

For Office Use Only	
Ben Ref No:	
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Reason for Issue:	

<b>Receipt Stamp</b>
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## HOUSING BENEFIT, COUNCIL TAX REDUCTION AND SECOND ADULT REBATE CLAIM FORM

**You should complete and return this form as soon as you can. If you don't you may lose benefit.**

**It is very important that you answer all the questions so we can process your claim. Please complete the form in BLACK INK and if you make a mistake, cross out the error and write the correct answer next to it.**

There is a reminder at the end of each section which tells you what proof to send us. Do not hold off sending the form to us whilst you gather proof of your income. We will not process your form until all proof is received.

**You should try to pay your Rent or Council Tax (or both) in full until we tell you whether you are entitled to any benefit.**

### CONTACT DETAILS

You can contact us by:

**Phone: 01563 554400 (option 3)**  
**Fax: 01563 554818**  
**Email: [benefits@east-ayrshire.gov.uk](mailto:benefits@east-ayrshire.gov.uk)**

or by calling at:

**The Benefits Office**  
**John Dickie Street,**  
**Kilmarnock KA1 1BY.**

For more information about Housing Benefit and Council Tax Reduction please visit our website:  
[www.east-ayrshire.gov.uk/finance](http://www.east-ayrshire.gov.uk/finance)

Opening times:

**9:00am to 4:45pm - Monday to Thursday**  
**9:00am to 3:45pm - Friday**

Staff in our offices will also be able to help you. For details of your nearest office and opening times please visit our website.

If you need help with your claim due to sensory impairment or because English is not your first language please contact us on:  
**01563 554400**



**If you know about anyone claiming any other benefit they are not entitled to, please ring The National Benefit Fraud Hotline on: 0800 3286340 or write to PO Box 647, Preston PR1 1WA**

## HOUSING BENEFIT, COUNCIL TAX REDUCTION AND SECOND ADULT REBATE CLAIM FORM

If you are applying for Housing Benefit and/or Council Tax Reduction please fully complete this form.  
If you are applying for a Second Adult Rebate only – fill in this page, complete Part 1 on the next page,  
fill in the Second Adult's income in Part 10 and sign the declaration at Part 11.

	You	Your Partner
Title ( <i>Mr/Mrs/Miss/Ms etc</i> )	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address	<div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>	
	Postcode	
What date did you actually move to this address?	<input type="text"/>	<input type="text"/>
<b>If you have not yet moved in, please leave blank and advise in writing when you do move in.</b>		
What was your previous address?	<input type="text"/>	
Contact telephone number (including area code)	<input type="text"/>	
Email address	<input type="text"/>	

**We need to see two forms of identification and proof of your National Insurance Number for you and your partner otherwise we are unable to consider your claim.**

I am a (*please tick box*)

<input type="checkbox"/>	Council Tenant
<input type="checkbox"/>	Registered Social Landlord/Housing Association
<input type="checkbox"/>	Private Tenant
<input type="checkbox"/>	Hostel Tenant
<input type="checkbox"/>	Owner Occupier
<input type="checkbox"/>	Boarder

**If you rent your property we need to see your current lease agreement signed by you and your landlord (unless you are a Council Tenant)**

## Part 1: about you and other people living in your household

Please list everyone else who lives with you at this address (*excluding boarders, lodgers and subtenants*)

Name	Date of birth	National Insurance Number	Relationship to claimant (eg son, daughter)	Other names they have been known as	Do you receive Child Benefit for this person?

Do you pay childcare costs for anyone under 15 years old to a registered childcare provider? **Y** ☐ **N** ☐

**If yes, please provide your contract from your childcare provider showing their registration number.**

Please complete details of all boarders, lodgers and subtenants in the household

Name	Relationship to claimant (eg son, daughter)	Rent charged by you each week	Does this include meals?	Does this include heating?

**Please indicate if you or any household member falls into any of these categories**

Category	Name of person	Category	Name of person
a student		severely mentally impaired	
a student nurse		registered or certified blind	
an apprentice		long term sick or disabled	
a skillseeker		in legal custody	

**If any of the above are students, you will need to complete a student details form which we will send you. Please also provide their loan/bursary/grant award letter(s).**

If you or any household members are in legal custody, please provide the name/address of where they are being held

Please provide the date they entered custody

Do you have anyone who stays overnight to care for you but lives elsewhere?  
Please provide their name and address

## Part 2: your nationality

Have you or your partner come to live in the United Kingdom, Channel Islands or Isle of Man in the last two years?

*You do not need to complete this box if you were out of the UK on holiday for a period of less than one month.*

What date did you last arrive in the UK?

What is your Nationality?

**You may need to provide your Home Office documents/passport(s)**

## Part 3: unearned income (State Benefits)

Please list all benefits you or any household members are getting or have claimed and are waiting to hear about. This is an example of some however; you need to tell us about all benefits you receive, even if it is not listed.

Child/Working Tax Credit

Disability Living Allowance

State Retirement Pension

Carers allowance

Income Support

Statutory Sick Pay

Jobseekers Allowance

Pension Credits

Employment Support Allowance

Name of benefit	Who receives it	Amount	How often	Waiting to hear

**We need to see original award letters confirming how much you get for each benefit.**

### Part 3: unearned income (State Benefits) *continued*

Do you or your partner receive Carers Allowance for looking after someone? Y ☐ N ☐

Does anyone receive Carers Allowance for looking after you or your partner? Y ☐ N ☐

Are you or your partner in hospital or a residential home at the moment? Y ☐ N ☐

Have you or your partner been told you are entitled to Carers Allowance but do not receive payment? Y ☐ N ☐

If **YES**, please provide the date you/they went in?

Please provide the name/address of the hospital/residential home

Do you/they intend to return home? Y ☐ N ☐

### Part 4: earned income

Are any members of the household self employed? Y ☐ N ☐

**If any of you are self employed you will need to complete a self employed proforma which we will send you. We also need to see your/their most recent accounts or record of income and expenditure.**

Please list all members of the household who work for an employer

Name	Employer's Name	Employer's address	Date started	Hours worked per week	How often are they paid?

Are any of the above people currently on sick leave? Y ☐ N ☐

Please provide the date they last worked

Are any of the above people currently on maternity leave? Y ☐ N ☐

Please provide the date they last worked

Do you or any of the household members do any voluntary work? Y ☐ N ☐

Do you/they receive any payment including expenses? Y ☐ N ☐

If **YES**, how much?

**We need to see 5 weekly, 3 fortnightly or 2 monthly consecutive payslips**

## Part 5: all other money coming in

Do you or your partner have any other money coming in?

**You**

**Your Partner**

**Y** ☐ **N** ☐

**Y** ☐ **N** ☐

Please list all other income you or anyone who lives with you receives, e.g. private pension, occupational pension, works pension or maintenance payments

Who receives it?	Who does this income come from?	Amount	How often

**We need to see original award letters, statement advice slips, proof of maintenance payments for any other income above.**

## Part 6: capital, savings and investments

**6a** Do you or your partner have any Bank/Building Society or Post Office accounts?

**You**

**Your Partner**

**Y** ☐ **N** ☐

**Y** ☐ **N** ☐

If **YES**, please complete the table below, if no, go to **Part 6b**

Name of account holder(s)	Name of Bank/Building Society	Account number	How much (£s)

**We need to see an original current statement showing at least 2 months of transactions**

## Part 6: capital, savings and investments

**6b** Do you or your partner have any stocks, shares, premium bonds, unit trusts, ISAs, PEPS or National Savings Certificate?

**You**

**Your Partner**

Y ☐ N ☐

Y ☐ N ☐

If **YES**, please complete the table below, if no, go to **Part 7**

Held by	Type of investment/company name	Number of units / shares	Issue date	Value

We need to see your original share certificate, premium bonds, national savings certificates, current valuation letter for unit trusts.

## Part 7: about your rent

Are you charged rent for your home?

Y ☐ N ☐

Do you use your home for business?

Y ☐ N ☐

When did your rent charge start?

If you are charged rent by East Ayrshire Council, go to **Part 8**

Does your landlord live at this address?

Y ☐ N ☐

What is the name and address of the person you are renting your property from?

Postcode

Is your landlord registered with East Ayrshire Council?

Y ☐ N ☐

If **YES**, please provide their registration number

Are you, your partner or children related to your landlord or agent or to your landlords partner or agents partner?

Y ☐ N ☐

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

If you answer yes to this, you and your landlord will be required to complete a questionnaire which we will send you.

## Part 7: about your rent *(continued)*

How much rent are you charged?

£

How often do you pay it?

☐ Weekly

☐ Fortnightly

☐ 4 weekly

☐ Monthly

Does anyone else share the rent with you and your partner?

**Y** ☐ **N** ☐

If **YES**, who

Give details of the building you live in

	Livingroom	Bedroom	Bedsits	Kitchens	Bathrooms	Separate Toilets	Other rooms	TOTAL
Number of rooms in your property								
Number of rooms used by you/family								
Number of rooms that you share								

If you live in a building where there is more than one floor, which floor do you live in?

☐ Ground

☐ First

☐ Second

☐ Third

If you live in a flat, from the outside facing the building is your property on the –

☐ Left

Is the property

☐ Furnished

☐ Right

☐ Unfurnished

Do you have any weeks when you are not charged rent?

**Y** ☐ **N** ☐

If **YES**, how many?

Who is liable to pay the Council Tax on your home?

☐ You/Partner

☐ Your Landlord

Does your rent Include meals?

**Y** ☐ **N** ☐

If **YES**, which? Breakfast ☐ Lunch ☐ Evening meal ☐

Does your rent include any other services listed here?

Service	How much (£)	Service	How much (£)
Lighting of accommodation		Cleaning of common areas	
Hot water		Laundry equipment	
Gas/Electricity for cooking		Laundrying by landlord	
Heating		Gardening	
Power		Personal care/support	
Cleaning of accommodation		Council Tax	
Lighting of common areas		Other	



## Part 7: about your rent (*continued*)

If you are a private tenant we will pay you direct to your bank account - please provide the information below.

Bank or Building Society name and address

Postcode

Name(s) of account holder

Branch sort code

		-			-		
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Bank/Building Society account number

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## Part 8: property

Do you or your partner currently own or have owned a property here or abroad? **Y** ☐ **N** ☐

If YES, please provide full details

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## Part 9: backdating

We normally pay benefit from the Monday following the date we receive the form. We can pay it earlier if there are good reasons for you failing to claim earlier.

If you want us to consider backdating your benefit, please tell us below the date you want this to apply from. Please note we can only award you benefit **for up to one month** before the date you have actually claimed. Please say why you did not claim earlier (at **Part 10**) and provide any supporting evidence, e.g. medical evidence, etc.

From the earlier period were your circumstances the same as this form? **Y** ☐ **N** ☐

Date you want to claim benefit from

If **NO**, please give details of what has changed and the date of change, at **Part 10**

## Part 9: backdating (*continued*)

### Important note for people aged 60 or over

If you meet all the conditions, we can award you benefit from three months before the date you have actually claimed.

Were you, your partner's (if you have one) and your household circumstances the same for the last year as you have declared on the form? **Y**☐ **N**☐

If **NO**, please give details of what has changed and the date of change, in **Part 10**

## Part 10: other relevant information

Please give us any other information that you feel might help us when we work out your benefit. For example, you might have more than one job or work irregular hours or you might like us to consider you for backdated benefit. If you are applying for a second adult rebate only please give details of the second adult's income below. *Please continue on separate sheet if necessary*

## Part 11: declaration

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

- I declare that the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Reduction. You may check some of the information with other sources as allowed by law.
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefits or educational benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.
- I agree that you may use the information I have provided in connection with the collection of Council Tax.
- I understand that the data held by you will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud. The information may be passed to the DWP or other government organisations for this purpose.
- I know that I must let you know about any change in circumstances that might affect my claim otherwise I will have to pay back all money overpaid to me.

**Your signature**

**Date**

**Your Partner's signature**

**Date**

### Forms filled in by someone else who is not the person claiming

Have you filled in the form for someone else? **Y** ☐ **N** ☐

If **YES**, please tell us why ☐ Ill Health ☐ Disability ☐ Cannot read or write ☐ Other

If **other**, please give details

### Please read and sign below the following declaration

I read back to the customer the entries I made on this form based on the information given by them. The customer agreed they were correct.

**Name of person completing form**

**Signature**

**Date**

**Customer's signature**

**Date**

This document is also available, on request, in braille, large print or recorded on to tape, and can be translated into Chinese, Punjabi, Urdu, Gaelic and Polish.

Ma tha sibh airson fiosrachadh fhaighinn ann an cànan sam bith eile, cuiribh brath thugainnaig an t-seòladh a leanas.

اگر آپ یہ معلومات کسی اور زبان میں چاہتے ہیں تو براۓ مہربانی نیچے دیے گئے پتے پر ہم سے رابطہ کریں۔

閣下如需要這份資料的其他語言版本，請透過以下的地址與我們聯絡。

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ  
ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰ ਹੇਠ ਦਿੱਤੇ ਗਏ ਪਤੇ ਤੇ  
ਸੰਪਰਕ ਕਰੋ ।

Dokument dost pny jest równie w alfabecie Braille'a, w wersji z powi kszonym drukiem lub w formie nagrania d wi kowego na kasecie. Na yczenie oferujemy tak e tłumaczenie dokumentu na wybrany j zyk.



East Ayrshire  
COUNCIL

[www.east-ayrshire.gov.uk](http://www.east-ayrshire.gov.uk)