



**WAGA**

Council Tax Reduction, Housing Benefit & Pupil Support Claim Form

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

For Official Use Only	
1st contact	
Issued	
Received	
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**IMPORTANT INFORMATION**

Use this form to claim any of the following benefits:

- **Housing Benefit**
- **Council Tax Reduction**
- **Free School Meals**
- **School Uniform Clothing Grant**

We will automatically assess your entitlement to each of these benefits based on the information you have provided on this form. Please answer all the YES or NO questions.

It is important that you do not delay sending us this form as you could lose benefit. You can normally only get Housing Benefit and Council Tax Reduction from the week following the date we receive this completed form. Free School Meals cannot be backdated.

The School Uniform Clothing Grant scheme runs from 1 April to 31 March each year and only one grant can be awarded during this period. However, the grant will include a payment for each school-aged child.

**Universal Credit**

Universal Credit is a new benefit administered by the Department for Work and Pensions that is gradually being rolled out in Moray. If you have claimed Universal Credit you cannot receive Housing Benefit as well. However, you can still use this form to claim Council Tax Reduction, Free School Meals and a School Uniform Clothing Grant.

**Evidence**

In order to assess your claim for these benefits we need to see evidence of the income and savings of all members of your household (however, you do not need to give us evidence of your benefits or tax credits). Page 14 provides details of the information we need to support your claim.

**Changes**

After you have filled in and given us this form, if any of your circumstances change you must tell the Revenues Section, even if you have already told the Department for Work and Pensions. Contact details are on page 16. Failure to do so may result in action being taken against you. This may include court action.

**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 <b>NO</b> , 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 <b>YES</b> , 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"/>
	<input type="text"/>	<input type="text"/>
	<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"/>

**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 <b>YES</b> , give the date you were admitted	<input type="text"/>	<input type="text"/>
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"/>

**Section 2. PERSONAL DETAILS continued**

If you have ticked **YES**, please give their name

**YOU** **YOUR PARTNER**

Do you or your partner have a carer who lives somewhere else, but provides care overnight in your home?

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

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

Do you or your partner receive

**YES** **NO** **APPLIED FOR**

- Income Support
- Jobseekers Allowance (income based)
- Employment and Support Allowance (income related)
- Pension Credit (guarantee credit)
- Universal Credit

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.

Which benefit do you receive?

If you have ticked **YES** to the first question in section 3, go to Section 9.

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

Do you or your partner receive any benefits, pensions, tax credits, or allowances?

**YOU** **YOUR PARTNER**

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

**PLEASE COMPLETE THIS SECTION IN FULL.**

If you or your partner are currently receiving any of the benefits listed below and 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.

**YOU** **YOUR PARTNER**

**YES** **NO** **APPLIED FOR** **YES** **NO** **APPLIED FOR**

- Employment and Support Allowance
- Jobseekers Allowance
- Child Benefit
- Maternity Allowance
- Working Tax Credit
- Child Tax Credit
- Incapacity Benefit
- Attendance Allowance
- Disability Living Allowance
- Personal Independence Payment
- Carers Allowance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<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 have been told that you are entitled to carers 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"/>

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

	YOU			YOUR PARTNER		
	YES	NO	APPLIED FOR	YES	NO	APPLIED FOR
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"/>

### 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"/>

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"/>
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### 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"/>

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

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

### Students

	YOU	YOUR PARTNER
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**A student is someone who is in higher or further education (beyond school level).**

Are you or your partner a student? YES  NO  YES  NO

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

## Section 5. OTHER INCOME (not earnings or savings) continued

Name of College/University		
Course Title		
Course Length (in years, months or weeks)		
What year are you currently in?		
Date academic year starts		
Date academic year ends		
Is the course full-time or part-time?		

### Income

	Amount	How often	Amount	How often
Student Grant or Bursary	£		£	
Student Loan	£		£	
Parental Contribution	£		£	

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
		£		£	
		£		£	

## Section 6. EARNINGS

	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"/>
Tick <b>YES</b> if you are currently absent from work and getting sick pay, maternity/paternity pay or adoption pay, then complete this section in full. If you have ticked <b>NO</b> , 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	
Are you self employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have ticked <b>YES</b> , can you provide certified accounts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Employed

	YOU	YOUR PARTNER
How many jobs do you have?		
Name and address of your main employer		
Place of work (if different from main employer)		
Date you started work		
Your job title		
Number of hours you work each week		
How often are you paid? (e.g. monthly, weekly)		
Method of payment? (e.g. cash, cheque, bank transfer)		
How much are you paid?	£	£
What date do you expect your next pay increase?		

**Section 6. EARNINGS continued**

**Employed**

	YOU	YOUR PARTNER
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 <b>YES</b> , 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"/>

**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"/>
Number of hours you work each week	<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"/>
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.**  
**We need to know about all 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.**

	YOU	YOUR PARTNER
<b>Bank Accounts</b>	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"/>
<b>Do you have any other capital?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
We mean Building Society/Post Office accounts, Premium Bonds, National Saving Bonds, NS & I Savings Certificates, Stocks and Shares, Unit Trusts, ISAs		
If you have said <b>YES</b> provide details in section 13.		
<b>Cash Savings</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Amount	£ <input type="text"/>	£ <input type="text"/>

**Section 7. ACCOUNTS, SAVINGS AND INVESTMENTS continued**

**Property or Land**

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

Apart from your home, do you or your partner own any other property or land in the UK or abroad?

If you have ticked **YES**, please give details below, including the address and value.

Have you or your partner sold property or land in the last 12 months? **YES**  **NO**  **YES**  **NO**

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

**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**

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

**Student**

Name of Student	Amount	How often	Relationship to you
	£		
	£		

**Section 9. RENT YOU PAY**

**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?

Does your landlord stay in the property? **YES**  **NO**

Do you share your accommodation with 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?	
			<b>YES</b>	<input type="checkbox"/>
			<b>NO</b>	<input type="checkbox"/>
			<b>YES</b>	<input type="checkbox"/>
			<b>NO</b>	<input type="checkbox"/>
			<b>YES</b>	<input type="checkbox"/>
			<b>NO</b>	<input type="checkbox"/>

**Section 9. RENT YOU PAY continued**

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

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:

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**

**Landlord Details**

**YOU**

**YOUR PARTNER**

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

your former partner?

**YES**  **NO**

your partner's 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. 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.

## 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.

	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"/>
School attended	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <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"/>
Usual address, if different from yours	<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 2 people. If there is more than 2, use section 13 to provide details of all we ask for in this section for the other people.

	1st PERSON	2nd PERSON
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Date they moved in?	<input type="text"/>	<input type="text"/>
How much rent do they pay you?	<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"/>

**Section 12. OTHER PEOPLE WHO LIVE WITH YOU**

Does anyone else (not in sections 10 or 11) live in your home? **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 2 people. If there are more than 2, use section 13 to provide details of all we ask for in this section for the other people.

	1st PERSON	2nd PERSON
Surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Date they moved in?	<input type="text"/>	<input type="text"/>
Do they work 16 hours a week or more?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
What is their gross income (before deductions) per week?	£ <input type="text"/>	£ <input type="text"/>
What interest from savings/investments do they receive per year?	£ <input type="text"/>	£ <input type="text"/>
Do they receive Income Support, Jobseekers Allowance (income based), Employment and Support Allowance (income related) or Pension Credit?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Do they live together as a couple?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	

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

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

**Free school meals cannot be backdated. Housing Benefit and Council Tax Reduction usually starts from the Monday after we receive your claim form. We may be able to start your benefit earlier depending on your circumstances.**

**People of pensionable age**

If you or your partner are of pensionable age, we can backdate your Housing Benefit and Council Tax Reduction for up to 3 months. If you think you may have been entitled to benefit at any time in the last 3 months, please answer the questions below:

I would like my benefit backdated: for the whole 3 months  (please tick) **or**  
to this date

Please note that we need to see evidence of your income and capital during the period you want to claim for.

**People aged under pensionable age**

If you and your partner are both under pensionable age, we can backdate your Housing Benefit and Council Tax Reduction for a maximum of 1 month from when you apply for backdating, but only if there was a good reason why you could not make the claim earlier. There must have been continuous good reason why you did not claim throughout the whole period you want your claim backdated for. If you would like to claim backdating, please answer the following question:

I would like my benefit backdated: for the whole month  (please tick) **or**  
to this date

Please give a full explanation of why you did not claim earlier.

**Section 15. DECLARATION**

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, Council Tax Reduction, Free School Meals and School Uniform Clothing Grant. 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 for example 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 16.

Signature of person claiming: ..... Date: .....

Partner's signature: ..... Date: .....

**Section 16. SHARING INFORMATION WITH OTHERS**

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 Moray Council permission to share information about my Housing Benefit, Council Tax Reduction, Free School Meals and School Uniform Clothing Grant claim with:**

My landlord **YES**  **NO**

My landlord's managing agent **YES**  **NO**

The person named below **YES**  **NO**

Their name

Their address

Their telephone number

Their e-mail address

Their connection with you

Signature: ..... Date: .....

## 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
<b>Proof of identity</b> - 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"/>
<b>Proof of national insurance numbers</b> - a document that shows your national insurance number, such as a National Insurance Card, payslips or letters from social security or tax office. We need to see one document each for both you and your partner.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proof of other householders</b> - child benefit letter or children's birth certificate. Proof of non-dependants income (payslips or benefit award letter).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proof of private rent and tenancy</b> - you can ask your landlord to complete the Confirmation of Rent/Board and Lodgings form. Ask us for form L1 for this. Alternatively, you can provide a tenancy agreement or rent book.		
<b>Proof of state benefits, pensions, allowances and tax credits</b> - such as current award notice. Please note you no longer have to provide evidence of benefits or tax credits.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proof of earnings</b> - such as your last 5 payslips if paid weekly or last 2 payslips if paid monthly. Alternatively get your employer to complete the Confirmation of Wages form, ask us for form E1 for this. 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"/>
<b>Proof of capital, savings and investments</b> - 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"/>
<b>Proof of any other income</b> - bank statements, current pension slips, court letter to show maintenance payments. Evidence of any money you receive from boarders or sub-tenants.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proof of money you pay out for childcare and students</b> - 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 as soon as possible. If you cannot give us the evidence as soon as possible, please let us know.

**Please do not send 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 16.

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

Moray Council will use the information we hold about you to process your claim for Housing Benefit, Council Tax Reduction, Free School Meals and Clothing Grant.

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.

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,  
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](http://www.moray.gov.uk/benefits)

## 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](mailto: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 website:**

[www.moray.gov.uk/benefits](http://www.moray.gov.uk/benefits)

**Our Income Maximisation team can give you free and confidential help if you're of working age and facing money or debt problems. Further details can be found at:**

[www.moray.gov.uk/incomemaximisation](http://www.moray.gov.uk/incomemaximisation)

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

إذا كنتم في حاجة إلى معلومات من قبل مجلس موراي وتكون بلغة مختلفة أو على شكل مختلف مثل البراي، أسطوانة أوديو أو أن تكون مطبوعة باستعمال حروف غليظة فالرجاء الإتصال ب

Jei pageidaujate tarnybos Moray tarybos teikiamą informaciją gauti kitokiu formatu, pvz., Brailio raštu, garso įrašu ar stambiu šriftu, kreipkitės:

Jeśli potrzebują Państwo informacji od Rady Okręgu Moray w innym formacie, takim jak alfabet Braille'a, kasety audio lub druk dużą czcionką, prosimy o kontakt:

Se necessitar de receber informações por parte do Concelho de Moray num formato diferente, como Braille, cassette áudio ou letras grandes, contacte:

Ja Jums vajadzīga informācija no Marejas domes (*Moray Council*) citā valodā vai formātā, piemēram, Braila rakstā, audio lentā vai lielā drukā, sazinieties ar:

اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



The Revenues Section, Council Office, High Street,  
Elgin, IV30 1BX



01343 563456



[revenues@moray.gov.uk](mailto:revenues@moray.gov.uk)