

Claim form for help with council tax for UC customers

Name	For office use only	
Address	Date Stamp:	Claim Ref:
		Property Ref:
		Person Ref:
		Date of issue:
Postcode		Initials:

This form should be completed by people who receive Universal Credit and wish to claim help with their Council Tax.

Points to remember when filling in this form.

- Please answer all the questions. If the question does not apply to you, write 'None' or 'N/A' or sign your name.
- It is an offence to give false information or not to tell the Benefits Service about any change in the circumstances of anyone listed in your claim form.
- We can only accept original documents as proof. We cannot accept photocopies.
- **Return this form immediately, even if you do not have all the proof we have asked for.**

Our offices and opening times

Benefit Team
Forest of Dean District Council
High Street
Coleford
Gloucestershire
GL16 8HG

Web Site: www.fdean.gov.uk
Phone: 01594 812531 Fax: 01594 81254
Opening Times:
Monday to Thursday 9am to 4.45 pm
Friday 9am to 4.30pm

Benefit Helpline
Council Tax Team
Housing Advice Service
Citizens Advice

Phone
01594 812531
01594 812532
01594 812308
01594 823937

E-mail/Web Site
housing.benefits@fdean.gov.uk
council.tax@fdean.gov.uk
housing.advice@fdean.gov.uk
www.forestofdeancab.co.uk



Forest of Dean
— DISTRICT COUNCIL —

Are you the only person over the age of 18 in the property?

Yes No

Part 1 About you and your partner

By partner we mean someone you are married to or have a civil partnership with, or somebody you live with as if you were their husband, wife or civil partner.

Do you have a partner that lives with you?

Yes No

If yes, answer all the questions for your partner as well as yourself.

Do you rent your home with a joint tenant, other than your partner?

Yes No

You

Your Partner

Title (Mr, Mrs, Miss, Ms, and so on)

First Name

Surname

Any other names that you are or have been known by

Are you married, single, divorced, separated, widowed? Please say which.

Date of birth

National insurance number

Tick here if you do not have a National Insurance number

Address

Phone number

Mobile number

Email Address -

Date you moved, or will move, into this address

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

Date moved out of previous address

Did you own your previous address?

Yes No

Yes No

Do you or your partner receive DLA or PIP?

Yes No

Yes No

Are you registered blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give your registration number.	<input type="text"/>		<input type="text"/>	
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, within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes:	<input type="text"/>		<input type="text"/>	
What is your nationality?	<input type="text"/>		<input type="text"/>	
What date did you come to live in the United Kingdom?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has the Home Office given you permission to enter or stay in the United kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give details	<input type="text"/>			
Do you or your partner work? (this includes full-time, part-time, voluntary and agency work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how many hours do you or your Partner work per week?	<input type="text"/>		<input type="text"/>	

PLEASE PROVIDE DETAILS OF YOUR UC AWARD FROM YOUR ONLINE JOURNAL

Part 3 People in your home

In this part we ask for details of anyone who lives with you and your partner.

Is anyone who lives with you:

A full time student or student nurse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanently in hospital or a nursing home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In prison, on remand or in a bail hostel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An apprentice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A care worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On youth training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Long-term sick or disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registered blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone who lives with you have a severe learning disability, mental illness or form of dementia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, give their name/s and the condition

In this part we ask for details of children that you or your partner get Child Benefit for.

You

Your Partner

Do you or your partner have children living with you that you get Child Benefit for?

Yes No

Yes No

If no, please sign here and go to part 5.

If yes, please answer the question below

How many children live with you?

If you have more than three children, please use the space in part 19

First Child

Second Child

Third Child

First name

Surname

Is the child male or female?

Child's date of birth

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The child's relationship to you

The child's relationship to your partner

Is the child registered blind?

Yes No

Yes No

Yes No

Is the child entitled to Disability Living Allowance or Personal Independence Payment?

Yes No

Yes No

Yes No

If so, tell us how much.

Care	£
Mobility	£

Care	£
Mobility	£

Care	£
Mobility	£

Do you pay someone for childcare?

Yes No

Yes No

Yes No

If so, give the childcare provider's

* Name

* Registration number

* How much do you pay a week?

£

£

£

* Do childcare costs stay the same in the school holidays?

Yes No

Yes No

Yes No

* If no, how much are they in the school holidays?

£

£

£

* Do you get childcare vouchers for this child?

Yes No

Yes No

Yes No

* If so, how much do you get?

£

£

£

* Is this child about to leave school?

Yes No

Yes No

Yes No

* If so, tell us the date they will leave school.

Part 5 Other people who live with you

In this part we ask for details of anyone else (other than your partner or children listed in part 4) who live with you. This includes grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants, foster children and students living term time at university/college.

You

Your Partner

If you do not have any of the above people living with you, sign here and go to part 6.

If there are more than three other adults living with you, please use the space in part 19 to tell us about them.

	First person	Second person	Third person
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date they moved in	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much rent to they pay?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get:			
* Income Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Job Seekers Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Employment & Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Universal Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Pension Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I agree to you contacting the Department for Work and Pensions about my Income Support, Job Seekers Allowance, Employment & Support Allowance, Universal Credit or Pension Credit.

Signature of adult living with you

Do they get Disability Living Allowance, Attendance Allowance or Personal Independence Allowance?

Yes No

Are they a full-time student or student nurse?

Yes No

Are they an apprentice or on a Youth training Scheme?

Yes No

PLEASE FORWARD THEIR STUDENT CERTIFICATE

Yes No

Do they work 16 hours or more a week?

* If so, what is their gross weekly wage?

£

£

£

Do they have any other income from work?

Yes No

* If so, what is their gross weekly other income?

£

£

£

Do they have any other income at all (including any benefits, allowances, pensions and income from savings)?

Yes No

Yes No

Yes No

* Name of first income

* Amount before deductions

* How often they are paid

* Name of second income

* Amount before deductions

* How often they are paid

PLEASE FORWARD THEIR LAST 2 MONTHS / 5 WEEKS OR 3 FORTNIGHTS PAYSLEIPS

IF THEY ARE SELF EMPLOYED PLEASE CONTACT THE BENEFIT SECTION 01594 812563 FOR A SELF EMPLOYED FORM.

If there are more than 2 incomes, please use the space on part 7 to tell us about them, including how often they are paid.

Part 6 Backdating

We can normally pay Council Tax Support from the Monday after you first asked us for a form, as long as you return it within one month. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from, and why you did not claim earlier.

Date you want to claim benefit from

Tell us why you have not claimed before.

Part 7 Extra information

Please use this space to tell us about any children, other adults, income, jobs, savings and so on, that you have not been able to give details of on the previous pages. You can also use it to tell us anything else you feel may help us with your claim.

Part 8 How we collect and use information

We will use the information we collect on this form and from supporting evidence, to process your application. We may pass the information to the Department for Work and Pensions and HM Revenue & Customs if the law allows this.

We may check the information you provide, or information which someone else gives us about you, with other information held by us. We may also get information from other organisations, or give them information, to check that the information we have is accurate, to prevent or detect crime, or to protect public funds in other ways, if the law allows this. These other organisations include government departments and local authorities.

Forest of Dean District Council is the Data Controller for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of Housing Benefit and Council Tax Support. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

Fair Processing Notice

We are required by law to protect the public funds we administer. In order to prevent and detect fraud we may share information provided to us with other bodies responsible for auditing or administering public funds.

We are participating in data matching exercises to assist in the prevention and detection of fraud and are also providing data to the Audit Commission for matching with data held by other organisations. Housing Benefit and Council Tax Reduction data may also be supplied to credit reference agencies.

Data matching involves comparing computer records held by one organisation against other computer records held by the same or another organisation to see how far they match. This is usually personal information and may include checks on undeclared cohabiters.

Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there is an inconsistency that requires further investigation. We cannot assume that the inconsistency is as a result of fraud, error or other explanation until an investigation is carried out.

Declaration - Please read this carefully before you sign and date it

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- I know I must immediately tell the relevant local authority's Benefit Service in writing, about any changes in my circumstances or changes in the circumstances of anyone else in my household, which may affect my claim. **If I do not do this I may be prosecuted.**

I declare the information I have given on this form is correct and complete. I understand that if someone else filled in this form, it is my responsibility to check all the information given in this form.

Your signature

Date

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Partner's Signature

Date

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WARNING - You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens, or you are aware that a change will be happening.

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

Name of the person who filled in this form

Relationship to the person claiming

Do you have power of attorney / are you the customer's appointee?

Yes

No

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature of person
who filled in the form

Date

Checklist

Evidence

The checklist below will help you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the proof we need. 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. We will give you the documents back straight away. If you cannot get into the office, phone us for more advice.

You must provide evidence straight away so we can process your claim.

We need the same evidence for your partner, if you have one, and for any other adults living in your home.

If you do not provide all the evidence we need, we might not be able to pay you any benefit.

- Evidence of identity**
Such as birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We need to see evidence of at least one of these items for each person.
- Evidence of National Insurance number**
Such as National Insurance number card, payslips or letters from social security or the tax office.
- You and your partner evidence of Universal Credit**
Details from your journal showing your UC award. This can be with a screen shot or print out.
- Evidence of earnings. Also for any other adults living in your home.**
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. You can ask your employer to fill in a wage certificate if you do not have these payslips. Please ask us for a certificate. If you or your partner is 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.

If you cannot get the proof straight away, send the form to us with the proof you do have and let us know what proof has been delayed and when you will be able to send it to us.