



Keltan House, 89-115 Mare Street, London E8 4RU
Phone enquiries: 020 8356 3399
Fax: 020 8356 3655 **Minicom:** 020 8356 3725
 Monday to Friday 9am to 5pm
Counter enquiries: Monday to Friday 9am to 5pm
Email: benefits.callcentre@hackney.gov.uk
Website address: www.hackney.gov.uk

Please write your Hackney Housing or Council Tax Benefit number in this box if you know it.

A claim form for Housing Benefit and Council Tax Benefit

Your name:

Your address and postcode:

For our use only

Benefits reference number:

Council Tax account number:

Date of contact or issue: (date stamp)

If you need this claim form in large print or Braille, please tick this box.

When you have filled in this form, send it back to us straight away or you may lose benefit.

You can take this form and all supporting information to one of our Housing Offices or Keltan House. If this is not possible, please post your form and supporting information to the address at the top of this form. We will send your documents back to you as soon as we have checked them.

If you cannot give us all the supporting information we need right now, please send in the form with the information you have, and send any missing documents as soon as possible afterwards. We may not be able to pay you any benefit until we have all the information from you, but we can start to work on your claim.

If you want to claim **Second Adult Rebate** (see explanatory notes on page 3) please tick this box and complete parts 3, 5 and 19 only.

Please tick the box which applies to you.

I own and live in my own home. I rent my home from the council. I rent my home from a private landlord. I rent my home from a housing association.

Date received at Designated Office: (date stamp)

Corporate Business Support: (date stamp)



If you are not sure whether you are entitled to benefit, please apply.

Part 1 *Checklist for providing documents and information with your claim*

Please tick to tell us what proof you are sending with this form. We must see **original** documents, not copies.

If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof.**

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

Proof of identity can be any *two* of the following.

- Birth certificate, marriage certificate or civil-partnership certificate or divorce, separation or annulment papers (in your current name)
- Passport (current and valid) or national identity card
- NHS medical card
- An award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service
- Driving licence
- Certificate of employment in HM Forces or Merchant Navy
- Letter from a solicitor, social worker or probation officer confirming your identity
- Home Office standard acknowledgement letter (SAL1 or 2)
- Residence permit, Immigration and Nationality Directorate documents or Application Registration Card

Proof of your National Insurance number can be *one* of the following.

- National Insurance card
- P45 or P60
- Letter from HM Revenue & Customs about tax
- Award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service that includes your National Insurance number, for State Pension or Income Support (this must show your National Insurance number)
- Bank statements showing direct-debit payments for Class-2 National Insurance contributions or that you receive Income Support or Jobseeker's Allowance (this must show your National Insurance number)
- Payslips, salary statement or works pension statement, as long as they show your National Insurance number
- Home Office Worker's Registration Certificate

Proof of income can be *one* of the following.

- Certificate of earned income (see pages 27 and 29 in the claim form)
- Payslips (if you are paid weekly – payslips for five weeks in a row, if you are paid every two weeks – three payslips in a row and if you are paid monthly – payslips for two months in a row)

- Trading accounts for the last financial year if you are self-employed
- Self-employed summary statement
- Award letter from the Department for Work and Pensions, Jobcentre Plus or the Pension Service (Income Support, Jobseeker's Allowance, Incapacity Benefit, Employment & Support Allowance, Tax Credit, and so on)
- Pension statement or letter (State Pension or private pension)

Proof of capital, savings and investments can be *one* of the following.

- Bank, building society or post office account passbooks or statements (the last two monthly statements for each account should show all transactions into and out of the account)
- Premium Bond certificates, National Savings Certificate, ISAs, stocks, shares and unit trusts
- Proof of any interests or dividends received from investments and savings
- A letter from the bank or building society, which contains the same information as a statement

Proof of rent can be any of the following.

- Tenancy agreement
- Rent book
- Letter from your landlord
- Letter from your landlord's agent

Proof of your rent must provide the following information.

- The full name and business address of any agent working on the landlord's behalf
- The full name and business address of your landlord
- The date the agreement started
- The amount of rent you currently pay
- What is included in the rent (for example, heating, lighting, cleaning, water rates, meals, personal care, general counselling and support)
- The payment period or how often you pay your rent (for example, every week, every month, every four weeks)

Notes for filling in the Housing Benefit and Council Tax Benefit claim form

Please keep this guide for your future reference.

About this form

We want you to receive all the benefits you are entitled to. This form may seem long but it is designed to help you give us all the information we need to pay you the right amount of benefit.

You must fill in all parts of the form, unless your answer leads you to the next part of the form.

Do not put a cross in any boxes. If you put a cross through a whole section, we will have to send the form back and this will delay the claim.

Use 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.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box.

If someone else fills in the form for you, they must fill in the top part of the declaration at Part 20, but you and your partner if you have one must sign and date the bottom part of the declaration at Part 20.

New private tenant claims for Housing Benefit received on or after 7 April 2008

For some private tenants who make new claims for Housing Benefit, or for existing tenants who change address, we will work out their claims for Housing Benefit under a new system known as the Local Housing Allowance (LHA), if they make their claim or move address on or after 7 April 2008.

The Local Housing Allowance will not apply to you if:

- you pay rent to the council or to a registered social landlord;
- you pay rent registered as a 'fair rent';
- you have a tenancy that is excluded from the current Housing Benefit rent restrictions (such as tenancies that began before 1989);
- the Rent Service has decided that a large part of the rent you pay includes board and meals (such as hotel accommodation); or
- you live in a caravan, mobile home, hostel or houseboat.

Under this new scheme, you will receive a standard allowance based on the size of your household and the area you live in. We will publish these allowances before hand so that you can find out how much rent Housing Benefit could pay before you rent a property.

We will normally pay Housing Benefit into your bank or building society account direct. If you think that getting Local Housing Allowance payments paid directly will cause you serious problems, we may be able to pay your LHA to your landlord. We will need to decide if you are having, or are likely to have, problems managing your money and paying your rent. Please contact our Benefits call centre on 020 8356 3399 for more information and advice, and ask for a 'Payment direct to landlord form'.

Second Adult Rebate

Second Adult Rebate is a form of Council Tax Benefit for people who do not have a partner but who share their home with someone who:

- is 18 or over; and
- is on a low income; and
- does not pay them rent.

If you are claiming Second Adult Rebate, only fill in Part 3, Part 5 and Part 20 of this form.

If you need help filling in the form

If you need any help, our phone number is 020 8356 3399. We are open between 9am and 5pm from Monday to Friday for phone calls and enquiries over the counter. Or you can get in touch with an organisation like Citizens Advice or your local advice agencies. Please see page 31 for contact details.

What to do next

Check that you have filled in the whole form and signed it. Please send or bring it to the address on the front page of the form or any of our Housing Offices.

Housing Offices

North East Neighbourhood Office

Clock House
149 Stamford Hill
London N16 5LG
Phone: 020 8356 6500

De Beauvoir & Queensbridge Neighbourhood Office

31 De Beauvoir Road
London N1 5SJ
Phone: 020 8356 6600

Suffolk Estate TMO (For Suffolk Estate Tenants only)

The Housing Office
Welshpool Street
London E8 4PF
Phone: 020 7923 3794

North West Neighbourhood Office

Stoke Newington Municipal Offices
Stoke Newington Church Street
London N16 0JR
Phone: 020 8356 6151

Homerton Neighbourhood Office

92 Well Street
London E9 7JA
Phone: 020 8356 7800

Shoreditch Neighbourhood Office

1 Croyley Street
London N1 7PT
Phone: 020 8356 6705

Clapton Park TMO

The Housing Office
4A Gilpin Square
London E5 0HL
Phone: 020 8356 6300

Rent Deposit Scheme (For Rent Deposit Scheme clients only)

Housing Advice and Homelessness Centre
Reception
Christopher Addison House
72 Wilton Way
E8 1BJ
Phone: 020 83565836

When we usually pay benefit from

We usually pay benefit from the Monday after the date that you asked for a form, as long as you return the fully completed claim form to us within one calendar month.

Changes you must tell us about

Tell us straight away if:

- people move into or out of your home, such as a partner, children, relatives or other adults;
- any income goes up or down (this includes your income, your partner's income, or the income of anyone else living with you);
- your tax credit changes;
- the savings or investments of anyone in the household go up or down;
- you or anyone living with you becomes a student, or stops being 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;
- you or your partner give birth or any of your children leave school;
- your rent changes, unless you pay rent to us (this includes changes to the total amount of rent your landlord asks you to pay, any charges for things like services and fuel, water rates, heating, lighting, hot water, cooking and any meals);
- you move house;
- you or your partner are going to be away from home for more than 13 weeks;
- you receive any decision from the Home Office;
- you or anyone in your home stops getting benefits like Income Support, income-based Jobseeker's Allowance, income-related Employment & Support Allowance or Guarantee Credit or;
- anything else happens that might affect your benefit entitlement.

You must tell us about anything you think might affect your Housing Benefit and Council Tax Benefit. Please write or phone us, but remember you must also provide the evidence of the change (date of change, payslips, written proof of change of address, benefit award letters and so on). We need to know within one month about any change that would increase your benefit. If you tell us later, we will only increase your benefit from the Monday after the date you told us.

We will always take into account changes that reduce your benefit from the date the change happened, not when you tell us about the change. If we pay you too much benefit because you do not tell us about the change on time, we will normally ask you to repay the money or we will take it from future benefit payments.

It is an offence not to tell us about any change of circumstances that affects your benefit. We may take court action against you.

How we collect and use information

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

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

By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to:

- make sure the information you have given us is correct;
- prevent or detect crime; and
- protect public funds.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to. For more information visit our website at www.hackney.gov.uk/audit-commission-level2-notice.doc.

We, Hackney Council, are the data controller for the purposes of the Data Protection Act 1998.

If you want to know more about what information we have about you, or the way we use that information, you can ask.

Part 2 About Income Support, income-based Jobseeker's Allowance, income-related Employment & Support Allowance and Pension Credit – Guarantee Credit

Are you or your partner getting Income Support, income-based Jobseeker's Allowance, income-related Employment & Support Allowance or Pension Credit - Guarantee Credit at the moment?

You

No Yes

When did you start getting it?

/ /

Your partner

No Yes

When did they start getting it?

/ /

Are you or your partner waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-related Employment & Support Allowance or Pension Credit - Guarantee Credit?

No Yes

When did you claim?

/ /

No Yes

When did they claim?

/ /

Part 3 About you and your partner

Do you have a partner who normally lives with you?

By partner we mean someone of the opposite sex or the same sex who you are married to or live with as if you are married.

No Yes

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

Last name or family name

You

Your partner

Other names

Title (Mr, Mrs, Ms and so on)

Address

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

Postcode

Date of birth

/ /

/ /

National Insurance number

You can find this on payslips or letters from the Department for Work and Pensions or the tax office. We cannot normally decide your claim if we do not have your, or your partner's, National Insurance number.

Letters Numbers Letter

Letters Numbers Letter

If you do not have a National Insurance number, tick this box.

If your partner does not have a National Insurance number, tick this box.

Tell us any other names you have used.

Daytime phone number

Providing a contact number might help us to process your claim more quickly.

Evening phone number

Mobile number

Email address

Would you like to receive your Council Tax bill by email?

No Yes

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

Tell us whether you were a homeowner, private tenant or boarder at this address.

Part 3 About you and your partner - continued

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 use for the claim?

Your partner

No Yes

When did they claim?

/ /

Which council did they claim from?

What name did they use for the claim?

If you have moved from this address, have you told the council you claimed from?

No Yes

If you were a tenant, who did you pay rent to?

No Yes

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 five years?

No

Yes We will write to you about this.

No

Yes We will write to you about this.

What is your nationality?

What date did you last arrive in the UK? The UK is England, Northern Ireland, Scotland and Wales.

/ /

/ /

Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it because you are getting another benefit?

No Yes

No Yes

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

No Yes

No Yes

Are you or your partner in hospital at the moment?

No Yes

No Yes

When did you go in?

/ /

/ /

When do you expect to come out?

/ /

/ /

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

No Yes

No Yes

Please tick if you or your partner are:

- A part-time student (you study less than 16 hours a week)
Please tell us your term dates

No Yes

From / /

To / /

No Yes

From / /

To / /

- A full-time student (you study for 16 hours or more a week)
Please tell us your term dates

No Yes

From / /

To / /

No Yes

From / /

To / /

Part 3 About you and your partner - continued

- A student nurse

Please tell us your term dates.

No Yes

From

To

No Yes

From

To

- An apprentice

No Yes

From

To

No Yes

From

To

Do you receive a student loan?

No Yes

If 'Yes', how much? £

No Yes

If 'Yes', how much? £

Do you receive any grants or bursaries?

No Yes

If 'Yes', how much? £

No Yes

If 'Yes', how much? £

Please tick if you or your partner are:

- on a youth training scheme
- in legal custody
- severely mentally impaired
- registered blind
- long-term sick or disabled and not able to work

No Yes

No Yes

No Yes

No Yes

No Yes

Please provide proof.

No Yes

No Yes

No Yes

No Yes

No Yes

Please provide proof.

Part 4 About children

We need to know about any children in your household who are:

- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16 or over, but still under 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Do you want to claim for any children?

No Go to **Part 5**.

Yes Tell us about the children you want to claim for. If you want to claim for more than six children, use a separate sheet of paper.

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

	First child	Second child	Third child
Last name or family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the child's relationship to your partner?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's 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"/>

Part 4 About children - continued

Child Benefit number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Who gets the Child Benefit for them?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

We need to see proof of this.

Is the child registered blind or getting Disability Living allowance?

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 you pay childminding costs for this child to a registered childcare provider?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------	-----------------------------	------------------------------	-----------------------------	------------------------------

Name and registration number of the childcare provider

Name and registration number of the childcare provider

Name and registration number of the childcare provider

How much do you pay a week?

How much do you pay a week?

How much do you pay a week?

£

£

£

We need to see proof.

We need to see proof.

We need to see proof.

Fourth child

Fifth child

Sixth child

Last name or family name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Other names

<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"/>
--	--	--

What is the child's sex?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

What is the child's relationship to you?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

What is the child's relationship to your partner?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Child's 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"/>

Child Benefit number

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Who gets the Child Benefit for them? We need to see proof of this.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Is the child registered blind or getting Disability Living allowance?

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 you pay any childminding costs for this child to a registered childcare provider?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------------	------------------------------	-----------------------------	------------------------------	-----------------------------	------------------------------

Name and registration number of the childcare provider

Name and registration number of the childcare provider

Name and registration number of the childcare provider

How much do you pay a week?

How much do you pay a week?

How much do you pay a week?

£

£

£

We need to see proof.

We need to see proof.

We need to see proof.

Part 5 About other people who live with you

Do any adults normally live with you and your partner?

By adults, we mean people over 16 who no-one receives Child Benefit for.

No Go to **Part 6**.

Yes Tell us about all the adults, except your partner, who usually live with you. If you want to tell us about more than three people, use a separate piece of paper.

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

Are any of the people who normally live with you married to each other or living together as if they are married (this includes partners in a civil partnership)? By partner we mean someone of the opposite sex or same sex.

No Yes Tell us their names below.

is the partner of

And

is the partner of

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<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"/>
Their relationship to you For example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, joint tenant, subtenant or boarder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Income Support, income-based Jobseeker's Allowance, Employment & Support Allowance or Pension Credit - Guarantee 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, or 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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If 'Yes', please fill in Part 7 - About other money coming in.	If 'Yes', please fill in Part 7 - About other money coming in.	If 'Yes', please fill in Part 7 - About other money coming in.
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"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	When are they expected to come out?	When are they expected to come out?	When are they expected to come out?
	<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"/>

Part 5 About other people who live with you - continued

Are they in hospital at the moment?

First person

No Yes

When did they go in?

 / /

When are they expected to come out?

 / /

Do they normally work for 16 hours or more a week?

No Yes

Tell us their earnings before things like tax and National Insurance are taken off.

£

We need to see proof of their earnings.

Do they have any other income at all?

No Yes

What is this income?

Tell us their other income before things like tax and National Insurance are taken off.

£

We need to see proof of their income.

Second person

No Yes

When did they go in?

 / /

When are they expected to come out?

 / /

No Yes

Tell us their earnings before things like tax and National Insurance are taken off.

£

We need to see proof of their earnings.

No Yes

Tell us their other income before things like tax and National Insurance are taken off.

£

We need to see proof of their income.

Third person

No Yes

When did they go in?

 / /

When are they expected to come out?

 / /

No Yes

Tell us their earnings before things like tax and National Insurance are taken off.

£

We need to see proof of their earnings.

No Yes

Tell us their other income before things like tax and National Insurance are taken off.

£

We need to see proof of their income.

Part 6 About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No If 'No', go to Part 7.

Yes

No If 'No', go to Part 7.

Yes

If you or your partner are receiving or have claimed any of the benefits or pensions listed below, please tick the box and provide more details over the page.

- Adoption Pay
- Attendance Allowance
- Carer's Allowance
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Contribution-based Employment & Support Allowance
- Disability Living Allowance
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit

- Maternity Allowance
- Paternity Pay
- State Pension
- Severe Disablement Allowance
- Statutory Maternity Pay or Statutory Sick Pay
- The guarantee part of Pension Credit
- The savings part of Pension Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit
- Bereavement Benefit
- Widowed Parent's Allowance

Please provide proof.

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate page and send it with the form.

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

Part 6 About benefits and pensions - continued

	You	Your partner
The name of the benefit	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? For example, is it paid direct to your bank or building society account?	<input type="text"/>	<input type="text"/>
The name of the benefit	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? For example, is it paid direct to your bank or building society account?	<input type="text"/>	<input type="text"/>
The name of the benefit	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.	<input type="checkbox"/> It is your responsibility to tell us when you start receiving this benefit.
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
How is it paid? For example, is it paid direct to your bank or building society account?	<input type="text"/>	<input type="text"/>

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

Part 7 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form?

No Go to **Part 8**. Yes Answer the questions on the following page.

This includes:

- occupational pensions or private pensions;
- London Borough of Hackney pensions;
- maintenance or child support for you, your partner or any of the children you have told us about on this form; and
- any cash payments.

Also tell us about any money you get from people living in your house (such as boarders, lodgers or subtenants) and money that you receive from people who do not live with you (for example, rent from tenants). You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

Part 7 About other money coming in - continued

Income from boarders, lodgers and subtenants

Do you rent out part of your home to any boarders or lodgers?

How many boarders or lodgers do you rent to?

Please give their names.

Please tell us the amount you charge each week.

Does this include a charge for heating?

Do you rent out part of your home to anyone who is a subtenant?

If 'yes', how many people?

Please give their names.

Please tell us the amount you charge each week.

Other money 1

What is the money for?

Who gets it?

How much do you or they get?

How often?

Who is the money from?

When did you or they start getting this income?

When is this income likely to go up?

Other money 2

What is the money for?

Who gets it?

How much do you or they get?

How often?

Who is the money from?

When did you or they start getting this income?

When is this income likely to go up?

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Part 8 About working for an employer

Do you or your partner work for an employer?

No Go to **Part 9**.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on another piece of paper and send it with this form.

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Is this job temporary?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When will you finish?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>
How are you paid? For example, direct to your bank account, by cheque or in cash.	<input type="text"/>	<input type="text"/>
Do you get tips, bonuses and so on?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you get?	£ <input type="text"/>	£ <input type="text"/>
If so, how often?	Every <input type="text"/>	Every <input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please say which one. SSP <input type="checkbox"/> SMP <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please say which one. SSP <input type="checkbox"/> SMP <input type="checkbox"/>
What date did you start getting this?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If so, how much?	£ <input type="text"/>	£ <input type="text"/>
If so, how often?	Every <input type="text"/>	Every <input type="text"/>

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Part 10 About being self-employed

Are you or your partner self-employed?

No Go to **Part 11**.

Yes Answer the questions on the next 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 proof of your income.

Self-employed people are those workers who work for themselves or are not employed under a contract. They can include jobs such as window cleaners, some taxi drivers, painters, decorators, child minders and so on.

Please fill in the self-employed earnings information sheet available from Keltan House or the Neighbourhood Offices.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is the business address?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Are there any other partners in the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Tell us their name and address.	Tell us their name and address.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How many hours a week do you work?	<input type="text"/>	<input type="text"/>
Do you get a Business Start-up Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	How much?	How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	Every <input type="text"/>	Every <input type="text"/>

Part 10 About being self-employed - continued

Do you pay into a private pension scheme?

No Yes

How much?

£

How often?

Every

No Yes

How much?

£

How often?

Every

Part 11 About capital, savings and investments

Answer all the questions in this part. We must see proof of all capital, savings and investments that you and your partner have. This includes current accounts and savings accounts, with a bank or building society, post office accounts, Premium Bonds or stocks and shares. You must tell us about all your shares even if they are of no value, and all bank accounts, even if you are overdrawn or have a nil balance. Read the checklist at Part 1 to see what you can use as proof.

Do you or your partner have any bank accounts?

No

Yes

Tell us about **bank accounts**. If you have more than two bank accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any building society accounts?

No

Yes

Tell us about **building society accounts**. If you have more than two building society accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Part 11 About capital, savings and investments - continued

Do you or your partner have any post office accounts?

This includes savings accounts.

No

Yes

Tell us about **post office accounts**. If you have more than two post office accounts, tell us about the others on a separate piece of paper and send it with this form.

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

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Premium Bonds?

No

Yes

Value

Do you or your partner have any National Savings Certificates?

No

Yes

Issue number

Issue number

Value

£

Value

£

How many?

How many?

If you and your partner hold more than two National Savings Certificates, tell us about them on a separate page and send it with the form.

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

Do any of your savings or investments include money from selling a house or money from a charity?

No

Yes

If 'Yes', how much?

Please say which.

Have you or your partner received a Far Eastern Prisoner of War compensation payment, or a compensation payment made to victims of atrocities that happened during the Second World War?

No

Yes

If 'Yes', how much?

Please say which.

Have you or your partner received a payment from the VCJD Trust, The Macfarlane Trust, The Eileen Trust, The Skipton Fund or The London Bombings Relief Charitable Fund?

No

Yes

If 'Yes', how much?

Please say which.

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes

Company name

How many?

Company name

How many?

Part 11 About capital, savings and investments - continued

Do you or your partner, or any children you are claiming for, have any other capital, savings or investments?

Tell us about any TESSAs or ISAs here.

No Yes

Tell us about this.

Do you or your partner, or any children you are claiming for, own or partly own any property, land, holiday home, caravan, timeshare or other property other than the home you live in, either in the UK or abroad?

No Yes

What is the address?

 Postcode

How much is it worth?

£

How many people own it?

If you have a mortgage or loan, how much do you still have to pay?

£

Please provide proof.

Part 12 About rent

Are you charged rent for your home?

No Go to **Part 15** Yes Answer the next question.

When did you move to this address?

/ /

If you have not moved in yet, tell us when you expect to move in.

When did you start renting your home?

/ /

Are you charged rent by the council?

No Answer the questions below. Yes Go to **Part 15**.

What sort of tenancy do you have?

For example, assured, assured shorthold or registered rent.

How long is the tenancy for?

/ / to / /

Please tick to show if the property is let as:

furnished partly furnished unfurnished

How much rent do you pay?

£ every (week/fortnight/four weeks/month)

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

No Yes If 'Yes', how much do they pay? £

Tell us their names.

Has your rent changed in the last 12 months?

No Yes Send us proof of the date it changed, and how much it changed.

Part 12 About rent - continued

When is the next rent increase due?

We must see proof of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 1 to see what you can use as proof.

Has your rent been registered as a fair rent by the Rent Service?

No Yes

Do you have any weeks when you do not have to pay rent?

No Yes How many?

Do you pay water charges direct to the water authority?

No Yes

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 of where you are living at the moment.

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

Does your rent include money for the following?

Meals

No Yes How much?

Which meals are included?

Heating

No Yes How much?

Part 12 About rent - continued

Lighting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Water rates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Hot water	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Gas	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Electricity	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Fuel for cooking	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Laundry	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Cleaning	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Emergency alarm system	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Furniture	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Gardening	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Garage or parking space	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>

Do you have to rent this as part of your tenancy agreement? No Yes

Council Tax	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
Personal care and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>
General counselling and support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much?	£ <input type="text"/>

Do you pay any service charges separate from your rent? No Yes How much? £

For example, for cleaning or lighting in shared areas, a concierge service, lift maintenance, CCTV, satellite or cable. What for?

What is your landlord's name and address?

By *landlord* we mean the person or organisation who owns the property you live in.

 Postcode

If your landlord has an agent, tell us their full name and address.

By *agent* we mean the person or organisation you actually pay your rent to.

 Postcode

Are you, your partner or your children related to your landlord or agent, or to your landlord's partner or the agent's partner?

Related includes related through marriage, even if the marriage has ended, civil partnership (see page 9), cohabitation (living together as though you were married, including same-sex partners) or any legally binding bond.

No Yes

What is the relationship?

If your property is owned by a company, are you related to the director or secretary of the company?

Related includes related through marriage (even if the marriage has ended), a civil partnership, cohabitation or any legally binding bond.

No Yes Does not apply

What is the relationship?

Part 13 About where you live

What sort of building do you live in?

Bungalow	<input type="checkbox"/>	Studio flat	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	Bedsit or room	<input type="checkbox"/>	Hotel	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Sheltered accomodation	<input type="checkbox"/>
Caravan, mobile home or houseboat	<input type="checkbox"/>	Room or rooms	<input type="checkbox"/>	Other	<input type="checkbox"/>

What is the other room used for?

Does your home have: central heating? a garage? its own parking?

Is there more than one floor? No Yes How many floors are there?

Which floors do you live on? Basement Ground First Second
Third Fourth Fifth Other Please say which.

Is your accommodation self-contained? By self-contained we mean you and your household have a bathroom, kitchen, living and sleeping facilities you do not have to share with other residents who are not part of the household. No Yes

If your accommodation is not self-contained, which part of the accommodation do you or your family live in, facing the building from the front? At the front Right
In the middle Left
At the back

How many rooms are there in the house or flat?	In the whole house or flat?	Just for you and your household?	That you share with other people?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 is the other room used for?

Is any part of your home used for business purposes, whether by you or anyone else? No Yes

Do you have a main home somewhere else? No Yes

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it. What is the address?
 Postcode

If you own this home, what is the value of this property? £

Part 14 How you will be paid

If you are entitled to **Council Tax Benefit**, we will credit this to your Council Tax account.

If you are a **council tenant**, we will pay your benefit into your rent account direct.

If you pay rent to a **housing association** or you are a **private tenant excluded from getting Local Housing Allowance**, you can have direct payments, if you prefer, made to you, your landlord or landlord's agent into a bank or building society account (**We cannot pay into post office cash card accounts**) **Go to Part 14a.**

If you are a tenant getting **Local Housing Allowance**, we will pay your benefit into your bank or building society account direct, unless we decide that this may cause you difficulty. **Go to Part 14b.**

Part 14a If you pay rent to a housing association or you are excluded from getting Local Housing Allowance

Please tick the relevant box.

I want my benefit to go straight into my bank or building society account.

I want my benefit to go straight into my landlord's bank or building society account.

I want my benefit to go straight into my landlord's agent's bank or building society account.

If you do not already have a bank or building society account, you may want to set one up. That way you can arrange to pay the rent to your landlord automatically, using a standing order.

If you do not have a bank account, please contact the Benefits call centre on 020 8356 3399 or visit our reception in Keltan House.

You can get advice about opening and running a bank account from any bank or building society. You can also get advice from a welfare organisation such as Citizens Advice.

Name of the bank or building society

Name of the account holder. This must be the person you want your Housing Benefit paid to.

Address of the bank or building society

 Postcode

Account number

Sort code

Roll number

Building society accounts only

If you want us to pay benefit straight to your landlord, you must sign this declaration.

Your declaration

Please pay Housing Benefit straight to my landlord.

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

Signature

Date

 / /

Full name (in CAPITAL LETTERS)

Your landlord's declaration

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 a change in the tenant's circumstances;
- you can stop paying benefit to me if I do not tell you about any change in the tenant's circumstances;
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- 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

 / /

Now go to Part 15.

Part 16 *Backdating*

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. From 6 October 2008 Housing Benefit and Council Tax Benefit can be backdated for up to 6 months if you are working age. If you want us to consider paying your benefit from an earlier date, tell us the dates you want benefit from and why you did not claim earlier. People of pension age may have their claims backdated for 3 months.

Date you want to claim benefit from

to

Tell us why you have not claimed before and provide proof to show why. Please continue on a separate sheet if you need to and attach it to this form.

Part 17 *Anything else you need to tell us*

Use this box to tell us anything else you think we should know about. Use a separate sheet and attach it to this form if you need to.

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

Part 18 *Help with managing your affairs*

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose a representative to act for you. If you want to do this, please fill in the section below and sign the declaration.

Representative's name

Representative's address

Representative's phone number

Representative's relationship to you

For example, your daughter, sister, friend or warden.

Do you want us to send all letters and bills to your representative?

No

Yes

I give the person named above permission to act as my representative and be given information about my claim.

Your signature

Date

Your representative must sign below.

Representative's signature

Date

Part 19 *Your declaration*

You must fill in this page, otherwise we will return the form to you and your claim will be delayed.

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign below. By signing the form, they are confirming that they have read the form and that all the details about them are correct.

You must not sign this form unless you have read and understood the declaration below.

- I have declared **all** of my income and savings.
- I give you permission to make any enquiries to check the information on this form with the information I have given to other sections within the council, benefit authorities and the Home Office as allowed by law.
- I must let you know **immediately** and **in writing** of any change in circumstances which may affect the claim. I have read and understood the list of changes I must tell you about on page 3.

If I give information that is not correct or complete, or I fail to report a change in circumstances which may affect the claim, I may be prosecuted under the Social Security Administration Act 1992 (as amended) or the Theft Act 1968.

- The information I have given on this form is correct and complete.

Signature of the person claiming

Date

Partner's signature

Date

We must protect the public funds we handle, so we may use the information you have given us on this form to prevent and detect fraud. We may also share this information, for the same reasons, with other organisations that handle public funds.

If you have filled in this form for someone else, please tell us below 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.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Part 20 Ethnic monitoring *(you do not have to fill in this section)*

To help us monitor the effectiveness of our equal-opportunities policy, please answer the following question. We will only use this information for monitoring purposes. Your Housing Benefit or Council Tax Benefit will not be affected if you do not fill in this section.

What is your ethnic group?

Choose one section from A to G, and then tick the appropriate box to show your ethnic background.

A White

- British
- Irish
- Turkish Cypriot or Turkish-speaking (including Kurdish)
- Other Kurdish
- Other European
- Jewish
- Charedi (Orthodox Jewish)
- Irish traveller
- Gypsy or Roma
- Any other white background (Please say which.)

B Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background (Please say which.)

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (Please say which.)

D Black or black British

- Caribbean
- African (Please say which.)
- Other black or black British (Please say which.)

E Chinese

- Chinese

F Vietnamese

- Vietnamese

G Other

- Any other ethnic group (Please say which.)

Certificate of earned income

Private and confidential

Benefit reference: _____

Employee's name: _____

Employee's address: _____

To be filled in by the employer only

Employee's job title: _____

Date the employee started working for you: _____ Date of the employee's last pay rise: _____

Payroll number: _____ Your HM Revenue & Customs reference number: _____

Employee's correct details if their name and address vary from the above: _____

Pay details for the last five weeks, three fortnights, two months or four weeks, including any overtime, bonus or other payments

Please confirm the employee's National Insurance (NI) number.

How are they paid? Normal basic pay Normal hours worked

Pay period ending	Hours worked	Gross pay (before tax and NI are taken off)	Income tax	Employee's NI contribution	Employee's pension contribution	Gross pay (pay for the whole year to date)	Statutory Sick Pay or Statutory Maternity Pay
1							
2							
3							
4							
5							

Name of business:

Business address:

Name of person filling in this form:

Position held:

Please authorise this form with the company's business stamp. (If you do not have a stamp, attach your business card.)

**I confirm that the information I have given is true and complete.
I understand that if I give false information, you may take action against me.**

Signature: _____

Date: _____

Please tear off the certificate of earned income and give it to your employer to fill in. Send the completed claim form to us now and the certificate of earned income later.

Certificate of earned income

Private and confidential

Benefit reference: _____

Employee's name: _____

Employee's address: _____

To be filled in by the employer only

Employee's job title: _____

Date the employee started working for you: _____ Date of the employee's last pay rise: _____

Payroll number: _____ Your HM Revenue & Customs reference number: _____

Employee's correct details if their name and address vary from the above: _____

Pay details for the last five weeks, three fortnights, two months or four weeks, including any overtime, bonus or other payments

Please confirm the employee's National Insurance (NI) number.

How are they paid? Normal basic pay Normal hours worked

Pay period ending	Hours worked	Gross pay (before tax and NI are taken off)	Income tax	Employee's NI contribution	Employee's pension contribution	Gross pay (pay for the whole year to date)	Statutory Sick Pay or Statutory Maternity Pay
1							
2							
3							
4							
5							

Name of business:

Business address:

Name of person filling in this form:

Position held:

Please authorise this form with the company's business stamp. (If you do not have a stamp, attach your business card.)

**I confirm that the information I have given is true and complete.
I understand that if I give false information, you may take action against me.**

Signature: _____

Date: _____

Please tear off the certificate of earned income and give it to your employer to fill in. Send the completed claim form to us now and the certificate of earned income later.

You can contact Housing & Council Tax Benefits
by email at

benefits.callcentre@hackney.gov.uk

or through our website at

www.hackney.gov.uk.

Citizens advice bureaus and advice agencies

Dalston Citizens Advice Bureau

491-493 Kingsland Road, London E8 4AU
Phone: 020 7249 8027 Information and leaflets only
Monday and Tuesday, 9.45am to 3pm

Hackney Citizens Advice Bureau

236-238 Mare Street, London E8 1HE
Phone: 020 8525 6350 Monday to Thursday
9.45am to 5pm drop in service and appointments,
Fridays information and leaflets only.
Advice line operates Tuesday and Wednesday
1pm to 3pm; Phone: 0870 126 4013

Woodberry Down Citizens Advice Bureau

St Olaves Cottage, Woodberry Down,
London N4 2TW Drop-in advice times: Monday to
Thursday 9.45am to 3pm

The London Irish Women's Centre

59 Stoke Newington Church Street,
London N16 0AR
Phone: 0207 249 7318
Monday to Friday 9am to 5pm (closed between
1pm and 2pm for lunch)
The centre does not have a translation service, they
are only able to deal with Irish people.

Off Centre Ltd

(Young People's Counselling Services)

25-27 Hackney Road, London E8 3NR
Phone: 0208 986 4016
Drop in appointments: Monday, Tuesday, Thursday
and Friday 10am to 1pm, and 2pm to 6pm
Wednesday 2pm to 6pm

Asian Women's Advisory Service

161 Mare Street, London E8 3RH.
Phone: 0208 986 4804

Daymer Turkish and Kurdish Community Centre

Former Library, Howard Road, London N16 8PR
Phone: 0207 275 8440
Monday to Thursday 11am to 5pm

Age Concern

22 Dalston Lane, London E8 3AZ
Phone: 0207 249 7149 (general office)
Phone: 0800 917 9830 (information line)
Phone: 0207 241 2299 (24-hour line)
Minicom: 0207 683 0083
Opening hours: 9.30am to 5.30pm weekdays
Drop-in service: Monday and Wednesday 10am to
1pm, Tuesday 2pm to 4pm

**Do not put a cross in any boxes. If you put a cross
through a whole section, we will have to send the
form back and this will delay the claim.**

Have you signed your claim form?

If English is not your first language and you need help filling in the form, we may be able to help you. Please contact us on 020 8356 3399.

Bengali

যদি ইংরেজী আপনার প্রথম ভাষা না হয়ে থাকে এবং আপনার যদি ফর্মটি পূরণ করতে সাহায্যের দরকার হয়, তাহলে আমরা আপনাকে সাহায্য করতে সমর্থ হতে পারি। অনুগ্রহ করে 020 8356 3399 নম্বরে আমাদের সঙ্গে যোগাযোগ করুন।

Somali

Haddii Englishku aanu ahayn luuqaddaada koowaad oo aad u baahantahay caawin buuxinta foomka, waxaanu awoodnaa in aan ku caawino. Fadlan nagala soo xariir halkan 020 8356 3399.

French

Si l'anglais n'est pas votre langue maternelle et que vous avez besoin d'aide pour remplir ce formulaire, nous pourrions peut-être vous aider. Veuillez nous contacter au 020 8356 3399.

Spanish

Si el inglés no es su primera lengua y si necesita asistencia para rellenar este formulario, es posible que le ayudemos. Sírvase llamarnos al 020 8356 3399.

Kurdish

Heke Îngilîzî ne zimanê we yê yekemîn be û ji bo tijekirina formê ji we re alîkarî pêwîst be, dibe ku em bikanibin alîkarîya we bikin. Ji kerema xwe bi vê hejmarê bi me re têkevin têkilîyê: 020 8356 3399.

Turkish

İngilizce ana diliniz değilse ve formu doldurmak için yardıma ihtiyacınız varsa, belki size yardım edebiliriz. Lütfen 020 8356 3399'dan bizimle ilişki kurun.

Polish

Jeśli angielski nie jest Twoim rodzimym językiem i potrzebujesz pomocy w wypełnieniu ankiety, możemy Ci w tym pomóc. Skontaktuj się z nami dzwoniąc pod numer telefonu 020 8356 3399.

Vietnamese

Nếu Tiếng Anh không phải là ngôn ngữ thứ nhất của bạn và bạn cần sự hỗ trợ cho việc điền vào đơn này, chúng tôi có thể giúp bạn. Hãy liên lạc với chúng tôi theo số 020 8356 3399.

Urdu

اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ کو اس فارم کو پھرنے میں مدد کی ضرورت ہے تو ہو سکتا ہے ہم آپ کی مدد کرسکیں۔
برائے مہربانی ہم سے 020 8356 3399 پر رابطہ کریں۔

Chinese

如果英語不是您的第一語言，您需要幫助填寫表格，我們才能幫助您。請洽 020 8356 3399 聯繫我們。

Gujarati

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય અને ફોર્મ ભરવામાં તમને મદદ પેઈએ તો, અમે મદદ કરી શકીએ છીએ. કૃપા કરી અમને 020 8356 3399 પર સંપર્ક કરો.

Punjabi

ਜੇ ਅੰਗ੍ਰੇਜ਼ੀ ਤੁਹਾਡੀ ਮਾਂ-ਬੋਲੀ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਇਸ ਫਾਰਮ ਨੂੰ ਭਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ 020 8356 3399 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

If you would like this document in any of the following formats, please fill in the form and send it to the address below.

In large print

In Braille

Name: _____

Address: _____

Phone number: _____

Return the form to:

Hackney Revenues and Benefits Service
Keltan House
89-115 Mare Street
London E8 4RU.