

Housing Benefit and/or Council Tax Benefit Claim

Please return this form and all documents to:

Benefits Service
London Borough of Camden
Town Hall
Argyle Street
London
WC1H 8NJ

For office use only:

Date we received a request:

Issue date:

Reason

Customer Letter

Telephone

Other

Request on behalf of customer:

Claim no:

Place ref:

General Information

Telephone: 020 7974 5950

Our telephone lines are open from Monday, Tuesday, Thursday & Friday:
8.00am - 5.00pm. Wednesday: 8.00am - 2.30pm.

Fax: 020 7974 5817

Email: benefits@camden.gov.uk

Our Website: www.camden.gov.uk

Textlink: If you are Deaf or hard of hearing you can leave a message on 020 7974 6866

Opening Hours for Personal Callers

Monday	8.00am – 5.00pm	(Last interview time is 4:30pm).
Tuesday	8.00am – 5.00pm	(Last interview time is 4:30pm).
Wednesday	8.00am – 2.30pm	
Thursday	8.00am – 5.00pm	(Last interview time is 4:30pm).
Friday	8.00am – 5.00pm	(Last interview time is 4:30pm).

Your Claim

Please complete this form in black ink

Please read the guidance notes and checklist on pages 2 and 3 before completing this form

I am: An Owner Occupier

A Council Tenant

A Housing Association Tenant

A Private Tenant

I want to claim: Housing Benefit

Council Tax Benefit

Both of the above

Second Adult Rebate

Name:

Address:

Email address:

Telephone No:

Filling in the form

Use black ink to fill in the form. Do not use a pencil. If you make a mistake, just cross it out and put the correct answer next to it. If someone fills in the form for you, there is a special space for them to sign. If you need any help contact us. Our contact details are listed on the front of the form.

When you have filled in the form, sign it and send it to us along with the supporting information and evidence; our address is on the front page. Alternatively you can make your claim at some other Camden Council offices; a list of the designated offices is available on request.

Guidance notes

Housing Benefit can pay all or part of your rent. It may also give you some extra money towards things you have to pay for, like cleaning of shared areas. It cannot help with water charges. Council Tax Benefit can pay all or part of your Council Tax.

We have designed this claim form to be easy to fill in. It may look rather long but there need to be enough questions to make sure that everyone who claims gets the right amount of benefit. In this form 'we' and 'us' mean the Benefits Service of the London Borough of Camden.

You may not have to fill in all parts of the form but you must fill in any part that is relevant to you.

Note 1 Proof of identity and National Insurance number – Please provide at least **TWO** original documents from the list below, copies are not acceptable.

Passport (current & valid)	Prison discharge notification
EU identity card	Recent bank or building society statement
Home Office letter	Cheque book
UK Residence Permit	Building society passbook
Birth/Adoption certificate	Council Rent Book
Marriage certificate	Council Tax bill
Divorce/annulment papers	Paid gas, electricity, telephone bill for last quarter
Full driving licence (not provisional)	Store charge card, Credit card
Medical card	Trade Union membership card
Letter from your Doctor, Solicitor, Social Worker,	Life assurance or insurance policy document
Probation Officer, Hostel manager	Certificate of employment in HM forces,
Letter from DWP or HM Revenue & Customs	Merchant Navy

National Insurance Numbers (NINO) – can be found on:

JSA signing on card, Letters from the DWP, HM Revenue & Customs, payslips or pension advice slips, P45/P60, National Insurance card

Note 2 – Proof of who is living at the address

You will need to provide documentary evidence confirming residency for all the people you have declared living with you on this form. For you this could be a letter from your landlord confirming the date you moved in. For you, your partner or other adults who live with you, it could be a letter or bill from a bank, utility company or similar confirming the name and address of the person concerned. It could also be a letter from the Department for Work and Pensions or from HM Revenue & Customs. For dependent children it could be Child Benefit, a letter from a school or nursery or a medical card.

Note 3 – Proof of private rent and tenancy

This may include your tenancy agreement, rent book or rent receipts. If you do not have any of these you will need to provide a letter from your landlord

Note 4 – Proof of income

Earnings - this means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid monthly and includes cash payments received in the form of tips. If you or your partner are self employed you will need to complete a separate self-employed form. We will send this to you.

Other unearned income – such as pension advice slips from a former employer, a maintenance order or income received from an annuity. We will also need to see proof of any money you receive from boarders, lodgers or sub tenants.

Benefits, Allowances, Tax Credits or Pensions – such as a current award notice or letter from the Department for Work and Pensions or HM Revenue & Customs confirming how much you get.

Proof of money paid out – such as a student loan or grant assessment, or payments to a registered childminder.

Note 5 – Proof of savings, capital and investments

We need to see evidence for all savings, capital & investments that you or your partner have – such as your latest full bank statement, building society or post office books, National Savings Certificates, ISAs, stocks, shares and unit trusts. The evidence that you send must show details for at least the last two months.

Although we need to know the value of any Premium Bonds, cash or capital bonds that you may have you do not need to send proof of these.

Checklist

Please use the checklist below and indicate what evidence you are sending with this form; we must see original documents, not copies. Please do not send valuable items through the post.

If you do not provide all of the evidence we need, we might not be able to pay you any benefit. We need the same evidence for your partner if you have one.

I have enclosed the following with my claim form:

Proof of Identity and National Insurance Number (see note 1)

Proof of who is living at the address (see note 2)

Proof of rent & tenancy (Private/Housing Association/Hostel/Boarder and B&B tenants only) (see note 3)

Proof of income and money paid out (see note 4)

Proof of savings, capital and investments (see note 5)

Information about Second Adult Rebate

If you do not qualify for main Council Tax Benefit you may still be able to get something off your Council Tax bill, based on the income of other adults who live with you. You can claim Second Adult Rebate if you are the only person in your home who has to pay Council Tax. You cannot claim if anyone in your home pays you rent. If you know that you cannot claim main Council Tax Benefit and only want to claim Second Adult Rebate, please tick the box on the front of the form.

TO REDUCE DELAYS YOU SHOULD RETURN THE COMPLETED FORM AND YOUR DOCUMENTS TO THE ADDRESS ON THE FRONT OF THE FORM AS SOON AS POSSIBLE. WE NEED TO SEE ORIGINAL DOCUMENTS, NOT COPIES. SENDING THE CORRECT DOCUMENTS WILL HELP US TO WORK OUT YOUR BENEFIT FASTER.

PART 1: ABOUT YOU AND YOUR PARTNER

Do you have a partner who normally lives with you?

No Yes

By partner, we mean someone of the same or opposite sex that you live with as a couple. This could be:

- A person you are married to or a person you live with as if you are married to them or
- A civil partner or person you live with as if you are civil partners.

If you have a partner, you must answer all of the questions about them as well as those about yourself. You must include your partner even if they do not have recourse to public funds.

	YOU	YOUR PARTNER
Last Name	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>
Title Mr, Mrs, Miss, Ms	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address Do not tell us your partner's address if it is the same as yours	<input type="text"/>	<input type="text"/>
What date did you move to this address?	<input type="text"/>	<input type="text"/>
If you have moved home in the last 12 months, tell us your last address.	<input type="text"/>	<input type="text"/>
What is your nationality?	<input type="text"/>	<input type="text"/>
Have you or your partner come to live in England, Scotland, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If 'Yes', we will write to you about this</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If 'Yes', we will write to you about this</i>
What date did you last arrive in the UK?	<input type="text"/>	<input type="text"/>
Have you or your partner claimed Housing Benefit or Council Tax Benefit before?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If 'Yes', when did you claim?</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If 'Yes', when did you claim?</i>
	<input type="text"/>	<input type="text"/>

PART 1: (CONTINUED) ABOUT YOU AND YOUR PARTNER

	YOU	YOUR PARTNER
What address did you claim for?		
Are you or your partner in hospital at the moment? We need to know this because your benefit may change if you or your partner are in hospital.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<i>If 'Yes', when did you go in?</i>	<i>If 'Yes', when did you go in?</i>
	<i>When will you come out? (If you know)</i>	<i>When will you come out? (If you know)</i>
Does anybody receive Carers Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner been told by the Carers Allowance Unit that you are entitled to Carers Allowance but you do not receive it because of other benefits or allowances that you receive?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	<i>If 'Yes', please provide proof</i>	<i>If 'Yes', please provide proof</i>

Please tick if you or your partner are:	YOU	YOUR PARTNER
Registered Blind	<input type="checkbox"/>	<input type="checkbox"/>
An apprentice	<input type="checkbox"/>	<input type="checkbox"/>
On youth training	<input type="checkbox"/>	<input type="checkbox"/>
In legal custody	<input type="checkbox"/>	<input type="checkbox"/>
Severely Mentally Impaired	<input type="checkbox"/>	<input type="checkbox"/>
A carer	<input type="checkbox"/>	<input type="checkbox"/>
Aged under 22 and formerly in the care of a local authority	<input type="checkbox"/>	<input type="checkbox"/>
Long term sick or disabled and incapable of work	<input type="checkbox"/>	<input type="checkbox"/>
A Welfare to Work beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant? If so, when is the due date?	<input type="checkbox"/>	<input type="checkbox"/>

We may contact you if we need more information about any of the above.

A student / student nurse	<input type="checkbox"/>	<input type="checkbox"/>
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We will send you a separate form to complete if you or your partner are a student or a student nurse

PART 2: PASSPORT BENEFITS

Are you or your partner receiving Income Support, Jobseeker's Allowance (Income Based), Employment & Support Allowance (Income Related) or Pension Credit (Guarantee Credit)?

No

Yes

Please state which benefit

You

Your Partner

When did you start receiving it?

You

Your Partner

Are you or your partner waiting to hear about a claim for Income Support, Jobseeker's Allowance (Income Based), Employment & Support Allowance (Income Related) or Pension Credit (Guarantee Credit)?

No *Go to Part 3*

Yes *Answer the questions below*

Please state which benefit

You

Your Partner

When did you claim?

You

Your Partner

PART 3: YOUR CHILDREN

Tell us about your and your partner's children.

Only include those children you get Child Benefit for who normally live with you and are:

- Under 16,
- Aged 16 or 17 and registered for work or youth training, or
- Aged 16, 17, 18 or 19 and in education doing a course not higher than GCE A level, GNVQ (advanced) or on government-approved training.

Are there any children in your household?

No *Go to Part 4*

Yes *Answer the questions below*

If you have more than 3 children then you will need to give the details of the other children on a separate sheet of paper. If you are sending a separate sheet please tick the box.

	CHILD 1	CHILD 2	CHILD 3
Last name			
First name			
Male or female			
Date of birth			
Relationship to you			
Who gets the Child Benefit for the child?	You <input type="checkbox"/> Your Partner <input type="checkbox"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/>
Is your child 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"/>
Does your 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"/>
Do you pay any childcare costs for your child?	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 of the child minder			
Registration number of the child minder?			
How much do you pay each week for your child?	£	£	£

PART 4: OTHER PEOPLE WHO LIVE WITH YOU

Does anyone else live with you?
(You should include all other family members and friends, but not tenants, sub tenants or boarders).

No *Go to Part 5*
Yes *Answer the questions below*

If you have more than 3 other people living with you then you will need to give their details on a separate sheet of paper. If you are sending a separate sheet please tick the box.

	PERSON 1	PERSON 2	PERSON 3
Last name			
First name			
Relationship to you			
Date of birth			
If they are working, what is their weekly pay (before deductions)?	£	£	£
How many hours do they work each week?			
Do they get any other income, eg. Income Support, JSA, ESA or other? Please state.			
How much is it?	£	£	£
Are they in hospital?	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 did they go in?	Date:	Date:	Date:
When will they come out? (if you know)	Date:	Date:	Date:
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?	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 did they go in?	Date:	Date:	Date:
When will they come out? (if you know)	Date:	Date:	Date:
Are they a full time student, student nurse, care worker, 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 any of the above people live together as a couple?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If 'Yes, please tell us their names</i>	
	<input type="text"/>	and	<input type="text"/>

PART 5: LODGERS, BOARDERS AND SUB-TENANTS

Do you get rent from people living with you who are not members of your family?

No *Go to Part 6*

Yes *Answer the questions below*

Name	Date of birth	How much do they pay?	Meals included? (Please tick)

PART 6: JOINT TENANTS

Do you share the rent with anyone apart from your partner?

No *Go to Part 7*

Yes *Provide details of your joint tenants below*

Name	Relationship to you	Full Time Student (Please tick)	Severely Mentally Impaired (Please tick)	If under 18; state date of birth

PART 7: ABOUT BEING SELF EMPLOYED

YOU

YOUR PARTNER

Are you or your partner self-employed?

No *Go to Part 8*
 Yes

No *Go to Part 8*
 Yes

If yes, how many hours each week do you work?

You will need to fill in a separate self-employed form. We will send this to you.

PART 8: WORKING FOR AN EMPLOYER

Do you or your partner work for an employer?

No *Go to Part 10*

Yes *Answer the questions below*

YOU

YOUR PARTNER

What is your job?

What is the name and address of your employer?

When did you start this job?

Are you employed for a limited period?

No Yes

No Yes

If yes, when will you finish?

How much do you get paid?

£ every

£ every

When will your next pay rise be?

How many hours a week do you work?

Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) or Statutory Adoption Pay (SAP) from this employer at the moment?

No Yes

No Yes

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

No Yes

No Yes

Do you pay into a private or company pension scheme?

No Yes

No Yes

If yes, how much and how often?

£ every

£ every

PART 9: WORKING FOR A SECOND EMPLOYER

Do you or your partner work for a second employer?

No Go to Part 10

Yes Answer the questions below

YOU

YOUR PARTNER

What is your job?

What is the name and address of your employer?

When did you start this job?

Are you employed for a limited period?

No Yes

No Yes

If yes, when will you finish?

How much do you get paid?

£ every

£ every

When will your next pay rise be?

How many hours a week do you work?

Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) or Statutory Adoption Pay (SAP) from this employer at the moment?

No Yes

No Yes

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

No Yes

No Yes

Do you pay into a private or company pension scheme?

No Yes

No Yes

If yes, how much and how often?

£ every

£ every

If you work for more than two employers, tell us about the others on another piece of paper and attach it to this form.

If you are sending a separate sheet of paper, write your name on it and tick this box

PART 10: ABOUT STATE BENEFITS AND PENSIONS

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

No *Go to Part 11*

Yes *Fill in the table below*

Type of Benefit or Pension	Please tick		Starting from	You <i>weekly amount</i>	Your partner <i>weekly amount</i>
	Yes	No			
Child Benefit				£	£
Child Tax Credit				£	£
Guardian's Allowance				£	£
Jobseeker's Allowance – Contribution Based				£	£
Working Tax Credit				£	£
Disability Living Allowance				£	£
Attendance Allowance				£	£
Incapacity Benefit				£	£
Carers Allowance				£	£
Employment & Support Allowance – Contributory or Credits only				£	£
Severe Disablement Allowance				£	£
Industrial Injuries Disablement Allowance				£	£
Industrial Death Benefit				£	£
State Retirement Pension				£	£
Pension Credit – Savings Credit				£	£
Employment or Service Pension				£	£
Maternity Allowance				£	£
Statutory Sick Pay/Adoption Pay Statutory Maternity/Paternity Pay				£	£
Bereavement Allowance				£	£
Widows Pension				£	£
War Disablement Benefit, War Pension or War Widows Pension				£	£
Restitution Pension (paid to victims of Nazi persecution)				£	£
Have you chosen to defer receiving a State Pension?					

PART 11: ABOUT CAPITAL, SAVINGS AND INVESTMENTS

Do you or your partner have any capital, savings or investments including any bank accounts? No *Go to Part 12* Yes *Fill in the table below*

Type of account	Name of bank / organisation	Whose name is the account in?	Account number	Balance £
Current account				£
				£
				£
Savings account				£
				£
				£
Building society				£
				£
				£
Post office				£
				£

Type of investment	Name of company	Number held	Value £
Premium Bonds			£
National Savings Certificates			£
			£
Stocks, shares, bonds or unit trusts			£
			£
			£
Any other investments (please state)			£
			£

Do you or your partner own or partly own any land, property or timeshare other than the home you live in, either in this country or abroad? Tick yes even if you have a mortgage or loan for the property or land.

No Yes *What is the address?*

How much is it worth?

£

How much is outstanding on a mortgage or loan for the property?

£

Does anybody live in the property?

No *Go to Part 12* Yes *Answer the questions below*

What is their age?

What is their relationship to you?

Are they incapacitated?

No Yes

We may have to send you a separate form to complete.

PART 12: ABOUT OTHER MONEY

Money coming in

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

No

Yes

This includes: maintenance or child support for you, your partner or your children; payments from a charity or trust fund; training allowances; fostering allowance or adoption allowance; rental income from a property other than the one you live in; and any cash payments such as tips.

You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust

Other money 1

Where does this money come from?

Who receives it?

How much and how often do they receive it?

Other money 2

Where does this money come from?

Who receives it?

How much and how often do they receive it?

Other money 3

Where does this money come from?

Who receives it?

How much and how often do they receive it?

Does anyone owe money to you or your partner?

No

Yes *Answer the questions below*

What for?

How much?

We must see proof of any money you receive before we can work out your benefit.

Money going out

Do you or your partner pay towards your child going to university or college?

No *Go to Part 13*

Yes *Answer the questions below*

Who pays?

You

Your Partner

How much?

We must see proof of how much you pay.

Read the Guidance Notes on pages 2 and 3 to see what we can accept as proof.

PART 13: OCCUPYING YOUR HOME

Do you have another home somewhere else?

No

Yes *We might write to you about this*

Are you currently living at the address in Part 1?

No *Answer the questions below*

Yes *Go to Part 14*

Why are you not living at the address?

When did you last live at home?

Where are you living at the moment?

Has your home been let or sublet whilst you are away?

No

Yes

Do you intend to return home?

No *Go to Part 14*

Yes *Answer the question below*

When do you expect to return home?

PART 14: OWNER OCCUPIERS

Do you own your property?

No *Go to Part 15*

Yes *Answer the questions below*

Are you a joint owner?

No Yes

Is your name on the Council Tax bill?

No *Fill in the box below*

Yes *Go to Part 17*

If No, please say why not.

PART 15: COUNCIL TENANTS

Are you a Council tenant or living in a Council property?

No *Go to Part 16*

Yes *Answer the questions below*

Is the tenancy in your name?

No

Yes

If the tenancy is not in your name please say why not:

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

No

Yes

Have you or your partner owned this property within the last 5 years?

No

Yes

Did a Local Authority Homeless Persons Unit find your home for you?

No

Yes

If Yes, which one?

If you have answered yes to any of the above questions we may have to write to you.

PART 16: PRIVATE TENANTS (including Housing Association tenants)

Are you a private tenant?

No *Go to Part 17*

Yes *Answer the questions below*

Landlord	Landlord's Agent
Name:	Name:
Address:	Address:
Tel:	Tel:

Do you have a tenancy or licence agreement?

No Yes

When did your tenancy / licence start?

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

No Yes

If Yes, what is the relationship?

Do you share any part of your home with your landlord?

No Yes

If Yes, which rooms?

Do you use any part of your home for business?

No Yes

Do you have a lease that was for 21 or more years at the start?

No Yes

Have you or your partner owned this property within the last 5 years?

No Yes

Do you take part in a shared ownership or co-ownership scheme?

No Yes

Did a Local Authority Homeless Persons Unit find your home for you?

No Yes

If Yes, which one?

Are you a tenant or licensee of a Housing Association, registered charity or voluntary organisation?

No Yes

If Yes, does your landlord or someone on your landlord's behalf provide you with care, support or supervision?

No Yes

**Remember to send proof of your tenancy or licence agreement.
Read the Guidance Notes on pages 2 and 3 to see what we can accept as proof.**

PART 16 (CONTINUED): PRIVATE TENANTS (Your home)

Please tick the type of home you rent:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Flat in a house | <input type="checkbox"/> Detached house |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Flat in a block | <input type="checkbox"/> Semi-detached house |
| <input type="checkbox"/> Board and lodgings | <input type="checkbox"/> Flat over a shop | <input type="checkbox"/> Terraced house |
| <input type="checkbox"/> Residential care home | <input type="checkbox"/> Bedsit or rooms | <input type="checkbox"/> Maisonette |
| <input type="checkbox"/> Residential nursing home | <input type="checkbox"/> Bungalow | <input type="checkbox"/> Studio |
| <input type="checkbox"/> Caravan, mobile home or houseboat | <input type="checkbox"/> Other (Please give details below) | |

	Bedrooms	Dining/Living Rooms	Bedsits	Kitchens	Bathrooms	Toilets	Other (please state)
Total number of rooms in the property you rent							
Number of rooms occupied by you and your family							
Number of rooms you share with people not in your family							

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

Which floor(s) do you live on?

What is your room or flat number?

If you live in a room or part of a house, as you face the property from the street, please tick where it is located.

- | | | |
|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Front | <input type="checkbox"/> Left front | <input type="checkbox"/> Right front |
| <input type="checkbox"/> Back | <input type="checkbox"/> Left back | <input type="checkbox"/> Right back |
| <input type="checkbox"/> Middle | <input type="checkbox"/> Whole floor | |

Other, please state:

PART 16 (CONTINUED): PRIVATE TENANTS (Rent)

How much is the total rent for your home?

£ every

If you share the rent, how much is your (including your partner's) share of the rent?

£ every

Are you or your partner responsible for paying the Council Tax directly to the council?

No
Yes

If no, who pays the Council Tax for your home?

Does your rent include an amount for any of the following? If Yes, please give the amount if known:

	NO	YES	AMOUNT
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	£
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	£
Heating	<input type="checkbox"/>	<input type="checkbox"/>	£
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	£
Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	£
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	£
Garage/Parking	<input type="checkbox"/>	<input type="checkbox"/>	£
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	£

	NO	YES	AMOUNT
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	£
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	£
Evening Meal	<input type="checkbox"/>	<input type="checkbox"/>	£
Room cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£
Window cleaning	<input type="checkbox"/>	<input type="checkbox"/>	£
Nursing/Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	£
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	£
Support/Supervision	<input type="checkbox"/>	<input type="checkbox"/>	£

Are there any other services included in your rent?

No
Yes

If Yes, please give details:

Please tick to show if the property is let as:

Fully furnished Minimally furnished
 Partly furnished Unfurnished

Has the Rent Service registered a fair rent for your home? If Yes, send a copy of the registration.

No
Yes

**We need to see proof of your rent before we can work out your benefit.
See the Guidance notes on pages 2 and 3 for what we can accept as proof.**

PART 17: PAYMENT OF BENEFIT

Council Tenants: we will pay any Housing Benefit you are entitled to into your rent account.

Council Tax Benefit: we will pay any Council Tax Benefit you are entitled to into your Council Tax account.

Private Tenants:

We will usually pay any Housing Benefit you are entitled to into your bank or building society account every 2 weeks in arrears. We may pay your landlord (every 4 weeks in arrears) only if you are 8 or more weeks in arrears with your rent or there are other exceptional circumstances as shown on the next page.

Who do you want your Housing Benefit to be paid to?

- Myself / Partner
- Appointee. This is someone that the Benefits service (“us”) has appointed to act on your behalf.
(If you have ticked one of the above, go to “payments to you, your partner or your appointee” section.
- Landlord *(go to “payments to landlord” section).*

Payments to you, your partner or your appointee

If you want us to pay your Housing Benefit to you or your partner please give the details below of the account you want us to pay into. Please note: we cannot pay into a Post Office Card account.

Name of Bank or Building Society:	<input type="text"/>
Name the account is in:	<input type="text"/>
Bank sort code	<input type="text"/>
Account number	<input type="text"/>

Please provide an original statement for this account, showing the name the account is in, current address of the account holder, sort code and account number.

If you do not have a bank account and would like information about how to open one, please tick this box:

If you have completed the above boxes now go to Part 18.

PART 17 (CONTINUED): PAYMENT OF BENEFIT

Payments to landlord

Please tick to show if you are one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Housing Association tenant | <input type="checkbox"/> Tenant whose tenancy began before 15 January 1989 |
| <input type="checkbox"/> Hostel resident | <input type="checkbox"/> Tenant with a registered fair rent |
| <input type="checkbox"/> Boarder with a substantial amount included for meals | <input type="checkbox"/> Caravan, mobile home or houseboat dweller |
| <input type="checkbox"/> Member of a registered co-operative | <input type="checkbox"/> A tenant of a housing association, registered charity or voluntary organisation which provides you with care, support or supervision. |

If you have ticked one of the above boxes, now go to Part 18.

If you have not ticked one of the above boxes, we need further information. Please answer the following questions.

Do you currently have any rent arrears? No Yes

If yes, how much? £

Is the Department for Work and Pensions or the Pensions Service making deductions from your Income Support, Jobseekers Allowance, Pension Credit or Employment & Support Allowance due to housing costs, for example rent, water rates, service charges, gas or electricity? No Yes

Do you have any difficulties in paying your rent on time, for example financial difficulties, learning difficulties or a disability? No Yes

Do you have severe debt problems? No Yes

Are you an undischarged bankrupt? No Yes

Are you unable to open a bank account? No Yes

Has anyone been appointed to act on your behalf? No Yes

Is anyone helping or supporting you to manage your finances? No Yes

If you have answered yes to any of the above, please provide further details in the space below. If there is not enough space, go to Part 18. Please provide any evidence which is available to support your request.

If we are able to pay your landlord, we will send you a form for you and your landlord to fill in.

PART 18: ANYTHING ELSE YOU NEED TO TELL US ABOUT

Use this box to tell us anything else you think we should know. Use a separate sheet and attach it to this form if you need to. If you are sending a separate sheet of paper, clearly note on it your name and address and tick this box

PART 19: BACKDATING

We usually award benefit from the Monday after we receive your claim. Sometimes we can pay benefit from an earlier date if you have good cause for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want us to consider paying your benefit from and why you did not claim earlier.

Date you want to claim benefit from:

Tell us why you have not claimed before

PART 20: DECLARATION

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign the form should allow us to process your claim more quickly, but they do not have to sign it.

Read the declaration carefully before you sign it. Do not forget to date it.

- I declare that the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect you may take action against me and that I could be prosecuted.
- I agree that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Benefit. You may cross check the information with other sources within the council and other organisations such as government departments. Data held may be used in comparison for the purposes of prevention and detection of fraud.
- I understand that you may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other organisations such as government departments, local authorities and private-sector companies such as banks, if the law allows this.
- I agree to tell you at once if any details on this form change, including information about the people living with me.
- I understand that if my details change and I get too much benefit, I will have to pay it back.
- I understand that if benefit is paid direct to my landlord and a dispute arises over the amount paid, you may have to disclose relevant details of my claim and any subsequent correspondence to my landlord, their representative and a court or appeal tribunal.
- I have read and understood this declaration.

Signature of person claiming

Date

Signature of partner

Date

If this form has been filled in by someone other than the person claiming, please tell us why you are filling in this form for the person claiming.

Name of person who filled in the form

Date

Signature of the person

Date

PART 21: SHARING INFORMATION WITH YOUR LANDLORD

Sharing information with your private landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else. If you give us your permission by signing this form, we will only share information with your landlord if you have agreed that your Housing Benefit can be paid direct to your landlord.

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

- you have claimed Housing Benefit, or
- we have made a decision on your claim, or
- we need more information to make a decision on your claim, and what that information may be.

We will not give your landlord any information about:

- your personal or household circumstances, or
- your financial circumstances

You can withdraw your permission at any time. It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

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

I do not give the London Borough of Camden permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Your signature

Date

Changes you must tell us about

You must tell us straight away if there is a change of circumstances that might affect your Housing Benefit or Council Tax Benefit. For example if:

- you start work
- you start getting tax credits or a Social Security benefit
- you stop receiving Income Support or Jobseeker's Allowance
- you stop receiving Child Benefit for a child or a child leaves school
- your income, including tax credits and benefits, changes
- your partner's income changes
- the income of anyone living with you changes
- your capital or savings change (unless the total stays below £6,000)
- you or anyone living with you becomes a student
- your rent changes (**Not Council tenants**)
- anyone moves into or out of your home - this includes partners, friends, lodgers, tenants, sub-tenants and adult members of your family
- you move
- you or your partner are going to be away from home, for example on holiday, for a period which is likely to exceed 13 weeks
- you or your partner go into hospital for more than 4 weeks
- you or your partner go into a nursing home or prison
- you receive any decision from the Home Office.

This is not a full list. If you are not sure, ask us for advice. You may tell us about a change by telephone but in some cases we may require you to confirm or provide proof of the change in writing. You must make sure that you tell us about any changes yourself; do not rely on someone else to pass the message on.

**It is an offence not to tell us about any change of circumstances that affects your benefit.
We may prosecute you if you do not tell us about these changes.**

How we use and collect information

We will use the information you give us in this form, and any supporting evidence you send, 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, HM Revenue and Customs and other departments within the Council, as allowed by the law.

We may check information you have provided, or information about you that someone else has provided, with the information we hold. We may also get information about you from third parties, or give information to them to;

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

These third parties include government departments, other local authorities and private sector organisations such as banks and organisations that may lend you money.

They will not give information about you to anyone else, or use information about you for other purposes, unless the law allows it.

For the purposes of the Data Protection Act, we are the data controller for the information on this form, on behalf of the Department for Work and Pensions. Information will normally be held for six years.

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

Ethnic Monitoring in Camden

What is your ethnic group?

(Please note that you do not have to complete this part of the form if you do not wish to)

a	WHITE	d	BLACK (or Black British)
	British <input type="checkbox"/>		Caribbean <input type="checkbox"/>
	Irish <input type="checkbox"/>		African <input type="checkbox"/>
	Any other White background* <input type="checkbox"/>		Any other Black background* <input type="checkbox"/>
b	MIXED	e	CHINESE
	White and Black Caribbean <input type="checkbox"/>		Chinese <input type="checkbox"/>
	White and Black African <input type="checkbox"/>		Any other Chinese background* <input type="checkbox"/>
	White and Asian <input type="checkbox"/>	f	OTHER
	Any other mixed background* <input type="checkbox"/>		Any other background* <input type="checkbox"/>
c	ASIAN	*In you have answered 'Any other' to any of the above please enter a description <input style="width: 100%; height: 30px;" type="text"/>	
	Indian <input type="checkbox"/>		
	Pakistani <input type="checkbox"/>		
	Bangladeshi <input type="checkbox"/>		
	Any other Asian background* <input type="checkbox"/>		

Help in different languages

Bengali Workers Association

1 Robert Street, NW1 3JU
Tel: 020 7388 7313
www.bwa-surma.org.uk

বেঙ্গলী ওয়ারকার্স এসোসিয়েশন
১ রবার্ট স্ট্রীট, এন. ডাব্লিউ১ ৩জে.ইউ
টেলিফোন: 020 7388 7313
www.bwa-surma.org.uk

Camden Chinese Community Centre

9 Tavistock Place, WC1H 9SN
Tel: 020 7388 8883
www.camdenccc.co.uk

甘頓華人社區中心
塔維斯托克 9 號，WC1H 9SN
電話：020 7388 8883
www.camdenccc.co.uk

Cypriot Advisory Service

26 Crowndale Road, NW1 1TT
Tel: 020 7837 6617

Σίπριот Αντθάιζορι Σέρβισις,
26 Κράουντεϊλ Ρόουντ, NW1 1TT
Tel: 020 7837 6617

Camden Somali Cultural Centre

107 Kingsgate Road, NW6 2JH
Tel: 020 7372 6101

Xarun Dhaqameedka Soomaalida ee Camden,
107 Kingsgate Road, NW6 2JH
Tel: 020 7372 6101

Somali Community Centre

1-2 Lismore Circus, NW5 4QF
Tel: 020 7267 8897

Xarunta Jaaliyada Soomaalida,
1-2 Lismore Circus, NW5 4QF
Tel: 020 7267 8897

Hopscotch Asian Women's Centre

42 Phoenix Road, NW1 1TA
Tel: 020 7388 6200
www.hopscotchawc.org.uk

ہاپ اسکاچ ایشین ویمنز سینٹر
42 فینیکس روڈ، این ڈبلیو 1 ٹی اے
فون: 020 7388 6200
www.hopscotchawc.org.uk

General help and advice

Citizens Advice Bureaux:

www.adviceguide.org.uk

200 Kilburn High Road, NW6 4JD

Tel: 0845 120 2965

242 Kentish Town Road, NW5 2AB

Tel: 0845 120 2965

3rd Floor, Holborn Library,
32-38 Theobald's Road, WC1X 8PA

Tel: 0845 120 2965

Neighbourhood Centres:

Fitzrovia, 39 Tottenham Street, W1T 4RX

Tel: 020 7580 4576
www.fitzrovia.org.uk

Housing Options and Advice Service: (Please telephone first for an appointment)

www.camden.gov.uk/housingoptions

Bidborough House, 20 Mabledon Place,
WC1H 9BF

Tel: 020 7974 5801

179-181 West End Lane, NW6 3LH

Tel: 020 7974 8855
(Private Sector Housing Options & Advice Team)

Legal and Immigration Advice:

Camden Community Law Centre,
2 Prince of Wales Road, NW5 3LQ

Tel: 020 7284 6510

Refugee Legal Centre
153-157 Commercial Road, E1 2EB

Tel: 020 7780 3200

Joint Council for the Welfare of Immigrants
115 Old Street, EC1V 9RT

Tel: 020 7251 8708
www.jcwi.org.uk

Debt Advice:

National Debtline

Tel: 0808 808 4000
www.nationaldebtline.co.uk

Consumer Credit Counselling Service

Tel: 0800 138 1111
www.cccs.co.uk