

Mansfield District Council

Claim form for Housing Benefit and Council Tax Reduction Scheme

PRIVATE

Your full name:
Your address:
Postcode:

For office use only

Date we received
your application:

Date of issue:

Reference:

Document status:

Official Sensitive (when complete)

Are you:

a council tenant?

☐

a housing association tenant?

☐

living in a hostel?

☐

a private tenant?

☐

a boarder?

☐

an owner occupier?

☐

Second Adult Rebate (Pensioners only)?

☐

Completing this form

You may not need to fill in all parts of the form, but you must fill in any part that is relevant to you. Every part starts with a question to help you decide if you need to fill in that part.

Use **black** ink to fill in this form. Do not use pencil. If you make a mistake just cross it out and put the right answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the box. If you are choosing an answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes. If you answer a question with a cross we will have to send the form back, and this will delay the claim. Please complete the form carefully, incorrect or missing information may delay your claim.

Proof

We need to see proof of some of the things you tell us about. We can only accept original documents, not copies. There is a checklist over the page to help you. If you are not sure if we need to see proof of something, get in touch with us. We will tell you what we need to see. We cannot pay you benefit until we have seen the proof we have asked for.

If you do not provide the proof within one month of sending us the form and you do not let us know that you are having difficulties in providing the information, your claim will not be valid and you will have to make another claim. This means that you may lose benefit or Council Tax Reduction. Send in the form now, even if you do not have the proof, send the proof later.

What to do next

When you have filled in the form, sign it and send it to us, with the proof we need to see, to the Civic Centre at the address at the bottom of this form. If you don't have all the proof we need, send us the form now.

Or you can hand the completed form and proof into the Civic Centre.

If you have any change in your circumstances please advise us in writing immediately.

If you do not hear from us within 14 days, contact us to make sure we have received your application.

Second Adult Rebate (pensioners only)

Second Adult Rebate is Council Tax Reduction for people who do not have a partner but who share their home with someone who is 18 or over, is on a low income and does not pay rent. If you are claiming Second Adult Rebate please tick the box at the top of this form and then fill in parts 1, 3 and 19.

Please return your completed form to:
Mansfield District Council
Revenues and Benefits Section
Civic Centre, Chesterfield Road South
Mansfield, Nottinghamshire NG19 7BH



www.mansfield.gov.uk

Mansfield
District Council

Need help filling in this form?



If you need any help or advice about filling in this form please contact us.

Telephone



01623 463463 select option 2. You can also email us at **benefits@mansfield.gov.uk**

Visiting us



Civic Centre, Chesterfield Road South, Mansfield, Nottinghamshire, NG19 7BH

Opening Hours



Revenues and Benefits Enquiry Counter

Monday	8.30am to 4.30pm
Tuesday	8.30am to 4.30pm
Wednesday	8.30am to 4.30pm
Thursday	8.30am to 4.30pm
Friday	8.30am to 4.30pm

Online



Visit our website **www.mansfield.gov.uk** click on benefits. There is also an online benefits calculator that you can use to see if you would qualify for any help towards your rent and Council Tax



Fraudline: 0800 854 440

If you know, or suspect, that someone is making a false Housing Benefit or Council Tax Reduction claim, or claiming for a sole-occupier Council Tax discount when they don't live alone, tell us about it.
You don't need to leave your name, and your call will be strictly confidential.
Our **Freephone** Fraudline number is above.

Checklist

Please tick to tell us what proof you are sending with this form. We must see original documents, not copies.

If you do not provide all the proof we need, we might not be able to pay you any Housing Benefit or Council Tax Reduction until we have all the proof. We need the same proof for your partner, if you have one, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your claim, but we will not be able to pay you any Housing Benefit or Council Tax Reduction until we have all the proof.

Please do not send valuable items through the post. If you can, bring them to the Civic Centre. We will take the details we need and give you the documents back straight away. If you cannot get into the Civic Centre please phone us for more advice.

Please use the checklist below to tell us about the proof you are sending with this form, and about any proof you are sending later.

	Sending now	Will send later		Sending now	Will send later
Your payslips, 5 weeks, 2 months, 3 fortnights			Proof of a war pension		
Your partner's payslips (as above)			Working Tax Credit notification		
Self-employed accounts for the last year			Child Tax Credit notification		
Payslips for part-time firemen			Court order showing any maintenance you pay or receive		
Payslips from the armed forces			Proof of Maternity Allowance		
Proof of private pension contributions			Proof of child-care costs such as letter from child minder		
Proof of Income Support			Proof of rent from lettings		
Proof of Jobseeker's Allowance (income based)			Proof of rent from boarders		
Proof of Jobseeker's Allowance (contribution based)			Proof of a home income plan		
Proof that you are on a government training scheme			Building society passbook		
Student grant assessment notification			Share certificates		
Proof of a Carer's Allowance			National Savings Certificates		
Proof of Incapacity Benefit			Bank Statements (for the last two months)		
Proof of Attendance Allowance			Proof of other savings and investments		
Proof of Severe Disablement Allowance			Proof of any other income		
Proof of Disability Living Allowance			Proof of non-dependant's income		
Proof of an employer's pension			Tenancy agreement or a letter from your landlord		
Proof of other pension			Rent book or receipts showing your current rent		
Proof of Pension Credit (guarantee credit)			Proof of Pension Credit (savings credit)		
Proof of Employment Support Allowance					

We must have proof of identity for you and your partner to assess your claim. Please send at least two original documents from the following list for both you and your partner. One of the documents must include your National Insurance number.

Proof of identity	Sending now	Will send later		Sending now	Will send later
Benefit payment book (don't send this through the post)			Home Office Standard acknowledgement letter		
Birth Certificate (full or short)			Bank statements		
Driving license (current)			Medical card		
National Insurance card			Payslips from your current employer		
Passport (current and valid)			Life assurance of insurance policies		
Marriage certificate			Letter from the DWP, Jobcentre or Pension Service		
Divorce or annulment papers			Identity card issued by an EEC or EEA member state		
UK resident permit			Gas, electricity or water bill (in your name for the last three months at the address where you are claiming benefit)		
Certificate of employment in HM Forces or the Merchant Navy					
Letter from a solicitor, social worker, probation officer on the H.M.Revenue and Customs					

Do you have a partner who normally lives with you?
(If you have a partner, you must answer all questions about them.)

☐ No☐ Yes

	You	Your partner
Last name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms etc)	<input type="text"/>	<input type="text"/>
What date did you and your partner move into the property?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
<div><div>i</div><div>If you have not moved in yet, please let us know the date you do move in, in writing once you have moved.</div></div>		
What date did you start renting your home?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
National Insurance number	<div><div><input type="text"/><input type="text"/></div><div>Letter</div></div> <div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div><div>Number</div></div> <div><div><input type="text"/></div><div>Letter</div></div>	<div><div><input type="text"/><input type="text"/></div><div>Letter</div></div> <div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div><div>Number</div></div> <div><div><input type="text"/></div><div>Letter</div></div>
<div><div>i</div><div>You can find this on payslips or letters from DWP/Job Centre Plus or the tax office. We cannot decide your claim if we do not have your National Insurance number or enough information to give you a number.</div></div>		
If you have moved home in the last 12 months, tell us your last address.	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>
Are you, or have you been, under a care order or looked after under the Children Act?	<div><input type="checkbox"/> No<input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No<input type="checkbox"/> Yes</div>
<div><div>i</div><div>This question only applies if you are under 22 years old. You must provide proof of your care order or that you were looked after under the Children Act (or both)</div></div>		
Tell us any other names you have used.	<input type="text"/>	<input type="text"/>
<div><div>i</div><div>Tell us all the names you have been known as, even if these are not official names.</div></div>		
Your daytime phone number	<input type="text"/>	<input type="text"/>
<div><div>i</div><div>You do not have to tell us this, but it may help us to deal with your claim more quickly.</div></div>		
Tell us your e-mail address if you have one	<input type="text"/>	<input type="text"/>
At your last address, were you the owner, the tenant, or living with friends etc?	<input type="text"/>	<input type="text"/>

Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, The Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

☐ No ☐ Yes

☐ No ☐ Yes

Tell us your nationality

What date did you last arrive in the UK?

/ /

/ /

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

Have you or your partner had a Community Care Assessment by Social Services?

☐ No ☐ Yes

☐ No ☐ Yes

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

☐ No ☐ Yes

☐ No ☐ Yes

If 'Yes', when did you claim?

What address did you claim for?

Are you or your partner in hospital at the moment?

☐ No ☐ Yes

☐ No ☐ Yes

If 'Yes', when did you or your partner go in?

/ /

/ /

When do you expect to come out?

/ /

/ /

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

☐ No ☐ Yes

☐ No ☐ Yes

Do you or your partner have a carer who lives elsewhere but provides overnight care in your home?

☐ No ☐ Yes

☐ No ☐ Yes

Please tick if you or your partner are:

☐ registered blind

☐ registered blind

☐ long term sick or disabled and incapable of work

☐ long term sick or disabled and incapable of work

☐ in legal custody

☐ in legal custody

☐ on remand

☐ on remand

☐ sentenced to prison

☐ sentenced to prison

i We will write to you for more information.

i We need to see proof of your identity and National Insurance number.

You may be able to get extra benefit for children you get Child Benefit for if they normally live with you and they are:

- Under 16:
- Aged 16 to 20 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Provide details of children living with you below (excluding foster children)

☐ No If 'No' go to **part 3**

☐ Yes If 'Yes', complete this section. If you want to claim for more than 6 children, use a separate sheet of paper

	First child	Second child
Last name	<input type="text"/>	<input type="text"/>
First names	<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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
Usual address if different from above (include the postcode)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? i We need to see proof of this.	<input type="text"/>	<input type="text"/>
Is the child registered blind or receiving Disability Living Allowance? (or Personal Independence Payment from April 2013 if aged 16 or over)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>
Do you pay any childminding costs for this child? For example, to a childminder, nursery or after-school club.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
How much do you pay each week? i We need to see proof of this.	£ <input type="text"/>	£ <input type="text"/>
Tell us the name and registration number of the minder.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Third child	Fourth child
Last name	<input type="text"/>	<input type="text"/>
First names	<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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>
The child's relationship to you	<input type="text"/>	<input type="text"/>
Usual address if different from above (include the postcode)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them? i We need to see proof of this.	<input type="text"/>	<input type="text"/>
Is the child registered blind or receiving Disability Living Allowance? (or Personal Independence Payment from April 2013 if aged 16 or over)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>

Part 2

About children (continued)

Do you pay any childminding costs for this child?

For example, to a childminder, nursery or after-school club.

☐ No

☐ Yes

☐ No

☐ Yes

How much do you pay each week?

i We need to see proof of this.

£

£

Tell us the name and registration number of the minder.

Fifth child

Sixth child

Last name

First names

Date of birth

 / /
 / /

What is the child's sex?

The child's relationship to you

Usual address if different from above (include the postcode)

Child Benefit number

Who gets the Child Benefit for them?

i We need to see proof of this.

Is the child registered blind or receiving Disability Living Allowance? (or Personal Independence Payment from April 2013 if aged 16 or over)

☐ No

☐ Yes
If yes, how much?

£

☐ No

☐ Yes
If yes, how much?

£

Do you pay any childminding costs for this child?

For example, to a childminder, nursery or after-school club.

☐ No

☐ Yes

☐ No

☐ Yes

How much do you pay each week?

i We need to see proof of this.

£

£

Tell us the name and registration number of the minder.

Part 3

About other people who live with you

Do you have a carer who normally lives elsewhere but is required to stay overnight in the property?

☐ No

☐ Yes

If 'Yes', how often does the carer stay overnight?

Do any adults normally live with you and your partner?

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

☐ No
if 'No', go to **part 4**

☐ Yes

If 'Yes', tell us about all the adults, except your partner, who usually live with you. If there are more than four people, use a separate sheet of paper.)

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

☐ No

☐ Yes Tell us their names

<input type="text"/>	is the partner of
<input type="text"/>	is the partner of
<input type="text"/>	is the partner of

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

	First person	Second person
Last name	<input type="text"/>	<input type="text"/>
Other names	<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"/>
Their relationship to you (for example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner)	<input type="text"/>	<input type="text"/>
Do they get: Employment Support Allowance (Income Related) Job Seekers Allowance (Income Based) Income Support or Pension Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they get Disability Living Allowance Middle or High rate or Personal Independence Payment (from April 2013), Attendance Allowance or are they registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they pay rent to you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they severely mentally impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they in legal custody at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week? If 'Yes', tell us their earnings before deductions for things like tax and National Insurance and prove either five weekly, three fortnightly or two monthly payslips.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they have any other income or capital at all? (This includes any interest they receive from savings, or any benefits or pensions they may have, for example, Employment Support Allowance, Disability Living Allowance etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much?
	£ <input type="text"/>	£ <input type="text"/>

 We need to see proof of their income

	Third person	Fourth person
Last name	<input type="text"/>	<input type="text"/>
Other names	<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"/>
Their relationship to you (for example, aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner)	<input type="text"/>	<input type="text"/>
Do they get: Employment Support Allowance (Income Related) Job Seekers Allowance (Income Based) Income Support or Pension Credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they get Disability Living Allowance Middle or High rate or Personal Independence Payment (from April 2013), Attendance Allowance or are they registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they pay rent to you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they severely mentally impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they in legal custody at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
When did they go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do they normally work for 16 hours or more a week? If 'Yes', tell us their earnings before deductions for things like tax and National Insurance and prove either five weekly, three fortnightly or two monthly payslips.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they have any other income or capital at all? (This includes any interest they receive from savings, or any benefits or pensions they may have, for example, Employment Support Allowance, Disability Living Allowance etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? £ <input type="text"/>

i We need to see proof of their income

If you are a council tenant or do not pay rent, go to part 8.

i We may pass this information to the Rent Service.

When did you start renting your home?

 / /

What date did you move to this address?

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

 / /

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

☐

No

☐

Yes

Tell us their names and what percentage of the rent they are responsible for)

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

What sort of tenancy do you have?

For example, shorthold or tied rent

How long is the tenancy for?

Please tick to show if the property is let as:

furnished

☐

partly furnished

☐

minimally furnished

☐

unfurnished

☐

How much is your rent, and how often is it due?

 £

every

i We will contact you if we need any more information.

Has your rent changed in the last 12 months?

If you have not already done so, send us proof of the date it changed and how much it changed.

☐

No

☐

Yes

When is the next rent increase due?

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

☐

No

☐

Yes

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

☐

No

☐

Yes

How many?

Are you behind with your rent?

☐

No

☐

Yes

If 'Yes', how much?

 £

Are you living away from the property at the moment?

☐

No

☐

Yes

If so, why?

When did you last live at the property?

 / /

When do you expect to go back home?

 / /

Tell us the address where you are living at the moment (include the postcode)

If your home has been sublet, tell us who lives there now.

Does your rent include money for the following?

Meals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Which meals are included?	<input type="text"/>			
Heating	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Lighting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Hot water	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Fuel for cooking	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Laundry	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Gardening	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Garage or parking space	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Do you have to rent the garage as part of your tenancy agreement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Water rates	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Personal care and support	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Does your home have central heating?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Does your home have a garden?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>
Who is responsible for decorating the inside of your home?	<input type="checkbox"/> You	<input type="checkbox"/> Your landlord	<input type="checkbox"/> Don't know	
Do you pay any service charges separately from your rent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'Yes', how much?	£ <input type="text"/>

What are these charges for?

For example, for cleaning or lighting in shared areas, an alarm system, warden or lift maintenance.

What is your landlord's full name and address (including postcode)?

By 'landlord' we mean the person or organisation who owns the property you live in.

Landlord's phone number

If your landlord has an agent, tell us their full name and address (including postcode).

By 'agent' we mean the person or organisation you actually pay your rent to.

Does your landlord live in your building?

☐

No

☐

Yes

Are you or your partner related to your landlord or their partner?

☐

No

☐

Yes

Is your landlord your or your partner's former partner?

☐

No

☐

Yes

Is your landlord your or your partner's employer?

☐

No

☐

Yes

Is your landlord the parent of any children you or your partner are responsible for?

☐

No

☐

Yes

Are you or your partner the trustee, or beneficiary of a trust which is your landlord's?

☐

No

☐

Yes

Do you or your partner pay rent to a trust which your child or children are beneficiaries of?

☐

No

☐

Yes

Are you or your partner a director of a company which is your landlord's?

☐

No

☐

Yes

If you have answered 'Yes' to any question in this section, explain the relationship with your landlord here.

Have you ever owned the property you now rent?

☐

No

☐

Yes

If 'Yes', what date was the property sold or transferred?

Do you live in your home because it is a condition of your job?

☐

No

☐

Yes

i We must see proof of your rent and tenancy before we can decide how much benefit you can get.

If you do not have a written tenancy agreement or a license agreement, we will need a written statement including the amount of rent you are charged, whether it is weekly, fortnightly or monthly, the date your tenancy started and any other terms you have agreed, including how much notice you and your landlord have to give to end the tenancy. You and your landlord must sign this statement. We may need to contact you about your tenancy agreement.

What sort of building do you live in?

☐ Detached house☐ Terraced house☐ Bungalow☐ Flat in a block☐ Bedsit or rooms☐ Hotel☐ Residential nursing home☐ Caravan, mobile home or houseboat☐ Semi-detached house☐ Maisonette☐ Flat in a house☐ Flat over a shop☐ Hostel☐ Board and lodgings☐ Residential care home

Is there more than one floor in the building?

☐ No☐ Yes

How many floors are there?

Which floors do you live on?

Do you and your household live in only part of the building?

☐ No☐ Yes

Where in the building do you live?

☐ at the front☐ in the middle☐ at the back Read the checklist to see what you need to send us as proof.

How many rooms are there in the building?

In the whole building

Just for you and your household

That you share with other people

Living rooms

☐☐☐

Bedsitting rooms

☐☐☐

Bedrooms

☐☐☐

Bathrooms

☐☐☐

Toilets

☐☐☐

Kitchens

☐☐☐

Other rooms

☐☐☐

Please state what the 'other room' is used for.

Do you use your home for business?

☐ No☐ Yes

Do you have a main home somewhere else?

☐ No☐ Yes If 'Yes', What is the address?

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

If 'Yes', how much do you pay?

£

Council Tax Reduction

If we award you Council Tax Reduction, we will pay it into your Council Tax account. This means that you will pay a reduced amount each month. We will send you a new bill giving you full details once we have worked out your reduction. **If you do not wish to claim Housing Benefit go to part 8**

Housing Benefit if you are a council tenant

If you are a council tenant, we will pay any Housing Benefit you are entitled to into your rent account. This means that you will pay no rent, or a reduced amount each week. **If you are a council tenant go to part 8**

Housing Benefit if you are a private tenant

Local Housing Allowance

Under the Local Housing Allowance scheme, you will receive a standard allowance based on the size of your household. We will publish the allowances in advance in our offices and on our website so that you can find out how much rent Housing Benefit could pay before you rent a Property.

Any payment of Housing Benefit will normally be paid into your bank account. Please complete part 6a

However, if you feel there is a reason why you could not manage your own rent payments, you should contact us to explain why.

See the section below about 'Payments to a landlord'.

If you do not have a bank account you can get a free copy of the Financial Services Authority consumer leaflet 'Basic Bank Accounts' by telephoning **0300 500 5000** or from the Financial Services Authority website.

Local Housing Allowance will not apply to you if:

- Your rent includes a charge for prepared meals;
- You are a local authority tenant;
- Your landlord is a housing association;
- You live in a supported accommodation provided by a social landlord, charity or voluntary organisation;
- Your rent has been registered as a fair rent; or
- Your tenancy started before 1989.

If you are a housing association tenant, please go to the part 'Housing Benefit if you are a housing association tenant'.

Payments to a landlord

If you feel that you are unable, for whatever reason, to manage your benefit payments, the council can consider making your benefit payments direct to your landlord.

In order to do this you need to explain the reason why you want your payments to be sent to your landlord.

The council may decide to pay a landlord rather than a tenant, if the tenant:

- Has learning disabilities;
- Has a mental health problem, physical disability or medical condition which impairs their ability to manage their finances.
- Has literacy difficulties or is unable to speak English;
- Is dealing with an addiction to drugs, alcohol or gambling;
- Is fleeing domestic violence;
- Has recently been released from prison;
- Has severe debt problems;
- Is an undischarged bankrupt;
- Is unable to obtain a bank account;
- Has a history of homelessness;
- Has a history of non-payment of rent;
- Can show that direct payment to them will cause difficulties which could lead to them losing their tenancy;

This is not a complete list. The council will look at each case individually.

If you think that you meet any of the above for your payments to be sent to your landlord, and you want your payments to be sent to your landlord you must outline your reasons in the 'Anything else you need to tell us' (part 17) on this form.

We will also need to see proof of any reasons that you give. The proof includes things such as letters from GPs, Social Services and other organisations.

We will contact you.

Part 6 **Paying your benefit (continued)****Housing Benefit if you are a Housing Association tenant**

We will pay your Housing Benefit to you, or to your Housing Association.

Who would you like us to pay your Housing Benefit to? ☐ **You** ☐ **Your Housing Association**

If you would like Housing Benefit paid to you, it will normally be paid into your bank account. Please complete part 6a

Part 6a **Your account details**

If you will be receiving Housing Benefit direct, please tell us about the account you want us to pay your benefit into. This cannot be your landlord's account and should not be frozen or overdrawn unless you can access your funds.

Name of bank or building society

Full postal address of your bank or building society

What is the branch sort code?

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

What is the account number or the roll number?

Account number

Roll number

Whose name is the account in?

Part 7 **Authority to discuss your claim with your landlord or agent**

When we pay your Housing Benefit directly to your landlord or agent, we are allowed, by law, to tell them how much benefit you are entitled to, the date the payment starts and stops and, if appropriate, the reason for the benefit ending. We need your permission before we can give your landlord or agent more information about your claim, for example, your income, whether we have paid you too much benefit or who lives with you. If you give your permission, you can change your mind at any time, by writing to us.

Please answer 'No' or 'Yes' to the following question.

Do you agree that we can give your landlord or agent more information about your claim?

Your signature

Date

You

☐ **No** ☐ **Yes** If 'Yes', please sign below

Your partner

☐ **No** ☐ **Yes** If 'Yes', please sign below

Are you or your partner self-employed?

☐ No If 'No', go to **part 9**

☐ Yes If 'Yes', answer all the questions in this part.

i You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

	You	Your partner
Are you a director of a company?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is the name of the company you are a director of?	<input type="text"/>	<input type="text"/>
i We will contact you for more information about this		
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name of the business?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
When did the business start?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the business address?	<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 there any other partners in the business?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tell us their names and addresses.	<input type="text"/> <input type="text"/> <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 get a Start-Up Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> How often? <input type="text"/> Every	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> How often? <input type="text"/> Every
Do you pay into a private pension?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> How often? <input type="text"/> Every	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> How often? <input type="text"/> Every

i We must see proof of any earnings before we can decide how much benefit you can get.

Do you or your partner work for any employer?

☐ **No** If 'No', go to **part 10**

☐ **Yes** If 'Yes', answer all the questions in this part.

i This includes any earnings from being the director of a company.

If you work for more than one employer, tell us about all the employers on another sheet of paper and send it with this form. If you are sending a separate sheet of paper, tick this box. ☐

What kind of work do you do?

What is your employer's name and address? (include the postcode.)

When did you start this job?

 / /
 / /

Are you employed for a limited period?

☐ **No** ☐ **Yes**

☐ **No** ☐ **Yes**

How do you get paid?

(Cheque, cash, credit to bank account.)

How often do you get paid?

(For example, every week, every fortnight, every four weeks, every month)

 Every
 Every

When was your last pay rise?

How many hours a week do you work?

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

☐ **No** ☐ **Yes**

☐ **No** ☐ **Yes**

If 'Yes', what date did your sick/ maternity leave start?

 / /
 / /

i We must see proof of any earnings before we can decide how much benefit you can get.

This means your last **five** payslips if you are paid weekly, your last **three** payslips, if you are paid every two weeks, or the last **two** payslips if you are paid monthly. If you work irregular hours, e.g. on a shift or rota basis, then please tell us about this on a separate sheet of paper. If you are sending a separate sheet of paper, tick this box. ☐

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

☐ **No** ☐ **Yes**

☐ **No** ☐ **Yes**

Do you pay into a private or company pension scheme?

☐ **No** ☐ **Yes**

☐ **No** ☐ **Yes**

How much? £

How much? £

How often? **Every**

How often? **Every**

Income Support

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Employment Support Allowance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Working Tax Credit**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Child Tax Credit**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Child Benefit**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Maternity Allowance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Maintenance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **i** We will need to see proof of all your income.

Incapacity Benefit

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Industrial Injuries
Disablement Benefit**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Severe Disablement Allowance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Attendance Allowance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Personal Independence
Payment (mobility)**

Previously Disability

Living Allowance (mobility)

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Personal Independence
Payment (care)**

Previously Disability

Living Allowance (care)

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **Carer's Allowance**

Waiting to hear

☐☐

Getting now

☐☐How much? £ How much? £ How often? How often? **i** We will need to see proof of all your income.

Reduced Earnings Allowance

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

State Retirement Pension

Waiting to hear

☐☐

Deferred

☐☐

Getting now

☐☐

i If you have deferred your state pension, please provide proof of any lump sum you received.

How much?

£

How much?

£

How often?

Every

How often?

Every

Pension Credit (guarantee credit or Minimum Income Guarantee)

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Savings Credit

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Industrial Injuries Death Benefit

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Bereavement Allowance

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Widowed Mother's Allowance or Widowed Parent's Allowance

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

War Pension

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

War Disablement Pension

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

War Widow's Pension

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

British Coal Pension or Superannuation

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Miner's Union Pension

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Armed Forces Pension

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

Annuities

Waiting to hear

☐☐

Getting now

☐☐

How much?

£

How much?

£

How often?

Every

How often?

Every

First occupational pension

Waiting to hear

☐☐How much? £ How often? **Every** Date of next increase / / **Your partner**

(Who pays it?)

☐☐How much? £ How often? **Every** Date of next increase / / **Second occupational pension**

Waiting to hear

☐☐How much? £ How often? **Every** Date of next increase / /

(Who pays it?)

☐☐How much? £ How often? **Every** Date of next increase / / **i** We will need to see proof of all your income.**Do you or your partner, or any children you are claiming for, have any money coming in that you have not already told us about on this form? You must tell us about all your income.**

This includes any maintenance or child support for you, your partner or any of the children you have told us about on this form, and any cash payments for Fatal Accident Fund money. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants. You do not need to tell us about payments for the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

☐ **No** If 'No', go to **part 13**☐ **Yes** If 'Yes', answer all the questions in this part.**Other money 1**

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every **Other money 2**

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every **Other money 3**

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

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

☐

No

☐

Yes

What for?

How much?

£

In this part tell us if you or your partner are a student. By 'student' we mean someone who is in higher or further education.

Are you or your partner a student?

☐ No If 'No', go to **part 14**

☐ Yes If 'Yes', tell us about your or your partner's course and income below.

Tell us the name of the course and the name and address of the college or university.

You

Your partner

Is the course full time or part time?

What date does the academic year start and end?

If you get a grant, how much is it and how often is it paid?

If you get a student loan, how much is it and how often is it paid?

If you get money from your parents or a deed or covenant, how much is it and how often is it paid?

Start

End

Start

End

/ /

/ /

/ /

/ /

How much?

How often?

How much?

How often?

£

£

How much?

How often?

How much?

How often?

£

£

How much?

How often?

How much?

How often?

£

£

i We must see proof of any grant, covenant or other income you or your partner get for being a student. We must also see proof of any student loan that you or your partner get.

Do you or your partner have any capital, savings or investments here or abroad?

☐ No

☐ Yes

This includes current accounts and savings accounts with a bank or building society, post office accounts, premium bonds and stocks or shares. If 'Yes' answer all questions in this part. We must see proof of all the capital, savings and investments. Read the checklist on page 2 to see what you can use as proof.

i Even if the account is overdrawn we need to see proof.

Do you or your partner own or partly own any land or property registered in your name other than the house you live in here or abroad?

☐ No

☐ Yes

What is the address?

i We must see proof of any money you have coming in before we can decide how much benefit you can get.

Do you or your partner have any bank accounts here or abroad?

☐

No

☐

Yes

If 'Yes', tell us about the **bank accounts**, even if they are overdrawn. If there are more than three bank accounts, tell us about the others on a separate sheet of paper and send it with the form.

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

First account

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any building society accounts here or abroad?

☐

No

☐

Yes

If 'Yes', tell us about the **building society accounts even if they are overdrawn**. If there are more than three building society accounts, tell us about the others on a separate sheet of paper and send it with the form.

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

First account

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any post office accounts?

This includes savings accounts and Girobank accounts.

☐

No

☐

Yes

If 'Yes', tell us about the **post office accounts**. If there are more than two post office accounts, tell us about the others on a separate sheet of paper and send it with the form.

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

First account

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Second account

i We must see proof of your savings and investments for the last 2 months.

Do you or your partner have any premium bonds?

☐ No ☐ Yes
Value

£

Do you or your partner have any National Savings Certificates?

☐ No ☐ Yes

Issue number	Value	How many?
<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"/>

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

☐ No ☐ Yes

Company name	How many?
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please tell us if any support services are included in your rent. For example, a warden or caretaker service, an emergency alarm system, cleaning in any shared areas, general counselling and support, or personal care and support.

Does your rent include any support services?

☐ No If 'No', go to **part 16**

☐ Yes If 'Yes', tell us about your or your partner's course and income below.

A warden or caretaker

☐ No ☐ Yes

How much?

£

An emergency alarm system

☐ No ☐ Yes

£

Cleaning in shared areas

☐ No ☐ Yes

£

General counselling and support

☐ No ☐ Yes

£

Personal care and support

☐ No ☐ Yes

£

Housing Benefit does not cover the cost of support services. However if you are entitled to Housing Benefit, you may get help from your Supporting People Partnership Team. They will need information about your entitlement to Housing Benefit before they can help you. If you want us to, we can give them this information so that they do not have to ask you for it, but we will need your permission to do this. If you would like us to pass on this information, please read and sign to declaration below. The information we will pass on is your full name and address, your National Insurance number and the dates your Housing Benefit starts and ends. The Supporting People Partnership Team will use this information to assess how much they can pay towards the cost of your support services. Your support provider will have given you more information about the Supporting People Partnership Team and what they do.

I agree to let you give the Supporting People Partnership Team information about my Housing Benefit.

Your signature

Date

 / /

Part 16**Backdating**

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date you will need to request this in writing. On your letter please tell us the date you want the benefit from and why you did not claim at that time. We can only backdate Housing Benefit for 1 month and Council Tax Reduction Scheme for 3 months for working age customers.

Part 17**Anything else you need to tell us**

Use this box to tell us anything else you think we should know about. If you need more space, use a separate sheet of paper. If you are sending a separate sheet of paper, tick this box. ☐

Part 18**About help dealing with your Housing Benefit and/or Council tax Reduction claim**

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose someone to act for you. This person is called a representative. If you want someone to act for you, please answer all the questions below. The representative should act in your best interests and we may refuse your choice if this is not the case.

Tell us your representative's name, address and phone number.

Phone number

How is your representative related to you?

--

Do you want us to send your Council Tax bill to your representative?

☐ **No** ☐ **Yes**

Please sign below to confirm that you want the person you have told us about to act for you.

Your signature

--

Date

/ /

Please remember that you must also sign the declaration in part 19.

Do you have a support worker?

☐ **No** ☐ **Yes** If 'Yes', provide the support worker's name

Support worker's telephone number

--

Your representative's declaration

Please ask the person you want to act for you to read the notes below and then sign to confirm that they are prepared to be your representative. If you agree to act as a person's representative you must take full responsibility for their claim. This means you must tell us about any change in the person's circumstances. You would be treated in the same way as the person whose claim it is and have the same rights, responsibilities and liabilities.

I agree to act as representative for the person making this claim.

Your signature

--

Date

/ /

I understand and consent to:

- Mansfield District Council also obtaining information about me (and my partner) from certain other sections and departments within the council and other organisations, or give information about me (and my partner) to them to: ensure the information I/we have provided is accurate; prevent or detect crime and protect public funds. These other organisations include government departments, other local authorities, the police, agencies and banks and organisations that lend money
- The information I supply being used to enable this application to be carried out and handled in accordance with the Data Protection Act 2018
- The information supplied in this application being used in data matching initiatives
- Any Housing Benefit fraud investigations including checks or investigations of undeclared cohabiters if fraud is suspected
- Mansfield District Council using the information given in this application for Housing Benefit and Council Tax administration purposes
- Other local authority departments and government organisations using and sharing the information I have provided as and when the law allows this
- I understand that providing false information or failing to promptly notify the Revenues and Benefits Service of a change in circumstances may result in prosecution
- I understand that the information provided in this application will not be shared or disclosed except as stated above and will be held securely
- You can obtain a copy of what information the council holds about you by writing to the Information Officer or completing the appropriate form
- Should you be dissatisfied by how your information is being held or disclosed you should complain in writing to the Director of Governance and Compliance
- Any original documents will be returned by second class mail unless alternative arrangements are made
- Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner they must sign this declaration as well

Signature of person claiming

Print Name

Date

 / /

Partner's Signature

Print Name

Date

 / /

**Send this form back to us straight away together with the proof we have asked you for.
If you don't have the proof send us the form anyway and provide the proof within one month.**

We may visit you at home when we have received this claim form. This is to make sure that we have all the correct information about your claim and that we pay you the right amount of benefit or reduction. We can't tell you when we may visit. Please contact us to check progress on your claim if you have not heard from us within 14 days of sending or giving us your claim.

If this form has been filled in by someone other than the person claiming the benefit or reduction, even if only part of the form, the person should complete the section below.

Please tell us why you are filling in this form for the claimant

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Date

 / /

Changes you must tell us about

We will assess your claim using the information you have given to us. You must tell us straight away if there are any changes to your circumstances. Here are some examples of changes you must tell us about.

- A child leaves school or leaves home.
- You have a baby.
- Your child starts to be cared for or stops being cared for by a registered childminder, nursery or playgroup.
- Someone moves into or out of your home (including boarders and subtenants).
- You stop receiving Income Support or Jobseeker's Allowance or Employment Support Allowance.
- Your income or the income of anyone living with you goes up or down.
- You or anyone living with you becomes a student or takes up a government training scheme.
- You or anyone living with you gets a job, changes their job or becomes unemployed.
- You or anyone living with you takes a second job.
- Your Working Tax Credit or Child Tax Credit changes.
- You return to work after a period of illness where you have been receiving benefit.
- Your rent changes.
- You move (even if you only move to a different room or flat within the same property).
- Someone starts to receive Carer's Allowance for looking after you.
- Any details you have told us on this claim form change.

You must tell the Revenues and Benefits Service about these changes in writing – a phone call is not enough.
Do not rely on anyone else to give us the information, or to pass on a message to us,
not even the Jobcentre Pensions Service or H M Revenues and Customs.
If you don't tell us about changes, you may lose money you are entitled to,
or we may pay too much money which we can ask you to repay.

Ways to pay



Direct Debit

You can spread the cost of Council tax, or even pay later if you sign up to Direct Debit. To discuss the available options and set up a Direct Debit call us on **01623 463162** and have your bank or Building Society details ready.



Telephone

By using our 24 hours automated payment line **01623 428632**. You can pay by either credit or debit card.



Online

Online at **www.mansfield.gov.uk/payments**. You can pay by either credit or debit card.



Post Office

You can pay at any Post Office by cash, debit card or cheque. Please take your bill with you as they will use the barcode printed on your bill to process your payment.



PayPoint

You can pay at any PayPoint outlet by cash only. Please take your bill with you as they will use the barcode printed on your bill to process your payment.

Equalities Monitoring

We want to ensure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services consider everyone's needs. The information you provide will be kept strictly confidential. We will use your answers to pull together statistical information that will assist the council to check the equality of any services you receive. If you choose not to answer any of these questions it will not affect the service you receive. For each section please tick the appropriate box:

For each section please tick the appropriate box:

Gender		Age	
Male	<input type="checkbox"/>	16-25	<input type="checkbox"/>
Female	<input type="checkbox"/>	26-35	<input type="checkbox"/>
		36-45	<input type="checkbox"/>
		46-55	<input type="checkbox"/>
		56-65	<input type="checkbox"/>
		66+	<input type="checkbox"/>

White	Black or Black British
British	Caribbean
Irish	African
Any other White background (please write in)	Any other Black background (please write in)
<input type="text"/>	<input type="text"/>

Mixed	Asian or Asian British
White & Black Caribbean	Indian
White & Black African	Pakistani
White & Asian	Bangladeshi
Any other mixed background (please write in)	Any other Asian background (please write in)
<input type="text"/>	<input type="text"/>

Chinese	Black or Black British
Chinese	Any other ethnic background (please write in)
<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>

Disability	Black or Black British
Do you consider yourself to have a physical, mental or sensory impairment that disables you in society?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Religion/Belief				
None	Christian	Buddhist	Hindu	Jewish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	Sikh	Prefer not to say	Other	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Information is available in the following languages:

- Polish
- Arabic
- Urdu
- Vietnamese
- Welsh
- Punjabi
- Somali
- Chinese
- Gujarati

English

We are committed to providing interpreting services to our residents who cannot speak or read English. However, we recommend that you always try to find a friend or relative who can speak or read English to help you with your enquiry initially. It will help both us and yourself to deal with your needs more effectively. If English is not your first language, we can arrange for an interpreter to help you. Please contact our Customer Services Officer on 01623 463398 so that we can arrange this for you.

Polish

W razie potrzeby możemy dostarczyć tę broszurę alfabetem Braille'a lub w powiększonym formacie. Jeżeli potrzebuje Pan(i) wyjaśnienia tego tekstu lub pomocy w przeczytaniu go, prosimy o skontaktowanie się z nami pod numerem 01623 463463.

Turkish

Bu broşür, talep edildiğinde, körler alfabesi (Braille) ya da büyük baskı formatında elde edilebilir. Bu formun çevrilmesini ya da okunmasında yardım isterseniz, lütfen 01623 463463 numaralı telefondan bizimle temasa geçmekten kaçınmayınız.

Cantonese (Chinese Traditional)

如果需要，我們可以提供這份傳單的盲文版本或大字印刷體版本。如果你要求翻譯或者需要幫助來閱讀這份表格，請別猶豫，致電 01623 463463 與我們聯係。

Latvian

Šī buklete ir pieejamā Brailja vai palielinātājā drukā, ja tas ir nepieciešams. Ja jums nepieciešams šī bukleta tulkojums vai palīdzība tā lasīšanā, lūdzu, sazinieties ar mums pa tālruni – 01623 463463.

Russian

Этот буклет может быть напечатан шрифтом Брайля или более крупным шрифтом. Если вам необходима помощь с переводом или чтением этого буклета звоните по тел. 01623 463463.

Urdu

یہ لیف لیٹ، بوقت ضرورت، بریل یا بڑے پرنٹ میں بھی مہیا کیا جاسکتا ہے۔ اگر آپ کو اس فارم کا ترجمہ چاہئے ہو یا آپ کو اس کے پرنٹ میں مدد چاہئے ہو تو برائے مہربانی ہم سے اس نمبر پر 01623 463463 رابطہ کرنے میں بالکل نہ ہچکچائیے گا۔

Bengali

প্রয়োজন অনুযায়ী এই লীফলট ব্রইল অথবা বড় অক্ষরের আকারে দেওয়া যাবে। এই ফর্মের অনুবাদ প্রয়োজন হলে অথবা এটা পড়তে সাহায্যের দরকার হলে 01623 463463 নাম্বার আমাদের সাথে যোগাযোগ করতে দ্বিধা করবেন না।

General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Mansfield District Council, Chesterfield Road South, Mansfield, Notts. NG19 7BH is a Data Controller for the information it holds about you. The Council will hold all personal data provided by you for your Housing Benefit and Council Tax Reduction application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data;

- Physical or mental health

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for 6 years after the end of your claim for Housing Benefit and Council Tax Reduction. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement www.mansfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the above address or by email to dpo@mansfield.gov.uk. If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

