

Section 2: About you and your partner

Do you have a partner who normally lives with you?
By partner, we mean a person you are married to or a person you live with as if you were married to them or a civil partner or a person you live with as if you are civil partners

No

Yes

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

Proof: National Insurance number and identity

If you are making a new claim we need proof of your identity and the identity of your partner. We also need proof that your National Insurance numbers are correct.

Please provide one original document for National Insurance number and one original document for identity from the list below. **These must not be photocopies.**

Proof of National Insurance Number

• P45 and P60 • National Insurance Number card • Wage slips • Letters from the Department for Work and Pensions.

Proof of Identity

• Current UK passport • Marriage certificate • UK Residence Permit • Gas, electricity or water bills (paid in your name for the last three months) • Driving licence • Bus pass, railcard, travel card, season ticket • Immigration and Nationality Directorate travel document • Medical card document • Birth Certificate • Recent payslips • Bank or building society statements • Life assurance or insurance policies • EC or EEA identity card

You

Your partner

Last name

Other names

Title (Mr, Mrs, Ms and so on)

Date of birth

 / /
 / /

National Insurance number

Tell us any other names you have been known by.

When did you move into this address?

(If you give us this claim before you move in, you must tell us in **writing** when you do move in.)

If you rent your home, tell us the date your tenancy started.

 / /

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

Did you own your previous home?

No

Yes

No

Yes

Did you rent your previous home?

No

Yes

No

Yes

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

No

Yes

No

Yes

What address did you or your partner claim for?

Section 2: About you and your partner (continued)

	You		Your partner	
Have you or your partner been sick or not able to work for 52 weeks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please give the date the sickness started.	<input type="text"/>		<input type="text"/>	
Do you or your partner have a car through the Motability allowance scheme?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does anyone receive, or have they applied for, Carers Allowance to care for you or your partner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please give the name and address of the carer.	<input type="text"/>		<input type="text"/>	
Are you or your partner registered blind with Social Services?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please provide proof of registration.				
Are you or your partner in hospital or a residential home at the moment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If 'Yes', please tell us what date you or your partner went into hospital or a residential home.	<input type="text"/>		<input type="text"/>	
What is your nationality and your partner's?	<input type="text"/>		<input type="text"/>	
If your nationality is not British, on what date did you last enter the UK?	<input type="text"/>		<input type="text"/>	
Have you or your partner come to live in the United Kingdom, Channel Islands, Republic of Ireland or Isle of Man during the last two years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Please provide your passport, national identity document or any Home Office documents that you have which show your immigration status. The information will help us to deal with your claim faster. We may contact you or the Home Office for more information about this.

Section 3: Income Support and Jobseeker's Allowance (income based) and Pension Credit

	You		Your partner	
Do you or your partner get Income Support?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you or your partner get Jobseeker's Allowance (income based)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you or your partner get Income Related Employment and Support Allowance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you or your partner get Pension Credit?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does this income include Attendance Allowance or the Care Component of Disability living Allowance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Section 4: About children who live with you

Do you or your partner have any children that you get Child Benefit for or have claimed Child Benefit for and who live with you?

No

Go to section 6.

Yes

Tell us about them here.

If you have more than four children who live with you, please give more details in section 20.

Proof: Child Benefit

We need to see proof that you or your partner are getting Child Benefit for the children that you have told us about. This proof should be the latest child benefit award letters. This must be the **original** document.

	First child	Second child	Third child	Fourth child
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How are they related to you (son, daughter and so on)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If a child is over 15, when will their Child Benefit stop?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do you get Disability Living Allowance for them?	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"/> Yes <input type="checkbox"/>

If you or your partner receive Disability Living Allowance for your children, you must provide proof of this benefit. This proof must be the **original** document.

Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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You must provide proof of registration for your children. This must be the **original** document.

Section 5: Child Care Costs

Do you pay child care costs for any of these children.

No

If **yes** please tell us below.

Yes

Proof

You must provide proof of any child care costs. These must be the **original** documents, i.e. invoice from registered child care provider.

Name of child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If 'Yes', what is the name of the childminder or nursery?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please give the registration number.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the weekly cost of childcare for each child?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6: Other people who live with you

Does anyone else live with you? Do not include yourself, your partner or any children you get Child Benefit for.

No Go to section 7.

Yes Tell us about this below.

You should also include anyone who is a boarder, lodger or subtenant in your household.

- A boarder or lodger is someone who pays to live with you and you give them meals.
- A subtenant is someone who pays to live with you and you do not give them meals.

Proof – Income of other people

We need to see evidence of income for anyone else who lives with you. These must be **original** documents.

If they are working, you will need to send us original wage slips. You must send us five wage slips if they are paid weekly, three wage slips if they are paid every two weeks or two wage slips if they are paid monthly.

If they receive any state benefits, please send in either the latest award letter or a bank statement showing that the benefit has been paid.

If they pay you rent, please send in details of what is included in the rent, how much it is and how often it is due.

If you have more than 3 people who live with you, please give details in Section 20.

	Person 1	Person 2	Person 3
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number (NINO)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<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"/>
Do they receive Income Support Jobseeker's Allowance (Income Based), Pension Credit or Income Related Employment and Support Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
What are their gross earnings each week (before income tax and National Insurance deductions)?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Tell us about it below	Tell us about it below	Tell us about it below
Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Section 6: Other people who live with you (continued)

	Person 1	Person 2	Person 3
Are they a full-time student or a student nurse? (please provide proof)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay rent to you?	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' how much do they pay each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
If 'Yes' does the rent include an amount for heating?	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' does the rent include an amount for meals?	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 severely mentally impaired (suffering from mental illness, brain damage or a learning disability)?	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 hospital?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give the date they went into hospital.	<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 prison?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes' please give the date they went into prison.	<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 on a youth training scheme or are they an apprentice? (please provide proof)	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 any of the people listed above married to each other or living together as if they were married?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If 'Yes', please tell us who.	<input type="text"/> is the partner of <input type="text"/>		
Do any of the people listed above have dependant children who are also living with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If 'Yes', please list them below	Name	Sex	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"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

We will use the information which you have provided in section 6 to work out the non-dependants in your household. A non-dependant is someone who normally lives with you who you do not receive Child Benefit for. Please carefully check through the section again to make sure that you have provided details of every other adult living in your household (apart from yourself and your partner) and that you have also given their relationship to you, for example, sister, parent or friend.

Please read the following note carefully before you fill in any more of the application form. If you or your partner receive Income Support or Jobseeker's Allowance (income based) , Guaranteed Pension Credit or Income Related Employment and Support Allowance you do not need to fill in sections 7, 8, 9, 10, 11, 12 and 13 and should go straight to section 14. If you are claiming Second Adult Rebate only, you should go straight to section 17.

Section 7: You and your partner's work and earnings

Do you or your partner work?
 (Work includes part-time work or voluntary work.)
 If you are self-employed, go to section 8.

No Go to Section 8 Yes

Who is working?

You Your partner

Proof – Earnings

We need to see proof of your and your partner's earnings.

These must be original documents and not photocopies.

- **Please provide the last 5 weeks pay slips (if paid weekly), 3 fortnightly pay slips (if paid fortnightly) or 2 months pay slips (if paid monthly).**
- **Your proof of earnings must be up to date and show the number of hours you work, your employer's name and address, your gross pay (your pay before deductions) and your tax, National Insurance and any pension contributions.**
- **If you cannot give us your pay slips you can ask your employer to fill in a Certificate of Earnings Form. This is available from your local Barnsley Connects Office or by telephoning the Benefits helpline - 774743. Please see enclosed notes for details of how to contact us.**

Do you or your partner have more than one job?
 If 'Yes', provide details of each job. You can give more details in section 20.

No Yes

You

Your partner

Name and address of your employer

Phone number of your employer

What is your job?

Employee or payroll number

How many hours a week do you work?

Date you started work

How often do you get paid (every week, two weeks, four weeks or month)?

How are your wages paid (for example, by cash, cheque, payment to your bank or Building society account)?

When is your next pay rise due?

Do you receive any bonus, commission or tips on top of your normal wage?

No Yes

No Yes

If 'Yes' how much?

Are you currently receiving Statutory Sick Pay (SSP)?

No Yes

No Yes

If 'Yes', confirm the date the SSP started.

Section 7: You and your partner's work and earnings (continued)

	You	Your partner
Are you currently receiving Statutory Maternity Pay (SMP)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', confirm the date the SMP started.	<input type="text"/>	<input type="text"/>
Is this a permanent job?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'No', when will the job end?	<input type="text"/>	<input type="text"/>
Are you employed term time or seasonally?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', provide details.	<input type="text"/>	<input type="text"/>

Section 8: Self-employed work and earnings

Are you or your partner self-employed? No Go to section 9. Yes Tell us about this below.

Who is self-employed? You Your partner

Proof – Self-Employed Earnings

We need proof of your self-employed earnings. We need to see your most recent audited accounts. These must be the original documents. If you cannot provide these, or have only recently become self-employed, fill in the rest of the form and return it with any documents such as day to day working books that you feel may help us to deal with your claim. If we need more information, we may send you another form to fill in.

	You	Your partner
Business name	<input type="text"/>	<input type="text"/>
Business address	<input type="text"/>	<input type="text"/>
Is your business a partnership?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', you must provide the partnership agreement and evidence of your income from the business.		
Are you a director of the business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes' what is your salary? Please provide proof.	<input type="text"/>	<input type="text"/>
What is the nature of your business?	<input type="text"/>	<input type="text"/>
Date the business started	<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 work?	<input type="text"/>	<input type="text"/>
Do you receive any bonus, commission or tips on top of your normal wage?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes' how much?	<input type="text"/>	<input type="text"/>
Have you received any payments to help you set up your business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Section 8: Self-employed work and earnings (continued)

If 'Yes', how much did you receive and what was the type of payment (for example, loan or grant)? How often was the payment made and for what period was it paid?

Section 9: Other income and benefits

Do you or your partner receive, or have either of you applied for, any income or benefit other than earnings?

No Go to section 10.

Yes Tell us about this below.

Proof of Income and Benefit

We need to know all your income (you do not have to tell us about income from the Eileen Trust, Independent Living Fund or the MacFarlane Trust). **Always tell us the gross amount of any income received. This is the amount before any deductions. If there are deductions from your income, tell us about this in section 20. You must send us proof of all the income you mention below. This proof must be the original documents. This can be any of the following:**

- Up to date payment slip
- All pages of your latest benefit award letters
- If paid into a bank, bank statements showing the last 2 payments of benefit or income being received.

Type of income	Amount received		How often? (every week, two weeks, four weeks or month)	Method of payment (cash, cheque, payment to bank account)	Date started to receive it	Date of next increase and the new amount
	You	Your partner				
State Retirement Pension	£	£			/ /	£ / /
Widow's Pension	£	£			/ /	£ / /
Occupational or works pension	£	£			/ /	£ / /
Private pension	£	£			/ /	£ / /
British Coal Pension	£	£			/ /	£ / /
British Coal Widow's Pension	£	£			/ /	£ / /
Cash instead of concessionary coal	£	£			/ /	£ / /
Redundant Mineworkers' Pension	£	£			/ /	£ / /
Incapacity Benefit	£	£			/ /	£ / /
Employment & Support Allowance	£	£			/ /	£ / /
Severe Disablement Benefit	£	£			/ /	£ / /
Reduced Earnings Allowance	£	£			/ /	£ / /
Industrial Injuries Benefit	£	£			/ /	£ / /
Disability Living Allowance – care component	£	£			/ /	£ / /
Disability Living Allowance – mobility component	£	£			/ /	£ / /

Section 9: Other income and benefits (continued)

Type of income	Amount received		How often? (every week, two weeks, four weeks or month)	Method of payment (cash, cheque, payment to bank account)	Date started to receive it	Date of next increase and the new amount
	You	Your partner				
Attendance Allowance	£	£			/ /	£ / /
Carers Allowance	£	£			/ /	£ / /
War Disablement Pension	£	£			/ /	£ / /
War Widow's Pension	£	£			/ /	£ / /
Child Benefit	£	£			/ /	£ / /
Widowed Parent's Allowance	£	£			/ /	£ / /
Widowed Mother's Allowance	£	£			/ /	£ / /
Fostering Allowance	£	£			/ /	£ / /
Maintenance received	£	£			/ /	£ / /
Maternity Allowance	£	£			/ /	£ / /
Jobseeker's Allowance (contribution based)	£	£			/ /	£ / /
Working Tax Credit	£	£			/ /	£ / /
Working Tax Credit (Disability Element)	£	£			/ /	£ / /
Child Tax Credit	£	£			/ /	£ / /
Youth training scheme or training for work	£	£			/ /	£ / /
Rent from properties	£	£			/ /	£ / /
Money from subtenants or lodgers	£	£			/ /	£ / /
Bereavement Allowance	£	£			/ /	£ / /
Any other income you get –	£	£			/ /	£ / /

Please tell us what it is.

Have you or your partner recently applied for any other income which
You have not received?

No Yes

If you answered 'Yes', please give details.

Section 10: Student income

Are you or your partner a student?

A student is someone who attends a course of study at an educational establishment, whether full time or part time.

No Go to section 11.

Yes Tell us about this below.

Proof – Student Income

We need to see proof of your student grant, loan or bursary (including any New Deal Grant) which shows a breakdown. These must be the original documents.

	You	Your partner
Which university or college do you or your partner go to?	<input type="text"/>	<input type="text"/>
Course title	<input type="text"/>	<input type="text"/>
Date course started	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date course ends	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Term dates	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
Please tell us how much grant, loan or bursary you get each year.	£ <input type="text"/>	£ <input type="text"/>

Section 11: Money you pay out (outgoings)

We only take account of the following outgoings when we assess your entitlement to benefit.

We need to see evidence of all of the following. This evidence must show that payments are being made and must be original documents.

	You		Your partner	
	Amount	How often?	Amount	How often?
Parental contribution towards a child's student maintenance grant	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>
Payments towards a personal pension scheme which is not taken from your wage	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="text"/>

Pension payments from your wages will already have been taken into account from the details supplied on your wage slips.

Do you or your partner hold a retirement annuity contract? No Yes | No Yes

If 'Yes', please provide evidence which shows the name and address of the company and policy number.

Are you or your partner still making contributions? No Yes | No Yes

Section 12: Bank accounts, savings and investments

Do you or your partner have any bank accounts, savings or investments? This includes shares, cash and any accounts with banks, post offices or building societies. You must tell us about any accounts that you and your partner have, even if the account is overdrawn.

No Go to section 13.

Yes Tell us about this on the next page.

You must tell us about all current and savings accounts, savings, investments etc, including stocks and shares and ISAs. All accounts such as building society and bank accounts should be made up to date to include any interest.

If you, your partner, or both of you have cash, savings and investments of over £16,000, we cannot award you any benefit.

Section 12: Savings and investments (continued)

Proof

Bank accounts

Please send us statements covering at least the last two months, even if the account is overdrawn. A simple advice slip from a cash machine is not enough.

Building society accounts

Please send us your up-to-date passbook or statements covering at least the last two months.

National savings

Please send us the relevant certificate or bond document.

Shares, bonds and unit trusts

Please send us the share certificates or the last dividend statement.

If you need more room please give details in section 20.

Please give details of where all the accounts are held and the account numbers. If it does not apply, write 'none'.

		You	Your partner
Name of bank (current or deposit accounts)	Account number	Amount	Amount
<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"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Name of building society accounts	Account number	Amount	Amount
<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"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Post Office accounts	Account number	Amount	Amount
<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"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
National Savings Certificates	Number of units	Issue number	Amount
<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"/>

Section 12: Savings and investments (continued)

Stocks and Shares (please give details).		You	Your partner
Name of company	Units held	Amount	Amount
<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"/>
Premium Bonds		<input type="text"/>	£ <input type="text"/>
Other e.g. ISA, PEPS, Tensas, Unit Trusts, money held abroad (please give details).			
<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"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Section 13: Land and property

Do you or your partner own any land or property other than the place where you live? No Go to section 14.

Yes Tell us about this below.

Please give the address of the land or property which you own (other than the house you live in) and provide evidence of ownership. You also need to provide evidence of any outstanding loan or mortgage on the land or property.

Do you or your partner get rent from letting the property or land? No Yes

If 'Yes', please tell us how much you receive and how often (every week, four weeks, month or year). Name of person renting the property or land
Relationship to you (if this applies)

Section 14a: Equal Opportunities

We have an equal opportunities policy. It will help us to carry out this policy if you give us the following information. **You do not have to fill in this section if you do not want to.**

This information is confidential and will only be used to help us to improve our services.

I would describe myself and my partner as (please tick one box each)

	You	Your partner		You	Your partner
White			Mixed		
English	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Carribean	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	Any other mixed	<input type="checkbox"/>	<input type="checkbox"/>
Any other White	<input type="checkbox"/>	<input type="checkbox"/>			

Section 14a: Equal Opportunities (continued)

	You	Your partner		You	Your partner
Asian or Asian British			Black or Black British		
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>	<input type="checkbox"/>	Any other Black	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>

Section 14b: Equal Opportunities

The Disability Discrimination Act 1998 defines disability as 'a physical or mental impairment which has a substantial and long term adverse effect on a persons ability to carry out normal day to day activities'.

	You	Your partner
Do you consider yourself or your partner to be disabled?	No <input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/>	<input type="checkbox"/>

Before you fill in any more of this form, please read the following note carefully.
You should only fill in section 15 and section 16 if you pay rent to a landlord other than the council.
If you are a council tenant or an owner-occupier, please go to section 17.

Section 15: About your rent

Proof of Rent

You must send proof of your rent, such as a letter from your landlord, or a Tenancy Agreement.

Your rent proof must be original documents and must show all of the details on the following list.

You may need to send more than one document to give us the proof we need.

- Your landlord's and agent's name (if relevant) and business address.
- The date your tenancy started.
- The amount of rent you are charged.
- What is included in your rent.
- How often your rent is due.

About your landlord and their agent

	Your landlord		Your landlord's agent (if any)
First name	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
	Business address (Provide the home address if your landlord does not have a business address.)		Business address
	<input type="text"/>		<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>

Section 15: About your rent

Does your landlord live in the property with you?

No Yes

Are you or any member of your household related to (or have been in a relationship with) the landlord or any member of their family?
For example, father, son, partner, nephew, employer and so on.

No Yes

If 'Yes', say what the relationship is and between who.

About your rent

When did your tenancy begin?

Have you been served with a shorthold tenancy agreement?

No Yes

If 'Yes', give the period of the tenancy.

How much is your rent?

How often is this amount due? Please tick one box.

Every week Every two weeks Every four weeks Every month

Do you receive any rent-free weeks?

No Yes

If 'Yes', how many rent-free weeks do you get each year?

Has your rent changed in the last 12 months?

No Yes

If 'Yes', please provide details.

When is the next rent increase due?

Are you a joint tenant?

No Yes

If 'Yes', who are you a joint tenant with?

If you share your home with anyone else other than your partner, please tell us how many people you share with

What is your share of the rent? £

If you moved into your property before 15 January 1989, is the rent registered?

No Yes

If 'Yes', we need to see the notice of registration form R05.

Have you ever previously owned this property?

No Yes

Do you or your partner have to live in the property because of you or your partner's job?

No Yes

Are you or your partner employed by the landlord?

No Yes

Are you in arrears with your rent?

No Yes

If 'Yes', tell us how much you owe.

£

Section 15: About your rent (continued)

Do you receive any meals?

No Yes

If 'Yes', please tick which meals you receive. Breakfast

Lunch Evening meal

If meals are provided, what is the weekly charge for this?

Does your rent include any of the following services (please tick)? If 'Yes', say how much are you charged.

Council Tax	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>	Water rates	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>
Hot water	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>	Laundry	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>
Heating	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>	Cleaning rooms or windows	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>
Cooking	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>	Nursing or care	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>
Lighting	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>	General counselling and support	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	£	<input type="text"/>

Please give details of any other services provided which are included in your rent.

Do you pay water charges direct to the water authority?

No Yes

The place where you live

What sort of accommodation do you rent? (Please tick all that apply).

A detached house	<input type="checkbox"/>	A semi-detached house	<input type="checkbox"/>	A terraced house	<input type="checkbox"/>
A detached bungalow	<input type="checkbox"/>	A semi-detached bungalow	<input type="checkbox"/>	A terraced bungalow	<input type="checkbox"/>
A flat in a house	<input type="checkbox"/>	A flat above a shop	<input type="checkbox"/>	A flat within a block	<input type="checkbox"/>
A maisonette	<input type="checkbox"/>	A caravan	<input type="checkbox"/>	Sheltered housing	<input type="checkbox"/>
A self-contained bedsit	<input type="checkbox"/>	A room in part of a house	<input type="checkbox"/>		

If you have a room or a bedsit, which floor is it on?

Basement Ground First Second Other

If your room, bedsit or flat has a number, what is it?

Section 15: About your rent (continued)

Accommodation details

We need to know how many rooms there are in the building you live in and who uses them.

	Living rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate toilet	Other rooms	Total
Number of these rooms in the whole building								
Number of these rooms used only by your family								
Number of these rooms you share with others								

How many people live in the whole building?

Does your home have a central-heating system?

No

Yes

Are you responsible for the internal decorations?

No

Yes

Do you have a garage?

No

Yes

Is the furniture provided by the landlord?

No

Yes

If 'Yes', please tell us how much is provided.

All

Some

Very little

Section 16: How we pay your benefit

If you are making a **new claim** or you have **changed address**, unless you pay rent to a Housing Association, the new Local Housing Allowance Regulations will apply to you.

Local Housing Allowance will be paid direct to the tenant. Tenants cannot choose to have their benefit paid to their landlord. However, in exceptional circumstances, we can decide to pay benefit to the landlord if a tenant has difficulty managing their rent payments. If you think this applies to you contact this office immediately. For further details see the enclosed notes. A detailed information pack about the Local Housing Allowance is also available. If you need help and advice in opening a bank account please see our basic bank account leaflet or contact our customer liaison officer on telephone number 01226 774857.

Please indicate how you wish to be paid

1. Directly into my bank account This is our preferred method and is the quickest and safest way for you.

Name of bank or building society
Address

Account Number

Sort code

Roll Number – where applicable

Post code

Whose name is the account in?

2. I want to be paid by cheque This will be a closed cheque which can normally only be paid into your own bank or building society account

Do you have a bank account

No

Yes

We may make your first payment by cheque to your address but payable to your landlord. If this will cause a problem for you please tick this box and tell us why on the additional space in Section 20

Section 16: How we pay your benefit (continued)

Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed. We may need to confirm information with your landlord before we can make a decision on your claim, for example, a start date of your tenancy. In these circumstances we can contact your landlord without your permission. Under the Data Protection Act 1998 we need your permission to discuss anything else.

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

- you have claimed Housing Benefit
- we have made a decision on your claim
- we have made a payment to you
- we need more information to make a decision on your claim.

We will not give your landlord any information about:

- your personal or household circumstances
- your financial circumstances

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord. If you want to give us permission to discuss your claim with your landlord, please sign below.

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

Your signature

Date

If Local Housing Allowance Regulations do not apply or you are a Housing Association tenant you can still have payments sent directly to your landlord. Please sign the authorisation below if you wish payments to be sent directly to your landlord. Please see Section A of the enclosed notes before completing this part.

Please pay my Housing Benefit straight to my landlord or agent. I understand that:

- The Council may not agree to this;
- I can end this agreement at any time; and
- I will give you two weeks' notice if I want to end this agreement

Your signature

Date

Section 17: Backdates

We can normally award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit for an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, please provide:

- **the date you want to claim benefit from; and**
- **a letter to let us know why you have not claimed before (if you do not enclose a letter, we will not be able to backdate your benefit).**

Section 18: Form filled in by someone other than the person applying for benefit

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

Section 18: Form filled in by someone other than the person applying for benefit

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

Name of person who filled in the form:

Signature of the person:

Relationship to the person claiming:

Date:

**Now please read and sign the declaration below.
If you have a partner, they should also read and sign the declaration.**

Section 19: Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. Please read the declaration very carefully before you sign and date it. We cannot deal with your claim if you have not signed it.

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- 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 within the council, rent offices and other councils, and I authorise them to release all the information they hold which is relevant to my claim.
- 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 and council departments if the law allows this.
- You may make any other enquiries to confirm the details I have provided, for example, with banks, building societies, employers and pension providers.
- My entitlement to benefit is worked out using income received and savings held by myself, my partner and all other people who live in the property.

I understand that I must report any changes in my circumstances immediately in writing to the Benefits and Taxation Office at Barnsley Metropolitan Borough Council, PO Box 63, Barnsley, S70 2TJ. I have read the notes and understand which changes in circumstances I should report immediately.

You and your partner must sign the declaration. If you and your partner do not sign the declaration, we will return this form to you to be signed.

Your signature:

Date:

Your partner's
signature:

Date:

Section 20: Any other information or comments

If there is anything you want to tell us to support your claim, please use this space. If there is not enough room, please use a separate sheet of paper.

Use this space to also tell us about any future changes to your circumstances that you know about now that may affect your claim for benefit.

Data protection

How we collect and use information

We will use the information you give in this form and any supporting evidence you send us to process your claim for Housing Benefit and Council Tax Benefit. We may pass the information on to the Department for Work and Pensions and HMRC, as allowed by law. We may also use the information to tell you what other welfare benefits you are entitled to.

We may check the information provided by you, or information about you provided by someone else, against other information we hold. We may also ask other agencies, organisations, local authorities or government departments to give us information they have about you to make sure the information is accurate, to prevent or detect crime and to protect public funds.

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

Barnsley Metropolitan Borough Council is the data controller for the purposes of the Data Protection act 1998. Please ask if you would like to know more about what information we have about you, or the way we use that information.