

PRIVATE AND
CONFIDENTIAL

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Housing Benefit & Council Tax Benefit

Getting your claim dealt with more quickly

The following notes have been written to help you to help us deal with your claim as quickly as possible. Please tear them off and read them before you fill in the application form.

Please also tear off page 27, and keep this part to tell us about any future changes.

This form is available in large print - please phone: 01732 227414

If you need more information, or if there is any part of the application form you are not sure about, please call us on 01732 227000, followed by option 2.

Filling in the application form

You must answer all the questions and tick all the boxes. If a question does not apply to you tick the 'no' box. Use black ink and make sure you sign and date the Declaration on page 21. You must also send in the necessary documentary proofs. If someone else fills in the form for you, there is a special place for them to sign.

Do not delay in completing and sending in your application form, as benefit is usually paid from the Monday after you make your claim. Even if you do not have all the proofs, send your form anyway and get the proofs to us as soon as possible and within 1 calendar month at the latest. Examples of acceptable proofs are listed overleaf.

If you are renting your property or paying ground rent, even if the Council pays your rent, you must complete Part 10 of the application form to enable you to claim Housing Benefit.

What will happen when I return my application?

We will process your application and write to you telling you the outcome of your claim with details of how this has been worked out. If you are not awarded benefit we will tell you why. If you are awarded benefit we will tell you the period for which payment has been awarded and the amount of benefit awarded. Check these letters carefully, especially the income we have used in the assessment and tell us straight away if any of the details are not correct.

If your application form is not properly completed, with all the necessary documentary proofs enclosed, we will not be able to complete our assessment and it will cause a delay in working out what you may be entitled to.

If you give incorrect information you may be prosecuted

Sharing information about your application for benefit with your landlord or a third party

With your permission we could tell your landlord, or a named third party, whether you have made a claim or advised us of a change in circumstances, whether we have made a decision on your claim, or whether we need more information to make a decision and what that information is. If you are happy for us to discuss your claim, you must fill in, sign and return the form on page 25.

Paying your benefit

We will pay your Housing Benefit straight into your bank or building society account. You must fill section 12a on page 19, giving us details of the account you want us to use.

If you are not affected by Local Housing Allowance we can pay your benefit direct to your landlord or landlord's agent. Your landlord or landlord's agent must fill in, sign and return the tear-off form on page 23. Do not delay sending in your form because you are waiting for the landlord or agent to sign it. Send the form anyway and we will pay you until we receive the signed declaration.

Please note that tenants of Hanover Housing Association, MacIntyre Housing Association, Moat, Rockdale, Southern Housing Group and West Kent Housing Association, and Dartford Borough Council's council tenants do not need to get their landlord to sign.

TEAR OFF

TEAR OFF

TEAR OFF

Examples of proofs

Please note that all proofs must be **ORIGINAL** documentation

National Insurance numbers

National Insurance card, pay slips, benefit payment books and letters from the Department for Work and Pensions. You must supply proof of this for yourself (and your partner if you have one).

Identity

Benefit payment books, paid utility bill for the last quarter, pay slips, bank statements, building society books, birth certificate, marriage or civil partnership certificate, driving licence, passport, Home Office letters, UK residence permits and EEC identity card.

Child Benefit, if you have children living with you

Child allowance book or award letter. **Other adults who live in your household are called non-dependants and a deduction will be made from your benefit according to their income:** wage slips, a completed Certificate of Earnings, benefit or pension slips, award letters.

Income (not including earnings or savings)

Proof of each pension, allowance or other income that you or your partner get, eg award letters, benefit books or payment slips.

Other income

Maintenance – the original court order notice or Child Support Agency notification with current evidence of the payments you receive, eg a bank statement or a letter from the absent parent/partner confirming the amount they pay. Student Grants and Loans – the original award notifications.

Earnings

Your last 5 (or 8 if your wages vary) payslips if you are paid weekly, or your last 2 (or 3 if your wages vary) payslips if you are paid monthly. Alternatively, your employer can fill out a Certificate of Earnings (we may contact your employer to confirm the details supplied). If you are self-employed you need to supply your latest self-employed accounts or complete a self-employed earnings form (please contact us if need one of these).

Savings, investments and capital

Original bank statements showing the last 2 months' transactions, pass-books or certificates for all accounts, bonds or other investments including ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments or savings.

If you are renting from a Private Landlord or Housing Association

Tenancy agreement, Rent Book, letter from landlord or landlord's agent. The proof must show current liability, the date the liability started and what services, if any, are included.

Please do not send State Benefit books through the post. These may be taken to a Dartford Borough Council or Sevenoaks District Council Office for verification – see page 22 of this form for addresses and opening times.

We will copy all documents and return them to you immediately

Equality Monitoring of Service Users Questionnaire

We want to ensure we shape and design our services around the local population. So that we can provide the services that meet your needs, we should be grateful if you would answer the questions below.

Your answers are key to us finding out about the profile of our customers and whether any of the services we provide need improving to meet particular needs.

We will publish reports showing how the information has contributed to improvements in our services. So you can see how the data is being used, reports will be available annually at www.sevenoaks.gov.uk/equality and in other formats on request. Your answers will not be used for any other purpose. Your Questionnaire will be separated from your Benefit Application Form prior to assessment and will be kept **confidential** and **anonymous**.

Thank you for taking the time to answer these questions.

(1) What is your gender? (please tick)

 Male

 Female

(2) What is your ethnic group? (please tick)

White

 British

 Irish

Any other White background, please write in:
.....

Mixed

 White and Black Caribbean

 White and Black African

 White and Asian

Any other Mixed background, please write in:
.....

Asian or Asian British

 Indian

 Pakistani

 Bangladeshi

 Chinese

Any other Asian background, please write in:
.....

Black or Black British

 Caribbean

 African

Any other Black background, please write in:
.....

Other ethnic group

 Gypsy/Romany

 Traveller

Any other, please write in:
.....

(3) Do you have a disability?

The Disability Discrimination Act considers a person disabled if:

- You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

(3a) Do you consider yourself to be disabled as set out under the Disability Discrimination Act?

 Yes

 No

(3b) If yes, please state the type of impairment which applies to you (tick any that apply)

 Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches

 Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment

 Mental health condition, such as depression or schizophrenia

 Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)

 Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

 Other (please specify):.....

**STRICTLY
CONFIDENTIAL**

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Claim Ref: Date Sent: Return by:

Housing Benefit & Council Tax Benefit

Please read these notes before filling in the form

1. Please **read the questions** carefully before answering, and fill in all parts of the form using **black ink**.
2. If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.
3. If you need any help with this form, please visit our offices or phone us. For contact details please see page 22. In exceptional circumstances, if you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.
4. We normally pay benefit from the Monday after we receive your form. Send your form in as quickly as possible to register your claim, with any proof we require. If you do not have all the evidence you need, return the form anyway and send the proof within 1 calendar month. If you need longer please tell Benefit Services ("us") at once. **Never delay claiming, as this will lose you benefit.**
5. If your circumstances change after you have filled out this form you must let us know straight away. Examples of things you must tell us about are:
 - if you change address
 - if you, or your partner stop getting Income Support/Income-Based Jobseekers Allowance or Guarantee Credit
 - if you, or your partner, go into hospital
 - if anyone leaves or joins your household
 - if anyone in your household has a change of income

Please note these are examples only - if in doubt please tell us anyway. If you telephone you will normally have to confirm your changes in writing.
6. The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment.

Please use black ink.

Name:

Address (including room no, if you have one):

..... Postcode:.....

Phone Number: Email:.....

You do not have to give your phone number or Email address, but it could help us contact you more quickly if you do.

Please tick the box which applies to you before you fill in the form:

- | | |
|--|--|
| <input type="checkbox"/> I own and live in my own home | <input type="checkbox"/> I live in a hostel or bed and breakfast accommodation, which was not arranged by Dartford Borough Council or Sevenoaks District Council |
| <input type="checkbox"/> I pay rent to West Kent Housing Association | <input type="checkbox"/> I wish to apply for Council Tax Benefit only |
| <input type="checkbox"/> I pay rent to another Housing Association | <input type="checkbox"/> I pay ground rent only for a mobile home |
| <input type="checkbox"/> I pay rent to a private landlord | <input type="checkbox"/> I wish to apply for Second Adult Rebate.* |
| <input type="checkbox"/> I have been placed in temporary accommodation by Dartford Borough Council or Sevenoaks District Council | |

*You can claim Second Adult Rebate if you are the only person in your home who has to pay Council Tax but you share your home with other adults (none of these adults can be your partner or tenant or lodger) who are on a low income. You may be entitled to Second Adult Rebate regardless of your own income. Please complete this page and sections 1, 5, 13 and 14 only. If you are not sure if you would be entitled to Council Tax Benefit due to your own income, complete all sections and we will award the benefit that gives you most help.

You must provide original documents. We do not accept photocopies.

1 About you and your partner

Please answer all the questions.

Do you have a partner who normally lives with you?

Yes No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

Proof: National Insurance Numbers - You must supply proof of National Insurance Number (and your partner's if you have one). If you or your partner do not have or cannot find your National Insurance Number please tell us at once. We cannot pay benefit without this information.

Identity: You must provide proof of your identity. Suitable documents include **benefit payment book, paid utility bill for the last quarter, pay slips, bank statements, building society books, birth certificate, marriage certificate, driving licence, home office letters and UK residence permits.** If you are unsure about what is needed please ask us.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself	Your Partner
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:.....
Surname/family name		
First names		
Former or "known as" name		
Date of birth	/ /	/ /
National Insurance number		
Are you a joint tenant or owner (not including with your partner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give us the name of your joint tenants/owners		
Did you or your partner previously own the home you are living in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give us the date you sold it	/ /	/ /
Name of the person you sold it to		
What date did you move to your current address?	/ /	/ /
What was your previous address?		
Postcode		
Did you own or rent your last home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent
What was last day you were liable to pay rent at your previous address?	/ /	/ /
Were you getting benefit from us at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you getting an extended payment within 4 weeks of leaving this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever claimed benefit before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the last address you claimed benefit at?		
Postcode		

You must provide original documents. We do not accept photocopies.

	Yourself	Your Partner
Have you come to live in the UK, Republic of Ireland, Channel Islands or the Isle of Man in the last 2 years? (The UK is England, Scotland, Northern Ireland and Wales).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , what is your nationality? (We may contact the Home Office to check the information you give on this form and to get further relevant information)		
If your nationality is not British, on what date did you last enter & apply to stay in the United Kingdom?	/ /	/ /
Do you have a worker registration card or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you come to live in the UK under a sponsorship undertaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , give the following details Sponsor's name:		
Other names:		
Address:		
Date of sponsorship:	/ /	/ /
Home Office reference number:		

2 More about you and your partner

Please answer all the questions.

	Yourself	Your Partner
Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , are you full or part time?	<input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Full <input type="checkbox"/> Part
Do you get Income Support/Income-Based Jobseeker's Allowance/Employment and Support Allowance (income related) or Guarantee Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get the long-term rate Incapacity Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Severe Disablement Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered as blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Are you registered as partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number		
Do you get Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Care Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Disability Living Allowance Mobility Component?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone get Carer's Allowance for looking after you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please say who gets it.	_____	_____
Are you unable to work because of illness or disability? (We may ask for proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the date you became unfit for work.	/ /	/ /
Are you in hospital at the moment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the date you went into hospital.	/ /	/ /
If yes , please give the date you hope to return home.	/ /	/ /

You must provide original documents. We do not accept photocopies.

3 About any children who live with you

Do you have any children who live with you? Yes No

If **no**, go to section 4.

By children we mean anyone under 16, or any young person aged 16 or over but under 20, in further education.

Proof: Please provide proof of the Child Benefit you receive. This could be the **Award Letter**. If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

You must tell us when Child Benefit stops.

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname					
First Names					
Relationship to you					
Date of Birth	/ /	/ /	/ /	/ /	/ /
Do you receive Child Benefit for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Disability Living Allowance for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they Registered Blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are over 15, give the date you think they will leave school	/ /	/ /	/ /	/ /	/ /
Are they earning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4 Money you pay out

Are any of your children cared for by a registered childminder, or any other registered or approved childcare provider, for example a nursery or an after-school club? Yes No

If **yes**, how much do you pay each week? £ : p

Name and address of childcare provider:

.....

.....

.....

Proof: We will need to see evidence of the childcare provider's registration and proof of the payments you make.

Do you or your partner pay anything towards a student grant? Yes No

If **yes**, how much do you pay each week? £ : p

Proof: We will need to see proof of the money you pay out. This may be a **statement of payments** or a **letter from your local education authority**.

5 About other people who live in your home

Apart from you, your partner and any children you receive Child Benefit for, does anyone else live in your home? Yes No

If **no**, go to section 6

If **yes**, please tell us about everyone in your home who has not been mentioned on this form. This includes other children, relatives and anyone else who lives with you, **except** sub-tenants, borders or lodgers who should be named in section 9. You do not need to include other tenants in the property who are not part of your household.

Proof: we will need to see proof of all the people that you mention in this section. This includes proof of their income and savings. This may be **wage slips** (5 if they are paid weekly, or 2 if they are paid monthly), a **completed Certificate of Earnings, benefit or pension slips, award letters, or a letter from the person or organisation who is providing the money.** We need this information because other adults living in your home are called non-dependants and a deduction will be made from your benefit according to their income. If you do not send this proof we may deduct the wrong amount.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names				
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Do they own the property you live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they a joint owner / tenant with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they work 16 hours a week or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their weekly gross income (before tax and deductions, but not including Attendance Allowance or Disability Allowance)?	£ : P	£ : P	£ : P	£ : P
Do they receive Savings Credit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , how much ?	£ : P	£ : P	£ : P	£ : P
What savings do they have?	£ : P	£ : P	£ : P	£ : P
What interest from savings and dividends from shares do they receive?	£ : P	£ : P	£ : P	£ : P
Do they get Income Support/Income-Based Jobseeker's Allowance/Employment and Support Allowance (income related) or Guarantee Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Insurance Number (if known)				
Do they provide care in your home for you, your partner or your child for more than 35 hours a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they in hospital or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , what date did they go into hospital or in to custody?	/ /	/ /	/ /	/ /
Are they students? (This includes student nurses, youth training trainees and apprentices)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they severely mentally impaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get Child Benefit for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of these people are married, civil partners or living as a couple, please state this				

You must provide original documents. We do not accept photocopies.

6 About your income (not earnings or savings)

Do you or your partner get any pensions, benefits, allowances or other income (not earnings)?

Yourself: Yes No / **Your Partner:** Yes No

If **no**, please go to section 7.

If **yes**, please fill in the boxes to show how much you and/or your partner get, how often (weekly, monthly, 4 weekly), how you are paid (direct into bank or building society, order book, giro) and when the income started. Please give the **gross** (before any deductions) income you are entitled to.

Proof: Please send us proof for each pension, allowance or other income that you or your partner get. This may be **bank statements showing the amount received, award letters or payment slips**.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Pensions								
State Retirement Pension		:				:		
Occupational Pension								
Name of employer								
Date you expect your next increase		/	/			/	/	
Personal Pension		:				:		
Widowed Mother's Allowance or Widowed Parent's Allowance		:				:		
Widow's Allowance, Widow's Pension or Bereavement Allowance		:				:		
War Widow's or Dependant's Pension		:				:		
War Disablement Pension		:				:		
Industrial Disablement Pension		:				:		
Benefits and Allowances								
Guarantee Credit - Pension Credit		:				:		
Income Support		:				:		
Income-based Jobseeker's Allowance		:				:		
Employment & Support Allowance (IR)		:				:		
Employment & Support Allowance (C)		:				:		
Contribution-based Jobseeker's Allowance		:				:		
Savings Credit - Pension Credit		:				:		
Employment Training Allowance		:				:		
Child Benefit		:				:		
Working Tax Credit (please provide the award letter)		:				:		
Incapacity Benefit		:				:		
Child Tax Credit (please provide the award letter)		:				:		
Attendance Allowance		:				:		
Disability Living Allowance: Mobility		:				:		
Disability Living Allowance: Care		:				:		
Carer's Allowance		:				:		
Severe Disablement Allowance		:				:		
Exceptionally Severe Disablement Allowance		:				:		
Industrial Disablement Benefit		:				:		

You must provide original documents. We do not accept photocopies.

Other Income

Proof: Maintenance - please provide the **original court order notice** or **Child Support Agency notification** with current evidence of the payments you receive. This may be a **bank statement** or a **letter from the absent parent/partner** confirming the amount they pay.

Student Grants and Loans - please provide the **original award notifications**.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

Income from MFET Ltd ("Eileen Trust"), The Fund, The MacFarlane Trusts and the Independent Living Fund does not need to be declared.

	Yourself				Your Partner			
	When did it start?	Amount £ : p	How often is it paid?	How is it paid?	When did it start?	Amount £ : p	How often is it paid?	How is it paid?
Maternity Allowance		:				:		
Fostering Allowance		:				:		
Guardian's Allowance		:				:		
Return to Work Credit		:				:		
Youth Training Scheme payment		:				:		
Maintenance payments you receive (for yourself)		:				:		
Maintenance payments you receive (for a child)		:				:		
Student Grant		:				:		
Student Loan		:				:		
Access Fund Payments		:				:		
Payments from boarders		:				:		
Rent		:				:		
Payments from charities		:				:		
Home Income Plan (Annuity)		:				:		
Private Pension (Annuity)		:				:		
Any other income		:				:		
please give details:								

Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section? Yes No

If **yes**, please give details below

Name of benefit or other income	
Who is claiming this?	
Date it was applied for	/ /
Is any of the above income for you or your partner subject to regular increase?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please details below
Income subject to regular increase	
Date next increase due	/ /

Please tell us immediately if you stop receiving any benefits, allowances or other income. You must also tell us immediately if you start to get any other benefits, allowances or other income.

You must provide original documents. We do not accept photocopies.

7 Where do you work and what do you earn?

Do you or your partner have any work, paid or otherwise? (This includes self-employment and voluntary work) Yourself: Yes No / Your Partner: Yes No

If **yes**, please fill in this section if you are employed by someone else. If you are self-employed please complete section 7a and fill in a self-employed earnings form. If you have not been sent this form, please contact us immediately. If **no**, please go to section 8.

Proof: We need **your last 5 payslips if you are paid weekly**, or **your last 2 payslips if you are paid monthly**. If you do not have the necessary payslips, or your payslips do not show us what we need to know, your employer will need to fill out a **certificate of earnings**. If necessary we will need to contact your employer to confirm the details supplied. If your wages vary please send your last 8 payslips if you are paid weekly and the last 3 payslips if you are paid monthly.

	Yourself		Your Partner	
How many jobs do you have?				
Name and address of your main employer	_____ _____ _____		_____ _____ _____	
Place of work if different from above	_____ _____ _____		_____ _____ _____	
Date you started work	/ /		/ /	
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How are you paid? For example cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£ p		£ p	
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
Do you receive Luncheon Vouchers?	:		:	
What date do you expect your next pay increase?	/ /		/ /	
If you are getting Statutory Sick Pay, what date did it start?	/ /		/ /	
If you are getting Statutory Maternity/Paternity Pay, what date will it end?	/ /		/ /	
If you are getting Statutory Adoption Pay, what date did it start?	/ /		/ /	
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , how much do you pay?	£	:	p	£ : p
How often?				

Please provide proof that you are a member of the scheme and evidence of how much you pay.

You must provide original documents. We do not accept photocopies.

	Yourself		Your Partner	
Do you or your partner do any other work, paid or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of your employer	_____		_____	
	_____		_____	
	_____		_____	
Place of work if different from above	_____		_____	
Date you started work	/ /		/ /	
Your job title	_____		_____	
Your payroll number	_____		_____	
Number of hours you work each week	_____		_____	
If the employment is on a casual or fixed-term basis, what date will it end?	/ /		/ /	
How are you paid? For example cash, cheque, bank credit	_____		_____	
	Amount	How often	Amount	How often
	£ p		£ p	
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
What date do you expect your next pay increase?	_____		_____	

If you have more than 2 jobs please give details in Section 11 Other Information

7a Self Employed

	Yourself		Your Partner	
Are you or your partner self-employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is self-employment your only employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a partner of the business? (If yes , we need to see your partnership agreement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a director of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of work do you do?	_____		_____	
How many hours do you work per week ?	_____		_____	
Please give your business address	_____		_____	
	_____		_____	
Do you contribute to a personal pension plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , how much do you pay?	£	:	£	:
How often?		p		p
Please provide proof that you are a member of the scheme and evidence of how much you pay				
Do you get a business allowance or government grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have prepared accounts for the last financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **yes**, please return them with this form. If **no**, you will need to complete a self-employed earnings certificate. Please contact the Council if you have not been sent one with this form.

You must tell us if you start or stop work after you have sent in this form. You must also tell us if there is a change in the number of hours you work or the amount of money you earn.

You must provide original documents. We do not accept photocopies.

8 About your savings, investments and accounts

You must declare all your savings, investments and details of all accounts even if they are overdrawn.

Please fill in all the sections below.

Proof: Please provide original bank statements showing the last **2 months'** transactions, pass-books or certificates for all accounts, bonds or other investments which you or your partner have. We will photocopy these and return them to you immediately. If you do not have the documents to hand, send in what you have now and send the other information within 1 calendar month.

Please ensure you put the totals for each account below.

	Yourself	Your Partner
Do you have Current Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have Deposit Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or post office or giro account.	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have, ISAs, PEPs, or TESSAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give the name of the bank or building society or company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have National Savings Certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :
Do you have National Savings Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1 £ :	1 £ :
	2 £ :	2 £ :
	3 £ :	3 £ :
	4 £ :	4 £ :

Please check that you have entered totals for each account.

You must provide original documents. We do not accept photocopies.

	Yourself	Your Partner
Do you have Unit Trusts? If yes , please give name of Company or Investment Fund and Issue number or type	<input type="checkbox"/> Yes <input type="checkbox"/> No How many? 1 _____ 2 _____ 3 _____ 4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How many? 1 _____ 2 _____ 3 _____ 4 _____
Do you have Shares? If yes , please give name of Company or Investment Fund and Issue number or type	<input type="checkbox"/> Yes <input type="checkbox"/> No How many? 1 _____ 2 _____ 3 _____ 4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How many? 1 _____ 2 _____ 3 _____ 4 _____
Premium Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :
Savings in cash	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , total value £ :
Any other investments - please give details	_____	_____
Do you or your partner's savings include any back payments of benefit you or they received in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , type of benefit _____ Amount paid £ : When paid / /	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , type of benefit _____ Amount paid £ : When paid / /
Do you own or jointly own any other property or land other than the home you live in? If yes , please give details including address.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
Have you sold a property within the last 12 months? (We may contact you for more information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please make sure you have included details of all savings and investment. You can give more details in section 11 Other Information.

If you have savings, investments and accounts which total over £16,000 you will not normally be entitled to Council Tax Benefit or Housing Benefit.

You must provide original documents. We do not accept photocopies.

9 About sub-tenants, boarders and lodgers

(Anyone who lives with you and pays rent, but is not a close relative).

Is there anyone else living with you who you have not mentioned on this form? Yes No

If **no**, please go to section 10. If **yes**, please give their details below.

Proof: We need proof of the amount of rent you get each week. This may be the **rent book**, or a **letter from your boarder/lodger/sub-tenant** confirming the amount they pay and what is included in their rent.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names	_____	_____	_____	_____
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Date they moved in	/ /	/ /	/ /	/ /
How much rent do they pay each week?	£ : p	£ : p	£ : p	£ : p
Does the rent cover heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the rent cover meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Details about your tenancy

Do you rent from a Private Landlord or Housing Association? Yes No

If **no**, please go to section 11. If **yes**, please complete **all** the questions below.

Proof: Please provide evidence that you are currently liable to pay rent. This must include the full name and business address of the landlord, the full name and business address of any managing agent, the date the agreement started, the amount of rent payable, what is included in the rent (for example water rates, meals, emergency alarms), and the payment frequency. Suitable documents include **tenancy agreement, rent book, letter from landlord or landlord's agent**. Please note that the proof must show **current** liability.

What date did you move to your current address? / /

Landlord's name	Full name (if not a company)		
Landlord's address			
Landlord's phone number			
Name and address of agent (if you have one)			
Date the tenancy started	/ /	Date you moved in	/ /
What sort of tenancy do you have? eg Assured/Shorthold			
Length of tenancy	Months	Date tenancy is due to end	/ /
Is the tenancy in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please provide tenant's name		
What is the full rent/ground rent you pay and how often is it due?	£ :	<input type="checkbox"/> Every week	<input type="checkbox"/> Every month <input type="checkbox"/> Every four weeks
Are you behind with your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you owe?	£ : p
Could you afford your rent when you moved in?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a joint tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or your partner related to your landlord/landlady (or his/her partner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes , what is the relationship?			
Is your landlord an ex-partner of you or your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes did you live with your landlord at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your landlord the parent of your or your partner's child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you or your partner work for your landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your landlord own the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you or your partner use part of your home for business purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your rent been registered with the Rent Officer? If yes, please provide the Notice of Registration Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Are there any of the following included in the rent – please tick

Services

Council Tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Water Rates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Garage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Do you have the option to rent the garage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Don't know
Allocated parking space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Hot water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Cooking facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Laundry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Gardening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Medical expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know
Other (please give details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	£	:	<input type="checkbox"/> Don't know

Facilities

Central Heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnished	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , how is it furnished?	<input type="checkbox"/> Partly	<input type="checkbox"/> Fully
Garden	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Meals

Breakfasts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Midday Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evening Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are services provided throughout the property or just in the parts that are shared with others?

Please specify:

Throughout In shared parts only

Supported Accommodation

This means where extra support is available for example, warden, counselling, emergency alarms.

Do you live in supported accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes , does your rent include any of the following:					
Counselling or support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much?	£	:
Cleaning of room or windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much?	£	:
Emergency alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much?	£	:
Nursing or personal care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much?	£	:

We may need to ask you or your landlord for more details.

About the accommodation

<input type="checkbox"/> House	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Terraced
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Flat	<input type="checkbox"/> In block	<input type="checkbox"/> Over shop	<input type="checkbox"/> In house	<input type="checkbox"/> Caravan
<input type="checkbox"/> Site rent only	<input type="checkbox"/> Caravan & site rent	<input type="checkbox"/> Room/rooms			
Other, please specify:					

12 Paying your Benefit

We can pay Housing Benefit in 2 ways:

1. straight into your bank or building society account
2. direct to your landlord/landlord's agent*

Local Housing Allowance

*If you are renting from a private landlord, payments will normally be made direct into your bank or building society account. If you feel you are unable to manage your own financial affairs, please refer to page 20 and request an Application Form for payments of LHA to be paid to your landlord.

We will pay Housing Benefit straight into your bank or building society account because:

- it is safe and secure
- it is convenient
- using an account may help you save
- you can get to your money from many different places including branches of your bank or building society and cash machines.

The account can be:

- in your name
- in your and your partner's name
- in your name and the name of someone acting on your behalf

Tell us how you want us to pay you (make sure you tick one of the boxes below).

Into my bank/building society account. **Go to section 12a**

Direct to my landlord/landlord's agent*

Both you and your landlord/landlord's agent must also sign and return the form on page 23.

Note: Tenants of Hanover Housing Association, MacIntyre Housing Association, Moat, Rockdale, Southern Housing Group and West Kent Housing Association, and Dartford Borough Council's council tenants do not need to get a landlord signature they just need to return the form with the claimant part signed.

12a Details of the account you want us to use

Please fill in all the boxes

The name(s) the account is in

(write the name or names exactly as they appear on the cheque book, passbook or statement)

Full name of the bank or building society

Sort code

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If it is a building society account please give us the roll number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please note that we cannot pay into some types of building society accounts)

13 Local Housing Allowance: Safeguard Policy

Housing Benefit, for tenants of private landlords, will normally be paid to the tenant. Tenants do not have the option to choose to have their Housing Benefit paid direct to their landlords.

However, every council has a Safeguard Policy to protect vulnerable tenants. Each case is considered individually.

The broad areas in which the landlord may receive direct payments, as set out in the regulations, are:

- the tenant is in rent arrears of 8 weeks or more and it is in the over-riding interest of the claimant to make payments to the landlord
- the tenant is having deductions from their Income Support or Job seekers Allowance to pay off rent arrears
- the tenant is “likely to have difficulty in relation to the management of his financial affairs”
- it is unlikely that the tenant will pay their rent

Examples of where the Safeguard Policy may apply:

The tenant:

- has a medical condition which affects them dealing with their finances
- has a learning disability
- has language difficulties
- is dealing with an addiction
- has severe debt problems

This is not an exhaustive list.

Please tick here if you would like to receive an Application Form for payments of LHA to be paid to your landlord.

You will need to fully complete a Safeguard Form and provide supporting evidence for us to consider your application. We will then write to you with our decision.

Completion of this form does not guarantee that payments of Housing Benefit will go directly to the landlord. Each application is assessed on its own individual merits.

Alerting the Council

The tenant or another person representing them may make the Council aware that the Housing Benefit should be paid to the landlord in their opinion.

14 Declaration

YOUR DECLARATION

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

Warning: If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant changes of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Theft Acts of 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices, and other councils.
- 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 Government organisations, if the law allows this.

I know I must let Benefit Services (“us”) know about any changes in my circumstances which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming:

Date:

If this form has been filled in by someone other than the person claiming please tell us why you have filled in this form for someone else.

Name of the person who filled in the form:

Relationship to the claimant:

Signature person who filled in the form:

Date:

How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Benefit.

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

We may check information you have provided, or information about you that someone else has provided, with other information we hold. We may get information about you from certain third parties, or give them information to:

- make sure the information is accurate
- prevent or detect crime
- protect public funds
- make checks on undeclared co-habitors

These third parties include Government departments, local authorities and private sector companies such as banks and organisations that may lend you money.

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

Dartford Borough Council and Sevenoaks District Council are the data controllers for the purposes of the Data Protection Act 1998. If you would like to know more about what information we have about you or the way we use your information, you can contact Benefit Services.

You must provide original documents. We do not accept photocopies.

15 Proof you are sending us and checklist

Have you got all the proof you need to give us? We cannot assess your entitlement without all the necessary proof.

Please tick the checklist below to confirm what you are enclosing with this form.

If you do not have all the proof we need, send your form anyway. Make a note of what else we require and get the missing documents to us as soon as possible and within 1 calendar month at the latest. If you cannot give us the proof within 1 calendar month of sending this form, you must let us know straight away or you may lose benefit.

- | | |
|---|---|
| <input type="checkbox"/> UK residence permit | <input type="checkbox"/> Recent payslips from your employer |
| <input type="checkbox"/> Divorce or annulment papers | <input type="checkbox"/> Current passport |
| <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Workers registration card or certificate |
| <input type="checkbox"/> National Insurance number card. | <input type="checkbox"/> Identity card issued by an EC/EEC member state |
| <input type="checkbox"/> Benefit payment book (we advise you not to post the book to us) | <input type="checkbox"/> Certificate of employment in HM Forces or Merchant Navy |
| <input type="checkbox"/> Birth certificate (official copies are acceptable) | <input type="checkbox"/> Proof of the rent you pay |
| <input type="checkbox"/> Medical card | <input type="checkbox"/> Proof of all the benefits you and your partner receive |
| <input type="checkbox"/> Paid gas, electricity or phone bill for the last quarter | <input type="checkbox"/> Proof of all the income received by people you have included in section 5 |
| <input type="checkbox"/> A life assurance or insurance policy document | <input type="checkbox"/> Proof of your or your partner's grant if you or your partner are a student |
| <input type="checkbox"/> Letter from solicitor, social worker, probation officer, or the Inland Revenue | <input type="checkbox"/> Proof of your and your partner's earnings |
| <input type="checkbox"/> Home Office Standard Acknowledgement Letter (SAL 1 or 2) | <input type="checkbox"/> Proof of your and your partner's savings and investments |
| <input type="checkbox"/> Marriage or civil partnership certificate | |

If you are not sure about what to provide as proof please contact us. We will be pleased to help you.

You may send your form or documents to Benefit Services or bring them to the Council Offices, Argyle Road, Sevenoaks or to one of our local offices at Edenbridge, Hartley, Swanley or Swanscombe (see below for details). If you send documents to us by post, we will not be responsible if they are lost in the postal system.

Please make sure everything you send us has your name and address on it.

16 What to do now

Check that you have fully completed the form in black ink, and provided as much proof as you can. Tick all the items in part 15 to show what proof you are sending with this form. Remember we cannot assess your entitlement without the necessary proof.

Send to or hand it in at:

Dartford Borough Council

Civic Centre, Home Gardens, Dartford, Kent DA1 1DR

Tel: (01322) 343705 **Fax:** (01322) 343968

Email: benefits@dartford.gov.uk

DX: 142726 DARTFORD 7

Web: www.dartford.gov.uk

Main Office - Civic Centre, Dartford

Mon to Thu - 8:45am to 5:15pm, Fri - 8:45am to 4:45pm

Sevenoaks District Council

PO Box 102, Argyle Road, Sevenoaks, Kent TN13 1GT

Tel: (01732) 227000 **Fax:** (01732) 743052

Email: benefits@sevenoaks.gov.uk

DX: 30006 Sevenoaks

Web: www.sevenoaks.gov.uk

Main Office - Argyle Road, Sevenoaks

Mon to Wed - 8:45am to 5:00pm

Thu - 9:30am to 5:00pm, Fri - 8:45am to 4:45pm

Minicom users text phone: 01732 227496

Or you may wish to hand in your form at one of the following local offices at the times indicated below:

Town Council Offices, The Grove, Swanscombe.

The Cash Office located at Swanscombe is open on Mon, Tue, Thu & Fri - 9:00am to 1:00pm and is closed on Wednesday.

Edenbridge - the old Tourist Information Centre (attached to the Leisure Centre).

Benefits Surgery: Thu - 1:30pm to 4:00pm

Swanley Tourist Information Centre/Library

Mon to Thu - 9:30am to 5:30pm

Fri - 9:30am to 6:00pm, Sat - 9:00am to 4:00pm

Benefits Surgery: Mon & Wed - 9:30am to 12:30pm

Hartley - at the Library on Ash Road

Benefits Surgery: Wed - 2:00pm to 4:00pm

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at any of the contact points listed above.

You must provide original documents. We do not accept photocopies.

Paying Benefit to your Landlord

Claim Ref:

Fill in this form if you want the Council to pay your Housing Benefit direct to your landlord/landlord's agent. If you are affected by Local Housing Allowance, payments must go directly to you, unless the Safeguard Policy allows payment to your landlord.

CLAIMANT DECLARATION

(To be completed by you)

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

I wish you to pay my Housing Benefit straight to my landlord/landlord's agent.

I understand that by law:

- I must always tell you about any change in my circumstances.
- If I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- I may be prosecuted if I do not tell you about any change of circumstances.

Signature: Date:

Full Name (in CAPITAL LETTERS):.....

Address:

..... Postcode:.....

LANDLORD DECLARATION

(To be completed by your landlord/landlord's agent if you are not a tenant of of Hanover Housing Association, MacIntyre Housing Association, Moat, Rockdale, Southern Housing Group and West Kent Housing Association, or are not a Dartford Borough Council council tenant)

I agree to accept Housing Benefit payments for the tenant named in this form.

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances.
- You can stop paying benefit to me if I do not tell you about any change of circumstances.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to.
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature: Date:

Full Name (in CAPITAL LETTERS):.....

Company Name:.....

Address:

..... Postcode:.....

TEAR OFF

TEAR OFF

TEAR OFF

Only complete this part if you wish to give authority to a third party

Authority to Discuss

Claim Ref:

Fill in this form if you would like Dartford and Sevenoaks Benefit Services to be able to discuss this claim with your landlord or other third party.

Allowing us to share information may speed up your claim. If you are happy for us to discuss your claim with your landlord, or a named third party, fill in, sign and return this form.

It will not affect your claim if you do not give us permission.

TEAR OFF

I, (Full Name in CAPITAL LETTERS)
of Address:.....
.....
.....

give Dartford and Sevenoaks Benefit Services permission to discuss matters relating to my claim(s) for Housing Benefit and/or Council Tax Benefit with:

..... (Full Name in CAPITAL LETTERS)
of Address:.....
.....
.....

who is my (state relationship)

Your officers may discuss: (please tick)

TEAR OFF

- All aspects of my claim
- My Housing/Council Tax award and payment details only
- My income only
- My rent only
- My household only

This authority covers all claims, reviews and appeals made and is continuous until cancelled in writing by me.

Signature: Date:

TEAR OFF

Dartford and Sevenoaks working together to deliver Revenues and Benefits Services

Important information about your benefit claim - please read carefully!

Please complete this form if there has been a change in your circumstances.

If you do not need to use this form now keep it in a safe place for use later.

- Your entitlement to Housing and/or Council Tax Benefit is based on the information you gave us on your original application form, or details sent to us since that time. The details used in the benefit calculation are shown in your notification letter.
- During the lifetime of your benefit claim, these details may change and affect the amount of benefit you are entitled to.
- If you receive too much benefit you will normally have to pay it back to the Council.
- If you do not tell Benefit Services (“us”) about a change that gives you extra financial help within 1 month, without good reason, you may lose benefit.
- If a change occurs, you can use this form to tell us about it.

What kind of changes do I need to tell you about?

You must tell us about changes in your or your partner’s income, investments, savings, benefits, as well as changes in your rent paid to a private landlord and make-up of your household. Here are some examples:

Benefits

- Income Support
- Job Seekers Allowance
- Child Benefit

Income

- Wages
- Tax Credits
- Maintenance
- Private Pension

Investments and Savings

- Bank Accounts
- Savings
- Stocks and Shares (excluding day-to-day changes)

Tell us if the benefit, income, investment or savings goes up or down

Household

- Someone leaves or joins your household
- Someone who lives with you starts or stops work
- Any change in the income of someone who lives with you
- A child leaves school

Rent

- You move house
- Your landlord increases or reduces your rent

Please use the form overleaf to tell us about your changes.

Please write your name and address in this box:

Surname	First Name(s)
Address	

Now please give the details of any changes:

Date of change (for example when you moved or when your income changed)
Details of change (for example, your new address or your new income)

Remember you must send proof of changes in rent or income or savings.
If you cannot get proof immediately, send the form in now and the proof as soon as possible, but at the very latest within 1 calendar month. If you need longer than this you must tell us straightaway. In some cases we may send you a form and/or ask you for further information.

Declaration

- I declare the information I have given is correct and complete.
- I understand that if I give incorrect information or I withhold information, I will have to pay back any overpayment of benefit, and you may also take action against me.
- I know I must let the Council know about any further changes in my circumstances that may affect my claim.

Signature

Date:

Now please send or take this form and your proof to:

Dartford Borough Council

Civic Centre, Home Gardens
Dartford
Kent DA1 1DR

Tel: (01322) 343705

Fax: (01322) 343968

Email: benefits@dartford.gov.uk

DX: 142726 DARTFORD 7

Web: www.dartford.gov.uk

Main Office – Civic Centre, Dartford
Monday to Thursday – 8:45am to 5:15pm
Friday – 8:45am to 4:45pm

Sevenoaks District Council

PO Box 102, Argyle Road
Sevenoaks
Kent TN13 1GT

Tel: (01732) 227000

Fax: (01732) 743052

Email: benefits@sevenoaks.gov.uk

DX: 30006 Sevenoaks

Web: www.sevenoaks.gov.uk

Main Office – Argyle Road, Sevenoaks
Monday to Wednesday – 8:45am to 5:00pm
Thursday – 9:30am to 5:00pm
Friday – 8:45am to 4:45pm

Minicom users text phone: 01732 227496

Please choose whichever location you prefer as we can now deal with enquiries or receive documents for both Councils at either of the contact points listed above.

You must provide original documents. We do not accept photocopies.