

CHB1

THE MORAY COUNCIL

COUNCIL TAX REDUCTION & HOUSING BENEFIT CLAIM FORM

Name:
Current address:
Post code:
Home telephone number:
Mobile number:
Email address:

For Official Use Only	
1st contact	
Issued	
Received	
Ben ref	
Enq ID	
Claim type	

IMPORTANT INFORMATION

Use this form to claim Housing Benefit and Council Tax Reduction if you do not already have a claim for benefit with The Moray Council. Please read all the information notes throughout the form and on page 19 carefully. It would help us to deal with your claim more quickly if you use **black ink** and write in **block capitals** when completing this form. Do not use pencil. **YOU MUST ANSWER ALL THE QUESTIONS ON THIS FORM.** Answer all YES or NO questions, and if you have none, write 'none' in the box. It is important that you do not delay sending us your claim as you could lose benefit. Normally you can only get benefit from the week following your claim.

If you would like us to give you a receipt for this claim please complete the form on page 25.

Evidence

In order to process your benefit claim we need to see evidence of the income and savings of all the members of your household. All evidence provided must be the original documents. We cannot accept photocopies. The checklist on page 19 gives details of the types of evidence you can provide. If you do not have all the documents to hand, give us what you have now and send the rest within one month. Please do not delay in sending your form to us.

Identification and National Insurance Numbers

If you have never claimed Housing Benefit or Council Tax Reduction before we cannot process your claim unless you provide evidence that confirms your, and your partner's, identity and national insurance numbers. If you have not claimed benefit for a while or have had a change in your circumstances, we may ask you to provide this information again. The checklist on page 19 gives details of the types of evidence you can provide. Please note, you do not have to provide this evidence if you or your partner are in receipt of Pension Credit, Income Support, Jobseekers Allowance (income based) or Employment and Support Allowance (income related).

Section 1. WHICH BENEFITS DO YOU WISH TO APPLY FOR

Please tick the following benefits you want to apply for:

COUNCIL TAX REDUCTION or SECOND ADULT REBATE
You or your partner are/will be liable for Council Tax at this property.

HOUSING BENEFIT – RENT REBATE
You or your partner rent your accommodation from The Moray Council.

HOUSING BENEFIT – RENT ALLOWANCE
You or your partner rent your accommodation from a Housing Association or Private Landlord.

If you receive UNIVERSAL CREDIT you cannot receive HOUSING BENEFIT as well

Section 2. PERSONAL DETAILS

YOU MUST COMPLETE THIS SECTION IN FULL.

Do you have a partner who normally lives with you? YES NO

This means either:-

- 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 a civil partner.

	YOU	YOUR PARTNER
Title Mr / Mrs / Miss / Ms	<input type="text"/>	<input type="text"/>
Other Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Any other names you are known by	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Current Address

	YOU	YOUR PARTNER
When did you and your partner move to this address?	<input type="text"/>	<input type="text"/>
Do you own this property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever owned this property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you living at this address at the moment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked NO , provide details in section 13		
Have you come to live in the UK in the last 2 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , what is your nationality?	<input type="text"/>	<input type="text"/>

Previous Address

	YOU	YOUR PARTNER
What was your previous address and post code?	<input type="text"/>	<input type="text"/>
What was your status at this address?	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with friends or relatives <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with friends or relatives <input type="checkbox"/>
If rented accommodation, when did your tenancy end?	<input type="text"/>	<input type="text"/>
Have you or your partner previously received Housing Benefit from Moray Council?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , for what address?	<input type="text"/>	<input type="text"/>

If you or your partner fall into the following categories, please state which category below:

- Full-time Student
- Student Nurse
- Apprentice
- Person in detention
- Youth Training Trainee
- Patient in a Home
- Severely Mentally Impaired

Your category:

Your partners category:

	YOU	YOUR PARTNER
Are you registered blind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you unable to work due to illness or disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you in hospital at the moment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you ticked YES , give the date you were admitted.	<input type="text"/>	<input type="text"/>

Section 2. PERSONAL DETAILS continued

	YOU	YOUR PARTNER
What date do you expect to be discharged?	<input type="text"/>	<input type="text"/>
Does anyone receive Carers Allowance to look after you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , please give their name.	<input type="text"/>	<input type="text"/>
Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 3. INCOME SUPPORT, JOB SEEKERS ALLOWANCE, EMPLOYMENT AND SUPPORT ALLOWANCE, PENSION CREDIT AND UNIVERSAL CREDIT

Do you or your partner receive Income Support, Jobseekers Allowance (income based), Employment and Support Allowance (income related), Pension Credit (guarantee credit) or Universal Credit? YES NO

Are you or your partner waiting to hear about a claim for Income Support, Jobseekers Allowance (income based), Employment and Support Allowance (income related), Pension Credit (guarantee credit) or Universal Credit? YES NO

Are you or your partner getting Pension Credit (savings credit) only, without guarantee credit? YES NO

If you do not know what type of Pension Credit you receive, your pension notice from The Pension Service will tell you.

If you have ticked **YES** to any of the last 3 questions, complete the next 4 questions and go to Section 9. If you have ticked **NO**, or if you are not sure what type of benefit you receive, go to Section 4.

Which benefit do you receive?

	YOU	YOUR PARTNER
Are you or your partner in paid employment or self employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you or your partner receive a war disablement pension?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you or your partner receive a war widows pension?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 4. BENEFITS, PENSIONS, TAX CREDITS AND ALLOWANCES

	YOU	YOUR PARTNER
Do you or your partner receive any benefits, pensions, tax credits, or allowances?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE COMPLETE THIS SECTION IN FULL.

Evidence: Please show us award letters or bank statements (if income is paid directly into an account) for **all** income entered in this section, which you or your partner receive. We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you are having difficulty with giving us confirmation, please contact us.

If you or your partner are currently receiving any of the benefits listed on the next page, please tick the **YES** box next to each benefit. If you are waiting to hear about a claim you have made for any of them, tick **APPLIED FOR**.

Tick the **NO** box for each benefit that you or your partner do not get, and have not applied for.

Section 4. BENEFITS, PENSIONS, TAX CREDITS AND ALLOWANCES continued

	YOU			YOUR PARTNER		
	YES	NO	APPLIED FOR	YES	NO	APPLIED FOR
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance Contributions Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseekers Allowance Contributions Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tell us if you or your partner been told that you are entitled to carer's allowance, even if you do not receive it because you are getting another benefit instead.						
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fostering Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed Parent/Mothers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Earnings Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardians Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How are you paid your benefits or allowances? For example, giro, bank transfer. Please state:	<input type="text"/>			<input type="text"/>		

Pensions

	YOU			YOUR PARTNER	
	Date started	Amount	How often	Amount	How often
State Retirement Pension (see note below)	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Private Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Superannuation/Works Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Widows Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Widows Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
War Disablement Pension	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
How are you paid your pensions or other income? For example, cheque, bank transfer. Please state:	<input type="text"/>			<input type="text"/>	
	Type of income			Date of increase	
If any of the above income is increased regularly, please state which type of income and give the date the next increase is due.	<input type="text"/>			<input type="text"/>	

EXTRA INFORMATION ABOUT STATE RETIREMENT PENSION

Have you deferred payment of your State Retirement pension? YES NO

If you ticked **YES**, How long do you plan to defer it for?

If you have deferred payment of your State Retirement pension, have you received a lump sum payment? YES NO

Section 5. OTHER INCOME (not earnings or savings)

	YOU			YOUR PARTNER	
	Date started	Amount	How often	Amount	How often
Maintenance payments for you	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Maintenance payments for your children	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments from charities	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Rent received from tenants	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

	YOU	YOUR PARTNER
How are you paid your pensions or other income? For example, cheque, bank transfer. Please state:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Type of income	Date of increase
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If any of the above income is increased regularly, please state which type of income and give the date the next increase is due.

Is money paid directly to someone else on your behalf, for example someone pays your rent or mortgage for you? **YES** **NO** **YES** **NO**

If you have ticked **YES**, provide details in section 13.

Evidence: please provide proof of any other income received, e.g. a court order for maintenance payments. **Original documents must be produced, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Students

	YOU	YOUR PARTNER
A student is someone who is in higher or further education (beyond school level).		
Are you or your partner a student?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 6.

Evidence: Please provide proof of any grant, covenant or student loan you receive. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Name of College/University	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Course Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Course Length (in years, months or weeks)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What year are you currently in?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date academic year starts	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date academic year ends	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the course full-time or part-time?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Income	Amount	How often	Amount	How often
Student Grant	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Student Loan	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Parental Contribution or Deed of Covenant	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Other student income you or your partner have, not listed in this section. We need to know about any bursary or allowance you receive.

Give details:	Date started	Amount	How often	Amount	How often
<input style="width: 100%;" type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
<input style="width: 100%;" type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Section 6. EARNINGS

YOU		YOUR PARTNER	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you or your partner in paid employment or self employed?

Tick **YES** if you are currently absent from work and getting sick pay, maternity pay, adoption pay or paternity pay. Then complete this section in full. If you have ticked **NO**, go to section 7.

Do you work for an employer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Self - Employed

YOU		YOUR PARTNER	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you self employed?

If you have ticked **YES**, can you provide certified accounts?

Evidence: Please show us your last five payslips if paid weekly, your last three payslips if paid fortnightly, or your last two payslips if you are paid monthly. If you do not have payslips or your payslips do not show everything asked for below, the **Employers Confirmation of Wages form E1 on page 23** should be completed by your employer. If you have only recently started work, please provide your first 2 payslips if paid weekly, or first monthly one. If you have anything that states how much you will earn, for example a contract of employment, please provide that. If self employed, please provide your certified accounts for your latest business year. If you are unable to provide accounts please indicate above and we will issue you with a self employed earnings form. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Employed

	YOU	YOUR PARTNER
How many jobs do you have?	<input type="text"/>	<input type="text"/>
Name and address of your main employer.	<input type="text"/>	<input type="text"/>
Place of work (if different from main employer)	<input type="text"/>	<input type="text"/>
Date you started work.	<input type="text"/>	<input type="text"/>
Your job title.	<input type="text"/>	<input type="text"/>
Type of work.	<input type="text"/>	<input type="text"/>
Employee or Payroll number.	<input type="text"/>	<input type="text"/>
Number of hours you work each week.	<input type="text"/>	<input type="text"/>
Is your employment on a casual or fixed term basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , what date will it end?	<input type="text"/>	<input type="text"/>
How often are you paid? (e.g. monthly, weekly)	<input type="text"/>	<input type="text"/>
Method of payment? (e.g. cash, cheque, bank transfer)	<input type="text"/>	<input type="text"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
Amount of bonus, commission or tips not included in pay.	£ <input type="text"/>	£ <input type="text"/>
What date do you expect your next pay increase?	<input type="text"/>	<input type="text"/>
Do you contribute to a private pension plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , please state amount and provide evidence.	£ <input type="text"/>	£ <input type="text"/>
If you receive Statutory Maternity Pay, when did it start?	<input type="text"/>	<input type="text"/>
If you receive Statutory Sick Pay, when did it start?	<input type="text"/>	<input type="text"/>

Section 6. EARNINGS continued

Employed - Second Job

	YOU	YOUR PARTNER
Name and address of your other employer.	<input type="text"/>	<input type="text"/>
Place of work if different from above.	<input type="text"/>	<input type="text"/>
Date you started work.	<input type="text"/>	<input type="text"/>
Your job title.	<input type="text"/>	<input type="text"/>
Type of work.	<input type="text"/>	<input type="text"/>
Employee or Payroll number.	<input type="text"/>	<input type="text"/>
Number of hours you work each week.	<input type="text"/>	<input type="text"/>
Is your employment on a casual or fixed term basis?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , what date will it end?	<input type="text"/>	<input type="text"/>
How often are you paid? (e.g. monthly, weekly)	<input type="text"/>	<input type="text"/>
Method of payment? (e.g. cash, cheque, bank transfer)	<input type="text"/>	<input type="text"/>
How much are you paid?	£ <input type="text"/>	£ <input type="text"/>
Amount of bonus, commission or tips not included in pay.	£ <input type="text"/>	£ <input type="text"/>
What date do you expect your next pay increase?	<input type="text"/>	<input type="text"/>

Section 7. ACCOUNTS, SAVINGS AND INVESTMENTS

Please read this section before you answer the questions below.

	YOU	YOUR PARTNER
Do you or your partner have any bank accounts, building society accounts, savings or investments?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

We need to know about accounts even if empty or overdrawn. We also need to know about property in the UK or abroad, or any debts owed to you.

PLEASE COMPLETE THIS SECTION IN FULL.

Evidence: Please provide proof of all accounts, savings, bonds and investments that you or your partner have. Please provide details of all accounts held, even if they have no money in them, or are overdrawn. We need to see your bank/building society statements or payment books showing the last 2 complete months transactions. We also need to see certificates of investments, shares and bonds. Please avoid sending bank/building society books through the post. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you or your partner have more than one account, use section 13 to provide details of all we ask for in this section for the other accounts.

Bank Accounts	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many accounts?	<input type="text"/>	<input type="text"/>
Name of Bank:	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
Name of Bank:	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>

Section 7. ACCOUNTS, SAVINGS AND INVESTMENTS continued

	YOU	YOUR PARTNER
Building Society Accounts	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many accounts?	<input type="text"/>	<input type="text"/>
Name of Building Society:	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
Post Office Accounts	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many accounts?	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
Premium Bonds	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many?	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
National Savings Bonds, Income Bonds or Capital Bonds	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many bonds?	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
NS & I Savings Certificates (previously national savings certificates)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Issue Number	<input type="text"/>	<input type="text"/>
Units Held	<input type="text"/>	<input type="text"/>
Stocks and shares	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of company	<input type="text"/>	<input type="text"/>
Number of shares held	<input type="text"/>	<input type="text"/>
Unit trusts, ISAs, PEPs, TOISAs or other investments	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How many?	<input type="text"/>	<input type="text"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
Cash Savings	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner have any other savings or investments.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , please provide details:	<input type="text"/>	<input type="text"/>

Property or Land

	YOU	YOUR PARTNER
Apart from your home, do you or your partner own any other property or land in the UK or abroad?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have ticked YES , please give details below, including the address and value.		
<input type="text"/>		
Have you or your partner sold property or land in the last 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you have ticked YES to either of these questions we may contact you for more information.

IMPORTANT

If you or your partner have no bank/building society accounts or savings, please sign in the box below.

Your signature: **Your partner's signature:**

Section 8. MONEY YOU PAY OUT

We may be able to ignore some of your income when we work out your benefit.

Do you or your partner pay for childcare or financially support a student? YES NO

If you have ticked YES, complete this section in full. If you have ticked NO, go to section 9.

Childcare

Evidence: Please provide proof of the amount you pay for each child under the age of 15 (age 16 if child is disabled). The proof should be a receipt or letter from your child's carer. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Name of Child	Amount	How often	Name of Carer	Registration Number
	£			
	£			
	£			
	£			

Student

Evidence: Please provide proof of the amount you pay, for example, court order or student grant assessment. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Name of Student	Amount	How often	Relationship to you
	£		
	£		

Section 9. RENT YOU PAY

Evidence: We need to see your tenancy agreement or lease. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you can not supply a tenancy agreement or lease, your landlord must complete the **Confirmation of Rent/Board and Lodgings form (L1)** on page 24.

Tenancy Details

How many bedrooms do you have?

Do you pay rent for this address? YES NO

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 10.

From what date have you been charged rent?

Why did you move from your last address?

Has your rent changed in the last 12 months? YES NO

When is the next rent increase due?

When did your tenancy start?

What kind of tenancy agreement do you/your partner have? E.g. short assured tenancy:

Are you behind with your rent? YES NO

If you have ticked **YES**, how much do you owe?

Enter the number of months in your tenancy

Does your landlord stay in the property? YES NO

Section 9. RENT YOU PAY continued

Do you share your accommodation with anyone? (include other tenants) **YES** **NO**

If you have ticked **YES**, give details below:

Name	Date of Birth	Relationship to you	Do they pay rent to your landlord?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Has your rent been registered as a fair rent by the rent officer? **DON'T KNOW** **YES** **NO**

If you have ticked **YES**, you should have been given an 'RO5' form. Please let us see it.

Do you or your partner rent your home from a Housing Association or a Private Landlord? **YES** **NO**

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 10.

Rent Details

How much is the full rent for your accommodation? If you have any joint tenants, include their share. £

How much is your (and your partners) share of the rent? If you have any joint tenants, do not include their share. £

Tick how often you pay this: **Weekly** **Fortnightly** **4 Weekly** **Monthly** **Other**

Does your rent include any of the following?

Heating	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Gardening	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Water charges	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hot water	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Council Tax	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cooking	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cleaning (rooms or windows)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Laundry	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Anything else	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Please give details

Does your landlord provide you with personal care or support? **YES** **NO**

Does your rent include meals? **YES** **NO**

If you have ticked **YES**, which: **Breakfast only** **Half board (2 meals)** **Full board (3 meals)**

Do you receive gas or electricity bills? **YES** **NO**

If you have ticked **NO**, how do you pay for heating, hot water, lighting and cooking?

Landlord Details

What is your landlord's name and address?

Who do you pay your rent to, if not your landlord, e.g. leasing agent? (name and address)

Is your landlord registered with the Landlord Registration Scheme? **YES** **NO**

Section 9. RENT YOU PAY continued

YOU

YOUR PARTNER

Is your landlord/agent, or partner of your landlord/agent, either:

your former partner?

YES **NO** **YES** **NO**

your partners former partner?

YES **NO**

related to you or your partner?

YES **NO** **YES** **NO**

related to your children?

YES **NO**

related to your partner's children?

YES **NO**

If **YES**, what is the relationship?

Related includes related through marriage or civil partnership even if it has ended. For example ex wife, ex husband, ex civil partner, aunt, brother, daughter, father, grandson, grandmother, son in law, stepdaughter.

Payment of benefit

We will pay your Housing Benefit by BACS (see page 22 for more details). Please tell us where you would like your benefit paid:

What name or names is the account in?

Name of Bank or Building Society?

Address of Bank or Building Society?

Sort code of the Bank or Building Society?

 - -

Account number?

this is 7 to 10 numbers long

Building Society roll or reference number?

this can contain letters and numbers and can be up to 18 characters long

Please pay my Housing Benefit to my landlord because:

I am/my partner is a Housing Association tenant and I prefer you to pay my benefit to my landlord

my partner and I are not Housing Association tenants, but I would prefer you to pay my benefit to my landlord because:

With local housing allowance, benefit is usually paid to the tenant. Tenants **CANNOT** choose to have their benefit paid to their landlord. In some circumstances we can decide to pay benefit directly, for example if you are in arrears with your rent. Please ask us for form **LHAV1** for more information, and if you would like us to consider paying your landlord directly.

Are you a Housing Association tenant? **YES** **NO**

If you have ticked **YES** go to section 10, if you have ticked **NO** complete this section in full

Section 9. RENT YOU PAY continued

Accommodation Details

Tick your accommodation type:

Detached House	<input type="checkbox"/>	Terraced House	<input type="checkbox"/>	Tenement Flat	<input type="checkbox"/>
Detached Bungalow	<input type="checkbox"/>	Terraced Bungalow	<input type="checkbox"/>	Flat over commercial premises	<input type="checkbox"/>
Detached Cottage	<input type="checkbox"/>	Terraced Cottage	<input type="checkbox"/>	Self contained Flat	<input type="checkbox"/>
Semi-Detached House	<input type="checkbox"/>	Static Caravan	<input type="checkbox"/>	In part of a house	<input type="checkbox"/>
Semi-Detached Bungalow	<input type="checkbox"/>	Touring Caravan	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Semi-Detached Cottage	<input type="checkbox"/>	Chalet	<input type="checkbox"/>	Other, please state:	<input type="text"/>

What is your room number?

Tick the location of your bedroom:

Front Centre Rear

Tick the floors your accommodation is on: **Basement** **Ground** **First floor** **Second floor**

If other than above, please state

Tick if your accommodation is:

Fully furnished (furniture, electrical goods, carpets, curtains)	<input type="checkbox"/>	Minimally furnished (carpets only)	<input type="checkbox"/>
Partly furnished (electrical goods, carpets, curtains)	<input type="checkbox"/>	Unfurnished (bare floorboards)	<input type="checkbox"/>

Tick who is responsible for internal decorating: **Landlord** **Tenant** **Not known**

Do you have central heating in your accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a garden at your accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a car parking area at your accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have use of a garage at your accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have double glazing in your accommodation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please give details of the number of rooms:	Living rooms	Bedrooms	Bedsitting rooms	Kitchens	Bathrooms	Toilet (separate)	Other
- in the property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- you & your family occupy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- you share with other people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Give details of any 'other' rooms as stated above:

Give details if any rooms are combined:

Section 10. CHILDREN LIVING WITH YOU

Do you or your partner have any children living with you? **YES** **NO**

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 11.

We need to know about any children who live with you and are aged under 16 or aged 16 or over and you or someone else living with you receives child benefit for them. Anyone else is included in section 11 or 12. Use this form to provide details of up to 4 children. If you have more than 4 children, use section 13 to provide details of all we ask for in this section for the other children.

Evidence: We need to see your child benefit letter or child's birth certificate.

	1st CHILD	2nd CHILD	3rd CHILD	4th CHILD
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"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 10. CHILDREN LIVING WITH YOU continued

	1st CHILD		2nd CHILD		3rd CHILD		4th CHILD	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive child benefit for them?	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 receive Disability Living Allowance for them?	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"/>
If they are over 15, when will they leave school, if known?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 11. BOARDERS, LODGERS AND SUB-TENANTS

These are people who live with you (or live in part of your accommodation) and are liable to pay you rent.

Do you or your partner have any boarders, lodgers or sub-tenants? YES NO

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 12.

Use this form to provide details of up to 3 people. If there is more than 3, use section 13 to provide details of all we ask for in this section for the other people.

Evidence: We need to see proof of how much rent you receive. Original documents must be provided, not photocopies. We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

	1st PERSON	2nd PERSON	3rd PERSON
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date they moved in?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much rent do they pay you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the rent include a charge for meals?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 12. OTHER PEOPLE WHO LIVE WITH YOU

Does anyone else live in your home? (not in sections 10 or 11) YES NO

If you have ticked **YES**, complete this section in full. If you have ticked **NO**, go to section 13. **Use this form to provide details of up to 3 people. If there is more than 3, use section 13 to provide details of all we ask for in this section for the other people.**

Evidence: For each person entered below, we need to see proof of all their income. We may ask you for further evidence, for example, interest on savings. We will write to you if further evidence is required. **Original documents must be provided, not photocopies.** We will photocopy these documents and return them to you immediately. If you do not have all the documents to hand, give us what you have now and send the rest within one month.

Section 12. OTHER PEOPLE WHO LIVE WITH YOU continued

	1st PERSON	2nd PERSON	3rd PERSON
--	------------	------------	------------

Surname			
First names			
Relationship to you			
Date of birth			
Age			
National Insurance Number			
Date moved in?			

Do they work 16 hours a week or more? YES NO YES NO YES NO

What is their gross income (before deductions) per week? £ £ £

What interest from savings/investments do they receive per year? £ £ £

Do they receive Income Support Jobseekers Allowance (Income Based?), Employment and Support Allowance (income related) or Pension Credit YES NO YES NO YES NO

If any of the above people live together as a couple, please give their names:

If any of the above people fall into the following categories, please state who and which category below:

- **Receive Disability living Allowance**
- **Receive Attendance Allowance**
- **Severely Mentally Impaired**
- **Registered blind**
- **Youth Training Trainee**
- **Apprentice**
- **Full-time Student**
- **Student Nurse**
- **Person in detention**
- **Patient in a Home**
- **Care Worker**

Name: Category:

Name: Category:

Section 13. OTHER INFORMATION

If there is anything else you want to tell us which may affect your claim or you need more space to give us information about extra jobs or savings, please give details below.

Section 16. DECLARATION

Do you or your partner have any other income and/or capital that you have not already mentioned on this form?

YES NO

If you have ticked **YES**, please tell us what you missed out

Go back and add in the income and/or capital to the appropriate part of the form.

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

Even if someone else has filled in this form for you, you must sign this declaration if you can.

- **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, action may be taken against me. This may include court action.
- **I agree** that you will use this information I have provided to process my claim for Housing Benefit or Council Tax Reduction, 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, credit reference agencies and organisations that may lend me money, if the law allows this.
- **I know** that I must let The Revenues Section know about any changes in my circumstances which might affect my claim using the contact details on page 22.

Signature of person claiming: Date:

Partner's signature: Date:

Form 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 who filled in the form:

Date:

Relationship to the person claiming:

Section 17. SHARING INFORMATION WITH YOUR LANDLORD

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. If your Housing Benefit is paid directly to the landlord, we will have to tell them some basic information such as the amount of benefit you are entitled to and when from. If there is an overpayment of benefit to your landlord, we have to tell them how it happened.

Other than that, we will not disclose any information to your landlord without your permission. If you have no objection to us sharing information with your landlord in order to help us deal with your claim more quickly, you can authorise us to do so in the space below.

Sharing Information with others

If there is someone else helping you with your claim (such as a friend, relative, support worker or social worker) and you are happy for them to deal with us on your behalf, please provide their name and contact details in the space below.

DECLARATION

I give The Moray Council permission to share information about my Housing Benefit and Council Tax Reduction claim with:

- | | | | | |
|------------------------------|------------|--------------------------|-----------|--------------------------|
| My landlord | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| My landlord's managing agent | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| The person named below | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Their name	<input type="text"/>
Their address	<input type="text"/>
Their telephone number	<input type="text"/>
Their e-mail address	<input type="text"/>
Their connection with you	<input type="text"/>

Signature: Date:

MONITORING OUR SERVICES

Under the Race Relations Act, we have a responsibility to collect details of our clients' backgrounds. We use this information to help us with our equal opportunities policies.

This information is confidential and will be used only to improve access to our services and help provide equal opportunities to everyone.

You do not have to fill in this part of the form.

A please indicate which background you feel you belong to:

Asian

- Bangladeshi
- Indian
- Pakistani
- Other Asian background - please specify

Mixed ethnic background

- Asian and White
- Black African and White
- Black Caribbean and White
- Other mixed ethnic background - please specify

Black

- African
- Caribbean
- Other Black background - please specify

Chinese

- Any Chinese background

White

- Any White background

Any other ethnic background

- Any other ethnic background – please specify

B please indicate your nationality

- British or mixed British
- Scottish
- English
- Welsh
- Irish

- Any other nationality – please specify

CLAIM CHECKLIST:

Is your claim complete? Have you answered every question? Have you enclosed the following evidence for you and your partner? Have you signed the declaration? Please complete the checklist by ticking the boxes below to tell us about the evidence you are sending with this form and what is to follow.

	Enclosed	To follow
Proof of identity - such as a birth certificate, marriage certificate, passport, National Insurance Card, driving licence, UK residence permit, recent gas or electricity bills. We need to see at least two documents for both you and your partner.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of national insurance numbers - a document that shows your national insurance number, such as a National Insurance Card, payslips or letters from social security or the tax office. We need to see one document each for both you and your partner.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of other householders - child benefit letter or children's birth certificates. Proof of non-dependants income (payslips or award letter).	<input type="checkbox"/>	<input type="checkbox"/>
Proof of private rent and tenancy - you can ask your landlord to complete the Confirmation of Rent/Board and Lodgings form on page 24. Alternatively, you can provide a tenancy agreement or rent book.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of state benefits, pensions, allowances and tax credits - such as current award notices or letters from social security. If you are having difficulty with giving us confirmation, please contact us.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of earnings - such as your last 5 payslips if paid weekly or last 2 pay-slips if paid monthly. Or get your employer to complete the Confirmation of Wages form on page 23. If you are self-employed and cannot provide your latest certified accounts, we will issue you with a form to complete but we will also need to see your trading records.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of capital, savings and investments - such as bank, building society, post office books or full statements which show the last 2 months transactions. National Savings Certificates. Certificates of shares, bonds, ISAs, unit trusts.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other income - bank statements, current pension slips, court letter to show maintenance payments. Evidence of any money you receive from boarder or sub-tenants.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of money you pay out for childcare and students - letter of agreement or receipts from registered child carers, letters about student contributions.	<input type="checkbox"/>	<input type="checkbox"/>

Remember that we must see original documents, not photocopies. If you do not have all the documents to hand, give us what you have now and send the rest within one month. If you cannot give us the evidence within one month, please let us know as soon as possible.

Please do not sent valuable items through the post (for example, bank/building society books). If you can, bring them into our reception. We will take the details we need and give you the documents back straightaway. If you cannot get into the office, phone us for advice. The local office addresses and contact centre telephone number are on page 22.

Some documents can be used as evidence in more than one category, for example, a bank statement might prove how much capital you have in the bank as well as the amount of pension paid into the bank.

If you do not provide all the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner, if you have one.

HOW WE COLLECT AND USE INFORMATION

The Moray Council will use the information we hold about you to process your claim for Housing Benefit and Council Tax Reduction.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions or HM Revenues and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us.

We may also get information about you from certain third parties, or give them information to:

- Prevent or detect crime
- Protect public funds
- Make sure the information is correct

These third parties include government departments, local authorities and private-sector companies such as banks, organisations that may lend you money and companies that assist us in fraud detection and prevention such as Credit Reference Agencies.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

The Moray Council is the Data Controller for the purposes of the Data Protection Act 1998.

If you want to know more about the information we have about you, or the way we use information please write to:

The Data Protection Officer,
The Moray Council,
Council Office,
High Street,
ELGIN.
IV30 1BX

For more information on Housing Benefit, Council Tax Reduction and Data Protection, visit our website: www.moray.gov.uk/benefits

DATA SHARING WITH CREDIT REFERENCE AGENCIES

Housing Benefit and Council Tax Reduction are benefits that are administered by Local Authorities. The law allows DWP to share information about its customers with Local Authorities for Housing Benefit or Council Tax Reduction purposes so that they can calculate the correct amount of benefit to pay.

Local Authority staff with responsibility for administering Housing Benefit and Council Tax Reduction has electronic access to the DWP information they need for this purpose.

The law also allows DWP to data match Housing Benefit and Council Tax Reduction with information held by Credit Reference Agencies.

Data matching is where information held on one computer system is compared electronically with information from one or more other computer systems. DWP may compare the information from the Housing Benefit/Council Tax Reduction system with that on systems used by the Credit Reference Agencies to identify possible fraud or error.

DWP currently has a contract with the Credit Reference Agency Experian to carry out data matching for each Local Authority to identify undeclared Living Together benefit fraud.

The contract stipulates that no electronic 'footprint' will be left on individual customer's credit accounts. This means that the data matching will not affect people's credit ratings. The contract also specifies that Experian must not use the DWP data for any other purposes.

Welfare Reform will affect many people in Moray. Visit welfaremap.moray.gov.uk for advice and assistance.

What are Housing Benefit and Council Tax Reduction?

These are means-tested benefits which help people on low incomes pay their rent and Council Tax. Housing benefit is administered on behalf of the Department for Work and Pensions. Council Tax Reduction is a new scheme from the Scottish Government which replaced Council Tax Benefit from 1 April 2013.

Who can claim?

Anyone who rents their home can apply for Housing Benefit. This includes council tenants, private tenants, boarders and people living in hostels or in bed and breakfast accommodation.

To claim Council Tax Reduction you (or your partner) must be liable to pay the Council Tax charge for the property you live in, whether you own or rent it. If you live with someone who is on a low income, SECOND ADULT REBATE may be able to help you with your Council Tax payments. Second Adult Rebate is for people who may not qualify for Council Tax Reduction based on their own income or capital, but who share their home with someone who:

- Is 18 or over
- Is on a low income
- Does not pay them rent

And as a result of that person living with them, the Council Tax payer is prevented from getting a Council Tax discount.

Filling in the claim form

The Moray Council has a combined Housing Benefit and Council Tax Reduction form. You must tick in section 1 of the form to state which benefits you wish to claim. The form may look long, but we need to ask enough questions to make sure we give the right amount of benefit. You may not have to fill out all parts of the form. Most sections start with a question to help you decide whether you need to fill it in, or go to the next section.

Answer yes or no questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, tick the box that applies to you. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Evidence

In order to process your benefit claim we need to see evidence of the income and savings of all the members of your household. All evidence provided must be the original documents. We cannot accept photocopies. The checklist on page 19 gives details of the types of evidence you can provide. If you do not have all the documents to hand, give us what you have now and send the rest within a month. Please do not delay in sending your form to us. If you are not sure whether to send proof of something, get in touch with us. Contact details are on page 22 of this form.

When will benefit start?

It is important that you do not delay sending us your claim as you could lose benefit. Normally your claim can only be considered from the Monday after we receive it.

We can backdate your claim but only when you can show that there was a good reason why you did not claim earlier. If you wish to be considered for backdating you must request this in section 15 of the claim form. We will deal with each request individually. The following examples are not good reasons for backdating.

- You forgot or did not bother to claim
- You did not claim because you thought you would not qualify.

Benefit is normally only paid for the period the claimant actually lives in the property. It is not always possible to cover periods when the claimant is not living in the property, for example, at the start or end of a tenancy. This depends on the circumstances and what the Regulations allow.

What to do next

When you have filled in the form and signed it, take it with the proof we need to any of the Revenues offices listed on the page 22. Do not send valuable items, such as passports or bank books, through the post. We will write to you if we need to ask you for more evidence.

What happens to your claim

Once you have filled out your form and given us all the evidence we have asked for, we will work out if you qualify for benefit. We will then write to let you know how much you will get and, if you qualify, when your benefit will start.

How is the benefit worked out?

It is calculated by comparing the income and savings of the people in the household with the amount the government says they need to live on. It is then compared to the amount of:

- rent we are allowed to take into account; or
- council tax charged for the property (it does not cover water or sewerage charges).

BENEFIT INFORMATION SHEET continued

BACS (Bankers Automated Clearing Services)

BACS is a UK scheme for the electronic transfer of funds between banks and avoids the need for paper documents. This means that we can pay Housing Benefit directly into your bank or building society account. Details of your bank or building society account are needed now so we can do this.

Benefit Fraud

Benefit fraud is a criminal offence and happens when a person knowingly makes a false statement, or doesn't report a change in their circumstances. This means they get benefit when they know they are not entitled to it. The Department for Work and Pensions (DWP) can investigate, which may lead to a prosecution in the Sheriff Court as well as having to pay back the overpayment. If you know that someone is behaving dishonestly and receiving benefit they may not be entitled to, phone the DWP National Benefit Fraud helpline on **0800 854 440** (textphone 0800 320 0512), online to the DWP Benefit Theft website at **www.gov.uk/report-benefit-fraud**, or write to **NBFH, PO Box 224, Preston, PR1 1GP**.

Rent levels

The amount of rent the tenant has to pay is not necessarily the rent level that we will use to work out their housing benefit. Some people may have charges included in their rent which cannot be covered by housing benefit. For example, water charges, fuel charges and meals.

Local Housing Allowance

Tenants making a new claim, or who change address, will have their benefit calculated using LOCAL HOUSING ALLOWANCE rates. The rates are set for different size properties by the Rent Registration Service. The rate of Local Housing Allowance used to work out how much you are entitled to is based on the number of people who live with you as part of your household and their ages. The rates are available on our internet site, at local offices, access points and libraries.

How we pay your benefit

If you are a council tenant your benefit will be paid directly to your rent account. Private tenants and housing association tenants will be paid, usually every 4 weeks, by BACS. This will normally be directly into your bank account. In some cases it can be paid to your landlord, but we need to know why you need this. However, if you have rent arrears, we may pay your landlord. Council Tax Reduction will be credited to your Council Tax account. If you qualify for Council Tax Reduction you will be sent an adjusted Council Tax bill.

Decisions we make

If you are unhappy with the decisions we have made about your benefit entitlement, you can challenge the decision. For further information on how to do this, ask for our appeals leaflets.

Discretionary Housing Payments

If you have exceptional circumstances or suffer from severe hardship you may be entitled to extra money to go towards paying your rent. For further information on how to do this, ask for our Discretionary Housing Payments leaflet.

Changes in your circumstances

If any of the details you give us change, you must tell The Revenues Section of The Moray Council (even if you have already told the Department for Work and Pensions). Contact details are below. It is an offence not to notify us of any changes that may affect your benefit and you will have to pay back any benefit that has been overpaid. The changes we need to know about include people leaving or moving into your home, changes in your income and savings, and changes in the income and savings of other people living in your home. If you are moving home or are temporarily away from home, you must tell us straight away.

Contacting us

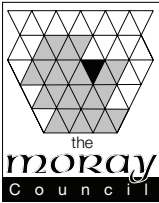
If you need any help with this form, contact us. You can telephone **01343 563456** or write to **The Revenues Section, Council Office, High Street, Elgin, IV30 1BX**.

You can e-mail **revenues@moray.gov.uk**

You can visit any of the following offices:

- Council Office, High Street, Elgin, IV30 1BX.
- The Resource Centre, 26 Mid Street, Keith, AB55 5AH.
- 13 Cluny Square, Buckie, AB56 1AJ.
- Auchernack, High Street, Forres, IV36 1DX.

For more information on Housing Benefit and Council Tax Reduction visit our web site: www.moray.gov.uk/benefits



EMPLOYERS CONFIRMATION of WAGES

Name: _____
 Address: _____

 Occupation: _____

For LA Official Use Only	
Date issued	_____
Date received	_____
Ben reference	_____
Enquiry ID	_____

NOTE TO CLAIMANT. ONLY FILL OUT YOUR NAME AND ADDRESS then tear this page out of the claim form and pass it to your employer to complete the details below. Once fully completed, this page must be returned to The Moray Council. Do not delay in sending the rest of the claim form back to The Moray Council. If you have just commenced work, submit your first wage slip with the claim form as soon as possible, then have this page completed by your employer after 5 weeks or 2 months.

NOTE TO EMPLOYER. Please assist your employee by supplying the information requested below. Return this form to The Moray Council once completed. Please give details of wages, Statutory Sick Pay or Maternity Pay for the last 5 weeks or 2 months, whichever is applicable.

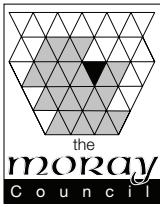
Date employment commenced. _____ Type of work. _____
 Employee's job title. _____ Payroll number. _____
 Employee's National Insurance number. _____
 Is their employment on a casual or fixed term basis? **YES** **NO**
 If you have ticked **YES**, what date will it end? _____
 How often are they paid? (e.g. monthly, weekly) _____
 Method of payment? (e.g. cash, cheque, bank transfer) _____
 Date of employees last pay increase? _____
 Date of employees next pay increase? _____
 Date SSP/SMP started? _____
 State the amount of gross income paid for the year to date. £ _____
 State the amount of Income Tax deducted for the year to date. £ _____
 State the amount of National Insurance contributions for the year to date. £ _____

	Week/Month ending	Gross pay before deductions	Income Tax	National Insurance contribution	Pension Scheme	NETT PAY	Hours Worked
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
Total		£ _____	£ _____	£ _____	£ _____	£ _____	_____

If any other type of deduction made, please state what it is for and give the weekly/monthly amount. _____ £ _____
 Are any expenses paid to you? **YES** **NO** If you have ticked **YES**, what are they for? _____

EMPLOYERS DECLARATION: I certify the information given on this form and any attachments is correct and complete. I understand giving information to The Moray Council that I know to be incorrect or incomplete may result in prosecution.

Employers Name and Address: _____
Telephone Number: _____ **Date:** _____
Signature: _____ **Position Held:** _____



HOUSING BENEFIT

CONFIRMATION of RENT/BOARD AND LODGINGS

For LA Official Use Only	
Date issued	
Date received	
Ben reference	
Enquiry ID	

L1

NOTE TO CLAIMANT. ONLY FILL UP YOUR NAME AND ADDRESS below then tear this page out of the claim form and pass it to your Landlord to complete. Do not delay in sending the rest of the claim form back to The Moray Council.

NOTE TO EMPLOYER. Please assist your tenant by completing this form and returning it to The Moray Council as soon as possible. If it is a joint tenancy, the amount of rent shown should be for the tenant named below only. Joint tenants (except partners) applying for Housing Benefit require a separate form.

TENANT DETAILS
Full name:
Address:
Postcode:

LANDLORD DETAILS
Full name:
Address:
Postcode: Telephone:
Email Address:

Landlord Registration Number

If you require further information on landlord registration please phone **0300 123 4566** or go to www.landlordregistrationscotland.gov.uk

How many bedrooms in the property?

How much is the Rent/Board and Lodgings charged?

How often is it charged? (e.g. weekly, four weekly, calendar monthly)

From what date did the tenancy commence?

Does the rent include any of the following? YES NO

If you have ticked **YES**, please state how much below if known.

Heating YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Laundry by landlord YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Lighting of accommodation YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Cooking YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Lighting of common areas YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Council Tax YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Hot water YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Water charge YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Cleaning of accommodation YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Gardening YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Cleaning of common areas YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	Lift YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>
Laundry facilities YES <input type="checkbox"/> NO <input type="checkbox"/> £ <input type="text"/>	

Are meals included in the charge? YES NO

If **YES**, do you provide: **Breakfast only** **Half board (2 meals)** **Full board (3 meals)**

Does the rent include a charge for support provided by you? YES NO

Does your tenant have a partner who stays at this property? YES NO

Do you own the accommodation? YES NO

DECLARATION	
I understand the following:	
<ul style="list-style-type: none"> I declare that the information I have given is true and correct. I consent to the making of such enquiries as may be necessary. I undertake to give immediate notification of any change of circumstances, or if the above tenant leaves the property. 	
Signature of Landlord or Agent acting on behalf of Landlord: <input type="text"/>	Date of signing: <input type="text"/>

RECEIPT

If you would like us to send you a receipt for this claim, please print your name and address in the box below. We will use these details to post the receipt to you.

If you do not enter your name and address in the box below, we will not send you a receipt for this claim.

The name and address you give must be the same as those given on page 1 of this claim form.

This receipt only refers to this form and does not cover any additional supporting evidence received with it or at a later date.



the **MORAY** council

YOUR RECEIPT

Name:

Current address:

.....

.....

Post code:

Official Date Stamp

Location:

Please write your name and address in the box provided above.

The Moray Council acknowledges receipt of your Housing Benefit and Council Tax Reduction claim, received at our office on the above date.

This form does not mean that we have all the details we need to work out your claim. If we require additional information, we will write to you shortly.

If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話，請要求一位會說英語的朋友或親人與議會聯繫
Jeżeli chciałoby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyjaciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės [*Moray Council*], kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



Project Officer, Chief Executive's Office,
High Street, Elgin, IV30 1BX



equalopportunities@moray.gov.uk



01343 563319



18002 01343563319

