



ISLE OF ANGLESEY COUNTY COUNCIL

Claim form: Housing Benefit, Council Tax Benefit or Second Adult Rebate

Claim Ref.

Applicants' Name and Address	
Telephone/Mobile Number	Postcode

OFFICE USE ONLY	
Date Requested	Initials
Date Issued	Initials
Date Received	Initials
HB : <input type="checkbox"/>	Officer Signature :
CTB : <input type="checkbox"/>	Officer Signature :

CONTACT DETAILS

ISLE OF ANGLESEY COUNTY COUNCIL
FINANCE DEPARTMENT
COUNCIL OFFICES
LLANGEFNI
LL77 7TW

HOLYHEAD AREA OFFICE
ISLE OF ANGLESEY COUNTY COUNCIL
NEWRY STREET
HOLYHEAD
ANGLESEY
LL65 1HU

Tel: 01248 752658/752226
Fax: 01248 752233
E-mail: benefits@anglesey.gov.uk

(Please note that our office in Holyhead is An Area Office only, please do not post any correspondence to this address)

OPENING TIMES (Llangefni)

Monday, Tuesday And Thursday	8.45 am - 5.05 pm
Wednesday	10.30 am - 5.05 pm
Friday	8.45 am - 5.00 pm

BENEFIT OPENING TIMES (Holyhead)

Monday and Thursday only	9.00 am - 12.00 pm a	1.00 pm - 4.00 pm
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Important information to read before completing the form

Before completing this form please read the notes carefully, should you have any queries please contact us for advice.

You need to answer all questions in the application, please use black ink – if the questions do not apply please write 'none' or 'does not apply'.

Please do not delay in returning this application form, if you do not have all the information to hand send the application in and submit further evidence as soon as possible after.

If you have any information on suspected Housing Benefit or Council Tax Benefit fraud, ring;

 **Fraud Hotline:** 01248 751888
E-mail – benefitfraud@anglesey.gov.uk
(Information will be treated in strict confidence)

Notes for filling in this claim form

Use this form to claim:

Housing Benefit

Housing Benefit is a benefit to help you pay your rent.

Council Tax Benefit

Council Tax Benefit (including Second Adult Rebate) can help you with your Council Tax.

Second Adult Rebate

Second Adult Rebate is Council Tax Benefit for people, a) who may not have a partner, or b) whose partner is disregarded for Council Tax purposes, but who share their home with someone who:

- Is 18 or over; and
- Is on a low income; and
- Does not pay them rent

If you are claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 17 of this form.

About this form

The Housing Benefit and Council Tax Benefit claim form has been specially designed to be easy to fill in, it may look rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

Filling in the form

Use black ink to fill in the form. Do not:

- Use pencil;
- Use correction fluid or tape.

If you make a mistake, just cross it out and put the right answer next to it.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. If someone else fills in the form for you, there is a designated space for them to sign in Part 17.

If you need help filling in the form

- You may telephone us on 01248 752226/752658.
- You may call at any of the Council Offices noted on the front of this form.
- You may contact organisations like the Citizens Advice Bureau. (see 'Useful Contacts' on page 4).

Evidence

We need to see evidence of some of the things you tell us about, we must see original documents. Please see the "Evidence Check" at the end of each Part for advice about what documentation is required. There is also a checklist at the end of the form to help you. If you are not sure if we need to see evidence of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the evidence we have asked for.

What to do next

When you have filled in the form, sign it and send it to us, with the original documents we need to see. Do not send valuable items such as bank books or passports in the post. Bring them to one of our offices listed on the front of this form and we will get the information we need and give them back to you.

If you cannot get the evidence we need straightaway, do not worry. Send the form to us, but let us know that you will be sending some evidence later. **If you do not send the form to us straightaway, you might lose money.** If you cannot get the evidence within 2 or 3 weeks, let us know. We may be able to help you.

When we usually pay benefit from

To make sure your Council Tax Benefit or Housing Benefit starts from the earliest date possible you should contact us as soon as you need benefit to tell us that you plan to claim.

You can do this by:

- Calling in to one of our offices, noted on the front of this form.
- Writing to us at Isle of Anglesey County Council, Revenues and Benefits Office, PO Box 29, Llangefni, Anglesey, LL77 7ZF;
- Calling on either 01248 752226/752658;
- Faxing on 01248 752233; or
- Sending an e-mail to benefits@anglesey.gov.uk

Your claim form and supporting documents should then be returned to the office immediately.

We can usually award benefit from the Monday after the day we receive your request to claim. If you want to claim from an earlier date see Part 16

NATIONAL FRAUD INITIATIVE

The Isle of Anglesey County Council is participating in an exercise to ensure that public money is being spent properly. The Council is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds in order to prevent fraud and detect fraud.

The Auditor General for Wales currently requires us to participate in this anti fraud initiative. For this initiative, we are providing details of our council tax payers for the purposes of comparing these with information from other public bodies. The details supplied will apply in respect of council tax payers during April 1st 2008 – 31st March 2009 and future years. This will ensure that public money is being spent effectively.

Further information about the National Fraud Initiative is available on our website at <http://www.anglesey.gov.uk>.

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

We, The Isle of Anglesey County Council, are the data controller for the purposes of the Data Protection Act. If you want to know what information we have about you, or the way we use that information, please ask us.

Customer Care and Service

The Isle of Anglesey County Council is committed to the provision of quality services in accordance with the needs and expectations of its customers. If you are dissatisfied with the way your benefit claim was dealt with, you may contact the Authority's Customer Care Officers on 01248 752588 or 752039

Useful Contacts

Citizens' Advice Bureau: 6 Victoria Terrace, Holyhead, LL65 1UT,
Tel: 0845 1203708, Fax: 01407 769300.

Citizens' Advice Bureau: 4/10 Ffordd Yr Efail, Llangefni, LL77 7ER,
Tel: 0845 1203708, Fax: 01248 723594.

Shelter Cymru: PO Box 172, Y Felinheli, Gwynedd, LL57 9AX
Tel: 01248 671005, Fax 01248 671852

J.E.O'Toole Centre for the unemployed: Trearddur Square, Holyhead, LL65 1NB
Tel: 01407 760208, Fax: 01407 769871.

AGORFA(Bond Scheme): Unit 5A, Llangefni Industrial Estate, Llangefni LL77 7XA
Tel: 01248 753940.

Jobcentre Plus: Government Buildings, Bridge Street, Llangefni, LL77 7YJ
Tel: 01248 283600, Fax: 01248 283672

HM Revenues and Customs: Tel: 0845 3003900

The Pension, Disability and Carers Service: Tel: 0800 991234

Tai Eryri Housing Association: 33- 35 High Street, Llangefni, LL77 7NA,
Tel: 01248 750359, Fax: 01248 750358.

North Wales Housing Association: 30 Dean Street, Bangor, LL57 1UR
Tel: 01248 370227, Fax: 01248 370288.

Clwyd Alyn Housing Association: 72 Ffordd William Morgan, St Asaph Business Park, St Asaph, LL17 0JD, Tel: 01745 536800/ 0800 1835757, Fax: 01745 538392.

Changes you must tell us about

You must tell us straight away of any changes in your circumstances, such as;

- any of your children leaving school or leaving home;
- anyone moving into or out of your home (including lodgers and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- you or anyone living with you starts work;
- you or your partner's capital, savings or investments change;
- you or anyone living with you becomes a student, a Youth Trainee, goes into hospital or a nursing home, goes into prison, changes or leaves a job;
- your rent changes;
- you move;
- you or your partner are going to be away from home for more than a month;
- you receive any decision from the Home Office; **or**
- anything you have told us about changes.

(this list is not exhaustive)

You must make sure that **you** tell us about these changes. Don't rely on someone else to pass the message on.

If you don't tell us about these changes you may lose money you are entitled to or you may get too much benefit, which you will probably have to pay back.

It is an offence not to tell us about any change of circumstance that affects your benefit. If you do not, we may take court action against you.

A claim form for Housing Benefit, Council Tax Benefit or Second Adult Rebate

If you are just claiming Second Adult Rebate, fill in Part 1, Part 3 and Part 17 of this form only. Otherwise you must answer all relevant questions.

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No

By partner we mean

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

Yes

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

You

Your Partner

Last Name

Other Names

Any other last names you have used

Title (Mr, Mrs, Ms and so on)

Address

This is the address you want to claim benefit for.

Postcode

Postcode

What date did you move to this address?

 / /
 / /

If you have not moved in yet tell us when you expect to move in, then let us know when you have actually moved in.

 / /
 / /

Date of Birth

 / /
 / /

National Insurance number

You can find this on payslips or letters from Department of Work and Pensions or HM Revenues and Customs.

Letters Numbers

Letter Letters Numbers Letter

If you do not have a National Insurance number, or cannot find it, tick this box.

If you do not have a National Insurance number, or cannot find it, tick this box.

Important: if you do not give us your National Insurance Numbers, we may not be able to process your claim.

EVIDENCE CHECK: We will need to see evidence of your and your partners National Insurance Number

Part 1 About you and your partner - continued

You

Your Partner

Your preferred method of contact:-

You do not have to tell us this, but it may help us to deal with your claim more quickly.

Telephone/Mobile Number

E-mail address

What was your last address?

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

Telephone/Mobile Number

E-mail address

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

Date you left the property?

Date you left the property?

Were you the home owner, a private tenant, a council tenant or a boarder at this address, please specify?

If you were the homeowner, have you sold your previous property?

No
Yes

If 'Yes' when was the property sold?

No
Yes

If 'Yes' when was the property sold?

Have you or your partner claimed Housing Benefit or Council Tax Benefit before?

No
Yes

If 'Yes' when did you claim?

No
Yes

If 'Yes' when did you claim?

Which council did you claim from?

Which council did you claim from?

What name did you claim in?

What name did you claim in?

What address did you claim for?

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

What address did you claim for?

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

Have you told the council that paid your benefit that you have moved?

No
Yes

No
Yes

Part 1 About you and your partner - continued

You

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 2 years?

No

Yes We will write to you about this

What is your nationality?

If your nationality is not British, on what date did you last enter the UK?

 / /

The UK is England, Northern Ireland, Scotland and Wales.

Are you or your partner in hospital or a residential home at the moment?

No

Yes If 'yes' when did you go in?

 / /

What is the name and address of the hospital or residential home?

Postcode

Do you plan to return to your home?

No

Yes If 'yes' when do you plan to return home?

 / /

Do you or your partner get Disability Living Allowance or Attendance Allowance?

No

Yes

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

No

Yes If 'yes' please give their full name and home address.

Postcode

Your Partner

No

Yes We will write to you about this

 / /

No

Yes If 'yes' when did you go in?

 / /

What is the name and address of the hospital or residential home?

Postcode

Do you plan to return to your home?

No

Yes If 'yes' when do you plan to return home?

 / /

No

Yes

No

Yes If 'yes' please give their full name and home address.

Postcode

Part 1 About you and your partner - continued

You

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

No

Yes

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

No

Yes

Are you or your partner a care leaver who is younger than 22?

No

Yes

Are you or your partner a student?

No

Yes

By student we mean anyone who is attending a course of study at an education establishment.

If 'yes' please answer the following;

Do you study full time or part time?

Full time Part time

Please tell us the following amounts that you receive

Grant

£

Loan

£

Bursary

£

Your Partner

No

Yes

No

Yes

No

Yes

No

Yes

If 'yes' please answer the following;

Do you study full time or part time?

Full time Part time

Please tell us the following amounts that you receive

Grant

£

Loan

£

Bursary

£

EVIDENCE CHECK: We will need to see documentary evidence of your course details from your education provider including the start and end dates of your current academic year. We will also need to see evidence of the breakdown of your current awards for any Grant, Loan or Bursary.

Do you or your partner pay towards the upkeep of a student?

No

Yes If 'yes' How much do you pay?

£

How Often?

Every

No

Yes If 'yes' How much do you pay?

£

How Often?

Every

Part 1 About you and your partner - continued

You

Your Partner

Please tick if you or your partner are;

- an apprentice
- on a youth training scheme
- severely mentally impaired
- registered blind
- long- term sick or disabled
- on remand
- in legal custody
- Prisoners on an end of custody licence on early release

How much have you been awarded for your end of custody payments?

£

What was this for?

And for what period?

From: <input type="text"/>	To: <input type="text"/>
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How much have you been awarded for your end of custody payments?

£

What was this for?

And for what period?

From: <input type="text"/>	To: <input type="text"/>
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EVIDENCE CHECK: If you are on remand or have been sentenced to prison we want to see proof of this, including start date and length of any sentence.

Part 2 About children

You may be able to get more benefit if there are children in your household and they are:

- Under 16;
- Aged 16 or 17 and registered for work or youth training; or
- Aged 16, 17 or 18 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).
- Under 20 and in full time non advance education, or approved training that commenced before their 19th birthday.

Are there any children in your household?

No

Go to **Part 3**

Yes

If there are more than 3 children, use a separate sheet of paper to tell us all the information we ask for on this page.

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

Part 2 About children - continued

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's gender?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the 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 the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' how much?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' how much?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' how much?
	Care: £ <input type="text"/>	Care: £ <input type="text"/>	Care: £ <input type="text"/>
	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>	Mobility: £ <input type="text"/>

EVIDENCE CHECK: We will need to see evidence that your child is registered blind, the Child Benefit, and the Disability Living Allowance you are in receipt of for your child / children.

Do you pay a registered childminder, nursery or after-school club any childminding costs for this 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"/>
If 'yes' tell us the name and registration number of the minder	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

EVIDENCE CHECK: We will need to see evidence of this for example a letter from your childcare provider.

Part 3 About other people who live with you

Do any adults usually live with you and your partner?

No Go to Part 4

By adult we mean people over 16 who nobody gets Child Benefit for.

Yes Give details below

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

If you want to tell us about more than 3 people, use a separate sheet of paper.

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

	First person	Second person	Third person
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend. (this list is not exhaustive)

National Insurance No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do they get Income Support, Jobseeker's Allowance, Income Based, Pension Credit Guarantee or Employment Support Allowance, Income Related?

No

No

No

Yes

Yes

Yes

Do they get Disability Living Allowance or Attendance Allowance?

No

No

No

Yes

Yes

Yes

Are they registered blind?

No

No

No

Yes

Yes

Yes

Do they provide care for someone in your home for more than 35 hours each week other than their partner or children?

No

No

No

Yes

Yes

Yes

Are they a full-time student, a student nurse, or care worker, an apprentice or on youth training?

No

No

No

Yes If 'yes' tell us which?

Yes If 'yes' tell us which?

Yes If 'yes' tell us which?

Do they pay rent or money for board and lodgings to you or your partner?

No

No

No

Yes If 'yes' how much?

Yes If 'yes' how much?

Yes If 'yes' how much?

£

£

£

How Often?

How Often?

How Often?

Every

Every

Every

Part 3 About other people who live with you - continued

	First person	Second person	Third person
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> if 'yes' when did they go into legal custody?	No <input type="checkbox"/> Yes <input type="checkbox"/> if 'yes' when did they go into legal custody?	No <input type="checkbox"/> Yes <input type="checkbox"/> if 'yes' when did they go into legal custody?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	What is their expected release date?	What is their expected release date?	What is their expected release date?
	<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"/>
Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' when were they admitted?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' when were they admitted?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' when were they admitted?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	What is their date of discharge?	What is their date of discharge?	What is their date of discharge?
	<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"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes' tell us their earnings before any deductions.
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	How often? <input type="text"/>	How often? <input type="text"/>	How often? <input type="text"/>

EVIDENCE CHECK: If any of these people are working please send their last 5 weekly, 3 fortnightly or 2 monthly payslips (no gaps). If their payslips are not available we can contact their employer, we need their permission to do this and the name and address of their employer.

Name & Address of Employer			
	<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"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>
	They are required to sign here if permission is given.	They are required to sign here if permission is given.	They are required to sign here if permission is given.
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 About other people who live with you - continued

First person

Second person

Third person

Do they have any other income at all?

No

No

No

This includes any benefits or allowances you have not told us about on this form.

Yes If 'yes' name of other income.

Yes If 'yes' name of other income.

Yes If 'yes' name of other income.

1.

How much?

How much?

How much?

£

£

£

How often?

How often?

How often?

2.

How much?

How much?

How much?

£

£

£

How often?

How often?

How often?

3.

How much?

How much?

How much?

£

£

£

How often?

How often?

How often?

Do they have savings and/or investments?

No

No

No

Yes

Yes

Yes

If 'yes' what was the interest from savings in the last 12 months

£

£

£

Do they own any property (including property abroad, timeshare or a caravan?)

No

No

No

Yes

Yes

Yes

EVIDENCE CHECK: We will need to see proof of all income and savings for all of your Non Dependants. If we do not see proof, we will make the highest deductions from your benefit and reduce your entitlement.

Are any of the people who normally live with you married to each other or living together as if they were married or civil partners, or are living together as if they are civil partners?

No

No

No

Yes

Yes

Yes

Tell us their names

Is the partner of

Is the partner of

Part 4 About rent - continued

Has your rent changed in the last 12 months?

No

Yes Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

Has your rent been registered as a fair rent by a rent officer?

No

Yes Please send us the notice of registration which you would have received from the rent officer.

Not known

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

No

Yes How many in a year?

Are you in arrears with your rent?

No

Yes By how many weeks?

Have you or your partner ever owned the house that you are now renting?

No

Yes

Are you or your partner related by birth or marriage to your Landlord or Landlords Agent or have been in the past? (Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter).

No

Yes

Are any of your or your partner's children related by birth or marriage to your Landlord or Landlords Agent or have been in the past? (Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter).

No

Yes

If you, your partner or any of your children are related by birth or marriage to your Landlord or Landlord Agent please tell us the following;

Would you be evicted if you were in rent arrears?

No

Yes

Are you expected to pay the difference between the full rent charged and any Housing Benefit we pay you?

No

Yes

Part 4 About rent - continued

Has the property been rented to anyone else on a commercial basis?

No

Yes

If the property has not been rented on a commercial basis before would it be rented to anyone other than a relative of the Landlord?

No

Yes

Do you rent your home from a company of which you or your partner are an employee or director or as a condition of your employment?

No

Yes

Do you rent your home from a trust? By trust we mean a property transferred to a person(s) who are required to look after/deal with it on behalf of beneficiaries.

No

Yes

If so, are you, your partner or any of your children beneficiaries of that trust?

No

Yes

Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else

Tell us who receives the Council Tax bill.

Does your rent include money for the following?

Meals No

Yes

Please tick which meals are included

Breakfast

Lunch

Evening Meals

If 'yes' how much each week?

£

Water authority charges

No

Yes If 'yes' how much each week?

£

Heating

No

Yes If 'yes' how much each week?

£

Lighting

No

Yes If 'yes' how much each week?

£

Part 4 About rent - continued

Hot Water

No

Yes If 'yes' how much each week?

£

Fuel for Cooking

No

Yes If 'yes' how much each week?

£

Laundry

No

Yes If 'yes' how much each week?

£

Cleaning Rooms or Windows

No

Yes If 'yes' how much each week?

£

Gardening

No

Yes If 'yes' how much each week?

£

Garage or Parking Space

No

Yes If 'yes' how much each week?

£

Do you have to rent the garage as part of your tenancy agreement?

No

Yes If 'yes' how much each week?

£

General Counselling and Support

No

Yes If 'yes' how much each week?

£

Emergency Alarm

No

Yes If 'yes' how much each week?

£

Do you pay any service charges separately from your rent?

No

Yes How much each week?

£

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.

What for?

EVIDENCE CHECK: We must see evidence of your rent and tenancy before we can decide how much benefit you can get, for example, an up to date Tenancy Agreement or a recent letter from your Landlord confirming their full name and address and your full name and address, rental liability and date tenancy started.

Part 5 About where you live

Please give the following information about your home?

Tick one box only.

Detached house	<input type="checkbox"/>	Flat in a house	<input type="checkbox"/>	Caravan, mobile home or houseboat	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Flat over a shop	<input type="checkbox"/>	Hotel/Guesthouse	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bedsit or rooms	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Other	<input type="checkbox"/>	If 'Other' please tell us what type	<input type="text"/>		

How many rooms are there in the building?	Total number of rooms in the house or flat	Number of rooms used <u>only</u> by your family	Number of rooms you share with people <u>not</u> in your family
Living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsitting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms or shower rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You

Your Partner

Do you or your partner use your home for business?

No

Yes

No

Yes

Do you or your partner have a main home somewhere else?

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

No

Yes If 'yes' tell us the address of your main home

No

Yes If 'yes' tell us the address of your main home

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

How much do you pay for this home?

£

How often

Every

Part 6 About benefits and pensions - continued

- Maternity Allowance
- Pensions
 - Pension credits (Savings Credit/Guarantee Credit)
 - State Retirement Pension
 - Occupational Pension
 - Private Pension
- Severe Disablement Allowance
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit
- Statutory Sick Pay or Statutory Maternity/ Paternity Pay

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

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

	You	Your Partner
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/> £	<input style="width: 100%;" type="text"/> £
	How often?	How often?
	<input style="width: 100%;" type="text"/> Every	<input style="width: 100%;" type="text"/> Every
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/> £	<input style="width: 100%;" type="text"/> £
	How often?	How often?
	<input style="width: 100%;" type="text"/> Every	<input style="width: 100%;" type="text"/> Every
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	<input style="width: 100%;" type="text"/> £	<input style="width: 100%;" type="text"/> £
	How often?	How often?
	<input style="width: 100%;" type="text"/> Every	<input style="width: 100%;" type="text"/> Every

Part 6 About benefits and pensions - continued

The name of the benefit or pension

Waiting to hear

Getting now

How much?

How much?

£

£

How often?

How often?

The name of the benefit or pension

Waiting to hear

Getting now

How much?

How much?

£

£

How often?

How often?

Part 7 About being self-employed

Are you or your partner self-employed?

No

Go to Part 8

Yes

Answer all the questions on this page.

You

Your Partner

Are you registered for Tax or V.A.T. with HM Revenues and Customs?

No

No

Yes

Yes

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business name address and telephone number?

 Postcode

 Postcode

Telephone No:

Telephone No:

Are there any other partners in the business?

No

No

Yes

Tell us their name and address

Yes

Tell us their name and address

 Postcode

 Postcode

Part 7 About being self-employed - continued

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No

No

Yes How much?

Yes How much?

£

£

How often?

How often?

Every

Every

Do you pay into a private pension scheme?

No

No

Yes How much?

Yes How much?

£

£

How often?

How often?

Every

Every

EVIDENCE CHECK: You must send us your trading accounts for the last financial year. If you have only recently set up in business and do not have accounts for a year please send us your account books and receipts for any expenditure. If you have no accounts, please explain why and send evidence of your income and spending or please ask us for a self employed questionnaire.

Part 8 About working for an employer

Do you or your partner work for an employer?

No Go to Part 9

Yes Answer the questions below.

You

Your Partner

Are you employed as a part time fire fighter or as a member of a territorial or reserve force?

No

No

Yes

Yes

How many jobs do you have?

If you have more than one job please use a separate sheet to tell us all the information we ask for on this page.

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

What kind of work do you do?

What is your employers name, address and telephone number?

Postcode

Postcode

Telephone No:

Telephone No:

Part 8 About working for an employer - continued

When did you start this job?

 / /
 / /

What is your payroll, employee or staff number?

Are you employed for a limited period?

No

Yes When will you finish?

 / /

No

Yes When will you finish?

 / /

How much do you get paid before tax and National Insurance are taken off?

£

How often?

£

How often?

How are you paid?

For example, in cash, by cheque or straight into a bank or building society account?

When was your last pay rise?

 / /
 / /

When will your next pay rise be?

 / /
 / /

How many hours a week do you usually work?

Give details of any regular overtime, commission or tips.

£

£

Are you getting statutory Sick Pay (SSP) or Statutory Maternity/ Paternity Pay (SMP/SPP) from your employer at the moment?

No

Yes When did it start?

 / /

When is this due to end?

 / /

No

Yes When did it start?

 / /

When is this due to end?

 / /

Do you pay into a private or company pension scheme?

No

Yes How much?

£

How often?

 Every

No

Yes How much?

£

How often?

 Every

EVIDENCE CHECK: We need to see evidence of your and your partners pay from each job. Please send your and your partner's most recent payslips. (Please note that pay packets are not acceptable)

- if paid weekly please send the 5 most recent payslips (no gaps)
- If paid fortnightly please send the 3 most recent payslips (no gaps)
- If paid monthly please send the 2 most recent payslips (no gaps)

If you've just started a new job don't wait until you have payslips for 5 weeks or 2 months. Send us your completed claim form straight away with any payslips you have from the new job.

If you don't have these payslips we can contact your employer direct for evidence of pay. **(DON'T DELAY YOUR CLAIM)**

Tick if you want us to do this

Part 9 About any other work

Do you or your partner do any other work at all? No Go to Part 10

This could be voluntary work or any other work, even if it is not paid work. Yes Answer the question on this page.

	You	Your Partner
What other work do you do?	<input type="text"/>	<input type="text"/>
What is the name, address and telephone number of the person you do this work for?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Telephone No: <input type="text"/>	Telephone No: <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Do you get paid? If you only get expenses or tips still tick 'Yes' and give details.	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much do you get before deductions?	Yes <input type="checkbox"/> How much do you get before deductions?
	£ <input type="text"/>	£ <input type="text"/>
Payment details	<input type="text"/>	<input type="text"/>
How often?	Every <input type="text"/>	Every <input type="text"/>

EVIDENCE CHECK: We need to see proof of earnings for any other work you do.

Part 10 About other money coming in or expected to come in

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

This includes; maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, Far Eastern Prisoner of War payment or any cash payments. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust

No Go to Part 11

Yes Answer the questions on this page.

Other money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do they get?	£ <input type="text"/>
How often?	Every <input type="text"/>
When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 10 About other money coming in or expected to come in - continued

Other money 2

What is the money for?

Who gets it?

How much do they get?

How often?

When did they start getting this income?

When is the income likely to go up?

Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes What for?

How much?

Are you expecting to get any money in the next 12 months?

No

Yes What for?

How much?

EVIDENCE CHECK: We need to see evidence of any other money coming in or expected to come in.

Part 11 About Bank Accounts, Capital Investments and Savings

Please answer all questions in this section, if you are unable to input all the details on this page for example if you have more than one or two accounts or investments then use a separate sheet of paper to tell us all the information we ask for on this page.

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

Do you or your partner have any savings held in **cash**?

No

Yes How much

Do you or your partner have any **bank accounts**?

No

Yes Tell us about all your **bank accounts**, even empty or overdrawn ones and even if you do not use them regularly.

Name of bank

Account Number

Part 11 About Bank Accounts, Capital Investments and Savings - continued

Whose name is the account in?

Name of bank

Whose name is the account in?

How much is in the account?

£

Account Number

How much is in the account?

£

Do you or your partner, have any **building society accounts**?

No

Yes

Tell us about all your **building society account**, (even empty or overdrawn accounts and even if you do not use them regularly).

Name of building society

Whose name is the account in?

Name of building society

Whose name is the account in?

Account Number

How much is in the account?

£

Account Number

How much is in the account?

£

Do you or your partner have any **post office accounts**? This includes savings accounts and Girobank accounts.

No

Yes

Tell us about all **post office** accounts, (even empty or overdrawn accounts and even if you do not use them regularly).

Type of account

Whose name is the account in?

Type of account

Whose name is the account in?

Account Number

How much is in the account?

£

Account Number

How much is in the account?

£

You

Do you or your partner have any **premium bonds**?

No

Yes If 'yes' please state the value

£

Your partner

No

Yes If 'yes' please state the value

£

Do you or your partner have any **National Savings Certificates**?

No

Yes If 'yes' please state the Following

No

Yes If 'yes' please state the Following

Part 11 About Bank Accounts, Capital Investments and Savings - continued

Issue number:

Value

£

How many

No

Yes If 'yes' please state the following

Company Name

How many

No

Yes If 'yes' please tell us about this

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

Do you or your partner have any other capital savings or investments?

For example, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

Issue number:

Value

£

How many

No

Yes If 'yes' please state the following

Company Name

How many

No

Yes If 'yes' please tell us about this

Have you or your partner received any backdated benefit or deferred payment, such as state pension which you have added to your savings?

No

Yes If 'yes' what date did you receive it?

/ /

How much?

£

No

Yes

Does any of your or your partner's savings include money from the sale of a home or money from a charity?

No

Yes If 'yes' what date did you receive it?

/ /

How much?

£

No

Yes

Evidence Check: We will need to see evidence of any savings, investments or capital.

Part 12 About Property and Land

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

No Go to Part 13

Yes

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

If 'yes' please state what this property is and at what address.

Postcode

How much is this worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

Is this property up for sale?

No

Yes If 'yes' when did it go up for sale?

 / /

Is this property a new home you intend to move into in the near future?

No

Yes If 'yes' when do you intend to move in

 / /

Is this property occupied by a relative over the age of 60 or a disabled relative?

No

Yes

If you are separated from your partner:-

a. is the other property occupied by a former partner?

No

Yes

b. how long have you been separated?

c. is your former partner a lone parent?

No

Yes

Is your property rented out?

No

Yes If 'yes' how much rent do you charge

£

How often?

Please disclose on a separate sheet any other properties you own.

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

EVIDENCE CHECK: We will need to see proof that the property is up for sale and proof of any outstanding mortgage or secured loan. We will need to see proof of the rent you receive for any property.

Part 13 How you will be paid and the choices you have

13a Tenants Renting from a Private Landlord (Local Housing Allowance only)

Tenants renting from a private landlord and making a new claim for Housing Benefit, or who move home on or after 7 April 2008 will get **Local Housing Allowance (LHA)**. Your benefit will be calculated using Local Housing Allowance rates. The rates are set each month by the Rent Service and the rate you are entitled to is based on the number and ages of people who live with you. Local Housing Allowance is the maximum amount that you can receive, and this may be reduced depending on your income, savings and circumstances. Local Housing Allowance rates can be obtained from the following sources:-

- Telephone : Housing Benefit on 01248 752226/752658
- Visit : Housing Benefit Section at The Council Offices, Llangefni, LL77 7TW
- Look : on our website at www.anglesey.gov.uk
- e-mail : Housing Benefit Section at benefits@anglesey.gov.uk

PLEASE NOTE: Local Housing Allowance does not apply to all private rented accommodation, such as, Housing Association properties, Caravans, Mobile Homes, Houseboats or Hotels. For those types of accommodation please go to Part 13b.

Payments Section (Local Housing Allowance)

If you rent from a private landlord and are making a new claim or you have moved home, **you will have your benefit paid directly to yourself under the Local Housing Allowance rules.**

The safest and easiest way to receive your benefit is directly into your bank or building society account, as it avoids the risk of cheques being stolen, lost or delayed in the post. We cannot pay Housing Benefit into a Post Office Card Account. If you already have a bank or building society account, then please complete the section below. If you do not provide your bank details we will pay your Housing Benefit by cheque, but you will still need an account into which the cheque can be paid. If you need advice about opening a bank or building society account, then please contact the Housing Benefit Section or an advice centre such as the Citizens Advice Bureau.

Name of bank or building society

Address

Postcode

Whose name is the account in?

--

Account number

--	--	--	--	--	--	--	--

Sort Code

--	--	--	--	--	--

Part 16 Backdating

We can usually award benefit from the Monday after the day we receive your request to 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 your claim from an earlier date, tell us when you want to claim from and why you did not claim earlier.

Date you want to claim from

Tell us why you have not claimed before.

EVIDENCE CHECK: We may need to see evidence to support your claim for backdating.

During this earlier period, were your circumstances different to those you have told us about on this form?

No

Yes

If 'yes' what has changed

EVIDENCE CHECK: We need proof of changes in your circumstances for this period.

Part 17 Declaration



IT IS IMPORTANT THAT YOU READ THIS SECTION CAREFULLY

You must sign this declaration if you can, even if someone else has filled in this form for you. If you have a partner they should also sign below.

In signing the declaration you and any partner are confirming that you have read and understood the form and that all of the details about you are correct.

I understand the following:-

- 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 or incomplete, you may take action against me. This may include court action.
- I authorise the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Anglesey County Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this)
- **CHANGES IN CIRCUMSTANCES - I understand that I must let the council know about any change in my circumstances which may affect my claim. (See Notes on what changes you must tell us about)**

I have read and understood the above declaration

Signature of person claiming

Date

I have read and understood the above declaration

Partner's signature

Date

If this form is being filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming.

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

Part 18 Checklist

Please tick to tell us what evidence you are sending with this form for you, your partner, or anyone else in your household. We must see **ORIGINAL** documents, **NOT** copies. Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, phone us for more advice.

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence as soon as possible. We can start to process your claim, **but we will not be able to pay any benefit until we have ALL the evidence required.**

Evidence of identity

Such as a birth certificate, marriage certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

Evidence of National Insurance number for you and your partner

Such as a National Insurance card, payslips or letter from Department of Work and Pensions or HM Revenues and Customs Office.

Evidence of capital, savings and investments

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificate, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings. The evidence you send must show details for at least the last 2 months, showing all transactions made during this period and must be recent. (no gaps)

Evidence of earnings and self employed 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 every month. We can contact your employer if you do not have these payslips (see part 8). Please note that pay packets are not acceptable.

Evidence of Self - Employed earnings

You must send us your trading accounts for the last financial year. If you have only recently set up in business and do not have accounts for a year, please send us your account books and receipts of any expenditure. If you have no accounts, please explain why and send evidence of your income and spending or please ask us for a self employed questionnaire.

Evidence of other income

Such as a letter or payment slip confirming other income. We need to see evidence of any money people pay you for board and lodgings.

Evidence of benefits and allowances

Such as current award notices or letters from the Department of Work and Pensions confirming how much you get, if you do not have evidence, let us know straight away. Please do not send order books through the post.

Evidence of rental liability

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord. The evidence must confirm both landlord and tenant's name and address, date of occupation and rent charged.

Evidence of other monthly expenditure

Such as letters about student grants or maintenance, agreements or receipts from registered child carers.