Housing Benefit and Council Tax Reduction

Shortened Claim Form

*This claim form can be used to claim Housing Benefit and/or Council Tax Reduction remotely. This form can be saved to a device, completed and saved in Microsoft Word and emailed as an attachment to* [*benefits@westberks.gov.uk*](mailto:benefits@westberks.gov.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Claimant Name | | Partner Name | |
| Date of Birth | | Date of Birth | |
| National Insurance No. | | National Insurance No. | |
| Are you a British Citizen (Please answer ‘Yes’ or ‘No’)? | | Claimant | Partner |
| If you have answered ‘No’ to the previous question, please confirm the nationality of the person(s) who are not British citizens. | | Claimant | Partner |
| Property Address: | | | |
|  | | | |
|  | | | |
|  |  | Postcode: | |
| What date did you move into this address? |  |  | |
| Email Address(es): | |  | |
| Telephone Number(s): | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OTHER PEOPLE IN YOUR HOUSEHOLD | | | | | | | | |
| Please give details of all occupants including children | | | | | | | | |
| Name | Date of birth | Relationship To You | Working  (Yes/No) | Income/Benefits per week  (£) | | | Date Moved In | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
| **INCOME DETAILS** | | | | | | | |
|  | | | | | **Yes** | **No** | |
| Are you currently working? (please state yes or no) | | | | |  |  | |
| Is your partner working? (please state yes or no) | | | | |  |  | |
|  | | | | |  | | |
| If you are currently working please state how many hours you work per week. | | | | |  | | |
| If your partner is currently working please state how many hours they work per week. | | | | |  | | |

|  |  |  |
| --- | --- | --- |
| Do you or your partner receive any of the following income? (Please enter the weekly amount, otherwise state ‘No’ for any incomes you do not receive) | | |
|  | **Customer** | **Partner** | |
| Earnings per week |  |  | |
| Child Benefit |  |  | |
| Child Tax Credit |  |  | |
| Working Tax Credit |  |  | |
| State Retirement Pension |  |  | |
| Private Pension |  |  | |
| Employment and Support Allowance |  |  | |
| Disability Living Allowance/ Personal Independence Payment |  |  | |
| ***If you receive PIP or DLA*** *please state ‘yes’ or ‘no’ to indicate whether anyone receives Invalid Care Allowance for looking after you. Please also provide the name & address of this person.* |  |  | |
| Widows Pension |  |  | |
| Occupational Pension |  |  | |
| Income Support |  |  | |
| Job Seekers Allowance |  |  | |
| Industrial Injuries Benefit |  |  | |
| Attendance Allowance |  |  | |
| Statutory Maternity Pay |  |  | |
| Statutory Sick Pay |  |  | |
| Self-employment |  |  | |
| Private Pension |  |  | |
| Universal Credit |  |  | |
| Other (Please also ensure you state the type of any other income you receive in this box). |  |  | |
| **WE REQUIRE PROOF OF ALL INCOME.**  **Further guidance is available on the last page of this form).** | | | |

|  |
| --- |
| Do you or your partner pay child care costs (please state ‘Yes’ or ‘No’)? If you answer ‘Yes’, please state the amount and period this covers. **Proof will be required.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BANK ACCOUNTS/CAPITAL/INVESTMENTS** | | | | | |
|  | | | |  | |
| Yes | No |
| Do you or your partner have any of the following? | | | |  |  |
|  | | | | | |
|  | **Cl (£)** | **Pt (£)** | **Details** | | |
| Cash |  |  |  | | |
| Bank Current Account |  |  |  | | |
| Bank Savings Account |  |  |  | | |
| Building Society Account |  |  |  | | |
| Post Office/Giro Account |  |  |  | | |
| Premium Bonds |  |  |  | | |
| Savings Certificates |  |  |  | | |
| Stocks/Shares |  |  |  | | |
| Any other savings or investments (give details) |  |  |  | | |

|  |  |
| --- | --- |
| **Do you or your partner own any property or land, either here or abroad? (please state yes or no. If the answer is yes please give details)** |  |
| **WE REQUIRE PROOF OF ALL CAPITAL.**  **Further guidance is available on the last page of this form.** | |

|  |  |  |
| --- | --- | --- |
| **In order for your response to be clear please write 'Yes' or 'No' in the relevant column** | **Yes** | **No** |
| **Do you want to claim help with your rent liability?** |  |  |
| **Most working age customers now need to claim help with their rent through Universal Credit. You can however still claim Housing Benefit if you are of State Pension age. There are limited circumstances where you can still claim Housing Benefit if you are of working age: See** [**www.westberks.gov.uk/universalcredit**](http://www.westberks.gov.uk/universalcredit) **for more details.** | | |
| **If any of the listed exceptions from Universal Credit could apply to you, please continue to the next question as you may still be eligible to claim Housing Benefit. Otherwise, please go straight to the 'Any other Information' section at the end of page 8 as this form will only be able to provide you with assistance with your Council Tax. You will need to make a separate online claim for Universal Credit for help with your housing costs at** [**www.gov.uk/apply-universal-credit**](http://www.gov.uk/apply-universal-credit)**.**  **Please note that Universal Credit does not provide any assistance with Council Tax. It is therefore recommended that you proceed with completing this form in order to claim Council Tax Reduction, even if you also need to make a separate claim for Universal Credit.**  **If you are only claiming Council Tax Reduction, you do not need to answer questions in the shaded sections which follow.** | | |
| **Please state how much rent you are charged by your landlord and the frequency over which this is payable (i.e. weekly, fortnightly, four weekly or monthly)** | **Amount** | **Frequency** |
|  |  |
| **In order for your following responses to be clear, please write 'Yes' or 'No' in the relevant column** | **Yes** | **No** |
| **Are you living away from home at the moment? *(if the answer is yes, please tell us why & how long you expect to be away for, in the 'Any other information' section)*** |  |  |
| **Do you have a bedroom which is used overnight by someone who cares for you or your partner but has their home elsewhere? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |
| **Do you have a disabled child who requires a separate bedroom from the other children who live in your home? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |
| **Do you have any weeks when you do not have to pay rent? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |
| **Does anyone else share the rent with you and your partner? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |

|  |  |  |
| --- | --- | --- |
| **In order for your response to be clear please write 'Yes' or 'No' in the relevant column** | **Yes** | **No** |
| **Do you have to pay rent on this home because of your job? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |
| **Has your rent changed in the last 12months? *(If the answer is yes, please provide details in the 'Any other information' section)*** |  |  |
| **Do you pay water charges direct to the water authority?** |  |  |
| **Is your property let as furnished?** |  |  |
| **Is your property let as partly furnished?** |  |  |
| **Is your property let as minimally furnished?** |  |  |
| **Do you have a garden?** |  |  |
| **Does your home have central heating?** |  |  |
| **Does your home have a garage which you can use?** |  |  |
| **Does your rent include charges for meals? (*If so please provide details in the 'Any other information’ section regarding which meals and whether there is a specific amount within the rent which relates to these)*** |  |  |
| **Does your rent include charges for water rates? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for heating? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for lighting? (*If so please provide details in the 'Any other information’ section)*** |  |  |

|  |  |  |
| --- | --- | --- |
| **In order for your response to be clear please write 'Yes' or 'No' in the relevant column** | **Yes** | **No** |
| **Does your rent include charges for hot water? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for fuel (for cooking)? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for laundry? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for laundry? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for gardening? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for a garage or parking space? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Does your rent include charges for personal care or medical support? (*If so please provide details in the 'Any other information’ section)*** |  |  |
| **Do you pay any services separate to your rent? *(If so please provide details in the 'Any other information’ section)*** |  |  |
| **Is your home self-contained?** |  |  |
| **Is there more than one floor in your home? *(if so please also state how many floors there are)*** |  |  |
| **Do you and your household only occupy part of the property? *(if so please state in the ‘Any other information’ section on which floor you live and whether you are at the front, middle or back of the property)*** |  |  |
| **Are you, your partner or any children you are claiming for, related to your landlord or agent? (*if so, please provide details in the 'Any other information' section)*** |  |  |

|  |  |  |
| --- | --- | --- |
| **In order for your response to be clear please write 'Yes' or 'No' in the relevant column** | **Yes** | **No** |
| **Are you or your partner responsible for your landlord’s child or children? *(if so, please provide details in the 'Any other information' section)*** |  |  |
| **Are you or your partner an employee or director of the company you rent your home from? (*if so, please provide details in the 'Any other information' section)*** |  |  |
| **Is it a condition of your or your partner’s employment that you reside at this property? *(if so, please provide details in the 'Any other information' section)*** |  |  |
| **Do you or your partner or any children you are claiming for rent your home from a trust of which you are a beneficiary? *(if so, please provide details in the 'Any other information' section)*** |  |  |
| **Did you or your partner previously own this property? (*if so, please provide details in the 'Any other information' section)*** |  |  |
| **If you pay rent to a Housing Association or registered social landlord, would you like your Housing Benefit to be paid direct to them?** |  |  |
| **In all other instances, if you are entitled to receive Housing Benefit, you must provide us with your bank or building society details so that we can pay into your nominated account. Please use the box alongside to provide your bank details. Please ensure that you include which bank and branch the account is with, the sort code, account number, roll number (only required if this is a building society account) and the name(s) in which the account is held,** |  | | |

|  |  |
| --- | --- |
| **What is your landlord's name and address?** |  |
| **I f your landlord has an agent please tell us their name and address.** |  |
| **When did you start renting your home?** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **How many rooms are there in the accommodation?** | **Sole Use** *(please state the number below next to each type of room)* | **Shared Use** (*please state the number below next to each type of room)* | | **Living rooms** |  |  | | **Bedsitting rooms** |  |  | | **Bedrooms** |  |  | | **Bathrooms** |  |  | | **Separate toilets** |  |  | | **Kitchens** |  |  | | **Self-Contained rooms (studios)** |  |  | | **Conservatory** |  |  | | **Other (please specify)** |  |  | | **If, in the entire property, there are any additional rooms which you have not listed above, please provide details in the 'Any other information' section** | | | |  |  |

**Any Other Information:**

**Declaration**

**Please read this declaration very carefully before signing the form.**

**WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION**

* This is my/our claim for reassessment of Housing Benefit and/or reassessment of Council Tax Reduction.
* I/we declare that the information given on this form is correct and complete to the best of my/our knowledge.
* I/we authorise the Council to make any necessary enquiries to verify the information on this form.
* I/we authorise the Council to cross check the information I/we have given to other sections within the Council, Rent Officer, other Councils and Benefit Authorities (including the Housing Benefit Matching Service).
* I/we understand that if I give information that is incorrect or incomplete or fails to accurately reflect my circumstances, I/we may be prosecuted.
* Should I/we fail to report any changes in personal or financial circumstance I/we understand that benefit might be adjusted retrospectively and I/we undertake to repay any amount of Housing Benefit or Council Tax Reduction which might have been awarded in excess of my entitlement.

|  |  |  |  |
| --- | --- | --- | --- |
| Claimant’s signature |  | Date |  |
|  |  |  |  |
| Partner’s signature |  | Date |  |

**When you have completed this form, please email this to:** [**benefits@westberks.gov.uk**](mailto:benefits@westberks.gov.uk)**.**

**Alternatively the form can be printed and posted to:**

# Benefits and Exchequer

**West Berkshire Council**

**Market Street**

**Newbury**

**RG14 5LD**

**If you are printing the form to post back to us please sign the form by hand.**

**Otherwise a typed signature will be accepted so long as the form is being sent from your email address (as declared on page 1 of this form)**

**IMPORTANT NOTES REGARDING THE COMPLETION OF THIS FORM**

**If evidence is not currently available, return the form first and evidence can follow at a later date. You are likely to lose benefit if you delay returning this claim form**

**Examples of types of evidence**

**Earned Income**

**Working for an employer:** If paid monthly, we need the last two consecutive payslips. If paid fortnightly, we need the last three consecutive pay slips. If paid weekly, we need the last five consecutive pay slips

**Self-employed:** Accounts covering the last 12 months. If required, a self-employed form is available upon request from the Customer Services section, which can be completed to provide details of your trading. Receipts may also be required in order to support the amounts declared. Receipts will be requested at a later date by the Benefits section, if required.

**Childcare Costs**

Receipts or a signed letter from your childminder which confirms their Ofsted registration number, the name of each of your children they look after and the average weekly amount they charge for looking after your child(ren). If required, a form can be obtained from Customer Services for completion by your childminder for this purpose

###### Unearned Income

**State Benefit/Pension:** Most recent entitlement notification letter, or bank statements which clearly show the amounts of benefit being paid to you.

**Private Pension:** Most recent entitlement notification letter or recent bank statements which clearly show the amounts of pension being paid.

**Capital**

**Bank/Building Society/Post Office Accounts:** Full statements covering the last two months (which can be pdf copies from an online account). If you do not receive statements for any account held by you or your partner, scanned copies of up to date passbooks, will be acceptable. Please note, mini statements will not be accepted.

**Stock/Shares/Savings Certificates:** Certifcates (scanned) for any investments held by you or your partner.

**Premium Bonds:** Original Premium Bonds held by you or your partner.

###### Rent

###### Proof of your rent liability for the property for which Housing Benefit/Council Tax Reduction is sought (i.e. the licence agreement or rent increase/decrease notification letter immediately preceding this claim). If these are not available, your landlord can write a letter confirming the rent amount, frequency and the date the tenancy started/ the date your rent changed to the current amount).