

Housing Benefit, Council Tax Reduction and Free School Meals Reclaim / Change in Circumstance Form

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

FOR OFFICE USE

Income details required for period: From: _____ To: _____

1. Your Full Name and Address

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

Name:

Address:

.....

Postcode:

Claim No: _____

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.

IMPORTANT NOTE: Please read the notes in the grey boxes before you complete each section of the application form.

It is essential that you read the notes on every page. They will tell you what evidence is required to process your application. Please complete the form with black or blue ink and do not use correction fluid.

Fill in the form and send it back straight away. If you wait you could lose money. Where we ask for proof you **MUST** send original documents not photocopies. Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section at the Contact Centre, Civic Centre, Swansea. Send all the proof you can with the form, do not wait if you cannot send the proof straight away, send it within one calendar month.

Answer every question putting a tick in the "no" or "yes" box.

If you are unsure about any questions on this form, you should contact the Benefits Section at the Contact Centre, Civic Centre, Swansea for help. You may contact the Benefits Helpline on Swansea 635353.

Alternatively you can visit our web pages at: www.swansea.gov.uk/housingbenefit

You do not have to tell us about any money received from the Macfarlane Trusts, Eileen Trust or Independent Living Fund. You must tell us about all other forms of income and capital.

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. You and your partner

Please answer all the questions about yourself. If you have a partner, you must also answer all the questions about them. By partner we mean someone who you are married to, is your civil partner or lives with you as if you are married or in a civil partnership.

	You	Your Partner
Title:	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
Surname:		
First Names:		
Date of birth:	/ /	/ /
National Insurance Number?		

(This must be provided for your claim to be checked)

If your partner is not a British National please confirm:-

What is their Nationality? When did they arrive in the UK?

Depending on your answers we may need to write to you for further information.

5. You and your partner's earnings

	You	Your Partner
Are you or your partner working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "no" go to Section 6, if "yes" give details below

	You	Your Partner
Occupation:		
Employer's name & address:		
Date you started work:	/ /	/ /
Is this employment going to last more than 5 weeks:	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Number of hours worked:	hours per week	hours per week
Normal pay before deductions:	£	£
How often is it paid?		
Method of payment (e.g. cash, bank credit, cheque)		
Do you benefit from a company share scheme or Pay As You Earn Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you self-employed, a company director or owner?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "yes" you will need to telephone the Benefits Section to request a Company Director / Owner and Self Employed Earnings Form.

We will need to see evidence of your and your partner's earnings. Please send in the following:

- Your last 5 week's payslips (if paid weekly), 3 payslips (if paid fortnightly) or 2 payslips (if paid monthly or 4 weekly).
- If you do not have payslips the attached Employers Certificate maybe completed by your employer. If you have just started work your employer may complete the Employers Certificate giving an estimate of your earnings.

6. About your other Income; including state benefits, tax credits, private pensions or income from any other source.

Do you or your partner have any other income?

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

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

If you have ticked “no” please go to section 7. If you have ticked “yes” please tell us about the other income.

You			
Type of Income	How much do you receive?	How often is it paid?	What date did it start?
	£		
	£		
	£		
	£		

Your Partner			
Type of Income	How much do you receive?	How often is it paid?	What date did it start?
	£		
	£		
	£		
	£		

Does anyone receive Carers Allowance or the Carers element of Universal Credit for looking after you? If “yes” please tell us their name and address

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	

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

Do you receive Carers Allowance or do you have an underlying entitlement to Carers Allowance for looking after someone else? If “yes”, please tell us the name and address of the person you care for.

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	

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

Proof: Other Income

We need to see proof of any other income that you and your partner get. Please provide original documents only, not photocopies.

Proof of benefits:

- All pages of your latest benefit award letters
- Bank statements showing the last 2 payments if paid into bank

Proof of Occupational Pensions/Private Pensions:

- Most current monthly pension slip.
- Recent bank statement showing this payment. However you will need to send in your next pension slip when you receive it.
- P60’s are not acceptable.

Proof of Child Tax/Working Tax Credit:

- Forward your Tax award letter.

Proof of any other income:

- Official letters/agreements giving details.
- Student financial assessment.

7. Students

Are you or your partner a student?

If ‘yes’ we will contact you for more information

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

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

8. Benefits/Credits you have applied for

Are you waiting for a decision on a Benefit, Tax Credit or Pension Credit application or appeal?

If "yes" please state

a) Which benefit or award?

b) Date you applied or appealed?

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

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

9. If you have no income.

If you have no income at present please state the reason for this and how you are managing for food and household expenses.

10. Money you pay out

Do you pay towards student maintenance?

If "yes" please state how much and provide proof:

How often do you pay this amount?

Do you pay into a Personal Pension Scheme?

If "yes" please state how much and provide proof:

How often do you pay this amount?

Do you pay childcare costs?

Name and address of childminder:

Their registration number:

Weekly charge and who it is paid for:

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
£	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
£	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
£	
£	

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

Proof: Child Care Costs

Proof is required of childcare payments. You can either complete the form 'Proof of Childcare Payments', available from the City and County of Swansea's Benefits Section or provide receipts for 5 weeks or 2 months payments which need to be signed by your childcare provider.

11. About your accounts, savings and investments

Do you or your partner have any accounts, (including current account) savings, investments, internet currency, property and/or land?

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

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

If you have ticked “no” please go to section 12. If “yes” please tell us about them.

You		
What do you have? i.e. current account, ISA.	How much do you have?/ how much is it worth?	Account Number if appropriate
Current account	£	
Post Office	£	
	£	
	£	
	£	
	£	

Your Partner		
What do you have? i.e. current account, ISA.	How much do you have?/ how much is it worth?	Account Number if appropriate
Current account	£	
Post Office	£	
	£	
	£	
	£	
	£	

If you have any other savings, Investments, internet currency e.g Bitcoins, property and or/land, give details below.

Stocks & Shares

Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Proof: Accounts, Savings and Investments

Please provide original documents only, not photocopies. Any account must show the up to date balance including interest.

- Bank/Building Society / Post Office Books
- Bank/Building Society statements covering last 2 months (not mini-bank/cash machine statements)
- Share Certificates
- Unit Trust Certificate
- National Savings Certificate
- Premium Bond Certificate
- Income Bonds
- PayPal Statements

Proof: Property and Land - If your property / land is up for sale you will need to provide proof of this. If you are selling the property or land with an estate agent the selling details they provide will be sufficient. If the property / land that you own is not For Sale then the property or land will need to be valued. Please telephone the Benefits Section helpline on Swansea 635353 and request a LA1 form which will be sent to you immediately. You will then have to complete the form giving details of the property / land that you own and forward it to this office.

12. Who lives at the address with you? - this includes your dependant children, any non-dependants, boarders, tenants and sub-tenants.

Does anyone else live at this address with you?

No Yes

If you have ticked 'no' please go to Section 13. If you have ticked 'yes' please tell us about them.

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			
Relationship to you: e.g. son, aunt, brother, friend.			

Non-dependants

	1st Person	2nd Person	3rd Person
Surname:			
First names:			
Date of birth:	/ /	/ /	/ /
National Insurance Number:			
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you: e.g. son, aunt, brother, friend.			
Type of income received			
Amount received each week	£	£	£

Dependant Children

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname:					
First names:					
Relationship to you:					
Date of birth:	/ /	/ /	/ /	/ /	/ /
Do you or your Partner receive Child Benefit for them?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date Child benefit is due to end:	/ /	/ /	/ /	/ /	/ /
Are they in full time education?	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 yes, please state which school they attend:					

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

13. Rent

Do you rent your property?

No Yes

(This would include Housing Associations and Council properties)

If "No" please go to Section 14.

13a. 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 13b.

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 14 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

13b. 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 13c.

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 14 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.

13c. Your Rent

Do you rent your home from a private landlord or Housing Association?

No Yes

If "no" please go to Section 14. If "yes", please complete the rest of this section.

a) How much is your gross rent including any service charges?

£

b) Is this amount due:

Every day Every Week Every 2 Weeks
Every 4 Weeks Every Month Other

c) Do you live in a flat?

No Yes

If you have answered "yes", please tell us which floor it is on
(count the floor at pavement level as the ground floor)

d) Are you renting a room or some of the rooms in the address
you have stated in Section 1?

No Yes

If you have answered "yes", please tell us which floor your
room or rooms are on (count the floor at pavement level as
the ground floor).

Please tick where your room is located

(answer the questions as though you were facing the front of the property from the street).

1) Front Centre Back
2) Left side Centre Right side

Does your room or bedsit have a number?

No Yes

If "yes", please state room number

e) Landlord / Agent Details

Title, name &
address of
your Landlord:

Landlord's
phone No:

Title, name & address
of the person who
collects the rent (the
Agent) if different
from your Landlord:

Agent's phone No:

f) Do you want us to discuss your claim with your landlord / agent?

No Yes

g) Are you or your partner related to the landlord or owner,
or their partner?

No Yes

If 'Yes', please state the relationship

13c. Your Rent Continued

- h) Do you or your partner own any part of the property you now live in? No Yes
- i) Have you or your partner ever owned any part of the property you now live in? No Yes
If 'Yes', when did you cease to own it? / /
- j) Is your landlord the ex-partner of you or your partner? No Yes
- k) Is your landlord the parent of a child for whom you or your partner are responsible? No Yes
- l) Is your landlord a trust, of whom you or your partner are a trustee or are a beneficiary? No Yes
- m) Is your landlord a trust, of whom your child or your partner's child is a beneficiary? No Yes
- n) Do you rent the accommodation from a company of which you or your partner are a director or employee? No Yes
- o) Do you live in the property as a condition of you or your partners employment? No Yes
- p) Who do you want payments made to? Yourself Your landlord

We may not be able to pay your landlord direct without more information. Where this is the case you will be sent further forms to complete.

Have there been any changes to your rent or to your accommodation? No Yes

If "no", please go to Section 14. If "yes", please tell us about the change(s) and the date of change here.

Some examples of changes are: a change of room within the property, rent increase or decrease or a change in service charges included in the rent.

If your rent charge has changed you must either provide your tenancy agreement or a letter from your landlord confirming your name, address, new rent details and date of change.

14. Further Information

If you have any information to support your claim please write it here

15. If you receive Social Care services, the Authority can use this form to carry out a Financial Assessment to decide how much you have to contribute towards you or your partners care. If you do not wish the Authority to use the information you have supplied on this form to work out your contribution now or in the future please tick here. We may need to write to you for further information.

16. 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.

17. 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.

18. 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: Date: / /

Your partners signature: Date: / /

19. 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.

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

For Office Use: I am unable to complete the form myself therefore it has been filled in for me by a member of the Council Staff. I have checked the information on the form and it is correct. I have read / the council staff have read to me Section 16 and Section 17 which I understand.

Your signature: Date: / /

Name of member of staff: Signature: