

**Shetland Islands Council  
In-year Postal Check Form for Housing/Council Tax Benefit**

Please could you complete all sections below, even if the information you gave on the last claim form you completed remains unchanged

**Section 1**

First Names	<input type="text"/>	NINO	<input type="text"/>
Last Name	<input type="text"/>	Claim No.	<input type="text"/>
Address	<input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone number	<input type="text"/>		

If any of the details above are incorrect please complete the section below with the correct details

First Names	<input type="text"/>	NINO	<input type="text"/>
Last Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone number	<input type="text"/>		

**Section 2**

**Do you?**

<input type="checkbox"/> Own your home or pay a mortgage	<input type="checkbox"/> Pay rent to the Council
<input type="checkbox"/> Pay rent to a housing association	<input type="checkbox"/> Pay rent to a private landlord
<input type="checkbox"/> Live in board and lodging	<input type="checkbox"/> Other

Please tick the appropriate box(s)

Amount of rent      £

Please give details.

**Household Composition**

Please list the names of everybody who normally lives with you. If none, please write "None"

Name	Relationship to you	Date of birth	Income / Amount
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

If anyone has moved in or out of your household or there has been any change in their income please tell us the date of the change:       /  /

**Benefits**

Please give details of all benefits received and how often it is received (eg weekly, four weekly, monthly etc). If none please write "None"

Type	Amount	How often	Reference Nos
	£		
	£		
	£		
	£		
	£		
	£		

If your benefit(s) have changed please tell us the date the change(s) happened:  /  /

**Earnings**

Please give details of all earnings received and how often it is received (eg weekly, four weekly, monthly etc). If none please write "None"

How many hours a week do you usually work?  Do you pay for registered childcare?  Y/N If so, how much  £

Name and Address of Employer	Amount	How often
	£	
	£	
	£	
	£	
	£	
	£	

If you have recently started work or your earnings have changed please tell us the date the change happened:  /  /

If you have started self-employment please tick the box below and tell us the date you started work. We will contact you about this separately

Started self employment Date:  /  /

**Income**

Please give details of all income received and how often it is received (eg weekly, four weekly, monthly etc). Income includes things like maintenance, private pensions, student grants etc. If none please write "None"

Type of Income	Amount	How often
	£	
	£	
	£	
	£	
	£	

If your income(s) have changed please tell us the date the change(s) happened:  /  /

**Savings / Capital**

Please give details of all savings, current accounts, investments, shares, property, land etc. You should also include bank accounts with a nil/negative balance. If you have none of these please write "None"

Type	Details of account(s) or address of property/land	Amount
		£
		£
		£
		£

If your savings have changed please tell us the date the change(s) happened:  /  /

Please tell us about any other changes that have happened since the date of your last claim.

**Your declaration**

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.
- 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 law allows this.

I **know** I must let the council 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:**

/ /