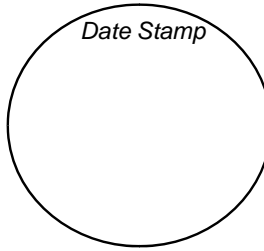


**Council Tax Benefit  
Application Form  
(Owner Occupiers)**



**Private And Confidential**

CORPORATE SERVICES DIRECTORATE

FINANCIAL SERVICES DIVISION  
PO Box 2, Wharncliffe Road, Ilkeston  
Derbyshire DE7 5SE  
Direct telephone 0115 9071010  
Fax: 0115 907 1069  
Minicom: 0115 931 6056  
E-Mail:benefits@erewash.gov.uk

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your daytime telephone:  (optional)

Your e-mail address  (optional)

If we need to contact you to process your claim, which method would you prefer?

Telephone  Letter  e-mail

Date of Issue: \_\_\_\_\_  
Ref No: \_\_\_\_\_  
Please return this form to the above address by:

**Please read these notes carefully before filling in this form**

**Benefit can not be awarded unless the claim is made in writing on an approved form.**

1. Please answer all questions, and return the form as soon as possible, as Council Tax Benefit normally commences from the date the form is received by the Council

2. You must submit proof where this is asked for, even if you have previously supplied it to us or any other agency. It will help us to deal with your claim more quickly. If you cannot supply this now, return the form and provide the rest of the proofs later, but remember your claim will be delayed.

Please note that you must supply the necessary details within 1 calendar month or you may lose benefit.

If you are unable to bring the proofs to the Council Offices, please contact the offices (0115 907 1031) or on the above telephone numbers and we will arrange for a Visiting Officer to visit you. Do not post benefit books or passports or other valuable items.

3. Joint occupiers other than couples should apply individually on separate forms.

**All proofs required must be provided within 1 calendar month or you may lose Benefit**

If you have any difficulty completing this form, please contact the Benefit Section at the telephone number above.

Thank you for completing the form. Your benefit will be calculated on the basis of this information you have given us.

If your family's circumstances or income change, it your responsibility to tell us. Tell us immediately, as it may affect your benefit, and any resulting overpayment will be reclaimed from you. If you knowingly give us false information, the money will be reclaimed and you may be prosecuted.

To give you an idea of the changes we need to know about, these are some of the main things you should tell us:

* If anyone stops or starts getting Income Support/Minimum Income Guarantee	* If anyone's Income or Savings change
* If anyone stops or starts work	* If anyone comes to live in your home
* If anyone stops or starts getting benefit, for example Jobseeker's Allowance, Incapacity Benefit, Tax Credit, Disability Living Allowance, Attendance Allowance	* If anyone stops or starts full-time education, for example, if a child leaves school or Child Benefit ends
* If anyone already living in your home leaves	* If you start to let part of your home to someone who pays you rent or board
* You are going away from home for more than 13 weeks	* If you or your partner go into hospital for more than 4 weeks

**Section 1 : Your Council Tax Bill**

*Please answer all questions*

Are you or your partner liable to pay the Council Tax for this property? Yes  No   
*(Please note even if you receive benefit you may still be liable for Council Tax)*

Are you or your partner liable to pay the Council Tax for any other property? Yes  No

If YES, please give its address

Which address do you consider your main residence?  
*(benefit will only be granted for this address)*

Are you a joint owner of your home? Yes  No

If YES, who with?  Relationship to you

Date you purchased present property  Date you moved to present property

Have you previously claimed Council Tax Benefit from this address? Yes  No

If you have moved in the last 12 months, please state all your previous addresses

Did you claim benefit there? Yes  No

What type of benefit did you claim?  
(A) Housing Benefit Yes  No   
(B) Council Tax Benefit Yes  No   
(C) Other? Yes  No

If OTHER please specify

Have you claimed previously using any other names? Yes  No

If YES, using which names?

Were you or your partner, the owner / joint owner of any of the properties you have previously lived in during the last two years? Yes  No

If YES, which properties

**Section 2 : About yourself and your partner** Please answer all questions

	Yourself	Your Partner
Title (Mr / Mrs / Miss / Ms etc.)	<input type="text"/>	<input type="text"/>
Full First Names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other names / aliases you have used	<input type="text"/>	<input type="text"/>
Marital Status (single, single parent, married separated, divorced, living together, widowed)	<input type="text"/>	<input type="text"/>
Age and Date of Birth	Age <input type="text"/> Date of Birth <input type="text"/>	Age <input type="text"/> Date of Birth <input type="text"/>
National Insurance Number	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Isles or the Isle of Man in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES:- Date you came to the UK	<input type="text"/>	<input type="text"/>
What is your nationality?	<input type="text"/>	<input type="text"/>
Have you been given temporary or indefinite leave to stay in the UK	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Proof: Original Documents are required**

**DO NOT POST VALUABLE ITEMS**

Registered Blind. We need to see confirmation of the registration.

National Insurance Numbers. If you do not supply National Insurance Numbers for yourself and your partner we may not be able to process your claim.

Identity. You must provide two proofs of Identity for yourself and your partner. Please note this is not needed on Benefit Reviews.

Preferred documents are;  
Birth Certificates, Marriage Certificates, Passports, Driving Licence.

However in the absence of these documents we could accept;  
Medical Card, Bank/Building Society statements, Benefit payment books, letter from Social Worker, Probation Officer or Solicitor.

Non UK Citizens. If you are not a UK Citizen, or have not lived in the UK for the last 2 years, we will contact you for more details.

## Section 3 : Dependant Children

Please answer all questions

Dependant Children are children still in receipt of full-time education to G.C.S.E. "A" Level standard or equivalent, and FOR WHOM YOU STILL RECEIVE CHILD BENEFIT

Do you have dependant children living with you?

Yes

No

If NO, please go to Section 4

If YES, please give the following details:

Full Name of Child	Date of Birth	Age next Birthday	Sex M/F	Relationship to you	Is your child registered blind?	In receipt of Attendance Allowance Mobility or Disability Living Allowance	Date Child Benefit ends	Child Benefit No.

Do any of your dependant children have income of their own?  
(for example, earnings or maintenance payments)

Yes

No

If YES, please give details

Do any of your dependant children have property or savings of over £3,000 in value?

Yes

No

If YES, please give details

IF CHILD BENEFIT FOR A DEPENDANT CHILD OF BETWEEN 16 AND 19 CEASES OR A CHILD FOR WHOM YOU RECEIVE BENEFIT MOVES OUT, YOU MUST INFORM THIS OFFICE. IT MAY AFFECT YOUR BENEFIT.

**Proof: Original documents required.**

**DO NOT POST VALUABLE ITEMS**

Child Benefit. Please supply your Child Benefit Award letter or Bank/Building Society showing at least two payments shown as deposits.

Registered Blind. We will need to see confirmation of this registration.

Disability Living Allowance. Please supply Benefit Award letter or Bank/Building Society statement showing at least two payments as deposits.

Dependants Income. Please supply 5 latest consecutive weekly payslips, 2 latest consecutive monthly payslips or 3 latest consecutive fortnightly payslips. If payslips are not available, please have the attached Earnings certificate completed by their employer. A letter from the source is acceptable for maintenance.

Dependants Savings. If Dependant Child has savings over £3,000, please provide Bank/Building Society statement or passbook.

Maintenance. Proof could include a letter from the source or Bank/Building Society statement showing at least two payments as deposits.

## Section 4 : Non-Dependants

Please answer all questions

Non-dependants are people who live with you but are not dependant on you for example, grown up children who have left school, or some other relative, or a person who lives with you as part of the family.

Do not include sub-tenants, boarders or lodgers as these will be dealt with in Section 5

Do you have any non-dependants living in your house?

Yes

No

If NO, please go to Section 5

If YES, please supply the following information:

	Non-Dep 1	Non-dep 2	Non-dep 3	Non-dep 4
Full Name				
Date of Birth				
National Insurance Number				
Relationship to you				
YTS, Student Nurse, Apprentice, (please specify).				
Student in Higher Education.				
In receipt of Income Support				
In receipt of other Benefits? (please specify)				
If working, average hours worked				
Gross earnings and all other income from capital				

If you have more than four Non-dependants, please tick this box and use a separate piece of paper for the details

Are any of the above non-dependants registered blind?

Yes

No

If YES, please give name(s)

Are any of the above non-dependants in receipt of  
Disability Living Allowance or Attendance Allowance?

Yes

No

If YES, please give name(s)

**Proof: Original documents required.**

**DO NOT POST VALUABLE ITEMS**

National Insurance Numbers. If you do not supply National Insurance Numbers, we may not be able to process your claim.

Earnings. Please supply 5 latest consecutive weekly payslips, 2 latest consecutive monthly payslips, or 3 latest consecutive fortnightly payslips. If payslips are not available, your employer may complete the attached Earnings Certificate. Please note that payslips must be pre-printed. Hand-written payslips are not acceptable.

The payslips must provide Name and Address of employer, Gross pay to date, Gross pay for the period, Tax and National Insurance and Pension deductions and method of payment.

State Benefits. Please supply Award letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

Jobseeker's Allowance. The attached Certificate may be completed by the Employment Services Jobcentre.

Students, YTS, Apprentice and Student Nurses should provide evidence of their student status. Please contact the Benefits Office for the appropriate form.

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**Section 5 : Boarders and Sub-Tenants and Joint Tenants** Please answer all questions

Boarders are people who live in your home who pay you rent. They are provided with meals.  
 Sub-Tenants are people who live in your home who pay you rent. They are NOT provided with meals.

Joint Tenants are people who live in your home who also have to pay rent to your landlord

Do any Boarder(s) and/or Sub-Tenants or Joint Tenants live with you? Yes  No

If NO, go to Section (D)

If YES, please give the following information:

**(a) Boarders**

					Office Use
Name					
Date of Birth					
National Insurance Number					
Amount of Rent paid					
How often					
Relationship to you					

**(b) Sub-Tenants**

					Office Use
Name					
Date of Birth					
National Insurance Number					
Amount of Rent Paid					
How often					
Does rent include Heating?					

**(c) Joint Tenants**

					Office Use
Name					
Date of Birth					
National Insurance Number					
Amount of Rent Paid					
How often					
Relationship to you					

**Proof: Original documents required.**

Proof of Rent. Please supply proof of the amount of rent you receive from any Boarders or Sub-Tenants.

This proof could include;

- Tenancy Agreement
- Rent Book
- Receipts of payment

## Section 5 : continued

(d) Is there anyone who you have not put on this form,  
whose usual home is with you?

Yes

No

If YES, please give:

Name

Date of Birth

National Insurance Number

Current whereabouts

Reason away from home

## Section 6 : Students

Please answer all questions

Are you or your partner a full-time student?

Yes

No

If NO, please go to Section 7

If YES, please submit title of course

Length of course

Term dates

Which year of course

Please provide income received during your course.

**Proof: Original documents are required.**

Student Status. Please supply a Student Certificate completed by the College or University. These can be obtained by contacting the Benefits Office

Student Income. We must see the Grant Award or Covenant Award letter as proof of your student grant.

# Section 7 : Away From Home

Please answer all questions

Absence from home, such as holidays, going into hospital or going to prison, may affect your benefit.  
Remember, you **MUST** inform the Benefits Section of ANY absences of more than 6 weeks

## a) Hospitalisation

Are you or your partner currently in hospital?  
Have either of you been in hospital in the last 12 months?

If NO, to Yourself AND Partner, please go to Section 7b

If YES, please give:

Admission Date

Discharge Date

Yourself		Your Partner	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## b) In Legal Custody

Are you or your partner currently in legal custody?

If NO, to Yourself AND Partner, please go to Section 7c

If YES, please give full address of prison, and prison number

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

Is this person on remand or sentenced?

Date taken into custody

Length of sentence

Date of sentencing

Expected date of release

## c) Temporary Absence From Home

Have you or your partner been absent from home for more than thirteen weeks in the last 60 weeks?

Do you or your partner expect to be absent from home for more than thirteen weeks in the next 60 weeks?

If NO, to Yourself AND Partner, please go to Section 8

If YES, please give reason for absence

Date absence will begin

Expected date of return

Yourself		Your Partner	
Remand	<input type="checkbox"/>	Remand	<input type="checkbox"/>
Sentenced	<input type="checkbox"/>	Sentenced	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

## Section 8 : Your Income

Please answer all questions

	Yourself		Your Partner	
Do you or your partner receive Income Support/Guarantee Pension Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your partner receive Jobseekers Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
From which office is your Income Support or Jobseekers Allowance paid?				
If you answered YES to any of the above: Is Attendance Allowance or Disability Living Allowance (care component) included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Proof: Original documents are required**

**DO NOT POST VALUABLE ITEMS**

Jobseeker's Allowance. Please have the attached Statement completed by your Employment Services Job Centre or Award letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

Income Support/Guarantee Pension Credit. Have you completed the NHB1 forms from the Benefits Agency? Benefit Award letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

Disability Living Allowance / Attendance Allowance. Please provide the Benefit Award Letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

### Self Employed

Are you or your partner self-employed?

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

If No, to Yourself AND Partner, please go to Section 9

If YES, please give your business address and a brief description of the work you do

Yourself	Your Partner

Hours worked per week

When did you start your self-employment?

Do you hold a National Insurance Exemption Certificate?

Yourself	Your Partner

**Proof: Original documents are required**

**DO NOT POST VALUABLE ITEMS**

Please contact the Benefit Office immediately and we will send you an additional form.

You will also be required to provide evidence of income and expenses, for example audited accounts, books, Profit and Loss accounts, invoices, receipts, Bank/Building Society statements.

Please note that for Tax purposes you are required to keep invoices and receipts for up to six years.



**Section 10 : Pensions and Benefits** Please answer all questions

Do you receive, or are waiting to hear about any of the following?		Yes	No	Yourself	Partner	How often
State Retirement Pension						
Guarantee Pension Credit						
Pension Savings Credit						
Widow's Pension						
Industrial Widow's Pension						
Industrial Disability Pension						
Unemployment Benefit/Job seeker's Allowance Contribution <small>(see enclosed certificate)</small>						
Long Term Incapacity Benefit	Date started					
Short Term Incapacity Benefit Lower Rate						
Short Term Incapacity Benefit Higher Rate						
Child Benefit						
One Parent Benefit						
Industrial Injuries Benefit						
Severe Disablement Allowance						
Attendance Allowance						
Disability Living Allowance <small>Please provide breakdown when included in other benefits</small>						
Care Component Higher Rate	Date started					
Care Component Middle Rate	Date started					
Care Component Lower Rate	Date started					
Mobility Component Higher Rate	Date started					
Mobility Component Lower Rate	Date started					
Cash in lieu of coal						
Employment Support Allowance (contribution based)						
Employment Support Allowance (income based)						
Any other benefits not listed above <small>Please give details</small>						

Do you receive a Private or Personal Pension(s), or Pension from any former Employer of either yourself or partner?

Yes <input type="checkbox"/>	Yourself	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Partner	No <input type="checkbox"/>
Yourself		Partner			
How often is it paid?					
Name of Company					
Date of last increase					

If aged 60 or over, have you a Private Pension from which you have chosen not to draw, or you are drawing less than, the maximum income?

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

**Proof: Original documents required. DO NOT POST VALUABLE ITEMS**

We must see proof of all Benefits, Pensions and Allowances you receive. Proof could be a Benefit payment book containing uncashed orders or Award Letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

(11)

## Section 11 : Other Income

Please answer all questions

Have you, or your partner, been incapable of work due to sickness/disability for more than 28 weeks?

Yourself: Yes  No   
 Your Partner: Yes  No

If YES, please give the date you or your partner last worked

Do you receive, or are awaiting to hear about any of the following?

	Please tick		Amount Received		How often?
	Yes	No	Yourself	Partner	
War Widow's Pension <i>Please supply breakdown</i>					
War Disablement Pension <i>Please supply breakdown</i>					
Statutory Sick Pay					
Statutory Maternity Pay					
Statutory Paternity Pay					
Statutory Adoption Pay					
Maintenance from ex-partner, including maintenance paid for children, mortgage and other household bills paid					
Charitable or voluntary payments received					
Annuities					
Home Income Plan					
Government Training Allowance					
Fostering Allowance					
Adoption or Custodianship Allowance					
Guardian's Allowance					
Other Income e.g. tips					
Rent Income from another property (please give address)					
Working Tax Credit					
Children's Tax Credit					

Have you or your partner ever claimed Invalid Care Allowance? Still tick "YES" if you were not paid any Invalid Care Allowance. This could have been because you were better off getting another social security benefit.

Yourself

Your Partner

Yes  No  Yes  No

Does someone receive Invalid Care Allowance for looking after you or your partner?

Yes  No  Yes  No

If Yes, does he or she live with you?

Yes  No

Please give his or her name and address

Do you or your partner have a car rented from Motability?

Yes  No  Yes  No

**Proof: Original documents are required.**

We must see proof of all other income you receive.

Proof could be Award letter. If you supply Bank/Building Society statement showing at least two payments as deposits, we also need to see your Award Letter.

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## Section 12 : Capital, Savings and Investments Please answer all questions

By savings, we mean any money you have in a Bank/Building Society, any other account or at home.

Do you have any Bank/Building Society or other accounts? This includes all accounts you hold, such as those for payment of bills and receipt of wages and benefits etc.

Yourself Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Partner Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

You will have to provide proof of how your wages, pensions, benefits etc. are paid. If this is paid into an account you will need to provide proof of the account showing your name, the current balance and the payment being made.

Type of Investment	Name of Bank, Building Society etc.	Capital Value	Office Use	
Bank Accounts including current accounts and P.O. National Savings				
Building Societies				
	<i>Date bought</i>	<i>Issue Number</i>		<i>Purchase Price</i>
National Savings Certificates				
Stocks, Shares and Unit Trusts				
Treasury Stock (Please provide your latest notification of Interest)				
Monies due to you or outstanding loans				
Any other capital, e.g. Premium Bonds				

If BOTH Yourself AND Your Partner have NO capital, savings or investments (including money at home) please tick boxes

Yourself

Your Partner

**Proof: Original documents required.**

**DO NOT POST VALUABLE ITEMS**

We must see proof of all savings and investments.

Stocks / Shares / Bonds / Unit Trusts. Please supply share certificates

National Savings Certificates. Please supply passbooks, certificates, or bond documents.

Bank / Building Society accounts. A statement or passbook is required covering the last 2 consecutive months (8 weeks transactions) and showing your name and address.

Mini-statement with no name and address are not acceptable. These can be verified by your Bank or Building Society.

## Section 13 : Property and Land

Please answer all questions

Do you or your partner own any other property (including land, caravan, holiday home, timeshare)?

If NO, to Yourself AND Your Partner, please go to Section 14

If YES, please give address

Yes  Yourself No

Yes  Your Partner No

Does a former partner live in this property?

Yes  No

Yes  No

Is he or she responsible for a child or young person?

Yes  No

Yes  No

What is the current value of the other property?

Is the other property for sale?

Yes  No

Yes  No

If YES, from what date?

Is the other property occupied by an aged or disabled relative? If YES, please give details

Yes  No

Yes  No

Amount of outstanding mortgage on other property

£

£

**Proof: Original documents are required**

You may need to complete an additional form. We will send you one if necessary.

## Section 14 : Expenses

Please answer all questions

### a) Private Pensions

Do you or your partner contribute to a Private Pension

Yes  Yourself No

Yes  Your Partner No

If YES, please state: Amount

£

£

How often?

Do you or your partner have any Endowment insurance policies?

Yes  No

Yes  No

If Yes, please give the date they mature

Do you or your partner have any other insurance policies?

Yes  No

Yes  No

**Proof: Original documents are required**

14

Please provide proof of the actual amount of Private Pension you pay as it is subject to tax relief. This proof could be a Bank/Building Society statement.

**b) Child Care** (only complete this section if you have a child less than 11 years)

Do you employ a Registered Childminder or other Registered Child Care Provider such as a nursery or after school club?

Yes

No

If NO, please go to Section 14c

If YES, please give following details

Names of Child or Children	Ages	Date of Birth

How many hours of childminding per week?

Do you have to pay for Childminding every week of the year, or only during school holidays?


ALL YEAR

SCHOOL HOLIDAYS

Name and Address of Childminder or Nursery


Please supply the Derbyshire County Council or Nottinghamshire County Council Social Services Childcare Registration No.

What is the weekly cost of the child care?

£

**Proof: Original documents are required**

Please provide your Child Care contract showing current charges, dates of attendance and the latest receipts.

**c) Maintenance of Adult Dependants**

Do you or your partner contribute towards the maintenance of any children in advanced education?  
(for example where a grant is payable)

Yes  Yourself No

Yes  Your Partner No

If YES, please state the annual amount of contribution you make.

£

£

**Proof: Original documents are required**

Please provide the certificate of grant award

## Section 15 : Backdating

Please complete the whole of this section

We do not usually pay Housing Benefit and Council Tax Benefit for any period before the date of your claim. However in exceptional circumstances, we can backdate benefit for up to a maximum of 6 months for working age customers and three months for those who have reached the age of State Pension Credit.

If you would like us to consider backdating your claim, please fill in this section below if you feel you could demonstrate 'good cause' for not making an application at an earlier date.

Good cause must be shown for the whole of the backdating period and could include:

- You were waiting to hear the outcome of another benefit
- You did not claim immediately after leaving hospital
- You were ill and had no-one to make the claim on your behalf
- You did not know your rights due to a change in the law
- You did not understand due to age, inexperience or language difficulties
- You were wrongly advised that you were not entitled to Housing and Council Tax Benefit
- You were unable to make a claim and did not have an appointee

This list is not exhaustive and only acts as a guide.

From what date do you think your claim should start?

Why did you not claim before?

**Section 16 : Declaration THIS MUST BE COMPLETED**

Please read the declaration carefully before you sign and date it.

I understand the following:-

- If I give information for the purpose of obtaining benefit that is incorrect or incomplete, or I fail to notify a change in my circumstances which may affect my benefit, I may be liable for prosecution.

- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources (including the administration of Discretionary Housing Payments, other departments within the council, rent offices, and other councils.

- 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 government organisations, if law allows this.

I know I must let the council know about any changes in my circumstances, which might affect my claim and any overpayment may have to be repaid.

I declare the information I have given on this form is correct and complete.

Signature of Claimant

Date

Signature of Partner

Date

Has anyone helped you fill in this form?

Yes

No

If YES, please supply the following:

Name of person completing the form

Contact Address

Relationship to claimant/partner

Reason for them completing the form

Forms completed by a Council Officer

The Officer has read out the information on this form, which is based on the information I have given.

I agree that the information is correct.

Signature of claimant

Officer's signature

Date

Please supply details of the last 5 weekly wages, 2 monthly wages, or 3 fortnightly wages.

**EREWASH**



DIRECTOR OF CORPORATE SERVICES

FINANCIAL SERVICES DIVISION  
 PO Box 2, Wharnccliffe Road, Ilkeston  
 Derbyshire DE7 5SE  
 Telephone 0115 9072244  
 Fax: 0115 907 1069  
 Minicom: 0115 949 9478  
 E-Mail: benefits@erewash.gov.uk

**Statement of Employer**  
 Employed Earner (Full Name) : \_\_\_\_\_

Address: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Business: \_\_\_\_\_



**Employment Details**

Dates employment started: \_\_\_\_\_

Dates employment ended (if applicable): \_\_\_\_\_

Starting and finishing times: \_\_\_\_\_

Employer's week ends on: \_\_\_\_\_

Address at which person employed: \_\_\_\_\_

Type of work: \_\_\_\_\_

How often is he/she paid? \_\_\_\_\_

Method of payment (i.e. cash, cheque or BACS): \_\_\_\_\_

Name of the person who can verify that the above person was employed and paid on the dates below \_\_\_\_\_

I certify that the particulars are true to the best of my knowledge and belief:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Gross earnings (this employment) Previous Tax Year £		Gross earnings (this employment) Current Tax Year £		Gross Tax to date Current Tax Year £	Gross NI to date Current Tax Year £	Week No.
Dates of Payment	Gross amount earned	Tax Deducted	Working Families Tax Credit	NI Deducted	Pension	Hours Worked

Please complete and return as soon as possible. Thank you for your help.

### Jobseeker's Allowance Statement For Housing Benefit/Council Tax Benefit

Your name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

National Insurance No. \_\_\_\_\_  
 Are you:           The Claimant             
                           His/Her Partner             
                           A Non-Dependant           

Official Stamp

Signature \_\_\_\_\_  
 (of Job Centre Plus Representative)  
 Job Title \_\_\_\_\_

DIRECTOR CORPORATE SERVICES  
 FINANCIAL SERVICES DIVISION  
 PO Box 2, Wharncliffe Road, Ilkeston  
 Derbyshire DE7 5SE  
 Telephone 0115 9072244  
 Fax: 0115 907 1069  
 E-Mail: [benefits@erewash.gov.uk](mailto:benefits@erewash.gov.uk)



To the Job Centre Plus: Please complete the details below and return to the claimant

Jobseeker's Allowance paid for the five weeks ending		
	£	p
Week ended		
Week ended		
Week ended		
Week ended		
Week ended		

Are Jobseeker's Allowance (Income-Based) or Jobseeker's Allowance (Contributory) included in these payments  
 JSA (IB)       JSA (Cont)

As far as you are aware, will Jobseeker's Allowance continue after the last week shown?  
 Yes       No

Start date of JSA for the current period \_\_\_\_\_

### Jobseeker's Allowance Statement For Housing Benefit/Council Tax Benefit

Your name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

National Insurance No. \_\_\_\_\_  
 Are you:           The Claimant             
                           His/Her Partner             
                           A Non-Dependant           

Official Stamp

Signature \_\_\_\_\_  
 (of Job Centre Plus Representative)  
 Job Title \_\_\_\_\_

HEAD OF CORPORATE SERVICES  
 IAN SANKEY  
 FINANCIAL SERVICES DIVISION  
 PO Box 2, Wharncliffe Road, Ilkeston  
 Derbyshire DE7 5SE  
 Telephone 0115 9072244  
 Fax: 0115 907 1069  
 Minicom: 0115 949 9478  
 E-Mail: [benefits@erewash.gov.uk](mailto:benefits@erewash.gov.uk)



To the Job Centre Plus: Please complete the details below and return to the claimant

Jobseeker's Allowance paid for the five weeks ending		
	£	p
Week ended		
Week ended		
Week ended		
Week ended		
Week ended		

Are Jobseeker's Allowance (Income-Based) or Jobseeker's Allowance (Contributory) included in these payments  
 JSA (IB)       JSA (Cont)

As far as you are aware, will Jobseeker's Allowance continue after the last week shown?  
 Yes       No

Start date of JSA for the current period \_\_\_\_\_



## Know your rights!

*When your benefit has been calculated you will receive a Benefit Assessment Notification Booklet telling you how your benefit has been worked out.*

*If you disagree with the decision you can:*

- 1. Ask us to explain the decision*
- 2. Ask us to revise (change) the decision*
- 3. Appeal against the decision*

*If you wish to appeal against a decision we have made, you must do so in writing within one calendar month of the date we notified you of the decision. You must also state why you think the decision is wrong.*

*Whenever you ask us to explain our decision, or to revise it we will check all parts of your claim and advise you of how we came to the decision. In doing so, if we find anything wrong with the decision we made, we will write to you with the decision and your right of appeal will start again. If we do not change the decision in your favour we will send the case to the Appeal Tribunal which is an independent body who will look at each individual appeal in an impartial manner.*

### **Discretionary Housing Payments**

*A scheme called Discretionary Housing Payments (DHPs) is available to help customers who receive Housing and/or Council Tax Benefit and are not getting the full rent or Council Tax paid.*

*Payments made under this scheme are not intended to be payments of benefit. To receive an award you must;*

- 1. Be getting Rent Rebate to receive extra help to pay the rent (but not help with the cost of service charges not payable by Housing Benefit, such as fuel charges).*
- 2. Be getting Council Tax Benefit to receive extra help to meet your Council Tax liability.*
- 3. Satisfy the DHP Officer that you require extra help with housing costs i.e. rent and/or Council Tax.*

*We will only have so much money per year to pay out awards of Discretionary Housing Payments, therefore how the money is spent throughout the year will be carefully monitored.*

*As part of the claim process you will be asked to provide details of your weekly out goings and where necessary, provide proof of some items of expenditure.*

*In order to claim extra claim with your housing costs (Rent and/or Council Tax), please write in the first instance to the Discretionary Housing Payments Officer at the address at the end of this leaflet and you will be sent a claim form.*

### **Payment Methods**

*The following methods of payment are available for payments of Council Tax, Sundry Debtor accounts;*

*Direct Debit, Payment at Post Office by Swipe Card (free of charge), Payment at Post Office by Transcash, cash or cheque at Council offices, cheque through the post, Standing Order, , Credit/Debit Cards using our 24 hour FREEPHONE number 0800 783 9020.*

*Council cash offices are located in Ilkeston and Long Eaton and are open 9.00 to 4.30 Monday to Friday. We presently still accept payments on behalf of Three Valleys Housing*

# Help us to help you

Please make sure you have answered all the questions on this form. Any proof you need to supply must be original documents, not photocopies.

To ensure your claim is dealt with as soon as possible, please supply all the proof requested at the end of each section. If you do not have the proof available, return the form to us immediately and provide the proof as soon as it becomes available. Please indicate on the form what proof will be forwarded at a later date.

When the completed form is received by this office, it will be checked to ensure all the necessary proof has been supplied. If not, a request for further information will be made. Again only original documents will be accepted.

Please Note: This proof must be provided within 1 calendar month of you returning the form. Failure to do so may result in loss of benefit.

If you call at our offices in Ilkeston or Long Eaton we have private interview rooms and your documents will be photocopied free of charge and returned to you straight away. No other Council offices are authorised to make copies of original documents. Tenants of Three Valley Housing or Nottingham Community Housing can take forms and evidence for photocopying to specially trained staff their offices.

Do not send your documents through the post. However, if this is unavoidable we have secure post opening procedures. Your documents will be copied on the day of arrival and returned to you the following day by a secure method. Your documents will be held securely at all times.

If you require help completing this form, please contact the office on the telephone number below. A member of staff will try to help you over the telephone, or if necessary arrange for a home visit.

The offices at Ilkeston and Long Eaton have private interview rooms and are open from 8.30am to 4.30pm. Appointments can be made for 8.30am, 9.00am and 9.30am, after that drop-in sessions are available.

The telephone lines are open from 8.30 to 5.00 Monday to Thursday and 8.30 to 4.30 Friday

Telephone: 0119 9071010

Minicom: 0115 9316056

e-mail: [benefits@erewash.gov.uk](mailto:benefits@erewash.gov.uk)

## How we collect and use information

The information collected on this form and from supporting evidence, by Erewash Borough Council will be used to process your Housing Benefit and Council Tax Benefit claims. The information may be passed to the Department of Works and Pensions, Employment Services and Inland Revenue as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities. Data held by the Authority will be used for cross system and cross Authority comparison purposes for the prevention and detection of fraud. This could include data matching with personal/private pension providers.

We will not disclose information about you to anyone outside Erewash Borough Council or use information about you for other purposes unless the law permits us to.

Erewash Borough Council is a Data Controller for the purpose of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information please contact our Data Protection Officer.

