



Doncaster
Metropolitan Borough Council

Housing Benefit and Council Tax Benefit Section

Colonnades House, Duke Street, Doncaster DN1 1ER

Phone: 01302 735336

For office use only

Reference Number

Date Issued: / /

Claim for Housing Benefit and Council Tax Benefit

Your name: _____

Your address and postcode: _____

Your daytime phone number: _____

(This will help us to deal with your claim quicker).

What is the best time to phone you? _____

For office use only

Date received: _____

Official Stamp

Please read these important notes before you fill in this form.

- You must fill in all parts of this form that apply to you. Most parts start with a question to help you decide if you need to fill in that part. You must answer this question. If you answer 'Yes' to this question, you must answer all the other questions in that part.
- If you are just claiming Second Adult Rebate, you only need to fill in parts 1, 2, 4 and 14.
- Please use **black ink** to fill in this form.

Warning - you are breaking the law if you give us false information.

- If you need help filling in this form, or you want any advice, please contact us. You can phone us Monday to Friday from 8.30am to 5pm. We also have an enquiry counter on the ground floor of Colonnades House which is open Monday to Friday from 8.30am to 5pm.
- You can get help filling in this form or you can hand this form in at any local neighbourhood housing office or Customer Service Centre. Details of the local offices are on the back page of this form.
- **Please send this form back to us as soon as you can or you may lose some benefit.** If you don't have all the proof we need, send the form back without the proof, then send us the proof as soon as you have it. Please make sure you send original documents and put your name and address on anything you send us. The sooner we get the proof, the sooner we can pay any benefit you are entitled to. We must get the proof within one month of making your claim.
- We will use the information you give on this form and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Benefit. We will also use the information to tell you whether you might be entitled to other benefits and allowances, for example, free school meals.
- We may pass the information to other agencies or organisations such as the Department for Work and Pensions and the Inland Revenue as allowed by law. We will not give information about you to anyone else unless you give us permission or the law allows us to.
- We may check the information you give us, or information someone else gives us about you, with other information on our records. We may also get information about you from other organisations, local authorities and government departments to check the information you have given us, to prevent or detect crime, or to protect public funds.
- We will put the information you give us onto a computer system that is registered under the 1998 Data Protection Act.
- Doncaster Council is a 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 information, please ask us.

Part 1**Please tell us which benefits you want to claim by ticking one of the boxes below.**

- Housing Benefit and Council Tax Benefit for people who rent their home from a private landlord.
- Housing Benefit and Council Tax Benefit for people who rent their home from the council.
- Council Tax Benefit only (for people who own their own home).
- Second Adult Rebate (we work this out on the circumstances of other adults who live with you).

Part 2**About you and your partner (if you have one)**

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

Please write clearly and tick the correct boxes. Answer all the questions that apply to you.

You**Your partner**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	
Surname	<input type="text"/>				<input type="text"/>				
First names	<input type="text"/>				<input type="text"/>				
Date of birth	<input type="text" value=" / /"/>				<input type="text" value=" / /"/>				
National insurance number (We cannot pay your benefit without this).	Letters	Numbers	Letter	Letters	Numbers	Letter	Letters	Numbers	Letter
	<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"/>
Tell us any other names you have used.	<input type="text"/>				<input type="text"/>				
When did you start living at this address?	<input type="text" value=" / /"/>				<input type="text" value=" / /"/>				
If you have not yet moved into this address, tick here	<input type="checkbox"/>				<input type="checkbox"/>				

Please write and tell us when you move in. We cannot pay your benefit until you give us this information.

Please give your last address	<input type="text"/>				<input type="text"/>			
When did you move out of this address?	<input type="text" value=" / /"/>				<input type="text" value=" / /"/>			
Did you, or your partner, own this property?	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"/>
Are you, or your partner, in hospital?	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"/>
If 'Yes', what date did you go in?	<input type="text" value=" / /"/>				<input type="text" value=" / /"/>			
Do you, or your partner, have a vehicle from a Mobility Scheme?	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"/>
Does anyone receive Carers Allowance to look after you or 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"/>
If 'Yes', what is their name?	<input type="text"/>				<input type="text"/>			
Does this person live with you?	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"/>
Are you, or your partner, registered blind?	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"/>
Do you, or your partner, receive Attendance Allowance or the care part of Disability Living Allowance?	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"/>
Are you, or your partner, unable to work because of illness or disability AND giving medical certificates to the Department for Work and Pensions?	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"/>
If 'Yes', from what date are you covered?	<input type="text" value=" / /"/>				<input type="text" value=" / /"/>			

Part 2 About you and your partner (if you have one) continued

Are you, or your partner, a student? Yes No Yes No

Have you, or your partner, come to live in England, Scotland, Wales, Northern Ireland, the Republic of Ireland, the Isle of Man or the Channel Islands in the last two years? Yes No Yes No

If 'Yes', we will write to you about this.

What is your and your partner's nationality?

If your nationality is not British, on what date did you last enter and apply to stay in the UK? / / / /

The UK is England, Northern Ireland, Scotland and Wales.

We cannot deal with your claim until you give us the following proof.

We need to see proof of National Insurance number and identity for you and your partner. We need to see this proof if this is the first time you have claimed Housing Benefit and Council Tax Benefit, or you have never been asked to provide this before to either us or the Department for Work and Pensions.

Please provide one original document for National Insurance number and one original document for identity from the list below. These must not be photocopies.

Do not send valuable documents through the post. These can be brought to our office at Colonnades House, or taken to your local neighbourhood Customer Service Centre or housing office where they will be photocopied and returned to you immediately.

National Insurance Number

One document - Either P45, P60, Letter from the Department for Work and Pensions, National Insurance number card or Pay Slip.

Identity

One document - Either current passport, Driving Licence, European Member State Identity Card, Home Office letter, Birth Certificate, Marriage Certificate, Civil Partnership Certificate, recent Gas, Electricity, Water or Telephone Bill (not mobile telephone) paid in your or your partner's name, Medical Card, current bank statement, or Life assurance or insurance policy.

Part 3 About your children

Do you, or your partner, have any children who you get Child Benefit for and who live with you? Yes Please tell us about them in this part.
No Go to part 4.

	Date of birth	Relationship to you (son or daughter)	Do you get Child Benefit for them?	Do they get Disability Living Allowance?	Are they registered blind?
Surname: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names: <input type="text"/>					
Surname: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names: <input type="text"/>					
Surname: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names: <input type="text"/>					
Surname: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names: <input type="text"/>					
Surname: <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names: <input type="text"/>					

Do any of your children get the care part of Disability Living Allowance at the highest rate? Yes No

If 'Yes', please give their names below.

If you have more than six children, please give us details about your other children on a separate piece of paper.

Part 4

About other people who live with you

Does anyone else live with you who is not included in part 2, or 3?
(Do not include anyone who has a separate tenancy agreement for a room in the property)

Yes Please tell us about them in this part.

No Go to part 5.

If more than four other people live with you, please give their details on a separate piece of paper.

	First person	Second person	Third person	Fourth person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(Some examples are, parent, sister, brother, daughter, son, boarder, subtenant, friend)</small>				
Are they severely mentally impaired?	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"/>
Are they registered blind?	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"/>
Do they receive Disability Living Allowance or Attendance Allowance?	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"/>
Are they an apprentice or on a youth training scheme?	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"/>
Are they a full-time student or student nurse?	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"/>
Do they pay rent or money for board and lodgings to you or 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"/>
If yes, how much per week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does this include money for food?	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"/>
Does this include money for heating?	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"/>

About their income

First person

Second person

Third person

Fourth person

If they are working, please give their earnings every week **before** tax and national insurance are taken off.

£	£	£	£
---	---	---	---

Number of hours they work each week.

hours	hours	hours	hours
-------	-------	-------	-------

Do they receive Income Support?

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"/>
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Do they receive Income-based Jobseeker's Allowance?

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"/>
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Give their work pension every week before tax and national insurance.

£	£	£	£
---	---	---	---

Give their total income every year from investments and savings (for example, any interest they get).

£	£	£	£
---	---	---	---

Please tell us what other income they receive and how much they get.

£	£	£	£
£	£	£	£
£	£	£	£

If any of the people shown above are married or living together as a couple, please give details.

	is the partner of	
--	-------------------	--

We cannot deal with your claim until you give us the following proof.

Deductions may be made from your benefit because of other people who live with you. The amount deducted will depend on their income and circumstances. Please provide proof of all their income. If they are working, we need to see their last five pay slips if paid weekly, last three wage slips if paid fortnightly, or last two pay slips if paid monthly. Please provide original documents, we cannot accept photocopies. Do not send any valuable documents through the post. These can be brought to our office at Colonnades House, or taken to your local neighbourhood Customer Service Centre or housing office where they will be photocopied and returned to you immediately.

Part 5

Your earnings and your partner's earnings

Do you or your partner work?

Yes
No

Please tell us about your work in this part.

Go to part 6.

You

Your partner

When did the job start?

____ / ____ / ____

____ / ____ / ____

Name of your employer

The address where you work

What is your job?

How many hours do you usually work each week?

How often do you get paid?

How are you paid (for example, cash, cheque, into bank account)?

What is your payroll number?

What is your pay **before** deductions?

£ _____

£ _____

When is your next pay rise due?

Do you, or your partner, get any bonus, commission or tips on top of your normal wage?

Yes No

Yes No

If 'Yes', how much?

£ _____

£ _____

Is this a permanent job?

Yes No

Yes No

If 'No', when will the job end?

____ / ____ / ____

____ / ____ / ____

Do you, or your partner, have more than one job?

Yes No

Yes No

Please give us full details of each job on a separate piece of paper.

Are you, or your partner, employed as a part-time firefighter or as a member of the territorial army, reserve forces, coastguard or lifeboat service?

Yes No

Yes No

Are you, or your partner, self-employed?

Yes No

Yes No

If 'Yes', what type of business do you run?

When did the business start?

____ / ____ / ____

____ / ____ / ____

Business address

Do you use any part of your home to run a business?

Yes No

Yes No

Do you, or your partner, get a Business Start-Up Allowance?

Yes No

Yes No

If 'Yes', how much and how often?

£ _____ every _____

£ _____ every _____

We cannot deal with your claim until you give us the following proof.

We need proof of the pay that you and your partner get for all the jobs you have. We will need to see your last five wage slips if you are paid every week, your last three wage slips if you are paid fortnightly, or your last two wage slips if you are paid every month. These must be originals, not copies. If you do not have any wage slips, please ask us for a 'proof of earnings' form if we have not already sent you one. The proof of earnings form must be filled in by your employer. If you prefer, you can download the form from the Council's website, www.doncaster.gov.uk/housingbenefit. If you, or your partner, are self-employed, we will need to see your most recent accounts. If you cannot send us these, for example, because you have only just become self-employed, please give us a statement of the money you have earned and spent on the business since it started. We may need to send you an extra form to fill in depending on the information you give us.

Part 6

Your income and your partner's income, other than earnings

We need to know about all your income. You must give details of the gross amount (before deductions) that you are entitled to. For example, the Department for Work and Pensions may be taking some of your benefit to pay back a Social Fund Loan. If they are, you must give us the amount of benefit you are entitled to before the money to pay back the loan is taken off.

Do you, or your partner, receive Income Support, income-based Jobseeker's Allowance or Pension Credit (Guarantee)?

Yes Go to part 9 (We will get proof of these benefits from the Department for Work and Pensions).
 No Please tell us about your income in this part.

Type of income		You	Your partner	How often do you receive it?
Benefits	Contribution - based Jobseeker's Allowance	£	£	every
	Incapacity Benefit Please tick the rate you receive. Short term (lower) <input type="checkbox"/> Short term (higher) <input type="checkbox"/> Long term <input type="checkbox"/>	£	£	every
	Contribution - based Employment and Support Allowance	£	£	every
	Income - related Employment and Support Allowance	£	£	every
	Maternity Allowance	£	£	every
	Carers Allowance	£	£	every
	Bereavement Allowance (Date paid from...../...../.....)	£	£	every
Pensions	State Retirement Pension	£	£	every
	Work pension (please say how much you get after tax) Who pays you the pension?	£	£	every
	Widow's Pension or Widowed Parent's Allowance	£	£	every
	War Widow's Pension	£	£	every
	Pension Credit (Savings)	£	£	every
Disability	Severe Disablement Allowance	£	£	every
	Attendance Allowance	£	£	every
	War Disablement Pension	£	£	every
	Disability Living Allowance (care part) Please tick the rate you receive Higher <input type="checkbox"/> Middle <input type="checkbox"/> Lower <input type="checkbox"/>	£	£	every
	Disability Living Allowance (mobility part) Please tick the rate you receive Higher <input type="checkbox"/> Lower <input type="checkbox"/>	£	£	every
	Industrial Injuries Benefit	£	£	every
	Industrial Death Benefit	£	£	every
	Reduced Earnings Allowance	£	£	every

Part 6

Your income and your partner's income, other than earnings continued

Type of income		You	Your partner	How often do you receive it?	
Children	Child Benefit	£	£	every	
	Child Tax Credit (Date paid from...../...../.....) Please send us your award letter.	£	£	every	
	Fostering Allowance	£	£	every	
	Working Tax Credit (Date paid from...../...../.....) Please send us your award letter	£	£	every	
Other income	In Work Credit	£	£	every	
	Government training scheme	£	£	every	
	Cash-in-lieu of coal	£	£	every	
	Maintenance Is the payment for your children? Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£	every	
	Student grant income	£	£	every	
	Student loan (please send us proof) (We will send you a form asking for more information about your course).	£	£	every	
	If you, or your partner, get money from renting out a property, please say how much and give the address of the property below.	£	£	every	
	Any other money you and your partner get.	£	£	every	
	Please say what it is, when you started to receive the money and when it might next go up.				
Have you, or your partner, recently claimed any other state benefits or income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please say what you have claimed and when.					

We cannot deal with your claim until you give us the following proof.

We need to see proof of any benefits, pensions and other income that you and your partner get. Please provide original documents only, we cannot accept photocopies. Please provide all pages of your latest benefit award letters. If you have an income that is paid into a bank account, you can provide bank statements showing the last two payments. Do not send valuable documents through the post. These can be brought to our office at Colonnades House, or taken to your local neighbourhood Customer Service Centre or housing office where they will be photocopied and returned to you immediately.

Part 7

About bank accounts and other capital, savings and investments

You must tell us about any capital, savings and investments you have.
This includes any money you have not invested, such as cash in a current account.

Do you, or your partner, have any bank accounts, building society accounts or any capital, savings, investments or assets such as land or property, other than your own home?

Yes Please tell us about them in this part.

No Go to part 8.

Description	You		Your partner	
	Amount or value	Where is it held?	Amount or value	Where is it held?
Money in bank accounts	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Money in building society accounts	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Money in post office accounts	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
National Savings bonds or certificates	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Premium bonds	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Stocks and shares	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Unit Trusts, ISAs, PEPs, TESSAs or other investments	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Do you, or your partner, own any land or property other than the place where you live?

Yes No

Yes No

If 'Yes', please give the address below.

Do you, or your partner, have any other investments or savings?

Yes No

Yes No

If 'Yes', please give details below.

We cannot deal with your claim until you give us the following proof.

We need to see proof of any savings, capital or investments that you and your partner have. Please provide original documents, we cannot accept photocopies. The documents you provide must show the up to date balance including interest. Examples of documents to provide include Bank/Building Society/Post Office books, Bank/Building Society statements covering last two months (we cannot accept mini-bank or cash machine statements), letter from Bank/Building Society, Share Certificates, Unit Trust Certificate, National Savings Certificates, Premium Bonds, Income Bonds, latest ISA statement.

Do not send valuable documents through the post. These can be brought to our office at Colonnades House, or taken to your local neighbourhood Customer Service Centre or housing office where they will be photocopied and returned to you immediately.

Part 8

Money you pay out

We only take account of the following three outgoings when we work out your benefit.

You

Your partner

Do you, or your partner, help to support a son or daughter who is under 25 and at university or college?

Yes No

Yes No

Do you, or your partner, pay any money into a personal pension scheme that is not run through your employer?

Yes No

Yes No

If 'Yes', how much do you pay?

£ every

£ every

Do you, or your partner, pay any childminding costs to a registered childminder, a registered nursery or playscheme, or an after school club?

Yes No

Yes No

If 'Yes', we will send you a form to fill in about childcare costs. If you prefer you can download this form from the council's website at www.doncaster.gov.uk/housingbenefit and send it with this form. This will help us deal with your claim more quickly.

We cannot deal with your claim until you give us the following proof.

You must give us proof of the money you give to support your child in further education. Please send us proof of the course, including term dates, and the student award notice. If you, or your partner, pay money into a personal pension scheme that is not run by your employer, you must send us proof of the amount you pay. The proof can be either your pension policy documents or your last two bank statements if the pension is paid from your bank account.

Part 9

About your rent

Do you, or your partner, pay rent to a private landlord for the place where you live?

Yes Please answer all the questions in this part.
 No Go to part 12.

When did your tenancy begin? What date did you move in? / /

How did you find out that the property was to let?

Have you or your partner ever owned this property? Yes No

If 'Yes', when did you sell it and why? / / Reason

What sort of tenancy do you have (for example, Shorthold, assured)?

How long is the tenancy for? / / to / /

Apart from your partner, does anyone share the rent with you? Yes No

If 'Yes', how many people share the rent with you? How much do you pay? £

Has your rent been registered as a fair rent by a Rent Officer? Yes No
 If 'Yes', you must send us the notice of registration form RO5.

Your landlord's full name, business address and postcode

Phone number:

Full name, business address and postcode of the person you pay rent to (if this person is not your landlord)

Phone number:

Are you, your partner, or your children related to your landlord or agent, or to your landlord's partner or the agents partner? (Related includes related through marriage, even if the marriage has ended). Yes No

If 'Yes', please say what the relationship is and between who.

How much rent do you pay and how often? £ every
 For example, every week, every fortnight, every four weeks or monthly.

Do you have any rent-free weeks? Yes No If 'Yes', please give dates.

What type of property do you live in?

- | | | | |
|--|---|---|--|
| Terraced house <input type="checkbox"/> | Semi-detached house <input type="checkbox"/> | Detached house <input type="checkbox"/> | Room or rooms <input type="checkbox"/> |
| Terraced bungalow <input type="checkbox"/> | Semi-detached bungalow <input type="checkbox"/> | Detached bungalow <input type="checkbox"/> | Shared room <input type="checkbox"/> |
| Flat in a house <input type="checkbox"/> | Flat in a block <input type="checkbox"/> | Flat over a shop or office <input type="checkbox"/> | Maisonette <input type="checkbox"/> |
| Hostel <input type="checkbox"/> | Guest house <input type="checkbox"/> | Mobile home or caravan <input type="checkbox"/> | Other <input type="checkbox"/> |
- Do you own it? Yes No

If 'Other', please say what sort of home you have.

How many floors are there in the building?

What is your flat or room number?

Which floor do you live on?
 For example, all floors, ground floor, first floor.

If you live in a room, where is it in the building? Front Middle Back

Do you share your room with anyone else? Yes No

If 'Yes', how many people do you share with?

Part 9

About your rent continued

How many rooms do you have in your home? (Please tell us how many rooms there are of each type).

	Single bedsit	Double bedsit	Bedrooms	Living room	Dining room	Kitchen	Bathroom	Toilet	Other
Total number of rooms in the property									
Rooms that only you and your family use									
Rooms that you share with other people									

Does your home have central heating? Yes No

Does your rent include use of a garage? Yes No

What is the property let as? Fully furnished Partly furnished Unfurnished

Does your rent include any of the following services?

Description	Yes	No	If 'Yes', how much?	Description	Yes	No	If 'Yes', how much?
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Washing machine and drier for you to use	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water rates	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Lift	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Garden maintenance	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating for your room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Warden, caretaker or porter	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting for your room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	General counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Gas or electricity for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Cleaning your room, flat or property	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting or cleaning shared areas	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Cleaning your windows	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Laundry done for you	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

Does your rent include any other services? Yes No

If 'Yes', please say what and how much is included.

Does your rent include meals? Yes No

If 'Yes', which meals do you get? Breakfast Lunch Evening meal

Have you or your partner received Housing Benefit in the last 52 weeks? Yes No

Could you afford to pay all the rent yourself when you first moved into this property? (If 'Yes', we may be able to pay your rent in full for the first 13 weeks of your claim). Yes No

During the last 12 months, has anyone who lived with you died? Yes No

If 'Yes', please say how you were related to that person.

Are you behind with your rent payments? Yes No

If 'Yes', tell us how many weeks you owe and how much. weeks £

We cannot deal with your claim until you give us the following proof.

We need to see proof that you rent your home and proof of the amount of rent you pay. Please send us your Tenancy Agreement or Licence Agreement to occupy your home. If you do not have a Tenancy Agreement or Licence Agreement, you should ask your landlord to fill in our form RD1. Your landlord can get this form off our website www.doncaster.gov.uk/housingbenefit. Please contact us though if you want us to send you one of these forms. The proof you send us must include the name and business address of your landlord (and the managing agent if there is one), the date the agreement started, the amount of your rent and how often this amount is due, what is included in the rent, for example, fuel, water, or meals, and how long the tenancy is for.

Council Tenants

If you are a council tenant, we will pay your Housing Benefit into your rent account and your Council Tax Benefit into your Council Tax account.

Owners

If you own your home and are just claiming Council Tax Benefit, we will pay your benefit into your Council Tax account.

Tenants affected by Local Housing Allowance

If you rent your home from a private landlord and are making a new claim or you move home after 7 April 2008, we will normally pay your benefit to you under Local Housing Allowance rules. If you think you are likely to have difficulty managing your benefit payments, please tell us why in Part 13 of this form and send us any evidence, for example, a letter from your support worker.

We will send the first payment by cheque to you, but the cheque will be made payable to your landlord. If this will cause you problems, please tell us why in Part 13 of this form. If you have paid your rent up to date, please tell us this in Part 13 and send us proof with this form, for example, your rent book showing the payments, or a letter from your landlord.

After the first payment, we will pay your benefit to you directly, ideally into your bank account. **Please give us your bank details in the space below.** We recommend that you set up a standing order with your bank to pay your rent to your landlord automatically.

Tenants not affected by Local Housing Allowance

Some tenants are not affected by Local Housing Allowance, for example, if your landlord is a Housing Association or you live in specialist supported accommodation or your rent includes board and attendance. If you are not affected by Local Housing Allowance, you can choose whether you want your Housing Benefit paid to you or your landlord.

Who do you want us to pay your benefit to?

You

Your landlord

If you want your benefit paid to you, please give us your bank details below.

All tenants of private landlords

If we are paying your benefit to you, the safest and easiest way to receive your benefit is directly into your bank account. This avoids the risk of cheques being stolen or delayed in the post. We cannot pay Housing Benefit into a Post Office Account. Please give us your bank details in the space below. If you do not provide your bank details we will pay your Housing Benefit by cheque and you will need a bank account in your name so you can cash the cheque. If you need help to open a bank account please contact us or download our leaflet 'Basic Bank accounts' from the council's website www.doncaster.gov.uk/lha

About the account you want your benefit paid into

Name of bank or building society:

Address of bank or building society:

Name(s) that the account is in:

Account number:

Sort code:

Roll number

or Account / Member Reference number:

(Some accounts have an extra number to the Account number. If you have one of these accounts, you must give us this extra number to make sure the benefit gets to your account).

Part 11

Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission. Under the Data Protection Act 1998 we need your permission to discuss anything else.

If you give us permission, we would be able to tell your landlord whether:

- you have claimed Housing Benefit;
- we have made a decision on your claim;
- we have made a payment to you; or
- we need more information to make a decision on your claim, and, in general terms, what that information may be.

We will not give your landlord any information about your personal or household circumstances, or your financial circumstances.

You can withdraw your permission at any time by writing to us.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. If you want to give us your permission to discuss your claim with your landlord, please sign below.

I give Doncaster Council permission to share information about the progress of my Housing Benefit claim with my landlord or their nominated representative.

Your signature:

Part 12

Sharing information with other people

If you have someone who helps you such as a support worker or relative, it may help us to deal with your claim more quickly if we are able to share information with them.

Under the Data Protection Act 1998, we need your permission. If you want to give us permission to share information with someone else, please give that person's details below and sign your name. You can withdraw your permission at any time by writing to us.

I give Doncaster Council permission to share information about my claim with the person named below.

Name of the person:

Address or organisation they work for OR relationship to you if they are a relative:

Daytime telephone number of the person:

Your signature:

Part 13

Anything else you need to tell us

Please use this space to tell us anything else you think we should know about that may affect your claim or the way we pay your benefit.

Part 14

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But, they do not have to sign. Please read this declaration carefully before you sign and date it.

- I declare that the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree that 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 as allowed by the law.
- I understand that 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 organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I know I must let you know about any changes in my circumstances which might affect my claim.

Warning

You are breaking the law if you give false information.

If you have any information on suspected Housing Benefit or Council Tax Benefit fraud, please ring the number below.



We will treat information in strict confidence.

Signature of person claiming

Date

/ /

Partner's signature

Date

/ /

If this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

I declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

/ /

Part 15

Checklist

Please use this checklist to make sure that we have all the information and evidence we need to deal with your claim quickly.

Please check you have written your name and address on the front page of this form.

Please check you have answered all the questions that apply to you.

Please check that you have signed this form in Part 14.

Please check you have provided proof of the following items if they apply to you.

The notes at the end of each part of this form tell you what documents to provide.

National Insurance number (see notes at the end of Part 2 of this form)

Identity (see notes at the end of Part 2 of this form)

Income of other people who live with you (see notes at the end of Part 4 of this form)

Earnings (see notes at the end of Part 5 of this form)

Income other than earnings (see notes at the end of Part 6 of this form)

Capital, savings and investments (see notes at the end of Part 7 of this form)

Money you pay out (see notes at the end of Part 8 of this form)

Rent and Tenancy details (see notes at the end of Part 9 of this form)

If you cannot send all the proof we need at the moment, **send the form back to us now and send the proof as soon as you can.**

Part 16

Important information

What happens next?

You should send or bring this form with all the proof we need to our office. Our address is shown on the front page of this form. Our enquiry counter is open Monday to Friday from 8.30am to 5.00pm. If you prefer, you can take this form with all the proof to any of the local neighbourhood offices or Customer Service Centres on the back page.

If you are entitled to benefit, it usually starts from the Monday after we receive the form in the office. If you think your benefit should start before this date, please say why in Part 13.

We will work out your benefit and write and tell you how much you will get, when it will start and how long it will last for. You will normally get our letter within 14 days of the date we get all the proof and information we need to deal with your claim. When you get the letter, you must check the details we have used to work out your benefit. Our letter will tell you what to do if you do not agree with our decision.

Changes you must tell us about

If you receive Housing Benefit and Council Tax Benefit, it is a criminal offence to deliberately not report changes in your circumstances.

You must tell us straight away about any changes in your life that may affect your Housing Benefit and Council Tax Benefit. This includes starting a job, earning extra money or moving in with your partner. Other changes could include:

- Changes in your pay or working hours (or your partner's pay or working hours)
- A child leaves school, education or training
- The number of people living with you changes
- A non dependant's circumstances change
- Your savings go up or down (if they are more than £6,000)
- You start to receive child maintenance, or the maintenance paid changes
- You start or stop claiming another benefit or the amount you get changes
- You move home, even for a short time

This list is not meant to include all the changes you should tell us about. If you are not sure whether you need to report a change, please phone our helpline 01302 735336.

You can report changes in your circumstances by phoning us, writing to us or using the form on the council's website www.doncaster.gov.uk/housingbenefit. You can also report a change in person at our main office in Colonnades House or at any of the council's local neighbourhood housing offices or Customer Service Centres. Details of the local offices are on the back page of this form.

Do not rely on anyone else to tell us about changes in your circumstances.

This includes the Department for Work and Pensions and Revenues and Customs.

Local Neighbourhood Offices

You can hand this form in at any of the following Customer Service Centres or local neighbourhood housing offices as well as our main office at Colonnades House. If you are posting this form, please send it to our main office at Colonnades House. The full address is on the front page.

Adwick Town Hall

Windmill Balk Lane

Adwick-le-Street

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Bentley Area Office

Cooke Street

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Conisbrough Area Office

62 Church Street

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Council House

College Road, Doncaster

Opening Times:

Monday to Friday

8.30am to 5pm

Mexborough

Library and Customer Service Centre

John Street

Opening Times:

Monday, Tuesday, Thursday,

9am to 6pm

Wednesday 9am to 1pm

Friday 10am to 6pm

Saturday 9am to 1pm

Mexborough Area Office

1 Main Street

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Rossington Area Office

McConnell Crescent

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

St.Leger Court

White Rose Way

Doncaster

Opening Times:

Monday to Friday

8.30am to 5pm

Sandbeck House

St James Street

Doncaster

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Stainforth Area Office

Emmerson Avenue

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

Thorne

Library and Customer Service Centre

The Vermuyden Centre

Fieldside

Opening Times:

Monday to Thursday 9am to 6pm

Friday 10am to 6pm

Saturday 9am to 1pm

Thorne Area Office

The Bridge Centre

Bridge Street

Opening Times:

Monday, Tuesday, Thursday, Friday

8.30am to 5pm

Wednesday 8.30am to 4pm

For office use