



Cyngor **Abertawe**
Swansea Council

Housing Benefit, Council Tax Reduction and Free School Meals Notification of Change of Address

Mae'r ffurflen hon ar gael yn Gymraeg o'r Ganolfan Ddinesig
This form is also available in large print from the Civic Centre

Financial Services
Department,
The Civic Centre,
Oystermouth Road,
Swansea, SA1 3SN.
www.swansea.gov.uk
01792 635353

If you were not entitled to Housing Benefit and / or Council Tax Reduction at your old address you will need to complete a full application form. This form can be obtained from the Contact Centre, Civic Centre, Swansea (telephone 635353) or from one of the District Housing Offices.

**FOR OFFICE
USE ONLY**
Date we received
this form (stamp)

1. Name and Address

Full Name:		Date of Birth:		/ /	
Old Address:		National Insurance Number:			
Postcode:		New Address:			
Date you moved out:		Date you moved in:		/ /	
Date your tenancy ended:		Date your tenancy began:		/ /	
If you have not yet moved, state the date you intend to move:				/ /	

2. Contact Details

It may help us to process your claim quicker if you give us your contact details here:

Daytime Number:		Mobile Number:	
Email address:			

3. This is my claim for:

Housing Benefit Council Tax Reduction Please tick what you wish to apply for.

4. Who lives with you at your new address?

Please note: If you are married; in a civil partnership; or living with someone as if you are married or in a civil partnership, you must include them on this form giving their relationship as partner.

Your Partner

Title:	Mr/Mrs/Miss/Ms	Date of Birth:	/ /
Surname:		National Insurance Number:	
First Names:		Old Address:	

Boarders / Sub-Tenants / Joint-Tenants / Joint Owners

	1st Person	2nd Person	3rd Person
Surname:			
First Names:			
Date of Birth:	/ /	/ /	/ /
State if they are a boarder, sub-tenant, joint-tenant / owner			

Croesewir gohebiaeth yn y Gymraeg. Caiff unrhyw ohebiaeth a dderbynnir yn Gymraeg ei hateb yn y Gymraeg ac ni fydd hyn yn arwain at oedi.

We welcome correspondence in Welsh. Correspondence received in Welsh will be answered in Welsh and this will not lead to a delay.

4. Who lives with you at your new address? Continued

Non-dependants

Surname:
 First names:
 Date of birth:
 National Insurance Number:
 Sex:
 Relationship to you:
 e.g. son, aunt, brother, friend.

1st Person	2nd Person	3rd Person
/ /	/ /	/ /
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

Dependant Children

Surname:
 First names:
 Relationship to you:
 Date of birth:
 Do you or your Partner receive Child Benefit for them?
 Date Child benefit is due to end:
 Are they in full time education?
 If yes, please state which school they attend:

1st Child	2nd Child	3rd Child	4th Child	5th 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"/>	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"/>

If you do **NOT** want to receive free school meals please tick here

5. Change in Circumstances

Have there been any changes in your circumstances that might affect the amount of Housing Benefit / Council Tax Reduction you are entitled to, other than your change of address?

No Yes

(examples of changes you need to report are given in section 10)

If you have answered "Yes" please give details below:

6. Rent

Do you rent your property?

No Yes

(This would include Housing Associations and Council properties)

If "No" please go to Section 9.

6a. The eligible rent used to calculate your Housing Benefit is based on the number of people living in your household and the number of bedrooms you need to accommodate them. However in certain circumstances your eligible rent can be protected or additional bedrooms allowed if :-

- you, your partner, a non-dependant or a child need overnight care.
- you and your partner can not share a bedroom because of a disability.
- children in your home can not share a bedroom due to a disability.

An additional bedroom must be available in order for extra benefit to be allowed.

How many bedrooms do you have in your home?

Under Housing Benefit rules a couple, 2 children under the age of 10 of any sex, or 2 children under the age of 16 of the same sex would be expected to share a bedroom. The Council has to decide how many bedrooms a family needs when working out how much Housing Benefit is due.

However an additional bedroom can be allowed if:-

- A couple cannot share a bedroom because of a disability

or

- a child has a severe disability and:-
their behaviour would either disturb the sleep of another child or pose a risk of physical harm to either child if they shared a bedroom.

and

- the disabled child or disabled member of the couple receives Disability Living Allowance CARE at the middle or higher rate, Attendance Allowance, the daily living component of Personal Independence Payment or the Armed Forces Independence Payment (AFIP)

Considering the above, is anyone in your household unable to share a bedroom?

If "No" please go to 6b.

No Yes

If "Yes" please complete this section in full.

The Council has to decide whether it is reasonable for a bedroom to be shared. Please give a full explanation of the circumstances and continue in Section 9 if necessary. You will need to provide supporting evidence from a healthcare professional confirming what you tell us.

The name of the person who needs a separate bedroom:

What is their medical condition?

How does it affect them – what is the nature and severity of the disability?

If a child needs a separate room why would their condition disturb the sleep of another child sharing their bedroom or pose a risk of physical harm to either child?

or

If a couple cannot share a bedroom because of a disability, please explain why this is the case

6b. Is a room provided for a carer to stay overnight to care for you, your partner, a joint tenant, a non-dependant or a child?

No

Yes

Please note that only one extra bedroom can be allowed for a non-resident overnight carer (or team of carers) in the same household

An additional bedroom must be available in order for extra benefit to be allowed.

If “No” please go to Section 6c.

If “Yes” please complete this section in full.

Who is the overnight care provided for?

How often is the overnight care provided?

Please tell us how many nights each week (on average) overnight care is provided. If overnight care is not provided every week, please tell us how often it is given.

Who provides the care?

This could be an organisation such as the Council or an overnight Nursing Service OR it could be an individual such as a friend or relative. It could also be a number of people who take turns to help.

- If the care provider is an organisation please give us its name and address.
- If the care provider is an individual or individuals, please give us their names / addresses.

You will also need to provide a letter from the person / organisation providing the care confirming the information you have told us on this form. The letter must include the name and address of the person / organisation providing the care.

Please tell us below why overnight care is needed and provide evidence to support your claim from a healthcare professional.

You will **not** need to provide this information if the person being cared for receives Attendance Allowance, Disability Living Allowance CARE component at the Higher or Middle rate or Personal Independence Payments for daily living.

You can continue in Section 9 if necessary.

Evidence to support your claim from a healthcare professional.

If you do need to provide proof, we would need to see some supporting evidence (in writing) from a healthcare professional to prove that overnight care / additional bedroom is needed.

A healthcare professional could be your:

- Consultant
- Occupational therapist
- General Practitioner (GP)
- Hospital specialist
- District nurse
- Physiotherapist
- Community psychiatric nurse

They would need to confirm that the reason you gave for overnight care or an additional bedroom is correct.

6c. If you rent your property from the council go to section 9.

If you rent your property from a Housing Association or a private landlord please continue to complete this section.

You will need to provide proof of your tenancy by providing one of the following original documents:

- Up to date tenancy agreement
- A letter from your landlord or your landlords agent which must contain
 - a) your name and address
 - b) the full name and (business) address of the landlord.
 - c) the full name and (business) address of the managing agent.
 - d) the amount of rent payable.
 - d) what is included in the rent e.g. fuel, water, meals and other support services.
 - e) the payment period or frequency of the rent charge i.e. weekly, monthly, four weekly.
 - f) the date your tenancy started.
- Rent Book - (the Benefits Section reserves the right to accept or reject this as proof depending on its contents).

If you do not have the proof at hand, you should still return this form or you may lose benefits. If you cannot provide the proof within one calendar month of the date of this application form, you must let us know. If you do not let us know you may not get any benefit.

6d. Landlord / Agent Details

Title, name & address of your Landlord:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title, name & address of the person who collects the rent (the Agent) if different from your Landlord:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Landlord's phone No:	<input type="text"/>	Agent's phone No:	<input type="text"/>

Are you or your partner related to the landlord or owner, or their partner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes", please state the relationship	<input type="text"/>	
Do you or your partner own any part of the property you now live in?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Have you or your partner ever owned any part of the property you now live in?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes", when did you cease to own it?	<input type="text"/> / <input type="text"/>	
Is your landlord the ex-partner of you or your partner?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your landlord the parent of a child for whom you or your partner are responsible?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your landlord a trust, of whom you or your partner are a trustee or are a beneficiary?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your landlord a trust, of whom your child or your partner's child is a beneficiary?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you rent the accommodation from a company of which you or your partner are a director or employee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you live in the property as a condition of you or your partner's employment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

6e. Your Accommodation

What type of accommodation do you live in?

- | | | |
|--|---|--|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Terraced house |
| <input type="checkbox"/> Detached bungalow | <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Terraced bungalow |
| <input type="checkbox"/> Flat in block | <input type="checkbox"/> Flat over shops | <input type="checkbox"/> Flat in house |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Hostel | <input type="checkbox"/> Other |

If "other" what type of accommodation is it?

How many floors are there in the property?

Which floor is your accommodation on? (count the floor at pavement level as the ground floor)

- | | | |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> All floors | <input type="checkbox"/> Basement | <input type="checkbox"/> Ground floor |
| <input type="checkbox"/> 1st floor | <input type="checkbox"/> 2nd floor | <input type="checkbox"/> 3rd floor |
| | | <input type="checkbox"/> Other |

If "other" where is it?

Please give details of the number of rooms

	How many in the whole property?	How many do you and your family use?	How many do you share with other occupants?		How many in the whole property?	How many do you and your family use?	How many do you share with other occupants?
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bathrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsits	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you renting a room or some of the rooms in the property? No Yes

If "No", go to section 6f.

If "Yes", you must answer the following questions. Please answer the questions as if you were facing the property at the front of your house:

- Please tick where your room is located:
- | | | | | | |
|---------------|--------------------------|--------|--------------------------|------------|--------------------------|
| i) Front | <input type="checkbox"/> | Centre | <input type="checkbox"/> | Back | <input type="checkbox"/> |
| ii) Left side | <input type="checkbox"/> | Centre | <input type="checkbox"/> | Right side | <input type="checkbox"/> |

Does your room or bedsit have a number? No Yes

If "Yes", please state room no.

6f. Further Information about your accommodation

Do you live in supported accommodation? No Yes

Do you receive care, support or supervision in your home? No Yes

If yes who provides this service? Landlord Other provider

Who is responsible for decorating the inside of your home? (for example, painting and wall-papering) You Your landlord

How much furniture does the landlord provide? All Some None

Does your rent include a payment for you to use a garage? No Yes

Does your accommodation have a central heating system? No Yes

Does your accommodation have a garden? No Yes

6g. Your Rent and Tenancy

How much is your gross rent including any service charges? £

Is this amount due:

Every day Every Week Every 2 weeks Every 4 weeks Every Month

Other If other, how often?

The date your tenancy began / /

What type of tenancy do you have, for example, shorthold?

What is the length of the tenancy?

Do you have a written tenancy agreement? No Yes

Are you a joint tenant? No Yes

If "Yes", please state:

How much is the rent for the whole property? £

How many joint tenants are liable to pay the rent?

The names of the other joint tenants	Relationship to you
<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 want us to discuss your claim with your Landlord or Agent? No Yes

6h. Services

Does your rent include an amount for:

	No	Yes	If "Yes", how much?		No	Yes	If "Yes", how much?
Council Tax?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	WIFI?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Water Rates?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Someone Cleaning Your Accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Heating?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Personal Care?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Lighting?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Personal Laundry?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Hot Water?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Meals? (If "Yes", see below)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
Fuel For Cooking?	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	Other? (Please give details below)	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

If your landlord provides meals, what are they? Breakfast Lunch Evening meal

Are the meals prepared at this address? No Yes

Does your rent include an amount for:

Counselling and Support? No Yes If "Yes", how much? £

Emergency Alarm Charge? No Yes If "Yes", how much? £

Cleaning of Windows? No Yes If "Yes", how much? £

Section 7. Payment of Benefit

It is quicker and safer to pay your Benefit directly into a bank / building society account. It also avoids any problems with postal delays, incorrect delivery or undelivered mail.

If we are unable to pay you direct into your bank account you will be paid by crossed cheque. Crossed cheques have to be paid into a bank account.

If you need advice on opening a bank or building society account, please contact us.

Please note that we cannot make payments into a Post Office Card Account.

7a. Private Tenants

Are you renting from a Housing Association?

No Yes

If "No" go to Section 7b.

If "Yes", would you like payments of benefit made to:

Yourself We can make payments direct to your bank / building society account.
Please complete the BACS form on page 15 then go to Section 9 of this form.

Your landlord Now go to Section 9 of this form.

7b. Do you pay rent for any of the following:

A caravan?

No Yes

A houseboat?

No Yes

Mooring charges?

No Yes

Supported accommodation?

No Yes

A pre 1989 tenancy?

No Yes

Board and lodging?

No Yes

i.e. meals included in your rent.

If you have answered "No" to all of these, please go to Section 7c.

If you have answered "Yes" to one of these, would you like payments of benefit made to:

Yourself We can make payments direct to your bank / building society account.
Please complete the BACS form on page 15 then go to Section 9 of this form.

Your landlord / agent To have payments to your landlord / agent you will need to have your landlord or agent complete and sign the landlord / agent agreement in Section 8 then go to Section 9 of this form.

7c. Tenants of all other Private Landlords

You will receive Housing Benefit under the Local Housing Allowance (LHA) scheme.

People who are part of this scheme (private tenants renting a room or property from a private landlord) will receive the LHA payable direct to themselves.

We can make payments direct to your bank or building society account. Please complete the BACS form on page 15.

In special cases, we may be able to pay your LHA directly to your landlord / agent. Please tick here and fill in the rest of this section if you would like us to consider paying your landlord / agent.

7c. Tenants of all other Private Landlords continued

Please tick the box or boxes that apply to you and provide the evidence required.

Reason for payment to Landlord / Agent	Examples of evidence required
<input type="checkbox"/> I / We have a medical condition or mental health problem which makes it difficult to manage my / our finances.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I / We have learning difficulties / disabilities that make it difficult to manage my / our finances.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I / We have serious difficulties with reading and writing or language difficulties.	Written evidence from Welfare Groups or Support Worker.
<input type="checkbox"/> I am / We are dealing with addiction to drugs, alcohol or gambling.	Written evidence from Care or Support Worker.
<input type="checkbox"/> I am / We are fleeing domestic violence or had a relationship breakdown.	Written evidence from Welfare Groups or Support Worker.
<input type="checkbox"/> I / We have recently been released from prison.	Written evidence from Probation Officer.
<input type="checkbox"/> I / We have had a recent bereavement.	Letter from friends or family with Death Certificate.
<input type="checkbox"/> I / We have recently left care or hospital.	Written evidence from hospital, GP or Care Worker.
<input type="checkbox"/> I / We have a history of homelessness.	Written evidence from Housing Dept, Housing Options.
<input type="checkbox"/> I / We have severe debt problems.	Letters from creditors, court orders.
<input type="checkbox"/> I am / We are an undischarged bankrupt.	Evidence from insolvency.
<input type="checkbox"/> I am / We are unable to open a bank account.	Letters from banks or money advisers.
<input type="checkbox"/> I / We had previous problems maintaining rent.	Evidence from Welfare Groups, Housing Options, former landlords, social services.
<input type="checkbox"/> I / We have difficulty managing my / our financial affairs.	Evidence of arrears of rent, utility bills, other bills.
<input type="checkbox"/> My landlord / agent has agreed to waive the bond / rent in advance, if he receives payment direct.	A letter from your landlord / agent confirming this agreement.
<input type="checkbox"/> Direct payments would assist in securing or retaining my / our tenancy.	A letter from the landlord / agent indicating why this is the case.

None of the problems above apply to me, but receiving payments of LHA will be difficult for me because:

Please use this space to tell us anything else you would like us to consider:

8. Direct Payments of Housing Benefit

If you wish payments to be paid to your landlord / agent. You must have your landlord / agent complete the declaration below.

It is in your interest for you to have your landlord sign this declaration but do not delay in returning this form if you are unable to contact the landlord. If you submit this form without the landlord declaration being signed we will issue you with a Landlord Declaration which you must return to this office within one calendar month.

Important Note to Landlord / Agent

If you wish payments to be sent direct to you, you must sign and date the boxes below to show you agree to accept the payments and understand your duties as detailed below.

Please note that completing this section does not guarantee that payments will be made to you.

If you already receive Housing Benefit payments direct from us please confirm your account ID, this can be found on your payment schedule.

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Your Duties

- You must tell us of any changes in your tenant's circumstances that you are aware of. Examples of changes of circumstances which may affect your tenant's benefit are shown in Section 10.
- You must still regularly check the property as you would for a tenant not receiving Housing Benefit.
- If your tenant is overpaid Housing Benefit and the Authority asks you to repay this overpayment you must repay it on demand, unless you consider the overpayment is as a result of official error and you have sent in a written letter of dispute within one calendar month of the notification of the overpayment.

Landlord's or Agent's Agreement

a) Do you own the property which you rent to your tenant?

No Yes

If "No", please state:

The owner's name:

The owner's address:

The owner's telephone number:

b) Is the tenant or any member of the tenant's household related to the owner / landlord or their partner?

No Yes

If "Yes", please give details

c) Is the owner / landlord or their partner the parent of any of the tenant's dependant children?

No Yes

d) If you agree to pay me the Housing Benefit which my tenant is entitled to, I agree that, if you ask, I will repay any Benefit they are not entitled to if their circumstances change.

I will tell the City and County of Swansea's Benefits Section immediately, in writing, about any change in my tenant's circumstances that I find out about.

I understand that if I do not report a change of circumstances I may be prosecuted.

I have read and understood the above information.

*Landlord's / Agents signature:

Date:

*Landlord's / Agents telephone number:

*Delete as appropriate

If you wish payments to be paid direct into your bank account, please complete the landlords / agents BACS form on page 16.

10. Your Duties

You must tell us straight away about any changes that may affect your Housing Benefit or Council Tax Reduction, in writing, to the Benefits Section, City and County of Swansea, Civic Centre, Oystermouth Road, Swansea, SA1 3SN or by email to benefits@swansea.gov.uk.

The following are examples of changes of circumstances that everyone must report promptly to the Benefits Section:

- You or your partner become entitled Universal Credit or have a change to your Universal Credit award.
- You, your partner or someone else in your household has a change in their income or capital *
- If you, your partner or a household member stop receiving Income Support, Jobseeker's Allowance, Employment and Support Allowance, Pension Credit or Universal Credit.
- If you receive Pension Savings Credit and your capital * goes over £16,000
- If you, your partner or a household member start work.
- If the amount of your childcare payments change.
- The number of people living in your home changes (including anyone living with a joint tenant)
- If you change address (for private tenants this includes a change of room in the same property).
- If you are not a council tenant and the rent you have to pay changes
- Your landlord or the owner of the property you rent becomes responsible for any of your children
- If any of your children leave school.
- If you or your partner go to prison.
- If you or your partner decide to stay permanently in a residential care or nursing home.
- If you leave your address for a temporary period e.g. if you go on holiday, into hospital or into residential care.
- If you are absent from Great Britain (England, Scotland and Wales) your Housing Benefit may cease from the date you depart Great Britain if your absence is due to be more than 4 weeks.
- You become a student and/or your student income changes (or grant/loan/income changes)
- You are receiving social care and either your or your partner's health or care changes. You should also report this direct to the Social Care Income and Finance Section.

** capital - any account with a bank or other organisation, savings, investments, property or land*

Please note that the above list is not exhaustive. If any circumstances not listed above change please contact the Benefits Section.

11. Your Privacy

Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law. This is explained in more detail online at www.swansea.gov.uk/RevsandBenspersonalinfo.

Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice at www.swansea.gov.uk/privacynotice.

12. Declaration - Please read this declaration carefully before you sign and date it. I declare:

- That the information I have given on this form is correct and complete to the best of my knowledge.
- If I have been unable to answer a question because I am waiting for information, I have noted this on the form and will send the details to you when I receive them.
- I understand the Council will make any necessary enquiries to verify the information on this form.
- I understand the Council will cross check the information I have given with other sections within the Council, Rent Officer Service, other Councils and Benefit Authorities.
- I understand that I may be required to submit further personal information in support of my claim, this information will be subject to the same rules of privacy contained in "Your Privacy".
- I understand that if I give information that is incorrect or incomplete or fail to report, promptly or otherwise, any changes which might affect my Housing Benefit / Council Tax Reduction I may be prosecuted.
- I understand that if the details given on this form change and too much Housing Benefit / Council Tax Reduction is paid or awarded these will have to be repaid or recovered.
- I understand that the Council will use the information and evidence I have provided to assess my Housing Benefit and / or Council Tax Reduction, these details can also be used for any local reduction, service or benefit that the Council administers. The Council may give information to other government organisations or external bodies, if the law allows this.
- If the information on this form is used for a Social Care Financial Assessment, I agree to pay my contribution including any backdated amount that becomes due following a change in my circumstances.
- I have read and understood "Your Duties" and "Your Privacy"
- I have read and understood this declaration

Your signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your partners signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

13. If the claimant or partner cannot sign this form themselves

Does anyone have a legal right to look after this person's financial affairs? No Yes

If yes, please ensure that the person with the legal right to look after this person's financial affairs has signed the declaration above. Evidence of this authority must also be submitted".

Please tell us why you are signing the form for the person claiming:
e.g. Power of Attorney, Court Appointed Deputy, other reason.

<input type="text"/>			
Name and address of the person who signed the form:	<input type="text"/>	Signature:	<input type="text"/>
	<input type="text"/>	Relationship to person claiming:	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Number:	<input type="text"/>	E-mail:	<input type="text"/>

14. If the claimant or partner cannot fill in this form themselves

I am unable to complete the form myself it has therefore been filled in for me by a member of the Council staff / my support worker*. I have checked the information on the form and it is correct. I have read / the Council staff has read to me / my support worker has read to me* Section 10 and Section 11 which I understand. *Delete as appropriate

Your signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Council staff / Support Worker*:	<input type="text"/>	Signature:	<input type="text"/>
Job Title:	<input type="text"/>		
Name of Organisation:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email:	<input type="text"/>

REQUEST FOR HOUSING BENEFIT TO BE PAID INTO A BANK / BUILDING SOCIETY ACCOUNT VIA BACS

Please make payments of Housing Benefit direct to my Bank / Building Society account via BACS as detailed below:

Please note we cannot make payments into Post Office card accounts.

PLEASE ENTER YOUR DETAILS BELOW

Bank / Building Society Name:

Address:

Postcode:

Sort Code:

Account Number:

NB: include the **Roll Number** for building society number

Account Name:

(for example Mr. J Jones)

PLEASE NOTE THAT PAYMENTS BY THIS METHOD WILL BE DELAYED IF ALL THE ABOVE DETAILS ARE NOT PROVIDED.

UNSIGNED REQUESTS WILL BE RETURNED.

Signature(s):

Date:

REQUEST FOR HOUSING BENEFIT TO BE PAID INTO A LANDLORD'S (OR LANDLORD'S AGENT'S) BANK / BUILDING SOCIETY ACCOUNT VIA BACS

If you already receive benefit payments for other tenant(s) we will make ALL payments into one bank account. The details you give must be the bank details you want ALL future payments to be paid into.

Please make payments of Housing Benefit direct to my Bank / Building Society account via BACS as detailed below:

PLEASE ENTER YOUR DETAILS BELOW

Bank / Building Society Name:

Address:

Postcode:

Sort Code:

Account Number:

NB: include the **Roll Number**
for building society number

Account Name:

(for example Mr. J Jones)

**PLEASE NOTE THAT PAYMENTS BY THIS METHOD WILL BE DELAYED IF ALL THE
ABOVE DETAILS ARE NOT PROVIDED.**

UNSIGNED REQUESTS WILL BE RETURNED.

IF SIGNING ON BEHALF OF A COMPANY OR ORGANISATION, PLEASE STATE CAPACITY.

Signature(s):

Capacity
(if applicable)

Date: