

Please return this form to:

Torrige District Council
Benefits Team
Riverbank House
Bideford, EX39 2QG

E-mail: benefits@torridge.gov.uk

Website: www.torridge.gov.uk



Council Tax Support Only

We have written this form in plain English so it is easier to understand

**Part
1**

Your address and contact details

Your full name and address (with postcode) you want to claim for.
(include any room number if this applies)

For office use only	
Claim number:	
Date issued:	/ /
Date received:	/ /

Please give your daytime contact details

Daytime phone number

Mobile phone number

Best time to call (please tick) morning midday afternoon

About this form

You can use this form to claim Council Tax Support or Second Adult Rebate (SAR: Pensioners only). If you are only claiming Second Adult Rebate, only fill in parts 1, 2, 4 and 15.

Please read all of the notes shown on the first two pages and those at the back of this form before you answer the questions.

Please tick what you are applying for. Council Tax Support
Second Adult Rebate (Pensioners only)

We want to deal with your claim quickly, so if you need help filling in this form or you just want advice, please contact us on 01237 428700

- You must return this form to us immediately even if you do not have all the proof we ask for.
You must send us any missing proof within one month or we will cancel your claim.
- Give us your contact details - your claim can be dealt with quicker
 - Don't delay in filling in and sending us this claim form.
 - You will lose support if you don't do this immediately.
 - You will need to send us various documents or proof to support your claim.
 - We will only process this claim if you send us original documents of proof - we cannot accept photocopies.
 - You must answer every question. If you intend to personally deliver this form to our office, it will reduce your waiting time if you fill in as much as you can before you come.

Filling in this form

This form may seem rather long, but by law we have to ask these questions to make sure that everyone who claims support gets the right amount. **Please read the notes pages at the back, before you fill in the form.**
Please use **black ink** to fill in this form. **Do not** use pencil. If you make a mistake, just cross it out and put the right answer next to it. **Do not** use correction fluid or tape.
If someone else fills in the form for you, there is a special space for them to sign.
If you need help filling in this form:
Please call into our office. We can go through your form with you and advise you on any other information we need. You may phone us on 01237 428700
If you are disabled or elderly and need someone from our office to come and visit you to help you fill in this form, please phone us to make an appointment.
If you need this form in another language, please contact us.

Filling in this form

What to do next

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

If you cannot get the proof we need straightaway, don't worry. Send the form to us, but let us know that you will be sending some proof later. If you do not send the form to us straightaway, you might lose money. If you cannot get the proof we need within two or three weeks, let us know. We may be able to help you. We will acknowledge your claim.

If you do not send us proof of your income, savings and so on with your form, it may cause a delay in us dealing with your claim.

Part 2

About you and your partner (if you have one)

You must answer all questions in this part

Do you have a partner who normally lives with you?

Yes No

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

Partner - Someone you are married to or have a civil partnership with or a person you live with as if you were husband, wife or civil partner.

Civil Partnership - A civil partnership is a formal arrangement that gives same-sex partners the same legal status as a married couple.

The Council reserve the right to amend the claimant to partner and vice-versa if the change in applicant increases the amount of the award.

Proof needed

We must see proof of identity and National Insurance number for you and your partner, if you have one. We also need to see proof of your immigration status if you are from abroad. See the checklist and notes at the back of the form for details of the type of proof we need to see. We must see original documents, not photocopies.

	You	Your partner
Last name	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Miss, Mrs, Ms)	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Have you ever claimed Housing Benefit or Council Tax Support before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', when did you last claim?	<input type="text"/>	<input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you claim in?	<input type="text"/>	<input type="text"/>
Please give the address you claimed for, if it was different to your current address.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Give the date you moved into your current address.	<input type="text"/>	<input type="text"/>
What was your previous address.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Please say if you owned, rented or lived with relatives or friends at this previous address.

You	Your partner
<input type="text"/>	<input type="text"/>

Have you come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', give your nationality. We may write to you to ask you for more information about your circumstances.

<input type="text"/>	<input type="text"/>
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Do you have a right to reside here? If 'Yes', please provide evidence of this.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<input type="text"/>	<input type="text"/>
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Are you or your partner getting Income Support (IS), income-based Jobseeker's Allowance (JSA IB), Employment & Support Allowance income related (ESA IR), Universal Credit (UC) or Pension Credit?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', when did you start receiving it?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Are you or your partner waiting to hear about a claim for Income Support (IS), income-based Jobseeker's Allowance (JSA IB), Employment & Support Allowance income related (ESA IR), Universal Credit (UC) or Pension Credit?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', when did you make the claim?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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If you or your partner are aged under 22, are you a care leaver?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you or your partner registered blind with social services?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does anyone receive Carer's Allowance for looking after you or your partner?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', who receives it?

<input type="text"/>	<input type="text"/>
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What is their relationship to you?

<input type="text"/>	<input type="text"/>
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Do you or your partner get Disability Living Allowance or Personal Independence Payment?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Care component?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Mobility component?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you or your partner get Attendance Allowance?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you or your partner pregnant? If 'Yes', when is the expected due date?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Are you or your partner currently in hospital?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', when did you go in?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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When do you expect to come out?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Are you going to return to your home?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you or your partner long-term sick or disabled?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(You may be classed as long-term sick if you have been unable to work for at least 28 weeks (if you are terminally ill), or at least 52 weeks due to illness).

Part 2

About you and your partner (continued)

	You	Your partner																								
Are you or your partner severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Are you or your partner a student nurse, an apprentice or on youth training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Are you or your partner on a New Deal, Welfare to Work or other Department for Work and Pensions scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Are you or your partner in legal custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If 'Yes', when do you expect to come out?	/ /	/ /																								
Are you or your partner away from your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If 'Yes', since what date and for what reason?	/ / <input style="width: 100%;" type="text"/>	/ / <input style="width: 100%;" type="text"/>																								
Are you or your partner a student? If 'Yes', please give us the following information.	Yes <input type="checkbox"/> No <input type="checkbox"/> If both answers are 'No', go to part 3 .	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Is your course full or part time?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
Name and type of course	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																								
Please tell us the term dates for this year's course.	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Start date</th> <th style="width: 30%; text-align: center;">Finish date</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Autumn term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: right;">Spring term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: right;">Summer term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> </tbody> </table>		Start date	Finish date	Autumn term	/ /	/ /	Spring term	/ /	/ /	Summer term	/ /	/ /	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Start date</th> <th style="width: 30%; text-align: center;">Finish date</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Autumn term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: right;">Spring term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: right;">Summer term</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> </tbody> </table>		Start date	Finish date	Autumn term	/ /	/ /	Spring term	/ /	/ /	Summer term	/ /	/ /
	Start date	Finish date																								
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Summer term	/ /	/ /																								
	Start date	Finish date																								
Autumn term	/ /	/ /																								
Spring term	/ /	/ /																								
Summer term	/ /	/ /																								
How long is your course?	<input style="width: 80%;" type="text"/> years	<input style="width: 80%;" type="text"/> years																								
Which year of study are you in now (1 of 1, 1 of 3, 2 of 3 and so on)?	<input style="width: 80%;" type="text"/> of	<input style="width: 80%;" type="text"/> of																								
Do you or your partner receive a student loan, grant or bursary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
How much do you or your partner get?	£ <input style="width: 40%;" type="text"/> p every	£ <input style="width: 40%;" type="text"/> p every																								
When will this end?	/ /	/ /																								

Proof needed If you have answered 'Yes' to any of the questions in **part 2**, you will need to provide proof and we will need to ask you more questions about the amounts you get later in this form.

Part 3

About children you receive Child Benefit for

You must answer all questions in this part

How many children live with you who you or your partner receive Child Benefit for? If there are none, write 'None' in this box.

If your answer is 'None', go to **part 4**.

If you have any children living with you who you do not receive Child Benefit for, **give their details in part 4**.



Child Benefit is usually paid for children under 16, aged 16 or 17 and registered for work training or youth training, or aged at least 16 but under 20 who are doing further-education courses higher than GCSE, A level or GNVQ advanced.
If you have more than four children for this section, answer the following questions for the extra children on plain paper. Remember to sign and date any extra sheets that you use and write 'Part 3' on the paper.

Part 3

About children you receive Child Benefit for (continued)

Proof needed

You must send us proof of Child Benefit. This must include the Child Benefit number and a Childcare form (if your children have child care) for the children you list in this section or proof that they are in full time education. Please contact us if you have any queries, or if you need a Childcare form.

	Child 1	Child 2	Child 3	Child 4
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<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"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (for example, son, daughter, foster son, foster daughter, step son, step daughter and so on)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the child registered blind?	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"/>
Are they due to leave school or further education in the next six months?	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"/>
If 'Yes', give the leaving date.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they receiving Disability Living Allowance or Personal Independent Payment?	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"/>
Tell us how much they receive each week from earnings or income.	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p
Give the amount of any childcare costs you pay each week to a day nursery, registered child minder or registered play scheme.	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p
Give the name and the registration number of the childcare provider.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Give us the details of when your child receives childcare (for instance: during term time; after school; during school holidays; or pre-school).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many weeks in the year does your child receive childcare?	<input type="text"/> weeks	<input type="text"/> weeks	<input type="text"/> weeks	<input type="text"/> weeks

If you have to use a separate sheet of paper, remember to sign and date any extra sheets you use. Write 'Part 3' on the paper and tick this box so we can look out for it.

Part 4

About other people who live with you - including children, lodgers and other non-dependants

You must answer all questions in this part

How many other people live with you (including any children who you do not claim Child Benefit for)?

If your answer is 'None', go to **part 5**.

Proof needed

You must send us the latest pay slips or proof of earnings for any non-dependants living with you.

A non-dependant is any adult who is not a lodger, boarder or sub tenant. We do not need to know about the income of anyone who lodges or boards with you and pays you rent.

If you do not send us the proof we need, we may reduce your level of support.



Help notes

You must list everyone who lives in your home, including adult relatives, friends or lodgers. If you do not have enough room to list all the people, please use extra sheets of paper but remember to sign and date all extra sheets you use and answer all the questions listed here about them. Write 'Part 4' on the paper.

	Person 1	Person 2	Person 3
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you or your partner (for example, lodger, son or friend)	<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"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent to you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they on Income Support, income-based Jobseeker's Allowance (JSA IB) Pension Credit, Employment and Support Allowance (income related) or Universal Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they work 16 hours a week or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please tell us their gross earnings (before deductions) and how often they are paid, for example, every week, two weeks, four weeks or month.	£ <input type="text"/> . <input type="text"/> p <input type="text"/> every <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/> every <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/> every <input type="text"/>
Other gross income			
Jobseeker's Allowance (contribution based)	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>
Pensions	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>
Other	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>
If 'Other', please give details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest on savings each year	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>
Tell us if any of the people in your household are a full-time student, a care worker, an apprentice, on a youth training scheme or severely mentally impaired.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are any of the people in your household married or living together as if they are married?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', please fill in the following.	<input type="text"/> is the partner of <input type="text"/>		
	<input type="text"/> is the partner of <input type="text"/>		
Is anyone in legal custody at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, tell us who. <input type="text"/>	
If 'Yes' when are they expected to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Is anyone in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, tell us who. <input type="text"/>	
If 'Yes', when do you expect them to come out?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Is anyone providing care for someone in your home for more than 35 hours a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', who is caring for who?	<input type="text"/> is caring for <input type="text"/>		

If you have to use a separate sheet of paper, remember to sign and date any extra sheets you use. Write 'Part 4' on the paper and tick this box so we can look out for it.

Part 5

About self-employment

You must answer all questions in this part

Are you or your partner self-employed?

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

If both answers are 'No', go to **part 6**.

How many hours do you or your partner work each week?

<input type="text"/> hours	<input type="text"/> hours
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What is the name of your business?

<input type="text"/>	<input type="text"/>
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What is your business address?

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

What is the nature of the business?

<input type="text"/>	<input type="text"/>
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When did you start trading?

<input type="text"/>	<input type="text"/>
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Do you get a Start-up Allowance from the Dept for Work & Pensions?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', you must send us proof of what you get.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you pay into a private pension?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', you must send us proof of what you pay.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you or your partner a director in this company?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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We need to see your latest accounts if you have them. If you are sending them with your claim, please tick this box so we can look out for it.

You <input type="checkbox"/>	Your partner <input type="checkbox"/>
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We also need to see your latest tax assessment if you have it. If you are sending this with your claim, please tick this box so we can look out for it.

You <input type="checkbox"/>	Your partner <input type="checkbox"/>
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If you do not have any prepared accounts, please tick this box as we may need to send you a form to fill in to give us more information or **contact us and we can send you a form**.

You <input type="checkbox"/>	Your partner <input type="checkbox"/>
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If you are self-employed, you should send us your latest accounts and any relevant receipts. Do not delay making your application if your accounts are not available.

Proof needed

Part 6

About working for an employer

You must answer all questions in this part

Do you or your partner work for an employer?

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

If both answers are 'No', go to **part 7**.

How many jobs do you have?

<input type="text"/>	<input type="text"/>
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Help notes

If you work for more than one employer, please give details of the main job below and give us the same details for all the other jobs on a separate sheet of paper.

What is your job title?

You	Your partner
<input type="text"/>	<input type="text"/>

Number of hours worked each week

<input type="text"/>	<input type="text"/>
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Employer's name and address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<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"/>
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If this job is for a fixed period, please say when it will end.

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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What is your payroll reference number?

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

Your usual gross pay (before deductions)

£ <input type="text"/> . <input type="text"/> p	£ <input type="text"/> . <input type="text"/> p
---	---

How often do you normally get paid, for example, every week, two weeks, four weeks or month?

every <input type="text"/>	every <input type="text"/>
----------------------------	----------------------------

How do you normally get paid? For example in cash, by cheque or straight into a bank or building society account.

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

Part 6

About working for an employer (continued)

When do you and your partner expect your next pay rise?

____ / ____ / ____

____ / ____ / ____

Give the details of any top-up from your employer, casual income, tips you get or annual bonus (please state which).

£ ____ p

£ ____ p

If you or your partner are on a work training scheme, give the amount of training allowance you get and the name of the training agency.

£ ____ p

£ ____ p

Are you or your partner getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer at the moment? If 'Yes' please say which, when it started, how much you receive and how often

Yes No

Yes No

Started ____ / ____ / ____

Started ____ / ____ / ____

£ ____ p every

£ ____ p every

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

Yes No

Yes No

If 'Yes' please say which, when it started, how much you receive and how often.

Started ____ / ____ / ____

Started ____ / ____ / ____

£ ____ p every

£ ____ p every

Do you or your partner make payments to a personal pension scheme, other than through your employer?

Yes No

Yes No

If 'Yes', how much do you pay and how often? (Please provide proof.)

£ ____ p every

£ ____ p every

Are you or your partner directors of the company that you work for?

Yes No

Yes No

List here any other single sources of work-related income. Please give details of what the money was for and the date you received it i.e. annual bonus.

£ ____ on ____ / ____ / ____ for: _____

£ ____ on ____ / ____ / ____ for: _____

If you have to use a separate sheet of paper, remember to sign and date any extra sheets you use. Write 'Part 6' on the paper and tick this box so we can look out for it.

We need to see proof of the wages you and your partner get.

- If paid every week, please send the last five pay slips you both received over the last five weeks.
- If paid every two weeks, please send the last three pay slips you both received over the last six weeks.
- If paid every four weeks or month, please send in the last two pay slips you both received over the last eight weeks or last two months.
- If you or your partner do not have pay slips or have just started work, please use the certificate of earnings slip at the back of this form.

Proof needed

Part 7

About any state benefits, pensions or allowances you or your partner receive

You must answer all questions in this part

Proof needed

We need to see proof (such as a letter from the Pensions Service or Department for Work and Pensions (DWP)) about any state benefits or pensions, or a letter from HM Revenue and Customs about any tax credits you receive.

Are you or your partner getting or waiting to hear about a claim for any pension or benefit?

Yes No

Yes No

If both answers are 'No', go to **part 8**.



If you have applied for any of the benefits or pensions listed below but do not receive them yet, write 'Applied' in the box with the £ sign. If you are getting any of them, put in the amount and how often you get it.

You must advise us if you have an entitlement to an allowance or benefit but which due to your circumstances do not actually receive payment. This entitlement may affect your claim. Please use a separate sheet to tell us about this and give us the reason why you do not receive the payment.

Please say if you or your partner are getting any of the following benefits. We must see proof of any you get.

Please tick Yes or No.

	You			Your partner		
	Date the benefit started			Date the benefit started		
Attendance Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Bereavement Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Child Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Child Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Employment and Support Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Foster or Adoption Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Incapacity Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Industrial Injuries Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Carer's Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Contribution-based Jobseeker's Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Maternity Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Private pension, superannuation or annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Pension Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
State Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Universal Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Have you or your partner deferred your state pension?	You Yes <input type="checkbox"/> No <input type="checkbox"/>			Your Partner Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', until when?	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>		
War Widow's Pension or Disablement Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Widow's Pension or Industrial Widow's Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p every <input type="text"/>
Any other benefits, pensions or allowances not listed (please give details). If you need more space, use an extra sheet of paper.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>	<input type="text"/>	£ <input type="text"/> . <input type="text"/> p <input type="text"/>
	<input type="text"/>			<input type="text"/>		
Are you or your partner in the Mobility Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

If you have to use a separate sheet of paper, remember to sign and date any extra sheets you use. Write 'Part 7' on the paper and tick this box so we can look out for it

Part 8

About income from boarders, lodgers and subtenants

You **MUST** answer all questions in this part



A boarder or lodger is someone who pays rent which includes money for meals. A subtenant is someone who rents out part of your home, who is not a member of your family and whose rent does not include any money for meals.

Do you rent out part of your home to any boarders or lodgers?

Yes No

If 'No', go to **part 9**.

If 'Yes', how many?

Please give their names and the amount you charge each week.

£ . p each week

£ . p each week

£ . p each week

Does this include a charge for heating?

Yes No

Does this include a charge for meals?

Yes No

Do you rent out part of your home to anyone who is a subtenant?

Yes No

If 'Yes', how many people?

Please give their names and the amount you charge each week.

£ . p each week

£ . p each week

£ . p each week

Does this include a charge for heating?

Yes No



We must see proof, such as a rent payment card, for any subtenants and boarders or lodgers.

Part 9

About any other money you or your partner have coming in

You **MUST** answer all questions in this part



You must use this section to tell us about all other sources of income that you have not shown in earlier sections. You should include anything you or your partner receive, for example, any tips, winnings or other unusual sources of income.

Do you or your partner, if you have one, have any money coming in that you have not already told us about on this form?

_____ **You** _____

_____ **Your partner** _____

Yes No

If both answers are 'No', go to **part 10**.

Yes No

This includes any maintenance or child support for you, your partner or any children you have told us about in this form, and any other cash payments. Also tell us about any money you receive from the Territorial Army, CSA or a charitable trust or because you are a local-authority Councillor. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the McFarlane Trust.

Other money 1

What is the money for?

_____ **You** _____

_____ **Your partner** _____

How much do they get or what do they get?

£ . p every

£ . p every

Other money 2

What is the money for?

_____ **You** _____

_____ **Your partner** _____

£ . p every

£ . p every

Does anyone owe money for work done by you, your partner or any of the children you are claiming for?

Yes No

If 'Yes', what is it for?

How much is owed? £

If you do not have enough room here for all the other money you or your partner get, use a separate sheet of paper. If you have to use a separate sheet of paper, remember to sign and date any extra sheets you use. Write 'Part 9' on the paper and tick this box so we can look out for it.



You must send us proof of any money you have coming in before we can decide how much support you can get.

You must answer all questions in this part



You must tell us in this part about all capital, savings and investments you and your partner have. You must tell us about **ALL** bank and building society accounts (even empty and overdrawn ones), any property owned such as a house or land, any holiday home, holiday caravan, holiday timeshare or holiday points club, any money such as cash, bank accounts and savings, and anything that you keep for its value. If you have any doubt about telling us anything, tell us about it anyway and we will decide if it is important or not. If you do not tell us about everything, we may give you the wrong amount of support. If you receive too much support, you will have to pay it back.

Do you have any of the following?

Current accounts

Name of bank or building society
Account numbers
How many accounts do you hold?

You

Yes No Amount £ . p

Your partner

Yes No Amount £ . p

Savings accounts

Name of bank or building society
Account numbers
How many accounts do you hold?

You

Yes No Amount £ . p

Your partner

Yes No Amount £ . p

Other accounts

Name of bank, building society etc
Account numbers
How many accounts do you hold?

You

Yes No Amount £ . p

Your partner

Yes No Amount £ . p

Post office accounts

Type of account
How many accounts do you hold?

You

Yes No Amount £ . p

Your partner

Yes No Amount £ . p

Do you have any National Savings Certificates or Premium Bonds?
If 'Yes', give us details.

You

Yes No Value £ . p

Issue number: _____

How many? _____

Your partner

Yes No Value £ . p

Issue number: _____

How many? _____

Do you have any stocks, shares, bonds or unit trusts?
If 'Yes', give us details.

You

Yes No

Company: _____

How many? _____

Your partner

Yes No

Company: _____

How many? _____

Do you have any TESSAs or ISAs?
If 'Yes', give us details.

You

Yes No

Your partner

Yes No

Do you have any Paypal or online accounts? If yes, give us details.

You

Yes No

Your partner

Yes No

Do you or your partner own or partly own any property, previous matrimonial home, land, holiday home, caravan, timeshare or other property other than the home you live in, either in the UK or abroad?
(We may need to contact you for more information.)

You

Yes No

If 'Yes', what is it? _____

What is it worth? £ _____

Your partner

Yes No

If 'Yes', what is it? _____

What is it worth? £ _____

If you or your partner partly own this, what is your share?

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

£ . p

£ . p

Does a relative who is disabled or aged 60 or over live in the property?

Yes No

Yes No

Does an ex-partner live in the other property?

Yes No

Yes No

Do you or your partner have any other assets?

You

Yes No Value £ _____

What is it? _____

Your partner

Yes No Value £ _____

What is it? _____

If 'Yes', give us details.

Use an extra sheet of paper if you need more room for any of your assets. If you have used a separate sheet of paper for this part, remember to sign and date it. Write 'Part 10' on the paper and tick this box so we can look out for it.



You must send proof of all the things you have listed in this part. If you have any type of account, you must send us proof of your last two months transactions (these must be original documents, not photocopies). You must send the address of any property, land, holiday home, caravan or timeshare.

Part 11

About payments you make

You must answer all questions in this part

Do you or your partner pay any maintenance payments or child support payments, or contribute to a child's student maintenance grant?

Yes No

If both answers are 'No', go to **part 12**.

Yes No

What is the payment for?
Who is it paid to?

How much?

£ . p every

What is the payment for?
Who is it paid to?

£ . p every

_____ You _____

_____ Your partner _____

Do you or your partner pay towards the upkeep of a student?

Yes No

Yes No

If 'Yes', how much do you pay?

£

£

How often?

Every

Every

Part 12

About owner-occupiers

You must answer all questions in this part

Do you or your partner own or jointly own the property you live in?

Yes No

If 'No', go to **part 13**.

If you own it with other people, give their names.

Person 1

Person 2

What is their relationship to you, for example, a partner or relative?

Do any of these people live in the house with you?

Yes No

Yes No

If 'No', tell us where they live.

If you have filled in this part, now go on to **Part 13**.

Part 13

Backdating and extra help

You must answer all questions in this part

We can usually award support from the Monday after the day we receive your claim. Sometimes, we can pay support starting from an earlier date, working age: max period 6 months, pension age: max period 3 months, if you have a good reason for not applying earlier.

Do you want us to consider backdating your claim?

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

If 'No', go to **part 14**.

If 'Yes', what date do you want us to backdate your support from?

	/		/	
--	---	--	---	--

Please tell us why you did not claim earlier.

Proof needed

You will need to show us proof of income for the period you want us to consider, and any supporting information.

If you need extra help or more advice on backdating, please contact us on 01237 428700.

**Part
14**

Anything else you need to tell us

Please use this part to tell us about anything else we should know about.
If you need more space to answer, please use a separate sheet and attach it to this form.

If you have used a separate sheet of paper for this part, write 'Part 14' on the paper. Remember to sign and date any extra sheet you use and tick this box so we can look out for it.

**Proof
needed**

We will need to see and photocopy the original documents we ask for on this form. We will send back documents we receive in the post as soon as possible. If you bring your documents to our offices, we will photocopy them immediately. **We cannot accept your own photocopies.**

If you do not have all the proof we ask for, fill in the form and send it to us immediately. Send us the other proof within one month. If we do not receive the proof within one month we will decide we cannot pay you.

If you need help contact us on 01237 428700.

Please read these statements carefully and sign below. We cannot deal with your claim if you haven't signed this form. We can prosecute you if you give us false information or documents, or if you withhold any information about your claim. This is your declaration, please read it carefully.

I understand that:

- This is my claim for Council Tax Support; or Second Adult Rebate (pensioners only)
- I will tell you straight away if the information on any notification/bill you send me is incorrect.
- The information I have given is true and complete to the best of my knowledge and belief.
- You can check any information I have given on this form. This includes you sending a Certificate of Earnings direct to my employer if you need to.
- I am not claiming Housing Benefit/Local Housing Allowance/Universal Credit or Council Tax Support for any other address.
- I understand that you may contact or exchange information with the Home Office; other government organisations; other local authorities; and other departments within the Council to check or give the information I have given on the form and to get other information to prevent or detect crime and to protect public funds if the law allows this.
- I understand that you will not deal with my claim if I do not give the National Insurance number of everyone aged 16 or over who lives in my home.
- I will write to you straight away if my circumstances change in any way so that you can work out my Council Tax Support again (For example: if I come off Income Support; if I get a pay rise; and if people move in or move out of my home and so on.) If I do not tell you and I get too much support, I understand that I will have to pay it back. I understand that if I make a false statement or fail to notify you of a change of circumstances in writing, I may be liable for prosecution under the Social Security Administration Act (1992); The Thefts Acts (1968); or The Fraud Act (2006).
- And, I understand that if I have delayed making this claim I may lose support unless I have good reasons.

I understand that you have a right to claim back in full, any overpaid support, and that :

- if I receive too much Council Tax Support or Second Adult Rebate (Pensioners only) you will add it to my Council Tax account;
- you will process my information in accordance with the Data Protection Act;
- you will use the personal information that I have given for the purpose for which I have given it and to make sure that your records are accurate, complete and up-to-date.
- you may also use the information I have given to inform me of other Council services to which I may be entitled;
- you may also share the information I have given with other public service agencies, where it is in the interest of my health, safety or welfare; and within the Council and with external statutory agencies for the prevention and detection of crime;
- you will not keep my information for longer than you need to;
- you will take all reasonable measures to keep my information secure.

How we will use your personal information

Torrige District Council will use the information given by you to provide you with the service requested. We may also use the information for other purposes set out in the Council's Privacy Notice found at:

www.torrige.gov.uk/CHttpHandler.ashx?id=18594&p=0

This could include for crime prevention or to assist in providing you with other services. More information about this can be found on the link above.

My signature

Date

 / /

My partner's signature

Date

 / /

To be filled in by the person filling in the form if it is not the person claiming.

Tell us why you are filling in the form for the person claiming.

Name of the person who filled in the form

Signature of the person who filled in the form

Relationship to the person claiming (for example, relative, friend, appointee and so on)

Date

 / /

Citizens Advice (Bideford)

The Old School House
13 Bridgeland Street
Bideford
Devon EX39 2QE

Citizens Advice (Holsworthy)

Manor Offices
Holsworthy
Devon
EX22 6DJ

Tel: 0344 411 1444 for Citizens Advice

Valuation Office Agency

Network Support Office
Wycliffe House
Green Lane
Durham DH1 3UW

Tel: 03000 502502

e-mail: NSOhelpdesk@voa.gsi.gov.uk

Valuation Tribunal Service

www.valuationtribunal.gov.uk

Tel: 0300 123 2035

Citizens Advice (Bude)

Neetside
Bude
Cornwall
EX23 8LB

Citizens Advice (Torrington)

Castle House
Torrington
Devon
EX33 8AA

e-mail: info@ruraldevoncab.org.uk

Job Centre Plus

North Bank House
North Road
Bideford
Devon
EX39 2NR

For further information regarding Government services, benefits, and/or information visit www.gov.uk



AUTHORISATION TO DISCLOSE

Information relating to my / our

Council Tax Support claim
& Council Tax account

Claim No:

I/we* (claimant's name)

(partner's name)

of (address)

give the Council authority to discuss details regarding my/our application for Council Tax Support and the corresponding council tax account with

Relationship

I/we* understand that this will include details relating to the progress of my/our* initial application and any subsequent changes that may affect my/our* entitlement to Council Tax Support.

I/we* confirm that this authorisation is valid for one year from the date of signing. If I/we* wish to cancel this authorisation I/we* understand that I/we* must advise the Council in writing.

Signed

Name (in capitals)

Claimant

Partner

Dated

* Delete as appropriate

Certificate of earnings or estimated earnings for the claimant

Use this form if you do not have pay slips to send us as proof of your earnings. Fill in this part and ask your employer to fill in the back. Do not delay making your claim. If you need to, return your claim form and let us have this within one month of returning the claim form.

Claim No:
Full name:
Address and postcode:

When you have filled in this document, you should return it to:
Torrige District Council, Benefits Team, Riverbank House, Bideford, Devon, EX39 2QG

Certificate of earnings or estimated earnings for the partner of the claimant

Use this form if you do not have pay slips to send us as proof of your earnings. Fill in this part and ask your employer to fill in the back. Do not delay making your claim. If you need to, return your claim form and let us have this within one month of returning the claim form.

Claim No:
Full name:
Address and postcode:

When you have filled in this document, you should return it to:
Torrige District Council, Benefits Team, Riverbank House, Bideford, Devon, EX39 2QG.

Certificate of earnings or estimated earnings for the claimant

To the employer: Please give details of the employee's pay, including any overtime, bonus and other payments.

- If paid every week, we need details of the last five weeks' pay.
- If paid every two weeks, we need details of the last three pay slips which cover six weeks' pay.
- If paid every four weeks or month, we need details of the last eight weeks' or last two months' pay.
- If you need to, please give an estimate of their earnings.

Payroll number:	<input style="width: 90%;" type="text"/>	Employer's official stamp
National Insurance number:	<input style="width: 90%;" type="text"/>	
Amount of any redundancy payment:	£ <input style="width: 80%;" type="text"/>	
Date employment started:	<input style="width: 40%;" type="text"/> / <input style="width: 40%;" type="text"/> / <input style="width: 20%;" type="text"/>	

How often are they paid? Every week Every fortnight (two weeks) Every four weeks Every month

How are they paid? By cash By cheque By transfer Other

	Date of pay	Gross pay	Tax	Pension contribution	National Insurance contribution	Statutory Sick Pay	Hours worked	Working Tax Credit
Month 1, Fortnight 1, or week 1	/ /	£	£	£	£	£		£
Month 2, Fortnight 2, or week 2	/ /	£	£	£	£	£		£
Fortnight 3, or week 3	/ /	£	£	£	£	£		£
Week 4	/ /	£	£	£	£	£		£
Week 5	/ /	£	£	£	£	£		£

Gross pay to date £ . p Date of next pay rise / / Is this an estimate? Yes No

I declare that this record is true and complete, and I am aware that I may be prosecuted if I give incorrect information.

Employer's signature:	Position held:
Print name:	Date: / /

Once you have filled this in, please return this form to the address shown on the back of this page.

Certificate of earnings or estimated earnings for the partner of the claimant

To the employer: Please give details of the employee's pay, including any overtime, bonus and other payments.

- If paid every week, we need details of the last five weeks' pay.
- If paid every two weeks, we need details of the last three pay slips which cover six weeks' pay.
- If paid every four weeks or month, we need details of the last eight weeks' or last two months' pay.
- If you need to, please give an estimate of their earnings.

Payroll number:	<input style="width: 90%;" type="text"/>	Employer's official stamp
National Insurance number:	<input style="width: 90%;" type="text"/>	
Amount of any redundancy payment:	£ <input style="width: 80%;" type="text"/>	
Date employment started:	<input style="width: 40%;" type="text"/> / <input style="width: 40%;" type="text"/> / <input style="width: 20%;" type="text"/>	

How often are they paid? Every week Every fortnight (two weeks) Every four weeks Every month

How are they paid? By cash By cheque By transfer Other

	Date of pay	Gross pay	Tax	Pension contribution	National Insurance contribution	Statutory Sick Pay	Hours worked	Working Tax Credit
Month 1, Fortnight 1, or week 1	/ /	£	£	£	£	£		£
Month 2, Fortnight 2, or week 2	/ /	£	£	£	£	£		£
Fortnight 3, or week 3	/ /	£	£	£	£	£		£
Week 4	/ /	£	£	£	£	£		£
Week 5	/ /	£	£	£	£	£		£

Gross pay to date £ . p Date of next pay rise / / Is this an estimate? Yes No

I declare that this record is true and complete, and I am aware that I may be prosecuted if I give incorrect information.

Employer's signature:	Position held:
Print name:	Date: / /

Once you have filled this in, please return this form to the address on the back of this page.

Help notes for making your claim for Council Tax Support

Please keep this sheet in case you need it again.

You must fill in the form accurately, giving all the information we need for each question. If you need help filling in this form, please call into our office or phone us on 01237 428700

Council Tax Support

This support helps Council Tax payers pay their Council Tax. Depending on your income and family circumstances, you could get up to 75% off your Council Tax bill. We use the Council Tax Support to reduce your Council Tax bill.

Second Adult Rebate (pensioners only)

If your income is too high or you have too much in savings or investments to qualify for Council Tax Support, you may be able to claim Second Adult Rebate (pensioners only) as long as you have at least one non-dependant living with you who is on a low income. Generally, you will not qualify for Second Adult Rebate if you have a partner or a lodger living with you. If you only want to apply for Second Adult Rebate, please fill in parts 1,2,4 and 15 of the form. (Please send us proof of income of all non-dependants, including income from savings and investments.)

If you are claiming Income Support, Jobseeker's Allowance (income based), ESA(IR) or Universal Credit (without earnings) generally, you will be entitled to receive maximum benefit. (i.e., potentially 75% of your council tax bill). However, if you have any non-dependants living with you (for example, an adult son, daughter or parent), we may take an amount from your support as we expect non-dependants to help with your council tax.

If you have capital of **£6,000 or above** you will not qualify for any Council Tax Support.

Pension Credit

This is a payment the Pension Service makes to people on low incomes, or who have a small amount of savings or a private pension (or both). Anyone who is of pensionable age and living in Great Britain can apply for Pension Credit. There are two types of Pension Credit - the guarantee credit part and the savings part. If you get Pension Credit, there are only certain changes that you need to tell us about. For example; changes in your household; rent or if your savings go over £16,000.

Please turn over to read about the proof we need to see with your claim.

About proof you need to send in

You must provide all the proof we need or we might not be able to pay your claim.

We need the same proof for you and your partner, if you have one. If you have any adults living in your property who are not boarders, lodgers or subtenants, you must provide proof of their income.

If you cannot send in the proof we need with your claim, send in your claim form anyway and tell us what proof you will be sending later. We can start processing your claim but we may not be able to pay you.

You must send us any missing proof within one month of sending in the claim form.

You can get your documents checked and copied at our office.

If you are housebound, cannot get to our office and have no-one who can assist you, phone us on **01237 428700**.

Proof of National Insurance (NI) number and identity

If you know your NI number, please write it on the claim form in part 2.

If you have a partner, please write their NI number on the claim form as well.

We need proof of your and your partner's NI number and identity, unless you have already given us this before.

We need at least two documents each for you and your partner. At least one of each person's document must show their NI number.

Your NI number can normally be found on the following documents:

- P45
- P60
- Wage slip or pay slip
- Tax letter from HM Revenues & Customs
- Notice letter from the DWP / The Pension Service
- NI card
- Medical card with NHS number
- Contribution forms

You can use these documents as proof of identity:

- Valid passport (any country)
- Residence permit
- Alien Registration Certificate
- Immigration and Nationality Directorate travel documents
- Home Office Standard Acknowledgement letter (SAL 1 or SAL 2)
- Identity card
- Full driving licence (paper or photocard)
- Certificate of employment from HM Forces

- Birth, adoption or marriage certificate
- Divorce, annulment or separation papers
- Paid Credit (such as Child Benefit, Tax Credits, pension credit, Universal Credit and so on)
- Household bills including utility bills (gas, electricity, phone or water bill) within the last six months - preferably for your current address
- Bank or building society statement or passbook - preferably within the last two to three months
- Life assurance policy

Remember that any proof you provide to confirm your identity must be the original document.

What other proof do we need from you and your partner?

Earnings

Please send us one of the following:

- Your last five pay slips in a row (if paid every week)
- Your last two pay slips in a row (if paid every month)
- Your last three pay slips in a row (if paid every two weeks)
- A completed certificate of earnings or estimated earnings (two copies are included in the claim form)

State benefits, pensions, allowances or tax credits

Please send us the following:

- Your current award letter from the DWP, The Pension Service; Jobcentre Plus; or HM Revenue and Customs (which shows the award amount and start date of the award).

Self-employment

Please send us one of the following:

- Your audited accounts for the last financial year
- Your own profit-and-loss accounts
- Completed self employed form

Students

Please send us one of the following:

- A letter from your college giving the term dates
- Your student grant, loan or bursary award notice and proof of any other income

Personal, private or company pensions

Please send us one of the following:

- Your most recent payment advice slip
- A letter from your company pension provider

Help notes for making your claim for Council Tax Support

Please keep this sheet for future reference.

What other proof do we need from you and your partner?

Any other income paid to you or your partner.

- Evidence of other income such as maintenance paid to you by a former partner, or rent received from any property you let or from a subtenant, boarder or lodger

Any savings, capital and investments you and your partner have.

- Your bank or building society statement or book, post office account book, National Savings Certificates - showing your last two months transactions
- Proof of ownership of Premium Bonds, stocks and shares, or National Certificates
- Proof of interest and dividends received
- On-line and PayPal account print outs

Income for any non-dependant living with you who is not a lodger, boarder or subtenant.

- Details of any earnings, benefits, allowances or savings

Outgoings

This is for childcare costs, maintenance payments, student grants or loans paid out by you or your partner. We need to see the following:

- An official letter from the childminder or nursery showing how much you pay, how often you pay it, and the childminder's registration number
- An official letter confirming maintenance payments
- An official letter confirming your student grant or loan payment

If you are not sending us the proof with your claim form, please remember that you must send us the proof we need within one month. Please use the list below to remind yourself of what you still need to send us.

- Proof of identity
- Proof of your National Insurance number
- Proof of any state benefits, allowances or pensions
- Proof of earnings
- Proof of personal, private or company pension
- Proof of any other income
- Proof of savings or shares
- Proof of self-employment
- Proof of student grant, loan or bursary
- Proof of money paid out for childcare, maintenance, student grant or loans
- Proof of income for other adults living with you who are not boarders or lodgers

You must send us these items

by (Put a date one month from the date you send us your claim form)

Explanation of terms used in the form to help you fill in this form

Boarder - see also sub-tenant below. The difference between a boarder and a tenant or sub-tenant is that boarders have at least some meals provided as part of the rental agreement.

Close relative - is your, your partner or your child's:- parent; parent-in-law; son; son-in-law; daughter; daughter-in-law; step-parent; step-son; step-daughter; brother; sister or a partner of any of these.

Joint tenants – where two or more people are named in the tenancy agreement and have the same tenancy rights in a single property. See also boarders and sub-tenants.

Sub-tenant - anyone (other than a member of your family, boarder or any other joint occupier) who pays you 'rent' to live in part of your home.

Joint owners - where two people have the same interest in a property.

Tenant - someone who pays you rent and either lives in part of your home or lives in another home you own. For support purposes the above can also include people who hold a licence to occupy a dwelling.

Students - who may qualify for benefit include:

- Pensioners
- Lone parents
- Disabled people
- People in receipt of Income Support, Jobseekers Allowance, ESA (IR), Universal Credit or Guarantee Credit
- Student couples with dependent children
- People responsible for a child
- People under 19 years of age undertaking a course of further education

Some people try to defraud the system, taking money that should go to those who really need it. We want to stop the system being abused and we would welcome any help you can give us. Please phone the fraud hotline on **0800 854440**. Any information you give is treated in strict confidence, and you do not have to give your name or address if you do not want to. If you know someone who is taking advantage of the system, please let us know.

Please keep this sheet for future reference

How to contact us for help and advice:

Torrridge District Council
Benefits Team
Riverbank House
Bideford
EX39 2QG

Office opening hours:

Monday to Friday 09.00am to 4.30pm

Telephone enquiries:

Monday to Thursday 8.45am to 5.00pm

Friday 8.45am to 4.45pm

Website: www.torrridge.gov.uk

E-mail: benefits@torridge.gov.uk

How we use the information you give us

Your claim is confidential. We will not use any information you give us for any other purpose, unless the law allows us to. We will use the information you give us in this form, and any evidence or proof you send us, to process your claim for Council Tax Support.

We may pass the information to other agencies or organisations such as the Department for Work and Pensions (DWP), The Pension Service, Jobcentre Plus and HM Revenue and Customs, as allowed by law.

We may check the information you have provided against the information we already have. We may also ask agencies, organisations, local authorities or government departments to give us the information they have about you to:

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

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

How we work out your award

Once we get all the proof we need, we aim to work out your claim within 14 days.

We will write to you to tell you how much support you will get. This letter is called a 'decision notice'.

The decision we make about your claim has to be in line with Council Tax Support policy regulations set by the Local Authority/government. However, if you are not happy with our decision, you can ask us to explain how we worked it out. You can also appeal against the decision. There are details of how to appeal on the back of the decision notice, or you can phone **01237 428700**

When we work out your support, we take account of:

- how much money you have coming in;
- how much you have in savings and investments;
- your personal circumstances (for example, your age, how many people live with you and so on); and
- the amount of Council Tax you are charged.

How we pay Council Tax Support

- All Council Tax support goes straight to the Council Tax account so you have less to pay.

Reporting changes

If any of the details you give us change, you must let the benefits team know immediately.

Tell us in writing if:

- you stop getting Income Support, income-based Jobseeker's Allowance or Universal Credit;
- you stop getting any other benefit;
- any of your children leave school, further education or home;
- your savings go above £6,000
- anyone moves into or out of your home;
- you move;
- your income changes;
- the income of anyone living with you changes;
- you get Pension (Savings) Credit with a reward for your savings; you must tell us if your savings go above £16,000;
- you receive any decision from the Home Office.

We may prosecute you or impose a £70.00 penalty if you deliberately give us incorrect or incomplete information, or do not tell us when your circumstances change.

If we pay you too much support, you will have to pay it back.