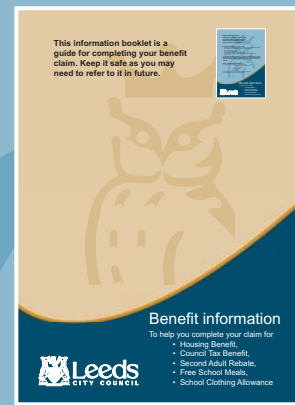


Please read the benefit information booklet supplied with this form before completing your claim. Keep it safe as you may need to refer to it in future.



If you need help filling in your form:

- Visit any of the One Stop Centres listed on page 4 of the benefit information booklet
- Call Leeds Revenues & Benefits Service on **0113 222 4404**
- Visit your local housing office
- Email: lcc.benefits@leeds.gov.uk
- Minicom users can contact us on 0113 222 4410
- Or, if you need a home visit to help you complete your form, contact us on 0113 222 4404.

If you would like this information in large print, audio CD/tape, Braille or translated into another language please call us on 0113 222 4404 or visit any of the One Stop Centres listed on page 4 of the information booklet.

When you have filled this form in:

please send it with the evidence we have asked for to:

Leeds Revenues & Benefits Service
Leeds City Council
Selectapost 15
Leeds
LS2 8BA

Or take it to any of the One Stop Centres listed on page 4 of the information booklet, or to your local housing office.

Benefit claim form

Use this form to claim

- Housing Benefit,
- Council Tax Benefit,
- Second Adult Rebate,
- Free School Meals,
- School Clothing Allowance

About this form

- Use this form to claim Housing Benefit, Council Tax Benefit, Second Adult Rebate, Free School Meals and School Clothing Allowance.
- Complete this form in black ink and use BLOCK CAPITALS.
- Please make sure you fill in all sections of the form. Answer all the questions that apply to you. If a question does not apply to you, please say so or fill in the appropriate “No” box. Do not cross out any questions.
- Only move to the next section of the form if you have been instructed to do so, or you have answered all of the questions in the section you are looking at.
- Please use the benefit information booklet supplied with this form to find out about the benefits you can claim, and how to claim them.
- We show you on the claim form where we will need evidence of things you tell us about. Where a question has a circle around it, for example **a**, that means we need to see evidence to support your answer. The information booklet gives examples of what is acceptable evidence.
- Any evidence you provide must be original documents. We cannot accept copies.
- Make sure you sign the declaration at section 11. We will not be able to pay you benefit without a signed declaration, and we will return the form to you to sign.
- If you have any questions or need any help you can contact us on 0113 222 4404.

Remember, please send this completed form back to us as soon as you can. If you do not, you may lose some benefit.

It is important you return the form to us straight away, even if you are waiting for evidence of your income, rent or any other details. Please send the additional supporting evidence as soon as it becomes available, but make sure you send original documents and put your name, address and National Insurance number on anything you send in to us.

For office use only - please do not write in this area

Claim number		Office/Date stamp here
Rent reference		
ARN		
First contact date		
Date issued		
Date returned		

Section

1

About you

a We will consider you for entitlement to:
 Housing Benefit, Council Tax Benefit, Second Adult Rebate, Free School Meals and School Clothing Allowance.
If there is a benefit you do not want, even if you are entitled to it, please say which:

b Are you: (please tick the box that applies to you)	Home owner (property you own or have a mortgage on)	<input type="checkbox"/>	Renting from a private landlord	<input type="checkbox"/>
	Council tenant	<input type="checkbox"/>	Housing Association tenant	<input type="checkbox"/>
	Hostel resident	<input type="checkbox"/>	Living with parents/relatives	<input type="checkbox"/>

c Do you have a partner who normally lives with you?	No <input type="checkbox"/> Answer all the questions about you
	Yes <input type="checkbox"/> If you have a partner you must answer all the questions about them, as well as yourself.

You

Your partner

d Last name	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss, Ms etc)	<input type="text"/>	<input type="text"/>
e Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
f Other names you have used	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
g National Insurance number	Letters Numbers Letter	Letters Numbers Letter
	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h Address (this is the address that you are claiming benefit for)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	

We need to see evidence of your identity and your National Insurance number. Read Section 1 of the information booklet to see what you can use as evidence.

Section

1

About you (continued)

You

Your partner

You do not need to tell us your telephone number, or email address if you have one, but it may help us to deal with your claim quicker.

i Your daytime telephone number

j Your email address

k Please tell us how you would prefer us to contact you (tick one box)

Phone Email Letter

Phone Email Letter

l When did you move into the address you are claiming benefit for?

 / /
 / /

If you have not moved in yet, you need to tell us in writing when you do.

m Are you temporarily living away from the address you are making this claim for?

No Go to question **n**
Yes

No Go to question **n**
Yes

If you answered yes, please tell us why you are not living at this address now

What date did you move away?

 / /
 / /

When do you expect to return?

 / /
 / /

Please tell us the address you are currently living at

 Postcode

 Postcode

If your usual home has been sublet, please tell us who is living there now

n What was your last address?

 Postcode

 Postcode

About you (continued)

	You	Your partner
o What date did you move into your last address?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
p What date did you move out of your last address?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
q Have you or your partner come to live here from outside England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last 2 years?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<p>If your answer to this is "Yes", we may need you to provide more details.</p> <p>You can find more information about this from www.leeds.gov.uk/benefits, where you can also download the Moving to the UK form. Alternatively you can call us on 0113 222 4404 for further advice.</p>		
r What is your nationality?	<input type="text"/>	<input type="text"/>
s Are you or your partner in hospital, a nursing home or a rest home at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what date did you go in?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What date do you expect to come out?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
t Does anyone receive Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
u Please tick if you or your partner:		
are registered blind	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
are a full time student	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
have a community care assessment	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
v If you are aged under 22, have you been subject to a care order or received help with your accommodation from a Social Services department?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Section

2

About children

a Do you have any children who normally live in your household with you?

No Please go to Section 3 on page 8

Yes Please answer all the questions in this section. There is space on the next page if you have more than 3 children.

A child is usually someone who you receive Child Benefit for.

	First child	Second child	Third child
b Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
c Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
d 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"/>
e Is this child a girl or a boy?	<input type="text"/>	<input type="text"/>	<input type="text"/>
f Who gets Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
g Does this child receive Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', how much?	Care £ <input type="text"/> Mobility £ <input type="text"/>	Care £ <input type="text"/> Mobility £ <input type="text"/>	Care £ <input type="text"/> Mobility £ <input type="text"/>
h Is this 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"/>
i Do you pay child care 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 of the child minder	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their registration number?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
j Which school does this child go to? (Please tell us the name and postcode. If you are completing the claim form between July and September, please state the school your child will be attending from September.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question j only needs to be answered if you wish to be considered for entitlement to Free School Meals and School Clothing Allowance and your child attends school for at least 1 full day per week.

We need to see evidence of your Child Benefit, any Disability Living Allowance, and any child care costs, paid for your children. Read Section 2 of the information booklet to see what you can use as evidence.

About children (continued)

If you have more than 3 children, use the space on this page to tell us their details. Once you have completed all the details, please move onto Section 3 on page 8.

If you have more than 7 children, use a separate sheet of paper to tell us their details. Make sure you include your name, address and National Insurance number on any additional sheets you send us.

	Fourth child	Fifth child	Sixth child	Seventh child
b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	/ /	/ /	/ /	/ /
e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g	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"/>
	Care £	Care £	Care £	Care £
	Mobility £	Mobility £	Mobility £	Mobility £
h	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"/>
i	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"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	£	£	£	
j	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question j only needs to be answered if you wish to be considered for entitlement to Free School Meals and School Clothing Allowance and your child attends school for at least 1 full day per week.

We need to see evidence of your Child Benefit, any Disability Living Allowance, and any child care costs, paid for your children. Read Section 2 of the information booklet to see what you can use as evidence.

Section

3

About other people living with you

a Do any adults normally live with you and your partner? By adults, we mean people over 16 years of age, who nobody gets Child Benefit for.

No Please go to Section 4 on page 10

Yes Please answer all the questions in this section.

b How many adults, other than your partner, live with you?

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

If you have other adults living in your home, we need details and evidence of their income. This is because their income may affect the amount of benefit you are entitled to. However, if you, or your partner, get Attendance Allowance, Disability Living Allowance Care Component or are registered blind, you need to tell us about these people but we do not need evidence of their income.

	First person	Second person	Third person
c Last name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
d Other names	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
e Title (Mr, Mrs, Miss, Ms etc)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
f Date of birth	/ /	/ /	/ /
g What is their relationship to you or your partner?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
h Do they get Income Support, Income-based Job Seekers Allowance 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"/>
i Do they get Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
j 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"/>
k 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"/>
l Are they a full time student, a student nurse, a care worker, an apprentice or on youth training? If 'Yes', tell us which	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
m 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"/>

We need to see evidence of income for these people. Please check Section 3 of the information booklet to check what you can use as evidence.

About other people living with you (continued)

	First Person	Second person	Third person
n Are they in legal custody at the moment? If 'Yes' when are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / /
o Are they in hospital at the moment? If 'Yes' what date were they admitted? What date are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /	No <input type="checkbox"/> Yes <input type="checkbox"/> / / / /
p Do they work? If 'Yes' what are their weekly earnings before deductions for tax and National Insurance? How many hours do they work each 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"/> £
q Do they have any other income? If 'Yes', tell us what the income is and how much they get each week before any deductions This could include: • Pensions • Benefits • Tax Credits • Pension Credits • Interest from savings • Income from any other source	No <input type="checkbox"/> Yes <input type="checkbox"/> Income type £ Income type £ Income type £ Income type £	No <input type="checkbox"/> Yes <input type="checkbox"/> Income type £ Income type £ Income type £ Income type £	No <input type="checkbox"/> Yes <input type="checkbox"/> Income type £ Income type £ Income type £ Income type £
r Do they pay rent or money for board and lodgings to you or your partner? If 'Yes' does this include money for meals? Does it include money 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"/>	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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
s Are any of these people who live with you partners of each other? If 'Yes', tell us their names	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ is the partner of _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ is the partner of _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ is the partner of _____

Section

4

About earnings Part A - Employed

- a** Do you or your partner work for an employer? **No** Go to part B of this section on page 12
 Answer yes if you/your partner are working or are off work and getting Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay or Statutory Adoption Pay. **Yes** Answer all questions in this section.

You

Your partner

b What is your employer's name?	<input type="text"/>	<input type="text"/>
c What is their address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
d What is your job title?	<input type="text"/>	<input type="text"/>
e What date did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
f How many hours do you usually work each week?	<input type="text"/>	<input type="text"/>
g How often are you paid? (For example: weekly, 2 weekly, monthly, 4 weekly)	<input type="text"/>	<input type="text"/>
h How are you paid? (For example, cash, cheque, into a bank account)	<input type="text"/>	<input type="text"/>
i When is your next pay rise due?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
j Do you work overtime or receive regular bonuses? If 'Yes', how much? How often?	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> Every <input type="text"/>
k If this is a short-term job, when will it end?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
l Are you getting Statutory Sick Pay? If 'Yes', when did it start?	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
m Are you getting Statutory Maternity Pay, Statutory Paternity Pay or Statutory Adoption Pay? If 'Yes' when did it start?	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/>

We need to see evidence of all earnings for you and your partner. Please check Section 4 of the information booklet to check what you can use as evidence.

Section

4

About earnings Part B - Self-employed

a Are you, or your partner, self-employed? **No** Please go to Section 5 on page 13

Yes Please answer all the questions in this section.

You

Your partner

b What kind of work do you do?	<input type="text"/>	<input type="text"/>
c What date did you start trading?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
d When does your financial year start?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
e How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
f Is there another partner in the business? If 'Yes' tell us their name What is their address? <small>If there is more than one other partner in the business, please provide their details on a separate sheet of paper.</small>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
g Do you get a Business Start-up Allowance? If 'Yes' tell us how much you get How often is this paid?	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> £ <input type="text"/> Every <input type="text"/>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> £ <input type="text"/> Every <input type="text"/>
h Do you operate more than one self-employed business? If 'Yes', how many businesses do you operate?	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <input type="text"/> Please tell us the same information for each additional business on a separate sheet of paper.	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <input type="text"/> Please tell us the same information for each additional business on a separate sheet of paper.

We need to see a copy of your latest accounts and a balance sheet, for each separate self-employed business. If you have been self-employed for less than 12 months and do not have accounts, we will need to see other evidence. Check Section 4 of the information booklet for more detail on what you can use as evidence.

About benefits and tax credits

a Are you, or your partner, already getting, or have applied for any benefits, pensions, credits or allowances?

No

Please go to Section 6 on page 15

Yes

Please answer all the questions in this section.

You

Your partner

b If you or your partner receive any of the incomes listed here, please tell us how much, and how often this money is paid.	Amount		How often is it paid?	Amount		How often is it paid?
	£	p	Every - week 2 weeks 4 weeks month	£	p	Every - week 2 weeks 4 weeks month
Attendance Allowance						
Bereavement Allowance						
Carer's Allowance						
Child Benefit						
Child Tax Credit						
Disability Living Allowance Care Component						
Disability Living Allowance Mobility Component						
Disabled Person's Tax Credit						
Employment and Support Allowance Contribution-based						
Employment and Support Allowance Income-related						
Fostering Allowance						
Guardian's Allowance						
Incapacity Benefit						
Income Support						
Industrial Injuries Disablement Benefit						
Industrial Death Benefit						
Job Seekers Allowance Contribution-based						
Job Seekers Allowance Income-based						
Job Release Pension						
Maternity Allowance						
Pension Credit Guarantee Credit						
Pension Credit Savings Credit						

There are more questions for this section on the next page

Section
5

About benefits and tax credits (continued)

You

Your partner

	Amount		How often is it paid?	Amount		How often is it paid?			
c If you or your partner receive any of the incomes listed here, please tell us how much, and how often this money is paid.	£	p	Every - week 2 weeks 4 weeks month	£	p	Every - week 2 weeks 4 weeks month			
	Severe Disablement Allowance								
	State Retirement Pension								
	War Disablement Pension								
	War Widow's Pension								
	Widowed Parent's Allowance								
	Widow's Pension								
	Widow's/Widower's Benefit								
	Working Tax Credit								
	Working Tax Credit Run On								
d Do you or your partner receive any other benefits, pensions, credits or allowances? If 'Yes', tell us what the income is called How much do you get? How often is it paid?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
	£			£					
Every			Every						
e Have you or your partner applied for any benefits, pensions, credits or allowances that you are still waiting to hear about? If 'Yes', tell us what you have applied for? What date did you apply?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
	/	/	/	/	/	/	/	/	

We need to see evidence of all the benefits, pensions, credits and allowances you receive. Remember, if you do not have evidence available right now, you still need to complete and return this form straight away. You can send us the evidence later. Check Section 5 of the information booklet for more detail on what you can use as evidence.

About other income

- a** Do you, or your partner, have any other money coming in that you have not already told us about on this form? **No** Please go to Section 7 on page 16
Yes Please answer all the questions in this section.

b Please tell us about all the private pensions, works pensions, pensions from a former employer and payments from the Financial Assistance Fund that you or your partner receive.

	Income 1	Income 2	Income 3
Who receives this income? You or your partner?			
What is the income called?			
What date did it start?	/ /	/ /	/ /
How much is paid?	£	£	£
How often is it paid?	Every	Every	Every
When is the next increase due?	/ /	/ /	/ /

If you or your partner have more of these incomes, please use a separate sheet of paper to tell us the details

You

Your partner

c If you or your partner receive any of the incomes listed here, please tell us how much, and how often this money is paid.	Amount		How often is it paid?	Amount		How often is it paid?
	£	p	Every - week 2 weeks 4 weeks month	£	p	Every - week 2 weeks 4 weeks month
Any cash payments						
Child Support						
Maintenance for you or your partner						
Maintenance for children						
Money from a trust fund						
Student loan, grant or bursary						
Training allowance						
Charitable payments						
Income from rents						
Members' expenses						
Any other income Tell us below what the income is _____						

We need evidence of all this income. Section 6 of the information booklet provides further detail on what you can use as evidence.

Section

7

About what you pay for

	You	Your partner
a Do you or your partner pay into a pension scheme that is not paid through your employer? If 'Yes', how much do you pay? How often is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> Every <input type="text"/>
b Do you make any contribution to support a son or daughter at college or university? If 'Yes', how much do you pay? How often is it paid?	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> Every <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> £ <input type="text"/> Every <input type="text"/>

Section

8

About your money

a Do you, or your partner, have any bank, building society, credit union or Post Office accounts, in the UK or abroad?
 This includes empty or overdrawn accounts.

No Yes

Please go to question **b** on the next page
 Use the space below to tell us about these.
 If you have more than 6 accounts use a separate sheet of paper to tell us the details.

	First account	Second account	Third account
Name of account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	Fourth account	Fifth account	Sixth account
Name of account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of account	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is in the account?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

About your money (continued)

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

No Please go to question **c** on this page

Yes Tell us about these in the space below

	Investment 1	Investment 2	Investment 3	Investment 4
Name of company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number held	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

No Please go to question **d** on this page

Yes Tell us about these in the space below

	Investment 1	Investment 2	Investment 3	Investment 4
Issue number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of units	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

d Do you or your partner's savings or investments include any compensation payments from the Government or any other organisation?

No Please go to question **e** on this page

Yes Tell us about this in the space below

	Payment 1	Payment 2
Who received payment?	<input type="text"/>	<input type="text"/>
Who was it from?	<input type="text"/>	<input type="text"/>
How much was it?	£ <input type="text"/>	£ <input type="text"/>

e Do you own any property or land besides the one you are claiming for? This includes properties or land in the UK or abroad, and those owned through an application for a mortgage or a loan.

No Please go to question **f** on this page

Yes We need to know more about this. Section 8 of the information booklet explains what we need. You can download the **Additional property or land details** form from www.leeds.gov.uk/benefits, or call us on 0113 222 4404 and ask for one to be sent to you.

f Are you or your partner named as trustee on any accounts for any another person? If 'Yes' we may contact you for more information.

No Please go to question **g** on this page

Yes Tell us the value held in trust £

g Do you or your partner have any other kind of savings or investments?

No

Yes Tell us the total value held £

Where is this money saved?

We need to see evidence of all your accounts, capital, savings and investments. Check Section 8 of the information booklet to find out what you can use as evidence.

Section

9

About rent

a Do you, or your partner, pay rent for the property you live in?

No Please go to Section 10 on page 24

Yes Please continue with this section

b Are you a Council tenant?

Yes Please go to Section 10 on page 24

No Please answer all questions in Section 9

Part A - about who owns the property you live in

a Have you, or your partner, ever owned this property?

No Go to question b on this page

Yes

Who was the owner?

(You, or your partner)

When was it sold?

Why was it sold?

b What is your landlord's full name and address?

Name	
Address	
Postcode	Telephone number

c If your landlord has an agent, what is their full name and address?

Name	
Address	
Postcode	Telephone number

d Who do you pay rent to?

Landlord Agent

e Are you, or any member of your household, including children, related to, or in a relationship with your landlord?

No Go to question f on this page

Yes Please state in the space below what the relationship is, or has been, and who it is or was between

In question e relatives/relationships includes: parent, son, daughter, sister, brother, parent-in-law, son-in-law, daughter-in-law, step-parent, step-son, step-daughter, grandparent, grandchild, husband, wife, partner, ex-husband, ex-wife, ex-partner. This list is not exhaustive but provides the main examples.

f Does your landlord live in the property you rent?

No Yes

We need to see evidence of your rent. Please read Section 9 of the information booklet for guidance on what you can use as evidence.

About rent (continued)

Part B - about your tenancy

a	When did your tenancy start?	/ /	
b	What date did you start living here?	/ /	
c	Do you have a shorthold tenancy?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How long is it for? <input type="text"/>
d	Do you have a joint tenancy agreement with another tenant?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Tell us who with <input type="text"/>
e	Do you have to give notice to your landlord when you want to give up your tenancy?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much notice? <input type="text"/>
f	How much is your rent?	£ <input type="text"/>	
g	How often is your rent due? e.g. every week, 2 weeks, 4 weeks, month	<input type="text"/>	
h	Do you have any weeks when you do not have to pay rent?	No <input type="checkbox"/>	Yes <input type="checkbox"/> When are these weeks? <input type="text"/>
i	Could you, or any member of your household, afford the rent when you moved in?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
j	Have you claimed Housing Benefit within the last 52 weeks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
k	Do you owe your landlord arrears of rent?	No <input type="checkbox"/>	Yes <input type="checkbox"/> How much do you owe? <input type="text"/>
l	Have you paid rent in advance? (not including any bond that you may have paid)	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Evidence of your rent needs to confirm your landlord's and agent's names, the date your tenancy started, the amount of rent you are charged, what is included in your rent and how often it is due. Please read Section 9 of the information booklet notes for further guidance.

About rent (continued)

Part B - about your tenancy (continued)

m Does your rent include charges for any of the following?

Please tick only those which apply, and tell us how much you are charged

	Tick	Amount		Tick	Amount
Council Tax	<input type="checkbox"/>	£	Gas or electric for cooking	<input type="checkbox"/>	£
Water rates	<input type="checkbox"/>	£	Gas or electric for other use	<input type="checkbox"/>	£
Meals: Breakfast	<input type="checkbox"/>	£	Cleaning rooms or windows	<input type="checkbox"/>	£
Lunch	<input type="checkbox"/>	£	Use of laundry equipment	<input type="checkbox"/>	£
Evening meal	<input type="checkbox"/>	£	Laundering by your landlord	<input type="checkbox"/>	£
Heating	<input type="checkbox"/>	£	General counselling & support	<input type="checkbox"/>	£
Lighting	<input type="checkbox"/>	£	Emergency call alarm systems	<input type="checkbox"/>	£
Hot Water	<input type="checkbox"/>	£	Warden support	<input type="checkbox"/>	£
Other(s) Tell us what the charge is for _____	<input type="checkbox"/>	£	Garage or parking space	<input type="checkbox"/>	£
	<input type="checkbox"/>	£	Is rent of garage/parking optional? No <input type="checkbox"/> Yes <input type="checkbox"/>		

n What type of property do you live in? (Please tick only one box)

flat maisonette bungalow house
 bedsit room in a house other (specify)

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

(If it does not have a number/letter, describe where in the property your room/bedsit/flat is located)

p Please complete the table below to tell us about the number of rooms in the property and who uses them.

	How many in the whole building?	Number used only by your family	Number shared with other people	How many other people share?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separate toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We need to see evidence of your rent to confirm your landlord's and agent's names, the date your tenancy started, the amount of rent you are charged, what is included in your rent and how often it is due. Please read Section 9 of the information booklet for further guidance.

About rent (continued)

Part C - sharing information with your landlord

Sharing information with your landlord, their representative or their agent 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.

Under the Data Protection Act 1998 we need your permission to discuss your claim with your landlord, their representative or their agent.

If you give us permission we will be able to tell your landlord/their representative or agent whether:

- you have claimed or renewed your claim for Housing Benefit, or
- we have made a decision on your claim, or
- we have made a payment, payment dates, and the value of the payment, or
- we need more information to make a decision on your claim and what information we need.

We will not give your landlord/their representative or agent any information about:

- the personal circumstances of you or your family, or
- the financial circumstances of you or your family

It will not affect your claim if you do not give us permission to discuss your claim with your landlord, their representative or agent.

If you want to give us permission to discuss your claim with your landlord, their representative or agent, or both, please complete this section. You can withdraw your permission at any time by writing to us.

I give Leeds Revenues & Benefits Service permission to share information about the progress of my claim with my landlord or their representative or their agent, as indicated below:

My landlord's name is

My landlord's agent's name is

Your signature

Date

 / /

Part D - how we pay your Housing Benefit

a Are you a Housing Association or Hostel tenant?

No

Go to question c on page 22

Yes

Answer question b on this page

b Would you like your Housing Benefit paid directly to your Housing Association or Hostel?

No

Go to question c on page 22

Yes

go to part E of Section 9 on page 23

We need to see evidence of your rent to confirm your landlord's and agent's names, the date your tenancy started, the amount of rent you are charged, what is included in your rent and how often it is due. Please read Section 9 of the information booklet for further guidance.

About rent (continued)

Part D - how we pay your Housing Benefit (continued)

Leeds Revenues & Benefits Service pays Housing Benefit by Direct Credit (BACS). Payment into an account is the easiest and safest way to receive benefit.

Payments can be made to your bank, building society or a Leeds City Credit Union account.

We **cannot** pay your allowance into a Post Office card account.

If you do not already have a bank account and would like to open one, Leeds Revenues & Benefits Service can offer you advice.

c What is the name of your bank/building society?

d What is their address?

Postcode

e Name of account holder

f Sort code

g Account number

h Building society roll number (if applicable)

i Credit union member number (if applicable)

j How often do you want payments to be made?

Every two weeks

Every four weeks

While ongoing payments will be made directly to your account, the first payment is usually made by cheque and sent to you, but it will be made payable to your landlord.

k If making the first payment to your landlord will cause you a problem, please tell us why

l We may need to contact your landlord to help us deal with your claim. If you do not want us to contact your landlord tell us why

m If there is any reason why you cannot receive direct payments to your bank account, please tell us why

About rent (continued)

Part E - Housing Association/Hostel tenants direct payments

If you are not a tenant of a Housing Association or a Hostel, please go to Section 10 on page 24.

If you are a tenant in a Housing Association property or in a Hostel and you have chosen for payments to be made directly to your Housing Association or Hostel, you and the Housing Association/Hostel representative must read and sign this agreement. Otherwise, please go to Section 10 on page 24.

The tenant (you) - please read the following notes and then sign the agreement at the bottom

Please pay my Housing Benefit straight to my Housing Association/Hostel. I understand the following:

- I must always tell the Council about any changes in my circumstances that may affect my benefit.
- If I do not tell the Council about changes and I am paid too much benefit as a result, I will have to pay back the extra benefit, even if the Council pay my Housing Benefit straight to my Housing Association/Hostel
- I may be prosecuted if I do not tell the Council about changes in my circumstances
- I am responsible for paying my Housing Association any rent that is not covered by Housing Benefit
- If the Council pays my Housing Benefit straight to my Housing Association/Hostel, the Council may keep all, or part, of my benefit to claim back any overpayment the Council has made to my Housing Association/Hostel. If the overpayment was related to another tenant's benefit, my landlord must accept the amount taken back as rent paid.

Your name

Your address

Your signature

Date

 / /

The Housing Association/Hostel - please read these notes and then sign the agreement at the bottom

I agree to the following:

- I will accept Housing Benefit payments for the tenant named in this application form
- I will tell the Council immediately if I find out about any changes in my tenant's circumstances
- If I do not tell the Council about any changes in my tenant's circumstances, the Council may withdraw my right to receive direct payments
- I will take all reasonable steps to make sure that I do not accept payments of Housing Benefit that I am not entitled to
- I may be prosecuted if I receive Housing Benefit which I know I am not entitled to
- I must repay any recoverable overpayment that Leeds Revenues & Benefits Service decides to recover from me under Housing Benefit regulation 101(1)(a) and (b), although I can appeal against this decision. The Council can take the overpayment from payments of Housing Benefit I am receiving for this tenant or any of my tenants. If the Council take the overpayment from this tenant's or any other tenant's Housing Benefit, I will accept that they have paid the amount the Council take.
- If I do not pay back overpayments of Housing Benefit that the Council ask me to, the Council may withdraw my right to receive direct payments
- Any tenancy agreement is between me and the tenant. The Council is not responsible for any rent that Housing Benefit does not cover.

HA/Hostel name

HA/Hostel address

HA/Hostel signature

Date

 / /

Section

10

Additional information

Part A - anything else you need to tell us

If there is anything else you would like to tell us in support of your claim, please use this space. (You can also use this space to tell us about future changes to your circumstances that you know about now that may affect your claim for benefit)

If there is not enough room here, please continue on a separate sheet of paper, but make sure you sign and date it and write your full name, address and National Insurance number on it.

Part B - backdating of benefit

We can usually award benefit from the Monday after we receive your claim. Sometimes we can pay benefit from an earlier date if you have a **good reason** for not claiming at that time.

You can find out more about backdate requests at www.leeds.gov.uk/benefits

If you do want us to consider paying your benefit from an earlier date, please tell us what date you would like to claim benefit from and the reason why you did not claim at the right time.

Date you want to claim benefit from

/ /

Please tell us why you did not claim earlier.

If there is not enough room here, please continue on a separate sheet of paper, but make sure you sign and date it and write your full name, address and National Insurance number on it.

Additional information (continued)

Part C - sharing information with other people

If you have someone who helps you, such as a family member, social worker, outreach worker or welfare rights worker, it may help us to deal with your claim more quickly if we can share information with them. We will tell your representative all the details about your claim.

Under the Data Protection Act 1998 we need your permission.

If you want to give us permission to share information about your claim with someone, you must complete and sign this declaration and tell the person you have nominated that they are your representative. You can withdraw your permission at any time by writing to us.

I give the Council permission to share information about my claim with my representative, and I have obtained my representative's consent to provide their details to the Council.

My representative's name is

My representative's address is

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

Representative's relationship to you

Your signature

Date

 / /

How we collect and use information

Leeds City Council will use the information you have given in this form, and information from any supporting evidence you send us, to assess your entitlement to Housing Benefit, Council Tax Benefit, Second Adult Rebate, Free School Meals and School Clothing Allowance, except where you have indicated otherwise in part 1a of this form. We will also use it to assess your contribution to any care provided by the Council and in support of any claim for Discretionary Housing Payments. We may also use the information to give you advice about any other welfare benefits or services provided by the Council that you may be entitled to.

We may pass the information to other agencies or organisations which handle public funds, such as the Department for Work and Pensions or Her Majesty's Revenue and Customs, as allowed by law.

We may check the information you have provided, or information that someone else has given us about you, against other information we already have. We may also share information about you with other agencies, organisations, local authorities or government departments to:

- make sure the information is accurate
- prevent or detect crime
- 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.

Leeds City Council is the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you or the way we use that information, please write to:

The Data Protection Officer, Leeds Revenues & Benefits Service,
Leeds City Council, Selectapost 15, Leeds, LS2 8BA

Declaration

You and your partner, if you have one, must sign this declaration. If someone else has filled the form in for you, they must also complete and sign it. Please read this carefully before you sign it. If you do not understand any part of the declaration you must ask us about this. Page 3 of the information booklet tells you where you can get help and advice.

I agree with the following statements:

- The Council will use this form to assess my entitlement to Housing Benefit, Council Tax Benefit, Second Adult Rebate, Free School Meals and School Clothing Allowance, unless I have indicated otherwise in Section 1a, on page 3 of this form. The Council will also use this form to assess my contribution to any care provided by the Council and in support of any Discretionary Housing Payment claim I make;
- The Council may also use the information to give me advice about any other welfare benefits or services provided by the Council that I may be entitled to;
- The Council can check that the information I have provided is accurate where it is legal to do so;
- The Council may share this information where it is allowed by law;
- If I give information that is incorrect or incomplete or my circumstances change and I do not tell the Council, you may take action against me which might include Court action;
- I will tell the Council if I stop receiving Income Support, Job Seekers Allowance or Employment and Support Allowance, and when any of my circumstances change;
- If I do not tell the Council about changes, I may be paid too much benefit and I will have to pay this back even if my benefit is paid to someone else;
- If I am paid too much, the Council may keep all or some of my benefit to claim back any overpayment;
- I declare that the information I have given is correct and complete.

Tick this box to indicate that you have read this declaration, or had it read to you if someone else has filled in the form for you.

Signature of person claiming

Date

Signature of partner

Date

If this form has been completed by someone other than the person claiming:

Name of the person who filled in the form

Relationship to the person making the claim
(this could be a friend, relative, agent, appointee or advisor)

Signature of person who completed the form

Date form completed

Equality monitoring

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services include everyone's needs.

The information you provide will be kept confidential.

We will use your answers to pull together statistical information so that the Council can check the fairness of any services you receive. This information will only be used by Leeds City Council or shared with Education Leeds and the Housing Arms Length Management Organisations. They will only use this information for the same purposes as the Council.

You do not have to answer these questions. If you choose not to answer these questions, it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

Gender:

Male

Female

Date of birth:

First part of postcode (e.g. LS10)

Ethnic Origin:

Please choose one section from A-E, and then tick the appropriate box to indicate your ethnic background

A White

British

Irish

Any other White background please write below

B Mixed Race

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background please write below

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Kashmiri

Any other Asian background please write below

D Black or Black British

Caribbean

African

Any other Black background please write below

E Other ethnic groups

Chinese

Gypsy/Traveller

Polish

Czech

Any other ethnic group please write below

Equality monitoring (continued)

Sexual orientation:

- Heterosexual/
Straight

 Lesbian/
Gay woman

 Gay man

 Bisexual

Relationship Status:

- Married

 Civil
partnership

 Co-habiting

 Single
- Other

Do you consider yourself to be disabled?

- Yes

 No

Type of impairment:

- Physical impairment, (such as using a wheelchair to get around and /or difficulty using your arms)
- Sensory impairment, (such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)
- Mental health condition, (such as depression or schizophrenia)
- Learning disability, (such as Downs syndrome or dyslexia), or cognitive impairment (such as autism or head injury)
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Please tick the appropriate box to describe your religion or belief:

- Buddhist

 Christian

 Hindu

 Jewish
- Muslim

 Sikh

 No religion

 Other (specify)

Residency:

Are you a British/United Kingdom citizen? Yes No

If you are a national of another country, are you:

- An EU National

 A refugee

 Other
- An asylum seeker

 A student

What to do when you have filled in the form

Check that you have completed all sections of the form and signed the declaration in Section 11 on page 26 and return it to us with the evidence that we need in support of your claim. The information booklet accompanying this form explains what evidence we need.

Remember, **if you do not return the form straight away, you might lose some benefit.** It is important that you send your form back to us as soon as you can, even if you are waiting for evidence of your income, rent or other details.

Please provide evidence as soon as you can. We can start to process your claim when we receive your form, but we will not be able to pay any benefit until we have all the evidence we need.

You must make sure you provide original documents, not copies, and put your name, address and National Insurance number on anything you send to us. We recommend that you do not send any valuable items such as passports, birth certificates or bank books through the post, as we cannot accept responsibility for them if they are lost. We recommend that you take these documents to one of our One Stop Centres listed on page 4 of the information booklet, or to your local housing office, where we can take the details we need and give the documents straight back to you. We also need the same evidence from your partner, if you have one, and for any other adults living in your home.

You can send your completed claim form and any documents to:

**Leeds Revenues & Benefits Service
Leeds City Council
Selectapost 15
Leeds
LS2 8BA**

Alternatively, you can hand it in at any of the One Stop Centres listed on page 4 of the information booklet that came with this form or at your local housing office.

If you post your form and evidence, we will send you a receipt by post and return the original evidence within seven days of receiving it. If you hand it in at a One Stop Centre or a local housing office we will give you a receipt as proof that the form was handed in and hand your evidence back to you.

What happens next?

We will process your claim as soon as we can, but we can only do this if you have provided all the evidence that we need. We will check your form to make sure that it is properly completed and that you have provided all the documents and evidence that we need. If we need more information we will contact you.

Once we have all the information we will work out your benefit entitlement and send you a letter. This will tell you how much you will get, when it will start, how we have worked out your benefit and how you can make an appeal.

While you are waiting for a decision on your claim, you should continue to make payments for rent and council tax to make sure you do not build up arrears. If you are having difficulty making rent payments you must contact your local housing office, housing association or landlord to keep them informed, and advise that you have made a claim to help meet the costs. The receipt you receive from us is proof that you have made a claim. If you are having difficulty in paying Council Tax, please contact Leeds Revenues & Benefits Service on 0113 222 4404.

We can usually award benefit from the Monday after we receive your claim form. Claims will usually take at least 28 days to be paid, even if you send us all the information and evidence we need with your claim form.

Checklist

Use this checklist as a quick reminder of the information we need with your completed claim form. Remember, where evidence is required in support of your claim, we must see original documents. We need the same amount of evidence for you, your partner, if you have one, and for any other adults living in your home. The information booklet that comes with this claim form provides more detail on the evidence we need with your claim.

✓

Evidence of your identity

We need any two of the following:

- birth certificate
- marriage certificate
- civil partnership certificate
- passport
- medical card
- driving licence
- UK residence permit
- EU identity card
- recent utility bill
- recent payslips
- recent bank statements

Evidence of National Insurance number

This could be payslips, a P45, P60, National Insurance card, or a letter from either the Department for Work and Pensions (DWP), Her Majesty's Revenues and Customs (HMRC), the Pension, Disability and Carers Service (PDCS) or Jobcentre.

Evidence of earnings

We need your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need your accounts for the last financial year. If you have been trading for less than a year and do not have any prepared accounts, pages 8 and 9 of the information booklet gives further advice on what you need to provide.

Evidence of benefits and tax credits

We need award notices or letters from the DWP, HMRC, or the PDCS confirming how much you get. If you do not have this evidence, let us know straight away.

Evidence of any other income

We need pension payment slips as proof of private, work, and occupational pensions. For child maintenance you receive this could be a letter from the courts or a Child Support Agency notification. For any other income, evidence can be a letter showing how much you get, an up to date payment slip or a bank statement.

Evidence of what you pay for

We need to see your contract with your registered child carer as evidence of child care costs. For pension contributions you make, send us a letter of confirmation from the pension company, a payment schedule, or bank statements. For evidence of contributions you make to support a son or daughter at university, we need the notification of the student loan or grant decision.

Evidence of your money

We need all your bank, building society, Post Office account or Credit Union account statements covering the last two months. We also need to see savings passbooks, certificates for premium bonds, National Savings Certificates, stocks, shares and unit trusts.

Evidence of your rent

Evidence may be your rent book, rent receipts, tenancy agreement or a letter from your landlord. Or, ask your landlord to complete the Tenancy Confirmation form on page 15 of the information booklet, and return it to us.

The declaration on page 26 of the form has been signed.

What happens if your circumstances change?

By law, if you are claiming benefit, you must tell us about any changes in your, or your family's circumstances. This is because it may affect the amount of benefit you are entitled to.

If you do not tell us about changes in your circumstances within one month of the change happening, you may lose benefit or we may pay you too much benefit and you will have to pay this back to us.

You must tell us straight away if any of the following apply to you:

- **your or your partner's wages go up or down**
- **you or your partner start to receive a new state benefit**
- **any state benefits you or your partner are receiving either change or stop**
- **you or your partner stop working, start working or change jobs**
- **there is a new child in your household, or a child moves out of your household**
- **one of your children starts or leaves school, or moves to a different school**
- **any adults move in or out of your home, or any of their circumstances change**
- **you or your partner move home**
- **your or your partner's private pension goes up or down**
- **your or your partner's savings go up or down**
- **you or your partner have any other change which may affect your benefit**

You must provide evidence of your new circumstances and tell us the date they changed. As with your original claim, we can only accept original documents.

You can write to us, or use the tear out form on page 17 of the information booklet that came with this form to tell us about the changes. Once completed, you can post it, with the supporting evidence, to us at:

**Leeds Revenues & Benefits Service
Leeds City Council
Selectapost 15
Leeds
LS2 8BA**

Or you can hand it in at any of the One Stop Centres listed on page 4 of the information booklet that came with this form, or at your local housing office.

You can telephone us on 0113 222 4404 if you need to speak to us about your claim, or any changes in circumstances which may affect your entitlement.

