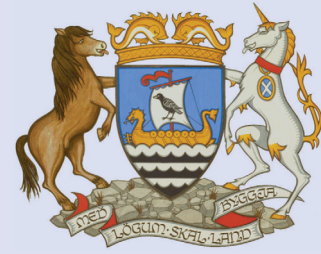


Housing Benefit and Council Tax Benefit claim form



Please tell us your full name and address.

Don't delay – claim today!

Please return this form as quickly as possible, even if you do not have everything we ask for. You can send the rest to us later.

Your claim for benefit must be returned by or you may lose benefit.

Filling in the form

- Use blue or black ink to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Do not use correction fluid or tape. Please initial any alterations.
- Answer 'Yes or No' questions by ticking ✓ the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. **Do not put a cross in any boxes.** If you answer a question with a cross or do not answer a question we will have to send the form back, and this will delay the claim.
- If someone fills in the form for you, there is a special space for them to sign in Part 15. You must sign Part 15 as well.
- If you need help filling in the form, we can help you. Please phone 01595 744682 or visit the Benefits Section at the address below.
- **Please send the form back to us straight away to make sure you do not lose any benefit.** Your benefit will normally start from the Monday after we receive the form. In the form, we ask for proof of your income, rent and so on. If you don't yet have all the proof we need, send in the form now and send the proof later. You have 1 month from the date we receive the form to send in the proof.

Please return the form either by post to:

- Shetland Islands Council, Finance, Charlotte House, Commercial Road, Lerwick, Shetland ZE1 0LX

Or in person by visiting the Benefits Section at the above address

Monday to Friday 9.00am–5.00pm.

For office use	
1st Contact on	
Issued on	
Reference No.	

Notes for filling in the claim form

About this form

The Housing Benefit and Council Tax Benefit claim form has been specially designed to be easy to fill in. It is long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

You may not have to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Second Adult Rebate

Second Adult Rebate is Council Tax Benefit you can get if you share your home with someone who is not your partner, is on a low income, is 18 or over, and does not pay you rent.

If you are claiming Second Adult Rebate, only fill in Parts 1, 3, 13 and 15.

Evidence

We need to see evidence of some of the things you tell us about. The checklist at the end of the form will help you. If you are not sure if we need to see evidence 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 evidence we have asked for.

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, Council Tax Benefit and other Welfare Benefits.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenue 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 also get information about you from certain third parties, or give them information, to:

- make sure the information is accurate; and
- prevent or detect crime; and
- protect public funds.

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.

The Council is the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use it, please ask us.

If we award benefit

If we decide to pay benefit, we will review your claim regularly. This may involve an unannounced visit to your home by our Visiting Officer. We may also post you a form that you should complete and return to us with all relevant supporting evidence.

Changes you must tell us about

 Tell us straight away if:

- any of your children leave school or leave home; or
- anyone moves in or out of your home (including lodgers, joint tenants and subtenants); or
- your income or the income of anyone living with you, including benefits, changes; or
- your capital, savings or investments change; or
- you or anyone living with you becomes a student; goes on a Youth Training Scheme; goes into hospital or a nursing home; goes into prison; or gets, changes or leaves a job; or
- your rent changes; or
- you move house; or
- you or your partner are going to be away from home for more than a month; or
- you receive any decision from the Home Office; or
- anything you have told us about changes.

You must tell us about these changes in writing – a phone call is not enough.

If you don't tell us about these changes, you may lose money you are entitled to or you may get too much benefit.

You must make sure that you tell us about these changes. Don't rely on someone else to pass on the message.

It is an offence not to tell us about any change of circumstance that affects your benefit. We may take court action against you. If we pay you too much benefit, you will probably have to pay it back.

If you are just claiming Second Adult Rebate, only fill in Parts 1, 3, 13 and 15 of this form.

Office use 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.) Even if your partner only comes home at weekends, or part of the week, you must include them

No

Yes

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

Surname or family name

Other names

Any other surnames or family names you have used, such as before marriage or in a previous marriage

Title (Mr, Mrs, Ms and so on)

Address

Do not tell us your partner's address if it is the same as yours.

Postcode

Postcode

What date did you move in to this address? (first spent the night there)

 / /
 / /

Your daytime phone number

You do not have to tell us this, but it may help us to deal with your claim more quickly.

What is this number?

Please tick.

Home Work Mobile Textphone

Home Work Mobile Textphone

E-mail address

We want to deal with your claim as quickly as we can and if we have your e-mail address we will contact you this way.

Date of birth

 / /
 / /

National Insurance number

You can find this on payslips or letters from social security or the tax office. We can decide your claim only if we see evidence that this is your National Insurance number (see part 17).

Letters Numbers Letter

Letters Numbers Letter

If you do not have a National Insurance number, or cannot find it, tick this box.

If your partner does not have a National Insurance number, or cannot find it, tick this box.

We must see evidence of your and your partner's identity and National Insurance number. If you or your partner are asylum seekers, you must provide your current Home Office letter. Read the checklist in part 17.

Are you living away from home at the moment?

No

Yes Tell us why you are not living at home.

When did you last live at home? When do you expect to go back home?

/ /

/ /

Tell us the address where you are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

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

You

No

Yes When did you claim?

/ /

Which council did you claim from?

What name did you claim in?

What address did you claim for?

Postcode

No Date left

Yes

/ /

Postcode

Your partner

No

Yes When did they claim?

/ /

Which council did they claim from?

What name did they claim in?

What address did they claim for?

Postcode

No Date left

Yes

/ /

Postcode

Have you told the council that paid your benefit that you have moved?

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

Were you the home owner, a private tenant, a council tenant or a boarder at this address?

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 2 years?

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

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

No

Yes We will write to you about this.

/ /

No

Yes We will write to you about this.

/ /

You

Your partner

Are you or your partner in hospital at the moment?

No

Yes When did you go in?
 / /

No

Yes When did they go in?
 / /

When will you come out (if you know this)?

 / /

When will they come out (if they know this)?

 / /

Do you or your partner get Disability Living Allowance?

No

Yes How much?
 Care: £
 Mobility: £

No

Yes How much?
 Care: £
 Mobility: £

Do you or your partner get Attendance Allowance?

No

Yes How much?
 £

No

Yes How much?
 £

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

No

Yes

No

Yes

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

No

Yes

No

Yes

Have you or your partner ever claimed Carer's Allowance or Invalid Care Allowance? Still tick 'Yes' if you claimed but were not paid any money.

No

Yes How often were you paid?
 Every

No

Yes How often were you paid?
 Every

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

No

Yes

No

Yes

Are you or your partner a student?

No

Yes Do you study full time or part time?
 Full time Part time

No

Yes Do they study full time or part time?
 Full time Part time

How much of your income is taken into account when working out your grant?

£ a year

How much of their income is taken into account when working out their grant?

£ a year

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

-
-
-
-
-
-

You may be able to get more benefit if there are children in your household and they are:

- under 16; or
- aged 16 to 20 and in full-time further education or approved training.

Are there any children in your household?

No Go to Part 3.

Yes If there are more than 4 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

	First child	Second child	Third child	Fourth child
Surname or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the child male or female?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
We need to see proof of this.				
If the child is over 15, the date you expect child benefit to end	<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"/>

Is the child registered blind?	First child	Second child	Third child	Fourth child
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	We need to see evidence of this.	We need to see evidence of this.	We need to see evidence of this.	We need to see evidence of this.

Does the child get Disability Living Allowance?	First child	Second child	Third child	Fourth child
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
Care: £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobility: £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	First child	Second child	Third child	Fourth child
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.	If yes, please tell us the name and registration number of the childcare provider.
	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>
	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?	How much do you pay a week?
	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
	We need to see evidence of this.	We need to see evidence of this.	We need to see evidence of this.	We need to see evidence of this.

Part 3 About other people who live with you

Do any adults usually live with you and any partner you have? By adults we mean people over 16 who nobody gets Child Benefit for. Do not tell us about people who just share a hall, bathroom or toilet with you.

No Go to Part 4.
 Yes Answer all questions in this section.

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

If you want to tell us about more than 3 people, use a separate sheet of paper.

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

	First person	Second person	Third person
Surname or family name	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Other names	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Date of birth	<input style="width: 150px;" type="text" value=" / /"/>	<input style="width: 150px;" type="text" value=" / /"/>	<input style="width: 150px;" type="text" value=" / /"/>
Their relationship to you or your partner Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
When did they move in?	<input style="width: 150px;" type="text" value=" / /"/>	<input style="width: 150px;" type="text" value=" / /"/>	<input style="width: 150px;" type="text" value=" / /"/>

	First person	Second person	Third person
Do they get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support 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?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <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"/>
Does this include money for heating?	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 be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to be released? <input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text"/> / <input type="text"/> / <input type="text"/> When will they come out (if you know this)? <input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions. £ <input type="text"/>
	We need to see evidence of their earnings.	We need to see evidence of their earnings.	We need to see evidence of their earnings.

Do they have any other income?

This includes any benefits, allowances, tax or pension credits you have not told us about on this form and interest from savings and investments.

First person

No
 Yes First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

We need to see evidence of all other incomes.

Second person

No
 Yes First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

We need to see evidence of all other incomes.

Third person

No
 Yes First other type of income

How much is it before deductions?

£ a week

Second other type of income

How much is it before deductions?

£ a week

Third other type of income

How much is it before deductions?

£ a week

We need to see evidence of all other incomes.

Are any of the people who live with you married to each other, civil partners of each other, or living together as if they are married or civil partners?

No
 Yes Tell us their names.

is the partner of

And

is the partner of

We must see evidence of all income and interest from savings for the people shown above. Read the checklist in Part 17.

Office use only

What sort of tenancy do you have?

For example, shorthold, assured, tied, introductory etc.

Do you have a written tenancy agreement?

No

Yes Please supply this.

How long is the tenancy for?

 / / to / /

Please tick to show if the property is let as:

furnished

This means completely furnished.

partly furnished

This means some furniture, but not all.

minimally furnished

This means just two or three items.

unfurnished

This means no furniture at all.

How much is the rent for your home?

£ every

(For example, every week/fortnight/4 weeks/month.)

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

No

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

How much of the rent do you pay?

£ every

(For example, every week/fortnight/4 weeks/month.)

Has your rent changed in the last 12 months?

No

Yes Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

 / /

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

No

Yes Please send us the notice of registration (RO5).

Are there 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?

Does your rent include money for the following?

Meals	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
		Which meals are included?	All <input type="checkbox"/> Breakfast <input type="checkbox"/> Evening <input type="checkbox"/>
Water authority charges	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Heating	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Lighting	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Hot water	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Fuel for cooking	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Laundry done for you	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Cleaning rooms or windows	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Gardening	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Garage or parking space	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
		Do you have to rent the garage as part of your tenancy agreement?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Personal care and support	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Is anything else included in your rent that you have not already told us about?	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	What is it?	<input type="text"/>

Part 4 About rent – continued

Do you pay any service charges separate from your rent?

No

Yes

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.

How much each week?

£

What for?

Part 5 About where you live

What sort of building do you live in? Tick one box only.

Detached house

Flat in a house

Caravan, mobile home or houseboat

Semi-detached house

Flat in a block

Board and lodgings

Terraced house

Flat over a shop

Hotel

Maisonette

Bedsit or rooms

Residential nursing home

Bungalow

Hostel

Residential care home

Other (please say what)

Does your home have central heating?

No

Yes

Does your home have a garden?

No

Yes

Has your home been built or adapted for people with disabilities?

No

Yes

How many floors are there in the building?

Which floors do you live on?

2nd Floor

1st Floor

Ground Floor

Basement

Other (please specify)

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

When viewed from the road, is your room on the left, centre, right of the property?

Left

Centre

Right

How many rooms are there in the building?	In the whole building?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
What are these other rooms?	<input type="text"/>		

Do you use your home for business? No
Yes

Do you have a main home somewhere else? No
Yes What is the address?

 Postcode

Part 6 About Income Support, income-based Jobseeker's Allowance and Pension Credit (Guarantee Credit)

Are you or your partner getting, or waiting to hear about a claim for, Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit)? No Go to Part 7.
Yes Which one?

Answer both the questions in this part, then go to Part 10.

You
Are you or your partner getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit) at the moment? No
Yes When did you start getting it?
 / /

Your partner
No
Yes When did they start getting it?
 / /

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit (Guarantee Credit)? No
Yes When did you claim?
 / /

No
Yes When did they claim?
 / /

Are you or your partner self-employed?
 This includes being a director or company secretary of any business.

No Go to Part 8.

Yes Answer the questions on this page.
 You must send us your trading accounts for the last financial year.
 If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income.
 We will write to you about this.

You

Your partner

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Are there any other partners in the business?

No
 Yes Tell us their name and address.

No
 Yes Tell us their name and address.

 Postcode

 Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No
 Yes How much?

No
 Yes How much?

£

£

How often?

How often?

 Every

 Every

Do you pay into a private pension scheme?

No
 Yes How much?

No
 Yes How much?

£

£

How often?

How often?

 Every

 Every

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as evidence.

Do you or your partner work for an employer?

No Go to Part 9.
 Yes Answer the questions in this part.

Do you work for more than one employer?

No
 Yes Tell us about all the employers on a separate sheet of paper and send it with this form. Include all the information asked for below.

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

You

Your partner

What kind of work do you do?

What is your employer's name and address?

 Postcode

 Postcode

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

Are you employed for a fixed period?

No
 Yes When will you finish?

 / /

No
 Yes When will they finish?

 / /

How often do you get paid?

 Every

 Every

How much do you get paid before tax and National Insurance are taken off?

 £

 £

How are you paid?
 For example, in cash, by cheque or straight into a bank or building society account.

When was your last pay rise?

 / /
 / /

When will your next pay rise be?

 / /
 / /

How many hours a week do you usually work?

Give details of any regular overtime, bonuses, commission or tips.

Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?

No
 Yes

No
 Yes

When did it start?

 / /
 / /

Are you getting any other sick pay or maternity pay from your employer at the moment?

No
Yes

When did it start?

____ / ____ / ____

No
Yes

____ / ____ / ____

Do you pay into a private or company pension scheme?

No
Yes How much?

£ _____

How often?

Every _____

No
Yes How much?

£ _____

How often?

Every _____

We must see 5 weekly, 3 fortnightly or 2 monthly consecutive pay slips before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as evidence.

Part 9 About any other work

Do you or your partner do any other work?

No Go to Part 10.
Yes Answer the questions on this page.

This could be voluntary work, therapeutic work or any other work, even if it is not paid work.

You

Your partner

What other work do you do?

What is the name and address of the person you do this work for?

Postcode _____

Postcode _____

When did you start this work?

____ / ____ / ____

____ / ____ / ____

How many hours a week do you usually work?

Do you get paid for this work?

No
Yes How much?

£ _____

How often?

Every _____

No
Yes How much?

£ _____

How often?

Every _____

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as evidence.

Are you or your partner getting any of the benefits or credits listed below, or are you waiting to hear about benefits or credits you have claimed? Read the list of benefits and credits below and tell us about any that you or your partner are getting now or have claimed. Please put a line through any boxes that do not apply to you or your partner. We will need to see evidence of the benefit or credit, such as an award letter.

No Go to Part 11.
 Yes Tell us about the benefits below.

You

Your partner

Pensions	You				Your partner			
	Yes	How much do you get?	How often is it paid?	How is it paid?	Yes	How much do they get?	How often is it paid?	How is it paid?
State retirement pension	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Pension Credit (Savings Credit)	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Widow's Allowance or Bereavement Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Widowed Parent's Allowance or Widow's Pension	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
War Widow's or War Dependant's Pension	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
War Disablement Pension	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Industrial Injury/Disablement Pension	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Exceptionally Severe Disablement Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		

Benefits and allowances

Contribution-based Job Seeker's Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Child Tax Credit	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Working Tax Credit	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Employment Training Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Child Benefit	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Incapacity Benefit	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Employment and Support Allowance-contribution based	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Attendance Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Disability Living Allowance: Mobility Component	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Care Component	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Carer's Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Severe Disablement Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Maternity Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Fostering Allowance	<input type="checkbox"/>	£			<input type="checkbox"/>	£		
Any other benefit, pension or money from the government	<input type="checkbox"/>	£			<input type="checkbox"/>	£		

Are you repaying a Social Fund loan or overpayment for any of these benefits? No Yes If yes, which one?

Have you or your partner deferred (put off) receiving a pension? No Yes If yes, please give details

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

This includes work-based pensions; pension protection fund payments; pensions from abroad; 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. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

No Go to Part 12.

Yes Answer the questions on this page. Please put a line through any boxes that do not apply to you or your partner.

Other income and pensions

You

Your partner

	Yes	How much do you get?	How often is it paid?	How is it paid?	Yes	How much do they get?	How often is it paid?	How is it paid?
Private Pension 1 paid by		£				£		
			Date of next increase	/ /			Date of next increase	/ /
Private Pension 2 paid by		£				£		
			Date of next increase	/ /			Date of next increase	/ /
Pension Protection Fund Payments		£				£		
Youth Training Scheme payment or Training Credits		£				£		
Maintenance payments you receive - including CSA		£				£		
Student grant or loan		£				£		
Payments from boarders		£				£		
Weekly amount from letting or sub-letting part of a property		£				£		
Payments from a charity		£				£		
Any other income (please give name)		£				£		

We must see evidence of any money or pension coming in before we can decide how much benefit you can get. Read the checklist at Part 17 to see what you can use as evidence.

Office use only

Do you or your partner have any bank accounts, savings, property or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, premium bonds, National Savings Certificates, stocks, shares and property.

No Go to Part 13.

Yes Answer all the questions in this part. We must see evidence of all the capital, savings and investments. Read the checklist at Part 17 to see what you can use as evidence. **We will need statements or pass books covering the last 2 months at least.**

Please answer these questions for yourself and your partner. Please include empty and overdrawn accounts, whether in one name or jointly held with anyone else.

		Account number/name/other details	Your balance/value	Partner's balance/value
Do you have bank or post office accounts? (including current accounts) If yes, please give details.	No <input type="checkbox"/>		£	£
	Yes <input type="checkbox"/>		£	£
			£	£
Do you have building society accounts? If yes, please give details.	No <input type="checkbox"/>		£	£
	Yes <input type="checkbox"/>		£	£
			£	£
Do you have stocks, shares, unit trusts? If yes, list the names of investments and number of shares held.	No <input type="checkbox"/>		£	£
	Yes <input type="checkbox"/>		£	£
			£	£
Do you have National Savings Certificates? If yes, list the issue, purchase date and number of units.	No <input type="checkbox"/>		£	£
	Yes <input type="checkbox"/>		£	£
			£	£
Do you have other investments, redundancy payments, premium bonds, Tessa, ISAs, SAYE, cash etc? If yes, please give details. (Please also use this space if you need to tell us more about any of the above savings.)	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>			

Please supply up-to-date statements or pass book for all accounts held, even if it is overdrawn, covering the last 2 months. Read the checklist in part 17.

People who have more than £16000 in capital are not eligible to receive benefit (although special rules apply to people over 60). Capital includes money, property, land or capital held outside the United Kingdom.

Even if someone else has partly or fully filled in this form for you, you **MUST** sign this declaration if you can.

If you have a partner, it would be helpful if they sign below to confirm that all the details about them are correct.

Please read this declaration 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 court action.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit or both, or to assess any discount or grant for Council services. You may check the information with other sources as the law allows.
- You may use any information I have provided for this and any other claim for social security benefits that I have made or may make. This includes any Discretionary Housing Payment. You may give some information to other government organisations, such as government departments and local councils, if the law allows this.

I know I must let the Council know immediately in writing about any change in my circumstances or the circumstances of anyone living with me, which might affect my claim. If I do not, you may take action against me. This may include court action.

I declare that this is my claim for Housing Benefit and/or Council Tax Benefit and the information I have given on this form is correct and complete. I authorise the Council to make any necessary enquiries to check that the information is true and correct.

I have read and understood this declaration, and my responsibilities in reporting any changes in my circumstances to the Council.

Signature of person claiming

Date

Partner's signature

Date

If this form has been partly or fully filled in by someone who is not the person claiming, please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct. If I am making this claim on behalf of the above person, I understand that I am liable for what I have written on the form and accept that the declaration applies to me.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

The government has asked us to gather information about our customers' ethnic background. It's your choice whether to fill in this section. Please show which of the following groups you and your partner (if any) consider you belong to by ticking one box for you and one for your partner.

White	You	Your partner
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other white	<input type="checkbox"/>	<input type="checkbox"/>

Mixed	You	Your partner
White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed	<input type="checkbox"/>	<input type="checkbox"/>

Asian	You	Your partner
Asian British	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black		
Black British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other black	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Part 17 Checklist

Please tick to tell us what evidence you are sending with this form. We must see **original** documents, not copies. If you bring them to our reception, we will take the details we need and give you the documents back straight away. **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, and for any other adults living in your home.**

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.** Please tell us now in Part 14 if you cannot supply the evidence within one month.

Evidence of identity

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, current Home Office letter, EU identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

Evidence of National Insurance number

Such as a National Insurance number card, payslips or letters from social security or the tax office.

Evidence of savings, investments and property

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, Tessas, 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 2 months.

Evidence of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. Your employer can complete the certificate of earnings on pages 27 & 28 if you do not have these payslips. 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 6 months, a summary of your trading records so far. We can supply a form.

Evidence of other income

Such as pension slips from a former 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.

Evidence of benefits, allowances, tax credits, pension credits or pensions

Such as current award notices or letters from the Department for Work and Pensions confirming how much you get. If you do not have evidence, let us know straight away. Please do not send order books through the post.

Evidence of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord, or complete the attached Landlord's Declaration on page 25 and 26.

Evidence of other money paid out

Such as letters about student grants or maintenance, or agreements or receipts from registered child carers.

- If you are awarded council tax benefit we will credit this to your council tax account.
- If you are a Council Tenant we will pay any housing benefit you are due straight into your rent account.
- If you pay rent to a private landlord we will pay any benefit directly to you.
If you feel this will cause you difficulties please ring 01595 744682 for a "Direct Payments to Landlord form"
- If you pay rent to a Housing Association you can either have your housing benefit paid to you or direct to your landlord.
Please "tick" how you would like to be paid

To myself

To my Housing Association

Payment to you or your landlord will be made by direct credit to a current or basic bank account.
Please complete the details of the account to be credited.

Name of bank/building society	<input type="text"/>										
Branch	<input type="text"/>										
Account name	<input type="text"/>										
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your signature: Please pay any Housing Benefit I may be entitled to by the method I have ticked. I understand that once I have selected a payment method, the Council cannot change it without written instructions. I understand that if payments go to my landlord or agent, they must agree in writing to any change.

Landlord's or agent's signature: Only if payments are to go to the landlord or agent.

I agree to accept any Housing Benefit payments on behalf of the above tenant. I understand that I must tell the Council about any changes in circumstances that I may reasonably be aware of, and that I may have to repay any overpaid Housing Benefit that my tenant was not entitled to.

If you have not got a current or basic account, and have previously been unable to open one, banks have leaflets giving details of the new Basic Bank Accounts you can open. With a Basic Bank Account you will receive a cash-machine card, which you can usually use to draw cash in post offices, but not a debit card, cheque book or overdraft.

If you can't open any sort of bank account, or can't manage a bank account, we may be able to pay your Housing Benefit by cheque. Please explain here why you can't open a bank account or receive payment direct to an account.

Please remove this page by tearing along the dotted line.

Give it to your landlord immediately for them to fill in.

Once your landlord has filled in this form, they will either return it to you to send to us at the address shown or they will send it to us direct.

Your landlord should fill in the rest of this section.

Please give the following details about you and your agent (if you have one)

	You, the landlord	Your agent
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Daytime phone number	<input type="text"/>	<input type="text"/>
Evening phone number	<input type="text"/>	<input type="text"/>

Please give the following details about the tenancy.

Tenant's name

Tenant's address

Postcode

Date the tenancy started

Please tell us the original start date.

Date the tenant moved in

(if different from the date the tenancy started)

Type of tenancy

(for example, assured, shorthold or tied rent)

How long is the tenancy for? From to

How much rent do you charge? £ Every

Have you increased or reduced the rent in the last 12 months? No

Yes If 'Yes', what date did the rent change on?

How much did you charge before it changed? £ Every

Please tick to show if the property is let as:

- furnished
- with hardly any furniture
- partly furnished
- unfurnished

Please do not write in the margin.

We need to know if the rent includes a charge for any of the following items or services.

Heating	No	<input type="checkbox"/>		Cleaning your tenant's room	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Lighting	No	<input type="checkbox"/>		Water rates	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Hot water	No	<input type="checkbox"/>		Security alarm	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Fuel for cooking	No	<input type="checkbox"/>		Television	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Laundry	No	<input type="checkbox"/>		Cleaning shared areas	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Gardening	No	<input type="checkbox"/>		Lighting shared areas	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Garage	No	<input type="checkbox"/>		Washing clothes and bedding (done by you)	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Phone	No	<input type="checkbox"/>		Personal care, general counselling and support	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	How much? £ <input type="text"/>
Meals	No	<input type="checkbox"/>		Other	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	How much?	£ <input type="text"/>	Yes	<input type="checkbox"/>	Please give details. £ <input type="text"/>
Which meals are included?	<input type="text"/>						How much? £ <input type="text"/>

Declaration

The information I have given is complete and accurate as far as I know. You may check the information I have given. I understand that you could take legal action against me if I have given false information. I will tell you in writing about any changes I could reasonably be expected to know about that may affect the tenant's entitlement to Housing Benefit.

Your signature

Date / /

Agent's or representative's signature

Date / /

Please return this form to us. Our address is:



Shetland Islands Council
 Finance Benefits Section
 Charlotte House,
 Commercial Road,
 Lerwick
 Shetland
 ZE1 0LX

Phone: 01595 744682
 Fax: 01595 744661

Certificate of earnings

Benefit reference:



Shetland Islands Council
Finance Benefits Section
Charlotte House, Commercial Road,
Lerwick, Shetland ZE1 0LX

Fill in this part and then give it to your employer for them to fill in the rest of the certificate.

Your name:

Your occupation:

Your address:

I authorise you to make any enquiry which may be necessary to confirm the information I have put on my application.

Your signature:

Date:

To be filled in by the employer and returned direct to us at the address above.

Please help your employer by confirming the details above and providing the information we have asked for below and over the page.

How often do you pay the employee (for example, every four weeks, every month and so on)?

Your name:

How many hours do they normally work each week?

Business address:

Business phone number:

Business phone number:

What date did they start work for you?

I confirm that the information I have provided is true and correct.

Employee or work number:

Your signature:

Date:

Print your name:

Your position in the firm:

In the table below, give details for the last five weeks, the last three fortnights, the last two four-week periods or the last three months, whichever is appropriate to how often they are paid.

Period number	Period ending	Number of hours worked	Basic pay (gross)	Overtime or bonus	Holiday pay	SSP, Maternity Pay or Paternity Pay	Expenses	Profit-related pay	Working Tax Credit	Total gross pay	Tax paid	National Insurance paid	Pension contributions paid

Pay to date for the current year

From: To:

Period number: Period number:

Gross pay: £ :

Tax: £ :

National Insurance contributions: £ :

Pension contributions: £ :

Business stamp

We will not accept this certificate without a business stamp or an accompanying letter, on the company's headed paper, which has been signed by the employer.