

Tick <input checked="" type="checkbox"/> as appropriate	New claim	Postal review	Change of address	Homeless cases
Please return this form by		Claim Number		
If you are homeless state local authority placing you		Monmouthshire		Torfaen

We require these details in order to make a payment of Housing Benefit and/or reduce your Council Tax charge

Section 1. About you and your partner

	You	Your partner
Name		
Any other last names you have used		
Address <small>Do not tell us your partner's address if it is the same as yours</small>		
On what date were you offered the tenancy?	/ /	/ /
What is the date your tenancy commenced?	/ /	/ /
On what date did you move to this address?	/ /	/ /
Date of birth	/ /	/ /
National Insurance Number		
Your daytime / mobile phone number		
Your e-mail address		
If you have moved home in the last 12 months, tell us your last address		
Have you or your partner claimed Housing Benefit, Council Tax Benefit, or a Council Tax Reduction before?	YES <input type="checkbox"/> NO <input type="checkbox"/> When did you last claim? <input style="width: 100%;" type="text"/> What address did you claim for? <input style="width: 100%;" type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> When did you last claim? <input style="width: 100%;" type="text"/> What address did you claim for? <input style="width: 100%;" type="text"/>
What is your nationality?		
Have you or your partner ever lived outside the British Isles? <i>By "British Isles" we mean the UK, Republic of Ireland, Channel Islands and the Isle of Man</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, when did you and/or your partner most recently come to live in the British Isles?	/ /	/ /
Is anyone receiving Carer's Allowance for looking after you or your partner?	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please state their name.	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes' please state their name
Are you a student?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 2 - About other people that live in your home

Please list the names of everybody who normally lives with you. This includes dependant children and any older children or relatives who live with you. If no-one lives with you, please write 'none'.

Name	Relationship to you e.g. son etc.	Date of birth	State type of Income if any e.g. gross earnings / pension etc.	Weekly amount
		/ /		£
		/ /		£
		/ /		£
		/ /		£

Section 3. About benefits and state pensions received

Please give details of all benefits and pensions received for yourself and your partner if you have one. E.G Income Support, Jobseekers Allowance, Tax Credits, Employment and Support Allowance, Universal Credit, Disability Living Allowance, Personal Independence Payments, Carer's Allowance, State Retirement Pension, Pension Credit etc. If none please write "none".

The name of the benefit or pension ▼	You		Your Partner	
		Amount £	every	Amount £
	Amount £	every	Amount £	every
	Amount £	every	Amount £	every
	Amount £	every	Amount £	every
Are you or your partner waiting to hear about a claim for benefit?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES which Benefit(s)? _____		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES which benefit(s) _____	
	And the date you claimed ____/____/____		And the date you claimed ____/____/____	

Section 4. About your earnings

Please give details of your earnings and how often it is received. Also give these details for your partner, if you have one. If none please write "none".

	You	Partner
Name and address of employer		
What date did you start work?	____/____/____	____/____/____
How much do you get paid before tax and National Insurance are taken off?	£	£
How often do you get paid?	Every	Every
How many hours a week do you usually work? (please confirm if you have a zero hours contract)		
Are you self-employed? We may write to you for more details	YES <input type="checkbox"/> NO <input type="checkbox"/> if YES please state number of hours worked _____	YES <input type="checkbox"/> NO <input type="checkbox"/> if YES please state number of hours worked _____

Section 5 About other income

Please give details of all other income received e.g. works or private pensions, maintenance, student income and how often it is received i.e. weekly, four weekly, monthly etc. Also give these details for your partner, if you have one. If none please write "none".

Type of income e.g. private pension, student loan/grant/bursary	You	Partner
	£ every	£ every
	£ every	£ every
	£ every	£ every

Section 6 About savings, investments and property

Do you and your partner (if you have one) have more than £16,000 in savings?

YES NO

Please give details of your savings and, investments. This includes money held in current accounts, other bank/building society/post office accounts, ISAs, bonds, national savings certificates, premium bonds, stocks and shares, cash, overseas investments, land and property other than that you occupy as your own home. Also give these details for your partner, if you have one. If none please write "none".

Type of savings held e.g. bank/building society/shares etc.	Total Savings
	£
	£
	£
	£
	£

Section 7. About your childcare expenses

Please give details of any childcare costs you pay to registered childminder, nursery or after school club etc. If you do not pay childcare costs please write "none". We need to see proof of any childminding costs you pay.

Please tell us the name of person, organisation looking after your child

Childminder Registration Number _____ Child costs paid £ _____ every _____

If you only want to claim for help paying your Council Tax go to Section 13. You do not need to complete sections 8, 9, 10, 11 and 12.

Section 8. About your landlord

Landlord's / Agents name

Landlord/Agent's address

Telephone Number

Section 9. About payment (Housing Benefit)

Private Tenants renting from a private landlord

Your benefit will normally be paid directly to you into your bank account. If you feel that this will cause you difficulty please ask us for a **Direct Payment form**.

Housing Association Tenants

You can have payments made to you or your landlord if you prefer.

Bron Afon or Monmouthshire Housing tenancies

Your benefit will normally be paid to Bron Afon or Monmouthshire Housing.

Method of payment- Payments can only be made into a bank or building society account held in your name

I want my benefit to go straight to my landlord? please tick

Note -If we pay your landlord he/she will need to complete a Landlord Agreement form

I want my benefit to go straight into my bank or building society account please tick

Tell us the following details

Name of the account holder

Name bank/building Society

Address of the branch

Account number

Sort code

Section 10. Sharing information with your landlord

If you give us permission sharing information with your landlord could help us deal with your claim more quickly.

Please note- we will not give your landlord any information about your **personal, household or financial circumstances**.

I agree that the Council can share information with my landlord please tick

YES NO

Section 11. About your accommodation please tick

Detached house

Semi-detached house

Terraced house

Room(s)

Other please specify

Detached bungalow

Semi-detached bungalow

Terraced bungalow

Maisonette

Flat in block

Flat over shop

Flat in house

Hostel

Please state number of rooms:

In whole house or flat etc.

For you/your family's sole use

Shared with others

Living rooms

Bedrooms

Bed-sitting rooms

Kitchens

Bathrooms

Toilets

Other rooms

Total Rooms

Are meals included in the rent please tick

YES NO

If YES please tick if

Breakfast

Lunch

Evening Meal

Are any other services included in the rent please tick		√ YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please tick if ▼	
Water rates	Nursing medical care	TV licence	Other services please specify
Heating	Counselling and support	Gardening	
Hot water	Gas/electricity for cooking	Telephone rental	

Section 12. Private tenants only - About the rent you pay -

Only complete this section if you pay rent to a private landlord-

How much is the total rent?	£	Weekly / 4 weekly/ Monthly * delete as appropriate
Please specify if other frequency.....		
Type of tenancy (if known) please tick√	Assured Short-hold	Verbal
Were you or any relative (or your partner) able to afford the rent when the tenancy started?		Other please specify
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the tenancy be a joint tenancy with any other person(s) please tick√		YES <input type="checkbox"/> NO <input type="checkbox"/>

If YES please give names of other joint tenants

Is your landlord or Agent or your landlord or agent's partner either Your former partner • Your partner's former partner • Related to you or your partner • Related to your children or your partner's children Related means related through marriage or civil partnership even it has ended e.g. ex wife, ex husband ,aunt, brother, daughter	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES What is the relationship <input type="text"/> Is my landlord's or Agent's <input type="text"/>
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Section 13. Anything else you need to tell us

Use this box to tell us anything you think we should know about for example if you want to claim benefit on 2 homes for a period. This would apply if you have moved into your new address but have to pay rent during the notice period at your old address. Use a separate sheet of paper and attach to this form if you need to.

Your declaration

Please read this declaration carefully before you sign and date it. I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for Housing Benefit and/or a Council Tax Reduction. You may check some of the information with other sources within the council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other government organisations, if law allows this.

I know I **must let the Council know about any changes in my circumstances or the circumstances of anyone living with me** which might affect my claim. This includes changes in my or my partner's income/ savings, changes in my household and changes in childcare costs.

If I fail to do so I understand that the Council may take action against me.

I **declare** the information I have given on this form is correct and complete.

Signature of person claiming		Date	/ /
Partner's signature		Date	/ /
Name of person completing the form on behalf of the claimant		Date	/ /
Relationship to person claiming			

Supporting information required

Please provide proof of income and capital. If you pay rent to a **private landlord** we will need your current tenancy agreement (all pages). Alternatively your landlord can complete a proof of rent form. Please ask us for this form. We do not need to see a tenancy agreement if you are a Housing Association tenant. We can only accept original documents not photocopies. Bring them to one of our Customer Centres in Torfaen (located in Cwmbran, Pontypool or Blaenavon) or one of our Community Hubs / One Stop Shops in Monmouthshire located (in Chepstow, Caldicot, Monmouth, Usk or Abergavenny). We will only use the information we need and give the documents back to you, please ensure that you ask for a receipt. Alternatively we can accept information by e-mail. If you have a smartphone or tablet capture the images required to support your claim and e-mail them directly to us.

This form should be returned to The Shared Benefit Service Level Three Civic Centre Pontypool NP4 6YB	Alternatively it can be handed into one of our Customer Centres , Community Hubs or One Stop Shops	For further information please contact Torfaen residents Telephone : 01495 766430 or 766570 or e-mail: benefits@torfaen.gov.uk Monmouthshire residents Telephone: 01633 644644 or e-mail : benefits@monmouthshire.gov.uk
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