this.

I know I must let the Council know about any changes in my circumstances which might affect my claim. I **have read** the warning above and **I declare** the information I have given on this form is correct and complete.

Signature Claimant _____
Date _____
Telephone No. _____

Signature Partner _____
Date _____
Telephone No. _____

Form filled in by someone other than the person claiming

Please tell us why you are filling in this form for someone else. Remember they must understand and sign the declaration above.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming