

office use only

Claim form for Housing Benefit and Council Tax Benefit

To make a claim online visit our website: www.newcastle.gov.uk/benefits

Name:

Address:

Claim reference (if known)

Date issued

Date stamp

For office use only

استمارة مطالبة لمعونة السكن وضريبة البلدية

হাউজিং বেনিফিট ও কাউন্সিল ট্যাক্স বেনিফিটের ক্লেইম ফর্ম

Formulář žádosti o příspěvky na bydlení (Housing Benefit) a na placení obecních poplatků (Council Tax).

فرم تقاضای دریافت کمک هزینه های دولتی برای اجاره خانه و مالیات شهرداری.

Formularz wniosku o przyznanie zasiłku mieszkaniowego (Housing Benefit) i zasiłku na podatek lokalny (Council Tax Benefit).

We need proof of the things you write about in this form.
You should send the proof with your completed form otherwise
it will take us longer to pay your benefit. If you do not send in
the proof we need we cannot pay you any benefit.

You must provide original documents as proof.

We cannot accept photocopies.

**If this form is needed in another format or language
phone the Benefits Helpline on 0845 1114101.**

**Visit our website www.newcastle.gov.uk/benefits
email us: benefits@newcastle.gov.uk**



If you know someone who might be committing
Benefit Fraud call us in confidence on 0191 211 6830

This is your claim form for Housing Benefit, Council Tax Benefit, or both. If you need help to fill in this form, please phone us on 0845 1114101 or visit a Customer Service Centre or Housing Office listed on the back of this form, and we will be happy to help you. We can arrange for you to speak to an interpreter if you need to.

هذه هي استمارة المطالبة بمعونة السكن، وبمعونة ضريبة البلدية أو كلاهما. إذا كنت تحتاج إلى مساعدة في ملئ هذه الاستمارة فالرجاء الاتصال بنا على الرقم 0845 111 4101 أو القيام بمراجعة مركز خدمة الزبائن المدون على ظهر هذه الوثيقة، وأتينا سنكون سعداء لمساعدتكم. يمكننا كذلك أن نرتب لكم التحدث من خلال مترجم في حالة احتياجكم إلى ذلك.

এটি হলো আপনার হাউজিং বেনিফিট, কাউন্সিল ট্যাক্স বেনিফিট বা উভয়ের জন্য 'ফ্রেইম ফর্ম'। এই ফর্মটি পূরণ করতে আপনার যদি সাহায্যের দরকার হয় তাহলে দয়া করে 0845 111 4101 নম্বরে ফোন করবেন অথবা এই লিফলেটটির পেছনের দিকে দেয় তালিকার যে কোন একটি কাস্টমার সার্ভিস সেন্টারে চলে আসবেন, এবং আমরা আপনাকে সানন্দে সাহায্য করবো। আপনার যদি দরকার হয়, তাহলে আপনার জন্য আমরা একজন দোভাষীর ব্যবস্থা করতে পারবো।

Toto je Váš formulář žádosti o příspěvky na bydlení, příspěvky na obecní poplatky nebo obojí. Pokud potřebujete pomoc při vyplňování tohoto formuláře, zavolejte nám prosím na číslo 0845 1114101 nebo navštivte středisko služeb pro zákazníky (Customer Service Centre) uvedené na zadní straně tohoto formuláře, a my Vám rádi pomůžeme. Také Vám můžeme zařídit tlumočnicka, pokud budete potřebovat.

این فرم تقاضای دریافت کمک هزینه های دولتی برای اجاره خانه، مالیات شهرداری و یا هر دو آنها میباشد. اگر برای پر کردن آن نیاز به کمک دارید، خواهشمندیم با شماره تلفن 08451114101 تماس بگیرید و یا با یکی از مراکز خدمات مشتریان که نام آن در فهرستی که در پشت این فرم موجود میباشد، تماس بگیرید. ما خوشحال خواهیم شد که در این مورد به شما کمک نمائیم. اگر شما نیاز به صحبت با مترجمی را دارید ما میتوانیم مقدمات لازم را برای شما فراهم نمائیم.

Ten formularz służy do złożenia wniosku o zasiłek mieszkaniowy (Housing Benefit), zasiłek na podatek lokalny (Council Tax Benefit) lub obydwu z tych zasiłków. Jeżeli potrzebują Państwo pomocy w jego wypełnieniu, chętnie jej udzielimy - prosimy zadzwonić pod numer 0845 1114101 lub odwiedzić jeden z Punktów Obsługi Klienta wymienionych na odwrocie formularza. W razie potrzeby umożliwimy rozmowę z tłumaczem.

Notes for filling in the Housing Benefit and Council Tax Benefit claim form

About this form

The Housing Benefit and Council Tax Benefit claim form has been specially designed to be easy to fill in. It may look rather long, but we have to ask a lot of questions to make sure that everyone who claims gets the right amount of benefit.

You may not have 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 it is relevant.

About Housing Benefit and Council Tax Benefit

Housing Benefit can pay all or part of your rent. It may also give you some extra money towards things you have to pay for, like cleaning shared areas. Council Tax Benefit can pay all or part of your Council Tax. It can not help with water rates.

Second Adult Rebate

Second Adult Rebate is Council Tax Benefit for people who may not have a partner but who share their home with someone who:

- is 18 or over; and
- is on a low income; and
- does not pay them rent.

If you are just claiming Second Adult Rebate, only fill in parts 1, 3, 16, 18, 19, 20 and 21 of this form.

Discretionary Housing Payments (DHP's)

If your benefit is restricted you may be entitled to extra payments to help you pay your rent and Council Tax. You will need to ask for a DHP application form and each case will be looked at and considered individually. The amount each authority can pay is limited to a yearly cash total. Once the yearly total is reached we will not consider any more applications for that year.

About Local Housing Allowance (LHA)

In April 2008 the government introduced a new way of working out Housing Benefit for private tenants, called the Local Housing Allowance (LHA).

Under the new scheme we will work out your benefit using a standard allowance based on the size of your household. These allowances change monthly and we publish them in advance so that you can find out how much Housing Benefit you may receive before you rent a property.

As well as changing the way we work out Housing Benefit, the new scheme changes the way we pay it to private tenants. You are no longer able to choose to have payments made to your landlord. However, if you feel there is a reason why you could not manage your own rent payments, you should contact us to explain why.

If you do not have a bank account and would like to open one, please contact us for advice.

Local Housing Allowance will not apply to you if:

- You are a local authority tenant;
- Your landlord is a housing association;
- You live in 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.

Evidence

We need to see proof of some of the things you write about in this form. These are marked with a P for proof required. If you give us all the evidence with your claim we will be able to work out your benefit sooner. There is a checklist in part 18 of the form to help you.



If you can't get all of the evidence that we need to see straight away please do the following:

- Send your form back to us straight away and let us know that you will be sending the evidence later.
- Let us know if you can't get the evidence within two to three weeks.

Filling in the form

If you are filling in this form by hand, use black ink. 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 relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes.

If someone else fills in the form for you, there is a special space for them to sign in part 19.

(To make a claim online visit our website: www.newcastle.gov.uk/benefits)

Contact us

- Phone us on 0845 111 4101 between 8am and 6pm, Monday to Friday.
- Visit a Customer Service Centre between 8.30am and 4.30pm, Monday to Friday. (Details are at the back of the form).
- Phone us on 0845 111 4101 to arrange a home visit.
- Get in touch with an organisation like Citizens Advice. The address and phone number of your nearest Citizens Advice bureau is in the phone book.
- Contact us by email: benefits@newcastle.gov.uk
- Visit our website at www.newcastle.gov.uk.

What to do next

When you have filled in the form, sign it and send it to us, with the evidence we need to see. Or you can bring the form and evidence to us. Do not send valuable items such as bank books or passports in the post. Bring them to one of our Customer Service Centres and we will get the information we need and give them back to you.

When we usually pay benefit from

If this is your first claim we will usually pay your benefit from the Monday after we get your form.

Changes you must tell us about

Tell us straight away if:

- you or anyone living with you gets a job (no matter how many hours they work), changes their job or leaves their job;
- you or anyone living with you receives any pension;
- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and subtenants);
- your income (including benefits) or the income of anyone living with you changes;
- your capital, savings or investments change;
- you or anyone living with you becomes a student, goes on a Training Scheme, or goes into hospital, a nursing home or prison;
- your rent changes, your landlord changes or moves;
- you move;
- you or your partner are going to be away from home for more than a month;
- anyone in your household dies;
- you receive any decision from the Home Office; or
- anything you have told us about changes.

You must tell us about these changes.

If you don't, you may lose money you are entitled to, or you may get too much benefit.

You must make sure that you tell us about these changes. Don't rely on someone else to pass the message on.

It is an offence not to tell us about any change of circumstance that affects your benefit. We may take court action against you and if we pay you too much benefit, you may have to pay it back.

How we collect and use information

We will use the information you give in this form, and any supporting evidence you send us, to process your claim for Housing Benefit and Council Tax Benefit.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions and HM Revenues and Customs as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

- make sure the information is accurate;
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities and other organisations.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

We, Newcastle City Council, are the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use that information, please ask us.

Please go through the form, starting at part 1. Answer all the questions that apply to you and your partner.



Part 1 About you and your partner

Do you have a partner who normally lives with you?

No Yes

By partner we mean a person you are married to or have a civil partnership with, or a person you live with as if you were their husband, wife or civil partner.

If you have a partner, you must answer all the questions about them, as well as yourself.

| | You | Your partner |
|---|--|---|
| Last name | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> |
| Any other last names you have used | <input type="text"/> | <input type="text"/> |
| Title (Mr, Mrs, Ms, etc) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value=" / /"/> | <input type="text" value=" / /"/> |
| National Insurance number You can find this on payslips or letters from social security or the tax office. We cannot decide your claim if we do not have your National Insurance number. | Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> | Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> |
| |  |  |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Email address | <input type="text"/> | <input type="text"/> |
| Daytime or mobile phone number | <input type="text"/> | <input type="text"/> |
| If you tell us your phone number it may help us deal with your claim more quickly. | | |
| Your home phone number | <input type="text"/> | <input type="text"/> |
| Are you: | | |
| a council tenant? <input type="checkbox"/> | a housing association tenant? <input type="checkbox"/> | a private tenant? <input type="checkbox"/> |
| (Your Homes Newcastle) | | |
| an owner-occupier? <input type="checkbox"/> | a joint owner with someone else? <input type="checkbox"/> | a boarder or a lodger? <input type="checkbox"/> |
| living with your parents? <input type="checkbox"/> | living in a hostel or hotel? <input type="checkbox"/> | other <input type="checkbox"/> |
| Please give details | <input type="text"/> | <input type="text"/> |
| Have you or your partner claimed Housing Benefit or Council Tax Benefit before? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> When did you claim? | Yes <input type="checkbox"/> When did they claim? |
| | <input type="text" value=" / /"/> | <input type="text" value=" / /"/> |
| Which council did you claim from? | <input type="text"/> | Which council did they claim from? |
| | <input type="text"/> | <input type="text"/> |
| What name did you claim in? | <input type="text"/> | What name did they claim in? |
| | <input type="text"/> | <input type="text"/> |
| What address did you claim for? | <input type="text"/> | What address did they claim for? |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | Postcode |
| | <input type="text"/> | <input type="text"/> |

Part 1 About you and your partner – continued

Have you told the council that paid your benefit that you have moved?

No
Yes

No
Yes

If you have moved home in the last 12 months, what was your previous address?

| You |
|----------|
| |
| |
| |
| |
| Postcode |

| Your partner |
|--------------|
| |
| |
| |
| |
| Postcode |

Were you the homeowner, a private tenant, a council tenant or a boarder at this address?

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 We will write to you about this.

No
Yes We will write to you about this.

What is your nationality?

If your nationality is not British, on what date did you last enter the UK? (The UK is

 / /
 / /

England, Northern Ireland, Scotland and Wales).

Are you an asylum seeker?

No Yes

No Yes

Do you have Refugee status?

No Yes

No Yes

Have you been given exceptional leave/indefinite leave to remain?

No Yes



If Yes, please send evidence from the Home Office.

No Yes



If Yes, please send evidence from the Home Office.

Are you or your partner in hospital at the moment?

No
Yes When did you go in?

 / /

When will you come out (if you know this)?

 / /

No
Yes When did they go in?

 / /

When will they come out (if you know this)?

 / /

Do you or your partner get Disability Living Allowance?

No
Yes How much?



Care: £

Mobility: £

No
Yes How much?

Care: £

Mobility: £

Do you or your partner get Attendance Allowance?

No
Yes How much?



£

No
Yes How much?

£

Part 1 About you and your partner – continued

| | You | Your partner |
|--|--|---|
| Does anyone get Carer's Allowance for looking after you or your partner? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you or your partner ever claimed Carer's Allowance? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do you or your partner pay towards the upkeep of a student? | No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay? <input style="width: 150px;" type="text" value="£"/> How often? <input style="width: 150px;" type="text" value="Every"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> How much do they pay? <input style="width: 150px;" type="text" value="£"/> How often? <input style="width: 150px;" type="text" value="Every"/> |
| Do you or your partner have a vehicle from a mobility scheme? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Are you or your partner a student? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | Do you study full time or part time? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> How much of your income is taken into account when working out your grant? <input style="width: 150px;" type="text" value="£"/> a year | Do they study full time or part time? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> How much of their income is taken into account when working out their grant? <input style="width: 150px;" type="text" value="£"/> a year |

Please tick if you or your partner are:

- | | | |
|------------------------------|--------------------------|--------------------------|
| • an apprentice | <input type="checkbox"/> | <input type="checkbox"/> |
| • on youth training | <input type="checkbox"/> | <input type="checkbox"/> |
| • in legal custody | <input type="checkbox"/> | <input type="checkbox"/> |
| • severely mentally impaired | <input type="checkbox"/> | <input type="checkbox"/> |
| • registered blind | <input type="checkbox"/> | <input type="checkbox"/> |
| • long-term sick or disabled | <input type="checkbox"/> | <input type="checkbox"/> |

We will contact you if we need any more information

Part 2 About children


You may be able to get more benefit if there are children in your household and they are:


- under 16;
- aged 16 or 17 and registered for work or youth training; or
- aged 16, 17, 18 or 19 and in education doing a course not higher than GCE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household? No Go to part 3.

Yes Please answer all the questions in this section about your children.


There is room for six children on the form. If you have more than six children tell us about them on a separate sheet of paper. If you are sending a separate sheet of paper, tick this box.

| | First child | Second child | Third child |
|--|---|---|---|
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> |
| What is the child's sex? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's relationship to your partner | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's usual address if different from yours | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Who gets the Child Benefit for them?  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Has Child Benefit been claimed but not yet paid? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |


| | Fourth child | Fifth child | Sixth child |
|--|---|---|---|
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> |
| What is the child's sex? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's relationship to your partner | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The child's usual address if different from yours | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Who gets the Child Benefit for them?  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Has Child Benefit been claimed but not yet paid? | 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 your child is aged over 18, what date will their Child Benefit stop? | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> |

Part 2 About children - continued

Are any of your children registered blind? No Yes Name of child

Do any of your children get Disability Living Allowance? No Yes 

| Name of child | Amount | How often? |
|----------------------|------------------------|----------------------|
| <input type="text"/> | £ <input type="text"/> | <input type="text"/> |

Do you pay a registered childminder, nursery or after-school club any childminding costs for any of your children? No Yes  If 'Yes', tell us the name and registration number of the minder below.

| Name of child | Amount | How often? |
|----------------------|------------------------|----------------------|
| <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"/> |

Part 3 About other people who live with you


Do any adults usually live with you and your partner? No Go to part 4.
By adults we mean people over 16 who nobody gets Child Benefit for. Yes Give details below.

Now tell us about all the people who usually live with you and your partner. If there are more than three people, use a separate sheet of paper.

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

| | First person | Second person | Third person |
|---|--|--|--|
| Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other names | <input type="text"/> | <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"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Their relationship to you or your partner | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| National Insurance numbers | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|
| Do they get Income Support, income-based Jobseeker's Allowance, income related Employment and Support Allowance or Pension Credit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> |
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| Do they get Disability Living Allowance or Attendance Allowance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | How much? | | How much? | | How much? |
| | | £ <input type="text"/> a week | | £ <input type="text"/> a week | | £ <input type="text"/> a week |

| | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
|----------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|
| Are they registered blind? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> |
|---|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|
| Are they a full-time student, student nurse, a care worker, an apprentice or on youth training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Tell us which. | | Tell us which. | | Tell us which. |
| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

Part 3 About other people who live with you – continued

First person

Second person

Third person

Do they pay rent or money for board and lodgings to you or your partner?

No
 Yes How much?
 £ _____ a week

No
 Yes How much?
 £ _____ a week

No
 Yes How much?
 £ _____ a week

Are they severely mentally impaired?

No
 Yes

No
 Yes

No
 Yes

Are they in legal custody at the moment?

No
 Yes When are they expected to come out?
 _____ / _____ / _____

No
 Yes When are they expected to come out?
 _____ / _____ / _____

No
 Yes When are they expected to come out?
 _____ / _____ / _____

Are they in hospital at the moment?

No
 Yes When did they go in?
 _____ / _____ / _____

No
 Yes When did they go in?
 _____ / _____ / _____

No
 Yes When did they go in?
 _____ / _____ / _____

When will they come out (if you know this)?
 _____ / _____ / _____

When will they come out (if you know this)?
 _____ / _____ / _____

When will they come out (if you know this)?
 _____ / _____ / _____

Do they normally work for 16 hours or more a week?

No
 Yes Tell us their earnings before any deductions.
 £ _____ a week

No
 Yes Tell us their earnings before any deductions.
 £ _____ a week

No
 Yes Tell us their earnings before any deductions.
 £ _____ a week



Do they have any other income at all? List any benefits or allowances they receive?

No
 Yes Name of first other income

No
 Yes Name of first other income

No
 Yes Name of first other income

How much is it before deductions?

£ _____ a week

How much is it before deductions?

£ _____ a week

How much is it before deductions?

£ _____ a week



Name of second other income

Name of second other income

Name of second other income

Part 3 About other people who live with you – continued



How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

Name of third other income

How much is it before deductions?

£ a week

How much is it before deductions?

£ a week

How much is it before deductions?

£ a week

Do they receive any interest from savings and investments?

No

Yes How much?

No

Yes How much?

No

Yes How much?



£ every

£ every

£ every

We must see proof of all other income and interest from savings and investments.

Are any of the people who normally live with you living together as partners?

No

Yes Tell us their names.

is the partner of

And

is the partner of

Part 4 About Income Support, income-based Jobseekers Allowance, Pension Credit and Employment and Support Allowance

Are you or your partner getting Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance or Pension Credit at the moment?

You

No

Yes When did you start getting it?

/ /

Your partner

No

Yes When did they start getting it?

/ /

Are you or your partner still waiting to hear about a claim for Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance or Pension Credit?

No

Yes When did you claim?

/ /

No

Yes When did they claim?

/ /



Part 5 About working for an employer

Do you or your partner work for an employer?

No Go to part 6.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

| | You | Your partner |
|--|--|--|
| What kind of work do you do? | <input type="text"/> | <input type="text"/> |
| What is your employer's name and address? | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Postcode <input type="text"/> | Postcode <input type="text"/> |
| When did you start this job? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| What is your payroll, employee or staff number? | <input type="text"/> | <input type="text"/> |
| Are you employed for a limited period? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> When will you finish? | Yes <input type="checkbox"/> When will they finish? |
| | <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 usually work? | <input type="text"/> | <input type="text"/> |
| How much do you get paid before tax and National Insurance are taken off?  | £ <input type="text"/> | £ <input type="text"/> |
| How are you paid? For example, in cash, by cheque or straight into a bank or building society account. | <input type="text"/> | <input type="text"/> |
| How often? | <input type="text"/> | <input type="text"/> |
| Give details of any regular overtime, bonuses or commission. | <input type="text"/> | <input type="text"/> |
| Are you getting Statutory Sick Pay (SSP), Statutory Maternity Pay (SMP), Statutory Adoption Pay (SAP) or Statutory Paternity Pay (SPP) from your employer at the moment?  | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Which one? <input type="text"/> | Which one? <input type="text"/> |
| | How much? <input type="text"/> £ | How much? <input type="text"/> £ |
| | How often? <input type="text"/> Every | How often? <input type="text"/> Every |
| What date did it start? | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Part 5 About working for an employer – continued

| | You | Your partner |
|---|---|---|
| Are you getting any other sick pay or maternity pay from your employer at the moment? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Do you pay into a private or company pension scheme? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | How much? How often? | How much? How often? |
| | £ <input type="text"/> <input type="text"/> | £ <input type="text"/> <input type="text"/> |



Part 6 About any other work

Do you or your partner do any other work at all? No Go to part 7.
 This could be voluntary work or any other work, Yes Answer the questions on this page.
 even if it is not paid work.

What other work do you do?

What is the name and address of the person you do this work for?

 Postcode

 Postcode

When did you start this work?

 / /
 / /

How many hours a week do you usually work?

Do you get paid?
 If you only get expenses or tips, still tick 'Yes' and give details.

No
 Yes How much do you get before any deductions?

No
 Yes How much do you get before any deductions?



| How much? | How often? |
|------------------------|----------------------|
| £ <input type="text"/> | <input type="text"/> |

| How much? | How often? |
|------------------------|----------------------|
| £ <input type="text"/> | <input type="text"/> |

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

For example if you are paid weekly we need to see your last 5 consecutive weekly payslips, if paid monthly your last 2 payslips and if paid fortnightly your last 3 payslips.

Read the checklist in part 18 to see what you can use as evidence.

Part 7 About being self-employed

Are you or your partner self-employed?

No Go to part 8.

Yes Answer the questions on this page.



You can send us your trading accounts for the last financial year. If you have only recently set up the business and do not have full years accounts, we will need to see some evidence of your income. We will write to you about this.

To speed up your application you can ask us for a Self Employed income form.

| | You | Your partner |
|---|--|--|
| What kind of work do you do? | <input type="text"/> | <input type="text"/> |
| When did the business start? | <input type="text" value="/ /"/> | <input type="text" value="/ /"/> |
| What is the business name and address? | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Postcode | Postcode |
| Are there any other partners in the business? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> Tell us their name and address. | Yes <input type="checkbox"/> Tell us their name and address. |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | Postcode | Postcode |
| How many hours a week do you usually work? | <input type="text"/> | <input type="text"/> |
| Do you get a Business Start-up Allowance? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | How much? How often? | How much? How often? |
| | £ <input type="text"/> <input type="text"/> | £ <input type="text"/> <input type="text"/> |
| Do you pay into a private pension scheme? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| We need to see proof of the agreement and current payments | How much? How often? | How much? How often? |
| | £ <input type="text"/> <input type="text"/> | £ <input type="text"/> <input type="text"/> |
| Do you pay class 2 National Insurance contributions? | No <input type="checkbox"/> | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |



Part 8 About state benefits

You

Your partner

Are you or your partner getting any of the benefits shown below?

No Go to Part 9.
 Yes Please tell us how much of each benefit you get **every week**.

No Go to Part 9.
 Yes Please tell us how much of each benefit they get **every week**.

Read the list of benefits below and tell us about any you or your partner are getting now. Please give the total weekly amounts before any deductions.



| | You | Your partner |
|--|------------|---------------------|
| State pension | £ | £ |
| Pension Credit - Savings Credit | £ | £ |
| Widow's Pension | £ | £ |
| War Pension | £ | £ |
| War Widow's Pension | £ | £ |
| War Disablement Benefit | £ | £ |
| Job Release or Early Retirement Allowance | £ | £ |
| Bereavement Payment | £ | £ |
| Bereavement Allowance | £ | £ |
| Incapacity Benefit | £ | £ |
| Employment and Support Allowance | £ | £ |
| Severe Disablement Allowance | £ | £ |
| Industrial Injuries Benefit | £ | £ |
| Industrial Death Benefit | £ | £ |
| Industrial Widow's Benefit | £ | £ |
| Reduced Earnings Allowance | £ | £ |
| Carer's Allowance | £ | £ |
| Contribution-based Jobseeker's Allowance | £ | £ |
| Government Training Allowance | £ | £ |
| Return to Work Credit | £ | £ |
| Fostering Allowance | £ | £ |
| Guardian's Allowance | £ | £ |
| Child Benefit | £ | £ |
| Child Tax Credit | £ | £ |
| Working Tax Credit | £ | £ |
| Widowed Mother's or Widowed Parent's Allowance | £ | £ |
| Maternity Allowance | £ | £ |

If there are any other benefits or allowances you have claimed for but not heard about yet, please write them below.

We must see proof of all benefits, before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as proof.

Part 9 About company or private pensions you get _____

Do you or your partner get any company pensions or private pensions? No Go to part 10.
Yes Give details below.

| | You | Your partner |
|---|------------------------|----------------------|
| Company name: | <input type="text"/> | <input type="text"/> |
|  | How much? | How often? |
| | £ <input type="text"/> | <input type="text"/> |
| Company name: | <input type="text"/> | <input type="text"/> |
|  | How much? | How often? |
| | £ <input type="text"/> | <input type="text"/> |

Part 10 About other money coming in _____

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?


This includes maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; training allowances; a student grant or loan; and any cash payments. 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 from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

No Go to part 11. Yes Give details below.

Other money 1

What is the money for?


Who gets it?

How much do they get?  £ How often?

Other money 2

What is the money for?

Who gets it?

How much do they get?  £ How often?

If you have any other money coming in, please send a separate sheet. If you are sending a separate sheet, please tick this box.

We must see proof of all pensions, and other money coming in before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as proof.

Have you or your partner received a Far Eastern Prisoner of War Payment or a compensation payment made to victims of atrocities that happened during the Second World War? No Yes

We need to know this so we do not count it as part of your savings.

How much?

£

Part 10a If you have no income _____

Please explain why and how you meet your day to day living costs.

Part 11 About your bank or building society accounts, savings, investments and other properties

Do you or your partner have any bank or building society accounts, savings, investments or other properties in the UK or abroad?

No Go to part 12. Yes Answer all the questions in this part.

Tell us about **all** your bank or building society accounts, even empty or overdrawn ones, even if you do not use them regularly. If you need more space tell us about the others on a separate sheet of paper and send it with this form.

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

| | Name of Account Holder | Name of Bank or Building Society | Account Number | How much is in the account? |
|----|------------------------|----------------------------------|----------------|-----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |



We must see proof of all your bank or building society accounts, savings and investments if you have more than £6000. Read the checklist in part 18 to see what you can use as evidence.

Part 11 About your bank or building society accounts, savings, investments and other properties - continued

Do you or your partner have any Premium Bonds? No Yes

Please list below

| Who owns them? | Value |
|----------------|-------|
| | £ |
| | £ |
| | £ |
| | £ |



Do you or your partner have any National Savings Certificates? No Yes

Please list below

| Who owns them? | Issue Number | How many? | Value |
|----------------|--------------|-----------|-------|
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |



Do you or your partner have any stocks, shares, bonds or unit trusts? No Yes

Please list below

| Who owns them? | Company name | How many? |
|----------------|--------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |



Do you, your partner have any other capital, savings or investments? For example, cash, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

No Yes Tell us about this.



Other properties

Do you, your partner, or any children you are claiming for, own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad? Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

No Yes What is the address?

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£



Part 12 About rent – continued

What sort of tenancy do you have?
For example, shorthold, assured tied
rent or something like this.

Please tick to show if the property is let as:

fully furnished partly furnished
minimally furnished unfurnished

Amount of rent

How much is the rent for your home?

How much? How often?

£

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

No Tell us their names and their relationship
Yes to you and your partner.



How much of the rent do you pay?

How much? How often?

£

Has your rent changed in the last 12 months?

No Send us evidence of the date it changed,
Yes and how much it changed.

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

No Please send us the notice
Yes of registration (RO5).



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

No
Yes How many in a year?

Are you behind with your rent? No
Yes

By how many weeks? How much do you owe?

Who receives the Council Tax bill for your home?
Someone else, tell us who

Your landlord You or your partner

Who pays the water rates for the property?

Does your rent include money for Meals?

No How much each week? £

Yes Which meals are included?

Does your rent include money for Services?

No
Yes Please list those included in the rent below

| Services included in the rent | How much? | How often? |
|-------------------------------|-----------|------------|
| Cleaning rooms or windows | | |
| Fuel for cooking | | |
| Garage or parking space | | |
| Gardening | | |
| Heating | | |
| Hot water | | |
| Laundry | | |
| Lighting | | |
| Personal care and support | | |
| Water authority charges | | |

Part 12 About rent – continued

Do you have to rent a garage as part of your tenancy agreement? No
Yes

Do you pay any service charges separate from your rent? No Yes

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance.

How much each week? £

What for?

Are you living away from home at the moment? No Go to part 13.

Yes Tell us why you are not living at home.

When did you last live at home? / /

When do you expect to go back home? / /

Tell us the address of where you are living at the moment.

 Postcode

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

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist in part 18 to see what you can use as evidence.

Part 13 About where you live

What sort of building do you live in? Tick one box only.

- | | | | | | |
|---------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and lodgings | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Terraced house | <input type="checkbox"/> | Bedsit or rooms | <input type="checkbox"/> | Residential nursing home | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Tyneside Flat | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Flat in a house | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> | | |

Which floors do you live on?

If your home is a room, please give the room number

Do you and your household occupy only part of the building you have ticked? No Yes Where in the building do you live? At the front In the middle At the back

Has your home been built or adapted for people with disabilities? No Yes Does your home have a garage? No Yes

Does your home have central heating? No Yes Does your home have parking? No Yes

Does your home have a garden? No Yes

Part 13 About where you live – continued

| How many of the following rooms are there? | In the whole building | Just for you and your household | That you share with other people who are not part of your household |
|--|-----------------------|---------------------------------|---|
| Bedrooms | | | |
| Living rooms | | | |
| Kitchens | | | |
| Bathrooms or shower rooms | | | |
| Separate toilet | | | |
| Bedsitting rooms | | | |
| Other rooms | | | |

Do you use your home for business?

No Yes

Do you have a main home somewhere else?

No Yes

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

What is the address?

| |
|----------|
| |
| |
| |
| Postcode |

How much do you pay for this home?

£

Part 14 Sharing information with your landlord

Sometimes, sharing information with your landlord helps us to deal with your claim quickly and reduces the risk of you falling behind with your rent because of your claim being delayed.

Under the Data Protection Act we need your permission to share information.

If you give us permission, we would be able to tell your landlord:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need further information to make a decision on your claim.

There may be other information about your claim that we need to check with your landlord, such as the date your tenancy started, before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

We will not give your landlord any information about:

- your personal or household circumstances; or
- your financial circumstances.

If you do not give us permission to discuss your claim with your landlord, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give Newcastle City Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.

Your signature

Date / /

Part 17 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about.

If you are sending separate sheets of paper with this form, tell us how many.

Part 18 Checklist

Please tick to tell us what evidence you are sending with this form.

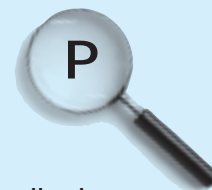
Do not delay in sending this form in. Please tick to say what proof you are sending with this form. We must see original documents, not copies.

Please do not send valuable items through the post. If you can, bring them into your nearest Customer Service Centre. We will take the details we need and give you the documents back straight away.

If you cannot get into the one of our centres, phone us for more advice.

If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one.

If you cannot provide the proof we need at the moment, send the form back to us now and provide the proof later. We can start to process your claim, but we may not be able to pay you any benefit until we have all the proof.



- Proof of identity**
Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.
- Proof of your address**
Such as a recent gas or electricity bill or a TV licence.
- Proof of National Insurance number**
Such as a National Insurance number card, payslips or letters from social security or the tax office.
- Proof of capital, savings and investments**
Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings. The proof you provide must show details for at least the last two months.
- Proof of earnings**
We also need this for any other adults living in your home. This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.
- Proof of other income**
We also need this for any other adults living in your home. Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see proof of any money people pay you for board and lodgings.

Part 18 Checklist - continued

Proof of benefits, allowances or pensions

We also need this for any other adults living in your home. Such as current award notices or letters from your Jobcentre Plus office, Jobcentre, social security office or Pension Service confirming how much you get. If you do not have proof, let us know straight away.

Proof of private rent and tenancy

Such as a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

Proof of other money paid out

Such as letters about student grants, maintenance agreements or receipts from registered child minders.

Make sure you read and sign the declaration in part 21.

Part 19 Help with your claim

If this form has been filled in by someone other than the person claiming please tell us why you are filling in this form for the person claiming.

I have written all the information on this claim form on behalf of the person claiming. Each answer accurately reflects what the person claiming told me after I read out that question to him or her. The person claiming has confirmed to me that each of these answers is true and correct.

I read out all of the declaration to the person claiming before he or she signed it.

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming.

For example, friend, relative or benefits officer.

Date / /

If you can not manage your own affairs because you are sick, disabled or elderly you can choose someone to act for you. This is called a representative. If you want someone to act for you when dealing with your claim for benefit, please answer all the questions below.

Your representative's name, address and phone number.

Phone number

How is your representative related to you?

Your declaration

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 21.

Part 19 Help with your claim - continued

Your representative's declaration

Please ask the person you want to act for you to read the notes below and then to 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.

If you agree to act as the representative of the person making this claim, sign below.

Representative's
signature

Date

 / /

Part 20 Equal Opportunities Monitoring

We want to find out if we are providing as good a service as possible to all our customers. To help us to do this, please fill in this section of the form. We will keep any information you provide confidential. The information in this section will not affect the way we process your claim or the amount of benefit you will receive. Please tick the boxes that apply to you.

| | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------|--------------------------|
| White | <input type="checkbox"/> | Black and black British | <input type="checkbox"/> | | |
| British | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | | |
| Irish | <input type="checkbox"/> | African | <input type="checkbox"/> | | |
| Any other white background | <input type="checkbox"/> | Any other black background | <input type="checkbox"/> | | |
| Mixed | | Chinese | | | |
| White and black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | | |
| White and black African | <input type="checkbox"/> | Other ethnic background | <input type="checkbox"/> | | |
| White and Asian | <input type="checkbox"/> | Please describe | <input type="text"/> | | |
| Any other mixed race | <input type="checkbox"/> | | | | |
| Asian and Asian British | | Sex: male | <input type="checkbox"/> | female | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Age: Under 16 | <input type="checkbox"/> | 25 to 59 | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | 16 to 19 | <input type="checkbox"/> | 60 to 64 | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | 20 to 24 | <input type="checkbox"/> | 65 and over | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> | | | | |

According to the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental condition which has a substantial and long-term effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability?

No

Yes

We will only use the information you provide for statistical purposes. We will not pass the information to anyone else. If you have any questions about data protection phone our Data Protection Officer on 0191 211 5309, or send an e-mail to dataprotection@newcastle.gov.uk

Part 21 Declaration

Thank you for filling in the form. You must sign below before we can accept it. Please read this section carefully before you sign.

By signing below, I confirm that all the information I have given is true.

- This is my claim for Housing Benefit or Council Tax Benefit, or both.
- I live at the address I am claiming for.
- The information I have given is true and complete.
- I agree that you can check the information I have given.
- If any of the information changes, I will tell you immediately.

I understand the following.

- If I receive too much benefit I may have to pay it back.
- You may use the information I have given to help with other council services, and to prevent fraud.
- You can share the information with other organisations who also have to look after public money and prevent fraud.

I know that you can prosecute me if:

- I lie to you in order to get benefit;
- I show you any false papers in order to get benefit;
- I don't tell you straightaway when something has changed;
- I claim benefit when I know I should not; or
- I carry on getting benefit when I know it should have stopped.

(By you we mean the Housing Benefit and Council Tax Benefit Section).

Your signature

Date

Your partner's
signature

Date

IMPORTANT

Please make sure you have completed all questions.
Check you have provided proof to support your claim.
The areas requiring proof are indicated with a 'proof logo'.



For help see our checklist on part 18.

Do not delay handing in your form or you may lose Benefit.

Contact us

If you need any help, there are a number of ways you can contact Benefits staff.



You can call the **Benefits helpline** on **0845 111 4101** between 8am - 6pm Monday to Friday (calls charged at local rate) or use the **freephone** at your local housing office.



You can arrange for a Benefits officer to visit you at home by calling **0845 111 4101** Monday to Friday between 8am - 6pm (calls charged at local rate)



You can visit one of our six customer service centres at: (open Monday - Friday 8.30am - 4.30pm except public holidays)

Civic Centre Customer Service Centre

Barras Bridge,
Newcastle upon Tyne
NE1 8PU

East End Customer Service Centre

83-85 Shields Road,
Byker,
Newcastle upon Tyne
NE6 1DL

Gosforth Customer Service Centre and Library

Regent Farm Road,
Gosforth,
Newcastle upon Tyne
NE3 3HD

Kenton Customer Service Centre

Hillsview Avenue, Kenton,
Newcastle upon Tyne
NE3 3QJ

Outer West Customer Service Centre

Denton Park Shopping Centre,
West Denton Park,
Newcastle upon Tyne
NE5 2QZ

West End Customer Service Centre

Condercum Road,
Benwell,
Newcastle upon Tyne
NE4 9JH



You can also visit

Walker Centre

Church walk, Walker,
Newcastle NE6 3BS



You can email us at **benefits@newcastle.gov.uk**
Visit our website at **www.newcastle.gov.uk/benefits**



You can write to us at: Newcastle City Council. PO Box 429,
Newcastle upon Tyne NE3 3AF

Language line interpreting facilities are available in our customer service centres.

If you would like any information in another format or language, please call:

**Benefits section on 0845 111 4101 (during hours 8am - 6pm)
or email: benefits@newcastle.gov.uk**