



# Housing Benefit (including Local Housing Allowance) and Council Tax Benefit application form

If you are on a low income, you could get Housing Benefit to help with your rent. You may also get Council Tax Benefit to help pay your Council Tax. There are two types of Council Tax Benefit:

- Main Council Tax Benefit is based on the income, savings and investments of you and your partner.
- 'Second Adult Rebate' is based on the income of other people living with you.

You cannot get both types of Council Tax Benefit at the same time, so we will pay you whichever works out at the higher amount.

- If you have difficulty making a claim because you are elderly or disabled, we may be able to visit you at home. Please contact us for help.
- **Return this form to us straight away or you may lose benefit.** Do not delay sending the form in because you are waiting for evidence of earnings or rent, for example. You can send evidence later, but **make sure we receive it within one month** or we may not be able to pay you benefit. Make sure your name and address are on anything you send us later.

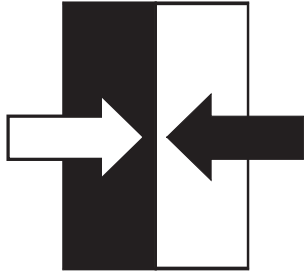
Please note that you do **not** need to complete this form if you already have a current claim. If you are reporting a change in your circumstances please complete a change of circumstances form instead.

For information only we do have a copy of this document in Braille or large print though we will at present still require a signed copy of this form.

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**Please do not send valuable documents by post.  
Each area housing office can photocopy documents for you.  
Thank you for filling in the form.**





**TRANSLATION  
AVAILABLE**

## Look out for the new **TRANSLATIONS SYMBOL**

If you see a council publication with the above symbol you can have that publication explained to you in your own language, either over the phone at any Islington housing department office or, in some instances, a translation in your language can be sent to you. This service is offered to anyone using the services of Islington's housing department.

Eğer İslington Belediyesinin bastırıldığı broşür, duyuru ve yayınlarda bu işaret ya da sembol varsa, konut müdürlüklerimizin ilgili personeli bu yayınları size telefonda kendi dilinizde anlatabilir, çevrilmiş olan bazı yayınların Türkçesi ise isterseniz adresinize gönderilebilir.

Bu hizmet İslington Konut Müdürlüklerinin hizmetlerinden yararlanan herkese sunulmaktadır.

**TURKISH**

Haddii aad aragto xayasiinta golaha oo calaamaddanu sita waxaad heli kartaa in xayasiintaas luqaddaada telefoon laguugu sharraxo meel kasta oo uu ku yaal xafiiska laanta guriyeynta ee Islington ama, marar qaarkood, tarjumaad luqaddaada ah ayaa laguugu soo diri doonaa.

Adeegyadan waxaa loo bandhigaa qof kasta oo isticmaalaya adeegyada laanta guriyeynta ee Islington.

**SOMALI**

আপনি যদি কাউন্সিলের কোনো প্রকাশনায় ওপরের চিহ্নটি দেখতে পান তবে আপনি আপনার নিজের ভাষায় সেই প্রকাশনাটির ব্যাখ্যা পেতে পারেন যে কোনো ইজলিংটন হাউসিং ডিপার্টমেন্ট অফিস থেকে দূরভাষের মাধ্যমে, অথবা কোনো কোনো ক্ষেত্রে আপনার ভাষায় সেটি আপনাকে অনুবাদ করেও পাঠানো যেতে পারে।

ইজলিংটনের হাউসিং ডিপার্টমেন্ট এর পরিসেবা ব্যবহার করছেন এমন যে কেউই এই পরিসেবাটি পেতে পারেন।

**BENGALI**

Si vous apercevez ce symbole sur une brochure du *Council* cela signifie que vous pouvez vous faire expliquer le contenu de cette brochure dans votre propre langue soit au téléphone à n'importe lequel des centres d'aide au logement d'Islington, ou, si possible, nous pouvons vous envoyer cette brochure traduite dans votre langue.

Ce service est proposé à toute personne ayant recours aux services des centres d'aide au logement d'Islington.

**FRENCH**

Εάν δείτε ένα φυλλάδιο με αυτό το σύμβολο, μπορούν να σας δοθούν εξηγήσεις σχετικά με αυτό το φυλλάδιο στη δική σας γλώσσα στο τηλέφωνο ή σε οποιοδήποτε γραφείο του τμήματος στέγασης του Islington ή, σε ορισμένες περιπτώσεις, μπορεί να σας σταλεί μετάφραση του φυλλαδίου.

Αυτή η υπηρεσία προσφέρεται σε όλους όσους χρησιμοποιούν τις υπηρεσίες του τμήματος στέγασης του Islington

**GREEK**

Nëse shikoni një botim të Këshillit me simbolin e mësipërm, mund t'jua shpjegojmë atë në gjuhën tuaj amëtare nëpërmjet telefonit në çdo Zyrë të Departamentit të Strehimit të Islingtonit ose, në disa raste, mund t'ju dërgohet një përkthim në gjuhën tuaj amëtare.

Ky shërbim i ofrohet çdo personi që gëzon shërbimin e Departamentit të Strehimit të Islingtonit.

**ALBANIAN**

Si encuentra un folleto del *Council* con el símbolo que aparece arriba, podrá obtener la explicación de dicha documentación en su propio idioma bien por teléfono en cualquier oficina del departamento de ayuda a la vivienda de Islington o, en algunos casos, le podrá ser enviada una traducción en su lengua.

Este servicio se encuentra disponible para cualquier persona que requiera los servicios del departamento de ayuda a la vivienda de Islington

**SPANISH**

如果您见到注有以上标记的市政议会的出版物，就可以通过电话向任何伊斯灵顿住房安置办公室来请求将该出版物以您自己的母语进行解释，或者在某些情况下，可以请求将该出版物的翻译件寄给您。

任何使用伊斯灵顿住房安置部门服务的人员都可获得此项服务。

**CHINESE**



INVESTOR IN PEOPLE



**ISLINGTON**

Islington Council Housing Services

## Proof you need to send in

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**!** You must send us original documents as evidence, not photocopies.

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

If you don't have all the evidence we've asked for, send in your form **immediately**, as delays may result in you losing benefit. Please tell us what evidence is missing and why you cannot yet provide it.

You must send in any missing proof within one month of returning your form, stating your name and address on anything you send us later.

## National Insurance number and identity

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We need proof of your identity (ID) and National Insurance number. If you have a partner, we also need proof of their National Insurance number and identity.

To satisfy this please provide one of the documents listed below for you and your partner if you have one. Remember this must be an original not a copy.

### Documents with a National Insurance number

- Latest P45
- Latest P60 – within the last two years
- Official wage slips – within the last three months, not handwritten
- Letter from the tax office – dated within the last 12 months
- National Insurance number card
- Current benefit notification letter from the Department for Work and Pensions (DWP) dated within the last 12 months
- Bank or building society statement showing welfare benefit paid into an account, but this must quote your National Insurance number

If you **don't** have any of the above documents to prove your National Insurance number, please provide one of the following documents as proof of your identity. Remember they must be originals and you should do the same for your partner if you have one.

### Proof of identity

- Current passport
- Current EC residence permit
- Current Aliens Registration Certificate
- Current Immigration and Nationality Directorate Travel Document
- Full UK driving licence
- Certificate of employment in HM Forces and Merchant Navy
- Immigration and Nationality Directorate Standard Acknowledgement Letter (SAL)
- Credit, debit, cheque cards
- Birth or adoption certificate (original or official copy of original)
- Marriage certificate
- Divorce, annulment or separation documents
- Bank or building society statement or passbook updated within the last year
- Letter from a solicitor, social worker or probation officer
- Life assurance or life insurance policy
- Medical card

**If any of the documents you supply for identity has your name and your partner's name, we will accept the document as identity for both of you.**

## Rent

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If you are a council tenant, you do not need to provide proof of rent. However, if you are a tenant of the council's co-operative scheme, provide your tenancy agreement. For all other tenants you must provide one of the following.

- An original tenancy or licence agreement. It must not be a copy.
- A letter from your landlord.
- A 'proof of rent' form for your landlord to fill in (we will provide one if you ask).

If you provide a letter, it **must** contain all of the following.

- Your name and the address of where you are renting.
- The name and business address of the owner of the property.
- The name and business address of the managing agent (if relevant).
- The date your tenancy began and the length of the tenancy.
- The amount of rent you pay.
- What services are included in the rent and a breakdown of those services.
- The property owner's or managing agent's signature.
- The names of any joint tenants (if relevant).
- How often you must pay your rent (weekly, monthly and so on).

**You must send us original documents as evidence, not photocopies.**

## State benefit income

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(Not necessary if you receive Income Support/Job Seeker's Allowance [income based] / Pension Credit [guarantee credit] / Employment and Support Allowance [income related]).

For each benefit you receive we **must** see one of the following as proof.

- Current letter from the DWP of your entitlement to benefit.
- Your latest bank or building society statements showing the payment being made into the account.
- A Tax Credit or Pension Credit letter.

**You must send us original documents as evidence, not photocopies.**

## Earnings from your employment

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We must see any one of the following, which **must** be official payslips (**not** hand written).

- Last five weekly payslips.
- Last two monthly payslips.
- Last three fortnightly payslips.

**You must send us original documents as evidence, not photocopies.**

## Self employed earnings

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- Audited accounts from an accountant.
- Your own profit-and-loss accounts.

**You must send us original documents as evidence, not photocopies.**

## Other income

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Examples of other income are private pensions, student loans and maintenance from a former partner. We will accept any one of the following as proof.

- A current payment advice slip.
- A current bank or building society statement showing payments you have received.
- Current award notification letters.
- A current student loan award notification.
- A letter from absent parents confirming payments made.
- A letter from the organisation which gives you the money showing how much you get and how often you get it.

**You must send us original documents as evidence, not photocopies.**

## Savings and investments

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If you and your partner have savings (not necessary if you receive Income Support/Job Seeker's Allowance [income based] / Pension Credit [guarantee credit] / Employment and Support Allowance [income related]), you will need to provide the following proof.

- Bank or building society statements showing the last two months' transactions.
- A savings book showing the current amount.
- Current proof of assets for certificates, shares, bonds, unit trusts, or a letter from 'CREST' (a certificate holding company). However, if you have given us proof of these type of assets before and they have not changed, you do not need to provide proof again.

**You must send us original documents as evidence, not photocopies.**

## Outgoings

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- Childcare charges — this must be a letter from the person you make payments to showing the amount you pay, how often and the Ofsted registration number of the minder.
- Maintenance payments for your children who are students.

**You must send us original documents as evidence, not photocopies.**

## Non-dependants

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We also need to see proof of the income and savings of people who live with you.

- If they are on Income Support/income-based Jobseeker's Allowance/Pension credit-guarantee credit/Employment and Support Allowance [income related], we only need proof of this.
- If they are not on Income Support/income-based Jobseeker's Allowance/Pension credit-guarantee credit/Employment and Support Allowance[income related], we need proof of their income and savings.

**You must send us original documents as evidence, not photocopies.**

## Changes in circumstances

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If your circumstances change while you are getting benefit or while your claim is being assessed, you must write to us at the Benefits Service immediately. If you do not, and you receive benefit which you are not entitled to, you will have to pay it back.

If you deliberately do not tell us about a change in your circumstances because you would get less benefit, we may take you to court.

If the change in your circumstances will result in you receiving **more** benefit, you must tell us about it within **one month** or we will not be able to go back to the date of the change and you could lose benefit.

The main circumstances that you must tell us about are shown below.

- If you are not a council tenant and your rent changes.
- If anyone who lives in your household starts or stops getting Jobseeker's Allowance, or any other state benefit.
- If anyone who lives in your household starts or stops work.
- If any of your children leave school.
- If the wages of any child or non-dependant who lives with you goes up or down.
- If you have another child.
- If your or your partner's income or savings go up or down.
- If you get married, separated or divorced.
- If there is any change in the number of people living with you.
- If the payments you receive from subtenants, boarders or lodgers change.
- If someone you look after stops getting Attendance Allowance.
- If you or your partner go into hospital for more than 52 weeks.
- If you or your partner go on holiday.

**! These are only examples of changes that may affect your benefit.**  
● **If you are in any doubt, please contact us.**

## How we use the information you give us

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Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines. Please see [www.islington.gov.uk/dataprotection](http://www.islington.gov.uk/dataprotection) for more information.

Part 1

About you and your partner

Date issued  
(Day/Month/Year)

Date received  
stamp

Please tick appropriate box:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 0.1 Private tenant | <input type="checkbox"/> Owner occupier   | <input type="checkbox"/> Joint owner occupier       |
| <input type="checkbox"/> Council tenant     | <input type="checkbox"/> Shared ownership | <input type="checkbox"/> Housing Association tenant |

0.2 Previous claim number (if available)

**!** If you do not answer all the questions, it will delay your claim.

Please provide us with your contact details:

0.3 Telephone number

0.4 E-mail address

1.1 Address and  
postcode

1.2 Flat or room  
number (if any)





Part 1

About you and your partner — continued

	You	Your partner
1.9 If you have moved home in the last 12 months, tell us your last address	Postcode	Postcode
1.10 Are you an asylum seeker?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.11 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 two years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We will write to you about this.
1.12 What is your nationality?		
1.13 If your nationality is not British, on what date did you last enter the UK? (The UK is England, Northern Ireland, Scotland and Wales)	(day/month/year) / /	(day/month/year) / /
1.14 Are you or your partner currently not living at home for any reason, such as in hospital, in prison or on holiday?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(day/month/year)	(day/month/year)
Date left	/ /	/ /
Date expected to return	/ /	/ /



	You	Your partner
1.15 Are you living, or do you ever live, at an address other than the one you have already told us about?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If 'Yes' what is the address?	If 'Yes' what is the address?
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Postcode</p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Postcode</p>
1.16 Do you or your partner have an invalid vehicle or car under the Mobility Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.17 Are you or your partner receiving Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.18 Are you or your partner registered or certified blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.19 Are you or your partner receiving Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.20 Are you or your partner a student? (We may write to you separately about this.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.21 Are you or your partner a student nurse?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.22 Are you or your partner an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
1.23 Are you or your partner long-term sick or disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>



2.1 Do you have any children living with you who are under the age of 16 or under the age of 20 and still at school?

No  If 'No', go to part 3.

Yes  If 'Yes', please fill in the details below.  
If you have more than three children, use a separate piece of paper.

	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child
2.2 Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3 Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
2.4 Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5 Male or female	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.6 Who gets Child Benefit for them? (We need to see proof of this.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.7 Usual address of child if different from yours	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.8 Does the child receive 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"/>
2.9 Are they registered or certified 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"/>

**! Important**


• You must let us know when your children leave school or if your Child Benefit stops.

If you are sending a separate sheet of paper,



Part 3

Other people who live with you

3.1 Do any other adults normally live with you and your partner? Do not include your partner, people who pay you rent, joint tenants, joint owners and children already listed in part 2. If you have more than two other adults living with you, use a separate piece of paper. No  Yes  If 'No', go to part 4 

	1 <sup>st</sup> Person	2 <sup>nd</sup> Person
3.2 Last name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
3.3 Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
3.4 Relationship to you	<input type="text"/>	<input type="text"/>
3.5 Please state if any of these people are a couple	<input type="text"/>	<input type="text"/>
3.6 Do they receive Income Support, income-based Jobseeker's Allowance, pension (guarantee) credit, or Employment and support allowance (income related)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.7 Do they receive any other benefit or income?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', name of benefit/ type of income	<input type="text"/>	<input type="text"/>
Amount	£ <input type="text"/>	£ <input type="text"/>
How often?	every <input type="text"/>	every <input type="text"/>
3.8 If they are working, how many hours each week?	<input type="text"/>	<input type="text"/>
3.9 Total amount of savings	£ <input type="text"/>	£ <input type="text"/>
3.10 Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.11 Are they registered or certified blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.12 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"/>
3.13 Are they in hospital or in legal custody? If yes, please tell us the date they are due to return in Part 16.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.14 Do they have any other income? (We will write to you about this.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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



# Part 4

# Income

4.1 Are you or your partner working or receiving any of the benefits in 4.2 below? No  Yes  If 'No', go to part 5.

	You	Your partner
4.2 Are you or your partner getting Jobseeker's Allowance (income based), Income Support, pension (guarantee) credit, or Employment and support allowance (income related)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', go to part 10.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', go to part 10.

	You	Your partner
4.3 Have you or your partner made a claim and are now waiting for a decision?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', go to part 10.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', go to part 10.

	You	Your partner
4.4 Do you work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
4.5 How many hours do you work each week?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.6 What kind of work do you do?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.7 What is your employer's company name and address?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.8 Phone number?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.9 When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	You	Your partner
4.10 How are you paid, for example cash, cheque?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.11 Do you get overtime, bonuses, tips or commission?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
4.12 How much are you paid?	£ <input type="text"/>	£ <input type="text"/>

	You	Your partner
4.13 How often?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.14 How much is your pay before deductions?	£ <input type="text"/>	£ <input type="text"/>

	You	Your partner
4.15 What is your payroll number?	<input type="text"/>	<input type="text"/>

	You	Your partner
4.16 Do you or your partner have a second job? If yes, please give details on a separate piece of paper.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
4.17 Are you or your partner receiving Statutory Sick Pay or Statutory Maternity Pay?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
4.18 Are you self-employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>


	You	Your partner
4.19 Are you self-employed and receiving a business start up loan?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
4.20 If you are working full time, do you pay childminding fees for any child aged under 15?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>



# Part 5

# Pensions


5.1 Do you or your partner have any of the following? No  Yes  If 'No', go to part 6 

Type of income	You		Your partner	
	Amount you get	How often	Amount you get	How often
5.2 Private pension(s) or occupational pension(s)	Total £ <input type="text"/>	<input type="text"/>	Total £ <input type="text"/>	<input type="text"/>
5.3 State Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.4 Widow's or Widower's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.5 War Disablement Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.6 War Widow's or Widower's Pension	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.7 Guarantee credit (pension credit)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.8 Savings credit (pension credit)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
5.9 Are you paying money towards a personal pension scheme? If 'Yes', how much?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/>	How often <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/>	How often <input type="text"/>
5.10 Have you paid into a private pension but are not taking any or all of the private income? If 'Yes', please provide the name and address of the company.	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> <input type="text"/>
What is the policy number?	<input type="text"/>		<input type="text"/>	



# Part 6

# Family allowances

6.1 Do you or your partner have any of the following? No  Yes  If 'No', go to part 7 


Type of income	You		Your partner	
	Amount you get	How often	Amount you get	How often
6.2 Child Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.3 Maternity Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.4 Foster Care Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.5 Guardian's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.6 Adoption or Custodian Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.7 Bereavement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.8 Maintenance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.9 Widowed Mother's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.10 Widowed Parent's Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.11 Child Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.12 Working Tax Credit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.13 Paternity Pay	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.14 Adoption Pay	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.15 Statutory Sick Pay	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.16 Maternity Pay	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
6.17 Jobseeker's Allowance (contribution based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>



\* F 0 0 5 0 9 2 5 \*

# Part 7

# Disability allowances

7.1 Do you or your partner have any of the following? No  Yes  If 'No', go to part 8 


Type of income	You		Your partner	
	Amount you get	How often	Amount you get	How often
7.2 Incapacity Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.3 Employment and support allowance (contribution based)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.4 Severe Disablement Allowance	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.5 Industrial Disablement Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.6 Industrial Death Benefit	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.7 Carer's Allowance (if you receive the allowance for looking after someone else)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.8 Please tell us the name and address of the person you are looking after	<input type="text"/>		<input type="text"/>	
7.9 Carer's Allowance (if someone else receives the allowance for looking after you)	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
7.10 Please tell us the name and address of the person who is looking after you	<input type="text"/>		<input type="text"/>	
7.11 Have you or your partner ever <b>claimed</b> Carer's Allowance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**!** Still tick 'Yes' if you were not paid any Carer's Allowance. This could have been because you were better off getting another social security benefit.



Part 8

Other money

8.1 Do you or your partner have any of the following? No  Yes  If 'No', go to part 9 

If 'Yes', are you or your partner receiving money from any of the following?

	You	Your partner
8.2 A youth training scheme	£ <input type="text"/>	£ <input type="text"/>
8.3 An annuity	£ <input type="text"/>	£ <input type="text"/>
8.4 Rental income from property in this country or abroad	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
8.5 Any other income — what is it? (Include cash payments and compensation payments.)	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
8.6 Do you or your partner pay any money towards student loans for your children?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	£ <input type="text"/>	£ <input type="text"/>
8.7 A voluntary organisation or charity	£ <input type="text"/>	£ <input type="text"/>
Please say what these payments are for	<input type="text"/>	

**! You do not need to tell us about payments from the Independent Living Fund, The Eileen Trust or the Macfarlane Trust.**

8.8 Do you receive money from overseas?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much?	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>
State which country the money comes from	<input type="text"/>	<input type="text"/>



Part 9

Savings, investments and property

9.1 Do you or your partner have any of the following? No  Yes  If 'No', go to part 10.

If 'Yes', give the amount. If you have more than one account of any of the following please add the totals together.

	You	Your partner
9.2 Bank accounts (current)	£	£
9.3 Bank accounts (deposit)	£	£
9.4 Building society accounts	£	£
9.5 National Savings Certificates and Bonds	£	£
9.6 Other savings	£	£
9.7 Premium Bonds	£	£
9.8 Post office accounts	£	£
9.9 Number of unit trusts		
9.10 Number of shares and name of company		
9.11 Tessas	£	£
9.12 PEPs	£	£
9.13 ISAs	£	£
9.14 Do you or your partner have any joint accounts?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please give the account name and the amount		
	£	£
9.15 Give details of any savings or investments not listed above		
9.16 Do you or your partner own or partly own any property, other than the home you live in, either in the UK or abroad?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you ticked 'Yes' we will need more information. We will write to you about this.



Part 10

Tenancy details

	You	Your partner
10.1 Do you pay rent for your home?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you have ticked 'No', go to part **17**.

10.2 Date your tenancy started (day/month/year)  /  /

10.3 Date you moved in (day/month/year)  /  /

10.4 Do you have a tenancy agreement? No  Yes

10.5 How long is it for?

10.6 What type of tenancy do you have?

10.7 Other than you and your partner, are any of the people who live in the property joint owners or joint tenants? No  Yes

If 'Yes', please give their names below.

Last name	Other names	Relationship to you
<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"/>

	You	Your partner
10.8 Have you been placed here by a council's homeless person's unit or social services?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

	You	Your partner
10.9 Do you pay rent to the council?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If 'Yes', say which council:

	You	Your partner
10.10 Are you a tenant of a council cooperative scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>



**!** If you are a council tenant, go to part



11.1 How much rent do you pay? £

11.2 How often do you pay your rent? weekly  every two weeks  every four weeks  every month

If none of these, please say how often  On what day of the week or month is your rent due?

11.3 Are any of the following included in your rent? No  Yes  If 'Yes', fill in the following.

	Yes	Amount		Yes	Amount
11.4 Heating	<input type="checkbox"/>	£ <input type="text"/>	11.15 Laundry	<input type="checkbox"/>	£ <input type="text"/>
11.5 Lighting	<input type="checkbox"/>	£ <input type="text"/>	11.16 Counselling or support	<input type="checkbox"/>	£ <input type="text"/>
11.6 Hot water	<input type="checkbox"/>	£ <input type="text"/>	11.17 Nursing	<input type="checkbox"/>	£ <input type="text"/>
11.7 Fuel for cooking	<input type="checkbox"/>	£ <input type="text"/>	11.18 Personal care	<input type="checkbox"/>	£ <input type="text"/>
11.8 Water rates	<input type="checkbox"/>	£ <input type="text"/>	11.19 Breakfast	<input type="checkbox"/>	£ <input type="text"/>
11.9 Council Tax	<input type="checkbox"/>	£ <input type="text"/>	11.20 Lunch	<input type="checkbox"/>	£ <input type="text"/>
11.10 Garage or parking	<input type="checkbox"/>	£ <input type="text"/>	11.21 Evening meal	<input type="checkbox"/>	£ <input type="text"/>
11.11 TV	<input type="checkbox"/>	£ <input type="text"/>	11.22 Gardening	<input type="checkbox"/>	£ <input type="text"/>
11.12 Satellite television	<input type="checkbox"/>	£ <input type="text"/>	11.23 Decoration	<input type="checkbox"/>	£ <input type="text"/>
11.13 Cable television	<input type="checkbox"/>	£ <input type="text"/>	11.24 Other	<input type="checkbox"/>	£ <input type="text"/>
11.14 Cleaning service	<input type="checkbox"/>	£ <input type="text"/>	Please give details <input type="text"/>		

11.25 Do you pay any service charges separate from your rent for facilities such as cleaning, lighting and so on in shared areas? No  Yes  If 'Yes', how much? £

11.26 Does anyone else share the rent with you and your partner? No  Yes   
 If 'Yes', what are their names?

11.27 Has your rent changed in the last 12 months? No  Yes

11.28 When is the next rent increase due? (day/month/year)  /  /

11.29 Has your rent been registered as a fair rent? No  Yes   
 If 'Yes', when? (day/month/year)  /  /



Part 12

About where you live

Please tick the type of accommodation you live in.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> 12.1 Detached house           | <input type="checkbox"/> | <input type="checkbox"/> 12.10 Bedsit with shared facilities | <input type="checkbox"/> |
| <input type="checkbox"/> 12.2 Semi-detached house      | <input type="checkbox"/> | <input type="checkbox"/> 12.11 Guest house or hotel          | <input type="checkbox"/> |
| <input type="checkbox"/> 12.3 Terraced house           | <input type="checkbox"/> | <input type="checkbox"/> 12.12 Residential nursing home      | <input type="checkbox"/> |
| <input type="checkbox"/> 12.4 Self-contained bedsit    | <input type="checkbox"/> | <input type="checkbox"/> 12.13 Residential care home         | <input type="checkbox"/> |
| <input type="checkbox"/> 12.5 Room in a house          | <input type="checkbox"/> | <input type="checkbox"/> 12.14 Studio flat                   | <input type="checkbox"/> |
| <input type="checkbox"/> 12.6 Flat in a block of flats | <input type="checkbox"/> | <input type="checkbox"/> 12.15 Caravan                       | <input type="checkbox"/> |
| <input type="checkbox"/> 12.7 Flat over a shop         | <input type="checkbox"/> | <input type="checkbox"/> 12.16 Houseboat                     | <input type="checkbox"/> |
| <input type="checkbox"/> 12.8 Maisonette               | <input type="checkbox"/> | <input type="checkbox"/> 12.17 Hostel or refuge              | <input type="checkbox"/> |
| <input type="checkbox"/> 12.9 Flat in a house          | <input type="checkbox"/> |  |                          |

12.18 If none of the above, please give details:

12.19 How many floors are there in the building you live in?

Which floor or floors do you live on? **Basement**  **Ground**  **First**  **Second**   
**Third**  **Other**

If you ticked 'Other', please say where.

12.20 Is the property you rent:  
**partly furnished?**  **fully furnished?**  **barely furnished?**  **unfurnished?**

12.21 If you live in a room or bedsit, are there any cooking facilities? **No**  **Yes**

12.22 Has your home been adapted for someone with a disability? **No**  **Yes**

12.23 Do you have central heating? **No**  **Yes**

12.24 Who is responsible for decorating the inside of your home? **You**  **Your landlord**  **Don't know**

12.25 Do you have a garage? **No**  **Yes**

Part **12** is continued over the page.



**12.26** **!** Important — if you use a room, rooms or flat in part of a house you must tell us where it is in the property.

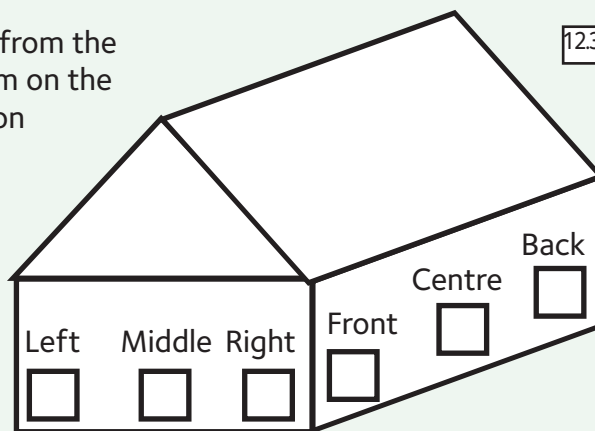
Is it in:  the front?   
 the back?  the centre?

In the table below, please tell us how many rooms you have.

	Total number of rooms in your house or flat	How many rooms are for your use only?	How many rooms do you share?
<b>12.27</b> Living or dining rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.28</b> Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.29</b> Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.30</b> Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.31</b> Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.32</b> Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12.33</b> Other – please say	<input type="text"/>	<input type="text"/>	<input type="text"/>

**!** You only need to fill in this part if you are renting a room in a property.

**12.34** Facing your property from the road, is your own room on the left, in the middle or on the right of the building? Please mark your room with an



**12.35** Is your own room at the front, centre or at the back of the building? Please mark with an

**12.36** If your room is somewhere different, please say where



13.1 Please give the name and business address of your landlord, landlady or agent.

Last name

Other names

Address

Phone number

If it is an agent tick this box

13.2 If your landlord or landlady is a company, do you or your partner have any connection with the company? No  Yes

13.3 Is your landlord, landlady or agent related to you, your partner or children? No  Yes

If 'Yes', who is related to who and how?

13.4 Does the landlord, landlady or agent live in the property? No  Yes

13.5 Do you owe your landlord or landlady any rent? No  Yes

If 'Yes', how much?

£

13.5 Have you ever owned the property you are now living in? No  Yes

If 'Yes', please give the date you sold it and the reason

 /  / 



We will pay your housing benefit straight into your bank or building society account. Generally we will only pay your landlord if you are a housing association tenant.

14.1 Are you likely to have difficulty managing your finances? No  Yes

14.2 Is it likely that you will not use your benefit to pay your rent? No  Yes

14.3 I want my benefit to go straight to my landlord and I am a housing association tenant.  Go to part 15.

If you tick this box both you and your landlord have to fill in the additional declaration in part 19.

14.4 Tell us the following details:

**Name of bank or building society**

**Address and postcode**

**Whose name is the account in?**

**Account number**

**Sort code**

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

**!** Please note that we will not be paying claims by cheque. If your bank details are not provided we cannot start paying benefit.



Part 15

**Boarders and people who live in a hostel**

15.1 Are you a boarder or do you live in a hostel or refuge? No  Yes

If 'Yes', how many meals does your landlord or landlady provide?

None  Breakfast only  Fewer than three meals  All meals

15.2 If your rent includes any of the following services, please tick the box and write the amount if you know it.

Laundry (sheets)  £  Cleaning  £   
Personal laundry  £

15.3 Do you share your room with anyone who is not your partner or who is not related to you? No  Yes

Part 16

**Further information**

Please use for anything else you wish to tell us about, including any benefits or pension claimed but not yet received, or other income/capital expected in the future.

16.1



\* F 0 0 5 1 9 2 5 \*

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. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

17.1 Date you want to claim benefit from (day/month/year)

17.2 Tell us why you have not claimed before.

Please give as much detail as possible and provide any evidence you have, because we cannot normally back date claims.



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

**I declare and agree with the following.**

- I declare the information I have given on this form is correct and complete.
- If I give information that is incorrect or incomplete, you may take action against me. This may also include prosecuting me or charging fines.
- If I am not fully entitled to any of the benefits declared and this results in you overpaying me benefit, you may take action against me. This may also include prosecuting me or charging fines.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check the information I have provided with other sources within the council, other councils and government agencies. This will include comparing the information I have given you with the information I have given to other departments within the council, other councils and government agencies.
- I understand that this form will be held on computer and used to work out my Housing Benefit and Council Tax Benefit.
- You may use any information I have provided in connection with this and any other claim for social security benefits, a discretionary housing payment or supported accommodation costs that I have made or may make. You may give information to other government organisations if the law allows this.
- I understand that you may contact the Home Office to check information I have given in this form and to get any other relevant information.
- I know I must let the benefits service know about any changes in my circumstances immediately which might affect my claim, even if I have already told the DWP or any other organisation. I understand that if I do not do this you may take action against me. This may include prosecution or a fine.
- I understand that you may contact me in writing, by phone, or by visiting me at home, for more information so you can confirm I am still entitled to benefit.
- I also understand that if you cannot contact me, you may have to suspend or end my claim.

**18.1 Your signature**

**Date**

 /  / 

**Your partner's signature**

**Date**

 /  / 


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

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 letter 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



**18.3** We are committed to an equal opportunities policy. To help us carry out this policy and to make sure that we do not treat anyone unfavourably for any reason, please provide the following information. This is to allow us to monitor our policy. We will not use the information for any other purpose.

I would describe myself as: (tick one box only)

**White**

- A  British
  - B  Irish
  - C  Other — please give details
- 

**Mixed**

- D  White and Black Caribbean
  - E  White and Black African
  - F  White and Asian
  - G  Other — please give details
- 

**Asian or Asian British**

- H  Indian
  - I  Pakistani
  - J  Bangladeshi
  - K  Other — please give details
- 

**Black or Black British**

- L  Caribbean
  - M  African
  - N  Other — please give details
- 

**Chinese or other**

- O  Chinese
  - P  Other — please give details
- 
- Q  Greek or Greek Cypriot
  - R  Turkish or Turkish Cypriot

The Disability Discrimination Act 1995 states that a person has a disability 'if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.'

Do you consider yourself disabled using this definition? No  Yes

How would you define your gender?

- Female
- Male
- Transgender Male to Female
- Transgender Female to Male

And your sexuality?

- Heterosexual
- Gay
- Lesbian
- Bisexual

And your religion/belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No religion
- Rastafarian
- Sikh
- Any other



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

**19.1** Please pay my Housing Benefit straight to my landlord. I understand that:

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

Signature

Date

 /  / 

**Now ask your landlord to sign this agreement**

**19.2** Landlord's name

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

I understand that by law:

- I must tell you straight away if I find out about any change in the tenant's circumstances
- you can stop paying benefit to me if I do not tell you about any change of circumstances
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to; and
- if you pay me too much Housing Benefit for any tenant, I must 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

 /  / 


**19.3 Sharing information with your landlord**

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed. We would only share information with your landlord if you:

- are a local authority tenant; or
- have agreed that your Housing Benefit can be paid directly to your landlord

But in either case, under the Data Protection Act we need your permission to share information.

If you give us permission, we would be able to tell your landlord:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim, and if so what information this is.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

**We will not give your landlord any information about:**

- **your personal or household circumstances; or**
- **your financial circumstances.**

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

**I give Islington permission to share my information about the progress of my Housing Benefit claim with my landlord or their representative.**

Signature

Address

Postcode

Date

 /  / 


## When benefit will start from

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If you are applying for benefit for the first time or your benefit has stopped, fill in and return this form **immediately** as we will normally only pay benefit from the Monday after we receive it.

If you answer all the questions on the form and send us all the proof we need, we will contact you within 14 days, or as soon as possible after that, to tell you if you are entitled to benefit. If you do not have all the information we need, send the application form in **now** and the proof within one month, or you may lose benefit.

## Where to take your form

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### Upper Street Area Housing Office

Northway House  
257 Upper Street  
London N1 1RU  
Phone: 020 7527 5300

### Lyon Street Area Housing Office

1 Lyon Street  
London N1 1DQ  
Phone: 020 7527 6880

### Central Street Area Housing Office

85 Central Street  
London EC1V 8DT  
Phone: 020 7527 6250

### Contact Islington

222 Upper Street  
London N1 1XR  
Email: [contact@islington.gov.uk](mailto:contact@islington.gov.uk)  
Phone: 020 7527 2000  
Fax: 020 7527 5001  
Minicom: 020 7527 1900  
Web: [www.islington.gov.uk](http://www.islington.gov.uk)

### Holland Walk Area Housing Office

85-88 Holland Walk  
London  
N19 3XS  
Phone: 020 7527 7480

## Where to send your form

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### Benefits Service

PO Box 34750  
London N7 9WF  
Email: [benefits.service@islington.gov.uk](mailto:benefits.service@islington.gov.uk)

Phone: 020 7527 4990  
Minicom: 020 7527 3628  
SMS: 07957 151231

### Useful numbers:

Sheltered Housing	020 7527 5395
Repairs (8am to 8pm)	0800 694 3344
Emergency out of hours repairs	020 7527 5400
Federation of Islington Tenants Association	020 7226 9246
Benefits Service	020 7527 4990
Freephone Housing Benefit fraud hotline	0800 073 1449
Empty property hotline	020 7527 6080
Home ownership	020 7527 7754
Linkline Community Alarm Service	020 7527 5456

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2000.