



Resources Department
 Oadby & Wigston Borough Council
 PO Box 5, Wigston, Leicestershire LE18 1AZ
 Phone: 0116 2888961
 Fax: 0116 2887828
 Minicom: 0116 2572726
 E-mail: benefits@oadby-wigston.gov.uk
 Website: www.oadby-wigston.gov.uk

Date of first contact

Date of issue

Claim reference number

A claim form for Housing Benefit and Council Tax Support

If you are just claiming Second Adult Rebate (pensioners only), only fill in Part 1, Part 3, Part 17 and Part 18 of this form.

Are you (please tick one box):

a council tenant? an owner-occupier?
 a private tenant? a housing-association or social-landlord tenant?

Please tick if you are a pensioner claiming Second Adult Rebate only

Part 1 About you and your partner

Do you have a partner who normally lives with you?

A partner means a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner. (A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.)

No

Yes If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your partner
Surname or last name	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Other names	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Any other names you have used	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Title (Mr, Mrs, Ms, other)	<input style="width: 70%; height: 20px;" type="text"/>	<input style="width: 70%; height: 20px;" type="text"/>
Address, including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
	Postcode	Postcode
What date did you move to this address?	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>
Your daytime phone number	Code <input style="width: 20%; height: 20px;" type="text"/> Number <input style="width: 40%; height: 20px;" type="text"/>	Code <input style="width: 20%; height: 20px;" type="text"/> Number <input style="width: 40%; height: 20px;" type="text"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>
Your email address	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Date of birth	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/>
National Insurance (NI) number You can find this on payslips or letters from social security or the tax office. We cannot normally decide your claim if we do not have your NI number. We need to see proof of this.	Letters <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Numbers <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Letter <input style="width: 20px; height: 20px;" type="text"/> If you do not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>	Letters <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Numbers <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Letter <input style="width: 20px; height: 20px;" type="text"/> If your partner does not have a National Insurance number, or cannot find it, tick this box. <input type="checkbox"/>

You	Your partner
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	Postcode

If you or your partner have moved home in the last 12 months, tell us your last address.

Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.

Have you or your partner claimed Housing Benefit or Council Tax Benefit/Council Tax Support before?

No
 Yes Please tell us about it below.

No
 Yes Please tell us about it below.

When did you last claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	Postcode	Postcode

We need to see proof of your identity and NI number. See the checklist at Part 15.

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No
 Yes We will write to you about this.

No
 Yes We will write to you about this.

What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Are you or your partner living away from home at the moment?

No
 Yes Tell us about it below.

No
 Yes Tell us about it below.

Why are you or your partner not living at home?	<input type="text"/>	<input type="text"/>
When did you or your partner last live at home?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When do you or your partner expect to go back home?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Tell us where you are living at the moment?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	Postcode	Postcode

Have you sublet your home?

No
 Yes
 Who lives there now?

No
 Yes
 Who lives there now?

<input type="text"/>	<input type="text"/>
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You

Your partner

Does anyone get Carer's Allowance for looking after you or your partner?

No
 Yes We need to see proof of this.

No
 Yes We need to see proof of this.

Have 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?

No
 Yes We need to see proof of this.

No
 Yes We need to see proof of this.

Have you or your partner been unable to work for more than 52 weeks because of sickness?

No
 Yes We need to see proof of this.

No
 Yes We need to see proof of this.

Do you or your partner pay towards the upkeep of a student?

No
 Yes How much do you pay and how often?

£ every

We need to see proof of this.

No
 Yes How much do they pay and how often?

£ every

We need to see proof of this.

Are you or your partner a student?

By *student* we mean anyone who is studying a course at an educational establishment, including student nurses.

No
 Yes Tell us if this is full- or part-time.

Full-time Part-time

No
 Yes Tell us if this is full- or part-time.

Full-time Part-time

We need to see proof of any grant, loan or other income you or your partner receive for being a student. We also need to see proof of any student loan you or your partner may be entitled to receive. We will write to you about this.

Please tick if you or your partner are:

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

- an apprentice
- on youth training
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled

Do you or your partner have a vehicle from a Mobility scheme?

No
 Yes

No
 Yes

We will contact you if we need any more information.

We need to know about any children in your household who are:

- under 16, or
- aged 16 to 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No Go to Part 3.

Yes If there are more than four children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

If you are sending a separate sheet of paper, tick this box.

	First child	Second child
Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<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"/>
Child Benefit number	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>

We need to see proof of this.

Is the child registered blind? No
 Yes We need to see proof of this.

No
 Yes We need to see proof of this.

Does the child get Disability Living Allowance? No
 Yes How much?

No
 Yes How much?

We need to see proof of this

Care	<input type="text"/> £
Mobility	<input type="text"/> £

<input type="text"/> £
<input type="text"/> £

Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club? No
 Yes Please tell us about it below.

No
 Yes Please tell us about it below.

Tell us the name and registration number of the minder.

<input type="text"/>	<input type="text"/>
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How much do you pay a week? £ a week
 We need to see proof of this.

£ a week
 We need to see proof of this.

Do they live with you all of the time? No
 If 'No', how much time do they spend with you? Yes

No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

Third child

Fourth child

Last name

Other names

Date of birth

What is the child's sex?

The child's relationship to you

The child's relationship to your partner

Usual address, if different from yours

Child Benefit number

Who gets the Child Benefit for them?

We need to see proof of this.

Is the child registered blind?

No

Yes We need to see proof of this.

No

Yes We need to see proof of this.

Does the child get Disability Living Allowance?

No

Yes How much?

No

Yes How much?

We need to see proof of this.

Care

£

£

Mobility

£

£

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

No

Yes Please tell us about it below.

No

Yes Please tell us about it below.

Tell us the name and registration number of the minder.

How much do you pay a week?

£ a week

£ a week

We need to see proof of this.

We need to see proof of this.

Do they live with you all of the time?

No

Yes

If 'No', how much time do they spend with you?

No

Yes

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Do any adults usually live with you and your partner?

By *adults* we mean people over 16 who nobody gets Child Benefit for.

No Go to Part 4.

Yes Fill in this section.

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, subtenant, lodger, boarder or friend.

Are they a joint owner or a joint tenant of this property?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Income Support, income related Employment Support Allowance, income-based Job Seeker's Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance or Personal Independence Payment?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text"/> £ <input type="text"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/> We need to see proof of this.
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. How much? <input type="text"/> £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. How much? <input type="text"/> £ <input type="text"/> a week
Does this include money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they due to come out (if you know)?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	First person	Second person	Third person
How many hours a week do they work?	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Tell us their earnings before any deductions.	<input type="text"/> £ We need to see proof of their earnings.	<input type="text"/> £ We need to see proof of their earnings.	<input type="text"/> £ We need to see proof of their earnings.
What type of work do they do?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
1 Where does this income come from? How much is it before deductions?	<input type="text"/> <input type="text"/> £	<input type="text"/> <input type="text"/> £	<input type="text"/> <input type="text"/> £
2 Where does this income come from? How much is it before deductions?	<input type="text"/> <input type="text"/> £	<input type="text"/> <input type="text"/> £	<input type="text"/> <input type="text"/> £
3 Where does this income come from? How much is it before deductions?	<input type="text"/> <input type="text"/> £ We need to see proof of their income.	<input type="text"/> <input type="text"/> £ We need to see proof of their income.	<input type="text"/> <input type="text"/> £ We need to see proof of their income.
Are any of the people who normally live with you married to each other or living together as if they were married? We call these people <i>partners</i> .	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their names below. <input type="text"/> is the partner of <input type="text"/> <input type="text"/> is the partner of <input type="text"/>		

Part 4 About Income Support, income related Employment Support Allowance, income-based Job Seeker's Allowance and Pension Credit (Guarantee Credit)

Are you or your partner getting or waiting to hear about a claim for Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?

No Go to Part 5.
Yes Answer both the questions in this part.

	You	Your partner
Are you or your partner actually getting Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance, or Pension Credit (Guarantee Credit) at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they start getting it? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner still waiting to hear about a claim for Income Support, income related Employment Support Allowance, income-based Jobseeker's Allowance or Pension Credit (Guarantee Credit)?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did you claim? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they claim? <input type="text"/> / <input type="text"/> / <input type="text"/>
Which benefit are you getting or waiting to hear about?	Income Support/income related Employment Support Allowance <input type="checkbox"/> Income-based Jobseeker's Allowance <input type="checkbox"/> Pension Credit (Guarantee Credit) <input type="checkbox"/>	Income Support/income related Employment Support Allowance <input type="checkbox"/> Income-based Jobseeker's Allowance <input type="checkbox"/> Pension Credit (Guarantee Credit) <input type="checkbox"/>

If you are receiving one of these benefits, go to Part 11

We must see evidence of your benefits, allowances or pension before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to Part 6.

Yes Tell us about the benefits. Tell us the full rate of the benefits before any deductions.

	You	Your partner
Child Benefit	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Child Tax Credit	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Contribution-based Jobseeker's Allowance	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Maternity Allowance	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Working Tax Credit	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Incapacity Benefit/Contributory Employment Support Allowance	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Carer's Allowance	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Statutory Sick Pay	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Statutory Maternity/Paternity Pay	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Attendance Allowance	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
Pension Credit (including Savings Credit)	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by
State Retirement Pension	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by	Getting now <input type="checkbox"/> Waiting to hear <input type="checkbox"/> How much, how often and by what method? £ every by

Have you deferred receipt of a pension?

No

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

Do you or your partner get Disability Living Allowance or Personal Independence Payment?

No
 Yes How much?

Care/Daily Living £
 Mobility £

No
 Yes How much?

Care/Daily Living £
 Mobility £

Also, please read the list of benefits below and tell us about any others you or your partner are getting now or have claimed.

- Fostering Allowance
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Severe Disablement Allowance
- Adoption Pay
- Bereavement Allowance
- Guardian's Allowance
- War Disablement Benefit
- War Pension or War Widows Pension
- Widow's or Widower's Benefit
- Return to Work Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

If you are sending a separate sheet of paper, tick this box.

	You	Your partner
<p>The name of the benefit or pension</p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>
<p>The name of the benefit or pension</p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>
<p>The name of the benefit or pension</p> <p>Waiting to hear <input type="checkbox"/></p> <p>Getting now <input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>	<p><input type="text"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> How much, how often and by what method?</p> <p>£ <input type="text"/> every <input type="text"/> by <input type="text"/></p>

Part 6 About working for an employer

Do you or your partner work for an employer?

No Go to Part 7.
 Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

	You	Your partner
<p>What kind of work do you do?</p> <p>What is your employer's name and address?</p> <p style="text-align: right;">Postcode</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: right;">Postcode</p>
<p>When did you start this job?</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>What is your payroll, employee or staff number?</p> <p><input type="text"/></p>	<p><input type="text"/></p>	<p><input type="text"/></p>
<p>Are you employed for a limited period?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> When will you finish?</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> When will you finish?</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> When will you finish?</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>

	You	Your partner
Do you have any business partners?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their name and address. <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> How much and how often? £ <input type="text"/> every <input type="text"/> We need to see proof of this.
Do you run another self-employed business?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', use a separate sheet of paper to tell us all the information in part 7.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', use a separate sheet of paper to tell us all the information in part 7.

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Part 8 About any other work

Do you or your partner do any other work at all? No Go to Part 9.
This could be voluntary work or any other work, even if it is not paid work. Yes Answer the questions in this section.

	You	Your partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below. £ <input type="text"/>
How much do you get before any deductions?	<input type="text"/>	<input type="text"/>
How often are you paid?	every <input type="text"/>	every <input type="text"/>

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No Go to **Part 10**.

Yes Answer the questions on this page.
You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

This includes occupational pensions, work pensions and private pensions, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

	Other money 1	Other money 2	Other money 3
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Does anyone owe money to you, your partner, or any children you are claiming for?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

About your capital (by capital, we mean money you have in bank and building society accounts, current accounts, post office accounts, Internet accounts, National Savings Certificates, stocks, shares, bonds, Premium Bonds, PEPs, ISAs, cash and any other savings or investments). You must tell us about all accounts even if they are overdrawn.

Do you or your partner have any bank accounts, savings or investments (include those held with other people, for example, a son or daughter)?

You

No Go to **Part 11**.
 Yes If 'Yes', please fill in the amounts below. If there is not enough room, please list details on a separate sheet.

Banks and building societies

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

National Savings Certificates

How many units	Date you bought them	Issue number	Purchase price of each unit
----------------	----------------------	--------------	-----------------------------

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	--	----------------------	------------------------

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	--	----------------------	------------------------

Stocks, shares, bonds, unit trusts and any other investments

Type	Number held	Company	Current value
------	-------------	---------	---------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	----------------------	----------------------	------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	----------------------	----------------------	------------------------

Cash savings No Yes £

Have you or your partner received any backdated benefit or deferred payments, for example, State Pension, which you have added to your savings?

If 'Yes', please give details.

Your partner

No Go to **Part 11**.
 Yes If 'Yes', please fill in the amounts below. If there is not enough room, please list details on a separate sheet.

Banks and building societies

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

Name of bank, building society or post office

Account number Amount you have

 £

How many units	Date you bought them	Issue number	Purchase price of each unit
----------------	----------------------	--------------	-----------------------------

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	--	----------------------	------------------------

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	--	----------------------	------------------------

Type	Number held	Company	Current value
------	-------------	---------	---------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	----------------------	----------------------	------------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> £
----------------------	----------------------	----------------------	------------------------

Cash savings No Yes £

No
 Yes

If 'Yes', please give details.

Apart from your home, do you, your partner or any children you are claiming for own any other property or land in this country or abroad? No
 Yes We will write to you about it.
 If it is on a mortgage or a loan, still tick Yes.

We must see evidence of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Does your home have central heating? No

Yes

Does your home have a garden? No

Yes

Does your home have a garage? No

Yes

Does your home have a parking space? No

Yes

How many floors are there?

Do you and your household occupy only part of the building you have ticked? No

Yes Where in the building do you live?

At the front In the middle At the back

Which floors do you live on?

For example, ground floor, first floor.

How many rooms are there in the building?

Living rooms

In the whole building	Just for you and your household	That 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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bedsitting rooms

Bedrooms

Bathrooms or shower rooms

Toilets

Kitchens

Other rooms

Do you use your home for business? No

Yes

Part 12 About rent

Do you pay rent for your home?

Tick **Yes** if you would pay rent but you already get Housing Benefit.

No Go to Part 14.

Yes Answer the next question.

What is your landlord's full name and business address?

By *landlord* we mean the person or organisation who owns the property you live in.

Postcode

If your landlord has an agent, tell us their full name and address.

By *agent* we mean the person or organisation you actually pay your rent to.

Postcode

Are you, your partner, or any of your or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner?

Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.

No

Yes What is the relationship?

is my landlord's or agent's

Is rent paid to a trust of which you or your children are a beneficiary? No

Yes

When did you start renting your home? / /

When did you move to this address?

If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.

 / /

Have you previously owned this property?

No

Yes

What sort of tenancy do you have?

For example, shorthold, assured tied rent or something like this.

How long is the tenancy for?

 / / to / /

What is the property let as?

Tick the box that applies.

Furnished

Partly furnished

Hardly any furniture

Unfurnished

How much rent do you pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

 £ every

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

No

Yes Tell us the details below.

Tell us their names and their relationship to you and your partner.

How much of the rent do they pay and how often?

For example, every week, every fortnight, every four weeks or monthly.

 £ every

Has your rent changed in the last 12 months?

No

Yes

Send us proof of the date it changed and how much it changed.

When is the next rent increase due?

 / /

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as proof.

Has your rent been registered as a fair rent by a rent officer?

No

Yes Please send us the notice of registration form RO5.

Do you have any weeks when you do not have to pay rent?

No

Yes How many in a year?

Are you behind with your rent?

No

Yes By how many weeks?

Who has to pay the Council Tax bill for your home?

Tick the box that applies.

You or your partner

Your landlord

Someone else Tell us who it is.

What is the Council Tax reference number?

Does your rent include money for the following?

Meals No
Yes How much? £ every

For which meals? Breakfast
 Please tick. Lunch
 Evening meal

Water authority charges No
Yes How much? £ every

Heating No
Yes How much? £ every

Lighting No
Yes How much? £ every

Hot water No
Yes How much? £ every

Fuel for cooking No
Yes How much? £ every

Laundry No
Yes How much? £ every

Cleaning rooms or windows No
Yes How much? £ every

Gardening No
Yes How much? £ every

Garage or parking space No
Yes How much? £ every

Do you have to rent the garage as part of your tenancy agreement? No
Yes

Personal care and support No
Yes How much? £ every

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance? No
Yes How much? £ every
 What for?

Are you or have you previously been the subject of a Care Order? No
Yes

Were you looked after by the Social Services Department of the Local Authority after the age of 16? No
Yes

- If you are awarded Council Tax Support this will reduce the amount of Council Tax you are required to pay and we will send you a revised Council Tax bill.
- If you are a Council Tenant, we will pay any Housing Benefit you are awarded straight into your rent account.

PART A

Some Private Tenants are not affected by the new Local Housing Allowance. You may not be affected if you are:

- A tenant of a Registered Social Landlord (Housing Association)
- In a tenancy that began before 1989.
- Renting from a charitable organisation that provides support.
- Living in a caravan, houseboat, mobile home or hostel.
- Living in board and attendance accommodation.

If you are not one of the above please go to Part B

If you are one of the above please tick who you would like us to pay your housing benefit to?

You If ticked please complete Part C.
Your landlord

PART B

IN ALL OTHER CASES WE WILL PAY YOUR HOUSING BENEFIT DIRECTLY TO YOU.

If you feel there is a special reason why we should pay your Housing Benefit direct to your landlord, please give details below.

We may have to contact you for more information before we can agree to this.

PART C

We normally pay benefit direct into a bank/building society account. We recommend that your Housing Benefit is paid this way because:

- It is safe, secure and convenient.
- Your money is available the day it is paid into your account.

Please provide details of the account you would like us to pay benefit into.

Name of the bank/building society	<input type="text"/>
Full postal address of the bank/building society	<input type="text"/>
	<input type="text"/>
	Postcode
Whose name is the account in	<input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>
Roll number (building society accounts only)	<input type="text"/>

If you do not have a bank/building society account please contact us for advice on how to open a bank account.

Please use this space to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form, tell us how many.

Part 15 Checklist

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies. Please do not send valuable items through the post. If you can, bring them into our reception or to one of our Customer Service Centres at the libraries. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

We do not accept responsibility for any documents sent in the post should they get lost or damaged.

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.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later.

We can start to process your claim, but we will not be able to pay you any benefit until we have all the evidence.

	Evidence enclosed		If 'No', say why it is not enclosed and when it will be available.
	Yes	No	
<p>• Evidence of identity</p> <p>Such as a birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit or EEC identity card. We may need to see several of these documents for each person.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of your address</p> <p>Such as a recent gas or electricity bill or a TV licence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of National Insurance number</p> <p>Such as a National Insurance number card, payslips or letters from social security or the tax office.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of capital, savings and investments</p> <p>Such as all your bank, building society or post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last two months.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of earnings</p> <p><i>We also need this for any other adults living in your home.</i></p> <p>This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you do not have these payslips, please contact us for a form for your employer to fill in. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of other income</p> <p><i>We also need this for any other adults living in your home.</i></p> <p>Such as pension slips from a previous employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of benefits, allowances or pensions</p> <p><i>We also need this for any other adults living in your home.</i></p> <p>Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of private rent and tenancy</p> <p>Such as a rent book, rent receipts, a current tenancy agreement or a letter from your landlord giving full details of tenancy.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<p>• Evidence of other money paid out</p> <p>Such as letters about student grants or maintenance, agreements or receipts from registered childminders.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Make sure you read and sign the declaration on page 22.

If you would like somebody else to help with your claim or to be given information about your claim, please fill in the following section. You will need to select from the following options by ticking the box.

Option 1

- I would like somebody else to make claims on my behalf. I understand that all future letters about my claim and payment of Housing Benefit if applicable will be sent to this person.

I would like the following person to act on my behalf.

Surname or last name	<input type="text"/>
Other names	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode

The person you want to act for you will need to read and sign the following statement.

- **I understand** that I will be able to act on behalf of the person claiming.
- **I understand** that I will receive letters and, where applicable, payment of Housing Benefit for the person claiming.
- **I understand** that I will be able to make enquiries on behalf of the person claiming.
- **I understand** that I must let you know in writing about any change in the circumstances of the person claiming which might affect their claim.
- **I understand** that I will be held responsible for any overpayments of Housing Benefit that may be made as a result of the information I provide.
- **I understand** that if I give information that is incorrect or incomplete, you may take action against me, which may include court action or the application of a financial penalty.

Signature of the person
wanting to be an appointee

Date

 / /

Option 2

- I would like all correspondence about my claim to be sent to the following person. I will continue to sign any application forms myself and where applicable any payment of Housing Benefit should continue to be sent to me.

I would like the following person to receive forms and letters on my behalf.

Surname or last name	<input type="text"/>
Other names	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>
Address	<input type="text"/>
	Postcode

When you apply for Housing Benefit or Council Tax Support your entitlement will normally start from the Monday after the date of first contact.

We may be able to pay you from an earlier date if you can give us a good reason why you did not apply earlier.

Date you want to claim from

For this earlier period, were your circumstances **No** **Yes**

the same as on this form? If 'No', we will write to you about this.

Please tell us why you have not claimed before and give as much detail as possible. If your reasons include any medical problems, please provide a doctor's letter to support your application. Continue on a separate piece of paper if you need more space. **Remember**, the more information you can give us the better.

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

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 or evidence that is incorrect or incomplete, you may take action against me. This may include court action.
- I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, 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 like banks and other organisations that may lend me money, if the law allows this.
- I know that I must let the Benefits Team know in writing about any change in my circumstances which might affect my claim.

Signature of person claiming

Date / /

Partner's signature

Date / /

**If this form has been filled in by someone other than the person claiming
Please tell us why you are filling in this form for the person claiming.**

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

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

 / /

If you can not send the evidence we need at the moment, send the form back to us now and send the evidence later. If you delay sending back the form it could affect the date from which your entitlement starts.

Part 19 Sharing information with your landlord

I give permission for you to share information with my landlord. I agree to the following information being provided.

Details about progress of my claim including the amount of benefit paid to me

No

Yes Signature

All information contained in my application including details of my income and savings.

No

Yes Signature

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us to get a picture of who contacts us, uses or does not access our services and will help us improve what we provide and reduce potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describe you.

You are not obliged to answer all questions but the more information you supply the more effective our monitoring will be.

The information you supply will be strictly confidential and is not used in connection with your claim.

1. Are You: Male Female Transgender
2. Age: under 16 16-19 20-29 30-39 40-49 50-59
60-69 70-79 80+

3. Do you have a disability that limits your activities in any way? Yes No
If Yes, please select below which applies to you:
- Sensory disability Physical Disability Learning Disability Mental Health
Long-term Illness

4. To which of these groups do you consider you belong to?

White	Asian or Asian British	Mixed	Black or Black British	Chinese or other ethnic group
British <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Other White <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>		

Do you consider yourself to be: Roma Gypsy Traveller

6. What are your religious beliefs?
Buddhist Christian Hindu Jewish Muslim
Sikh No Religion Other Please specify

7. What is your sexual orientation?
Heterosexual Gay Lesbian Bisexual

8. Employment Status
Employed Unemployed Retired Student

If employed please indicate
Full Time Part Time Self Employed

9. Marital Status
Single Widowed Married Co-habiting
Separated In a civil partnership Divorced

10. How many children under 16 live in your household?

