

Benefits Section
Pippbrook
Dorking
Surrey
RH4 1SJ
Tel: 01306 879187
Email: benefits@molevalley.gov.uk



Name:
Address:

OFFICIAL USE ONLY
Ref:
Date requested:
Date issued:

A claim form for Council Tax Support

Filling in the form

Use black ink and capital letters to fill in the form. Do not use pencil. If you make a mistake, just cross it out and put the right answer next to it. Please complete all the sections you need to and provide all necessary documents (proof) detailed in Part 13. Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking an answer from a list of questions, put a tick in the relevant box. Do not cross any boxes. If someone else fills in the form for you, there is a special place for them to sign on page 17. If you need help filling in the form please contact the Benefits Section on 01306 879187 or come in to the Council Offices. We are open between 8.30am and 5pm Monday to Friday. Alternatively, you can visit our Help Shop at Leatherhead Library. Opening hours are 9.00am to 4.30pm, Tuesday to Friday and 9.00am to 1.15pm on Saturday.

Proof

We may need to see proof of some of the things you tell us about. Part 13 tells you what we need to see. If you are not sure if we need to see proof of something, get in touch with the Benefits Section. If you do not have the proofs available send the form in anyway and provide the proofs later. **All proofs must be original documents.** All documents will be returned immediately.

What to do next

When you have filled in the form, sign it and send it to us **immediately** with any proofs to the address at the top of this form. Do not delay returning this form as you may lose benefit. If you cannot provide all the proofs we have asked for note Part 12 with the items you will send later. You must send the missing proofs within 1 month of returning this form if you wish to continue with your claim. If you prefer you can bring the form and proofs to the Council Offices or to our Help Shop at Leatherhead Library.

FOR OFFICIAL USE ONLY

Date received

Part 2 About you and your partner (continued)

	You	Your partner
If you have moved from this address, have you told the council you claimed from?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.	<input type="text"/>	<input type="text"/>

We need to see proof of your and your partner's identity and NI number. See the checklist at Part 13.

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 five years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you about this.
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK? The UK is England, Northern Ireland, Scotland and Wales.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you or your partner in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you go in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will you come out, if you know this?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you or your partner get Disability Living Allowance/Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	£ <input type="text"/>	£ <input type="text"/>
Mobility	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner get Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
Does anyone get Carer's Allowance for looking after you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
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"/> We need to see proof of this	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this
Do you or your partner pay towards the upkeep of a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you pay and how often?	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

Part 2 About you and your partner (continued)

	You	Your partner
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? By <i>student</i> we mean anyone who is attending a course of study at an educational establishment.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us if this is full or part time. Full time <input type="checkbox"/> Part time <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us if this is full 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 type="text"/> a year	£ <input type="text"/> 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"/>
• in a nursing home	<input type="checkbox"/>	<input type="checkbox"/>
We will contact you if we need more information		

Part 3 About children

We need to know about any children in your household who 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 GCSE A-level, SCE Higher level or GNVQ (advanced).

Are there any children in your household as described above?

No Go to **Part 4**.

Yes If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on this page and send it with the form.

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

	First child	Second child	Third child
Surname or family 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"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
This child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
This child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours	<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"/>
Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 About children (continued)

	First child	Second child	Third child
Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
Does the child get Disability Living Allowance/Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
Care	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Mobility	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
Tell us the name and registration number of the minder.	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.	£ <input type="text"/> a week We need to see proof of this.

Part 4 About other people who live with you

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you.

If you want to tell us about more than three people, use a separate sheet of paper.

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

Do any adults usually live with you and your partner?

By *adults* we mean people aged 16 or over who nobody gets Child Benefit for.

No Go to **Part 5**.

Yes Fill in this section.

	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. Some examples are aunt, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do they get Income Support or Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit?

No

Yes

No

Yes

No

Yes

Do they get Disability Living Allowance, Personal Independence Payments or Attendance Allowance?

No

Yes How much?

£ a week

No

Yes How much?

£ a week

No

Yes How much?

£ a week

Are they registered blind?

No

Yes

No

Yes

No

Yes

Part 4 About other people who live with you (continued)

	First person	Second person	Third person
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which.
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week
Are they a joint owner with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a joint tenant with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they severely mentally impaired?	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 in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out?
	<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 in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
When did they go in?	<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"/>
When are they due to come out (if you know)?	<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"/>
Do they normally work for 16 hours or more a week?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us their earnings before any deductions.
	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us about it below.
1. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3. Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Part 4 About other people who live with you (continued)

	First person	Second person	Third person
Are any of the people who normally live with you married to each other or living together as if they were married? We call these people <i>partners</i> .	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>	Yes <input type="checkbox"/> Tell us their names below. <input type="text"/>
	<input type="text"/> is the partner of <input type="text"/>		
	<input type="text"/> is the partner of <input type="text"/>		

Part 5 About Income Support, Income-based Jobseeker's Allowance, Guaranteed Pension Credit, Income-related Employment and Support Allowance and Universal Credit

	You	Your Partner
Are you or your partner getting or waiting to hear about a claim for Universal Credit?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you start getting it? <input type="text"/>	Yes <input type="checkbox"/> When did you start getting it? <input type="text"/>

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

No Go to **Part 6**.

Yes Answer all the questions in this part, then go to **Part 14**.

	You	Your Partner
Are you or your partner actually getting Income Support, Income-based Jobseeker's Allowance, Pension Credit or Income-related Employment and Support Allowance to which you are entitled, at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When did you start getting it? <input type="text"/>	Yes <input type="checkbox"/> When did you start getting it? <input type="text"/>

Which benefit are you getting or waiting to hear about?

Income Support	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	Income-related Employment and Support Allowance	<input type="checkbox"/>

Part 6 About being self employed

Are you or your partner self employed?

No Go to **Part 7**.

Yes Answer the questions on this page.
You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other proof of your income. We will write to you about this.

	You	Your Partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
When did the business start?	<input type="text"/>	<input type="text"/>
What is the business address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>

Part 6 About being self employed (continued)

	You	Your Partner
Do you have any business partners?	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"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Are you a director of a Limited Company?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you pay into a private pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see proof of your earnings and private pension scheme contributions before we can decide how much benefit you can get. Read the checklist at Part 13 to see what you can use as proof.

Part 7 About working for an employer

Do you or your partner work for an employer?	No <input type="checkbox"/> Go to Part 8 .	Yes <input type="checkbox"/> Answer the questions on this page. If you or your partner 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. <input type="checkbox"/>
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"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
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 you finish?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	<input type="text"/> every <input type="text"/>	<input type="text"/> every <input type="text"/>
How much do you get paid before tax and National Insurance are taken off?	£ <input type="text"/>	£ <input type="text"/>

Part 7 Working for an employer (continued)

	You	Your Partner
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"/>
When was your last payrise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next payrise be?	<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"/>
Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you getting any other sick pay or maternity pay from your employer at the moment?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> How much and how often?	Yes <input type="checkbox"/> How much and how often?
	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>

We must see proof of any earnings and private pension scheme contributions before we can decide how much benefit you can get. Read the checklist at Part 16 to see what you can use as proof. If you get tips or bonuses, tell us about these in Part 15.

Part 8 About any other work

Do you or your partner do any other work? No Yes

No Go to **Part 9**.

Yes Answer the questions on this page.

This could be voluntary work or any other work, 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

When did you start this work? / /

How many hours a week do you usually work?

Do you get paid? No Yes

If you only get expenses or tips, still tick Yes and give details. Yes Tell us about it below. Yes Tell us about it below.

How much do you get before any deductions? £

How often do you get paid? every

We must see proof of any earnings before we can decide how much benefit you can get. Read the checklist at Part 13 to see what you can use as proof.

Part 9 About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

No Go to **Part 10**.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Child Benefit
- Child Tax Credit
- Fostering Allowance
- Contribution-based Jobseeker's Allowance
- Contributory-based Employment and Support Allowance
- Maternity Allowance
- Working Tax Credit
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Carer's Allowance
- Severe Disablement Allowance
- Statutory Sick Pay
- Statutory Maternity Pay
- Statutory Paternity Pay
- Adoption Pay
- Widowed Parent's Allowance
- Armed Forces Compensation Scheme (AFCS)
- Bereavement Support Payments
- Guardian's Allowance
- Pension Credit (including Savings Credit)
- Retirement Pension
- War Disablement Pension
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Any other Social Security Benefit
- Universal Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

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

	You	Your Partner
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by
The name of the benefit or pension	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much, how often and by what method?	<input type="checkbox"/> How much, how often and by what method?
	£ every by	£ every by

Part 10 About other money coming in

Have you or your partner delayed receiving a private pension, occupational/works pension or annuity?

No

Yes

We will need to contact you for more information.

Do you or your partner:

• have any money coming in that you have not already told us about?

No

Go to **Part 11**.

• expect to have any other money coming in?

Yes

Answer the questions on this page. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust, the MacFarlane Trust or the Skipton Fund.

This includes occupational pensions, work pensions and private pensions, pension protection fund payments, 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.

	Other money 1	Other money 2	Other money 3
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	every <input type="text"/>	every <input type="text"/>	every <input type="text"/>
When did they start getting this income?	<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"/>
When is the income likely to go up?	<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"/>
Does anyone owe money to you, your partner, or any children you are claiming for?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you expecting to get any money in the next 12 months? For example, a redundancy payment, or a payment instead of notice or holiday.	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.	Yes <input type="checkbox"/> Tell us about it below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

We must see proof of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 13 to see what you can use as proof.

Part 11 About bank accounts, savings, investments and property

Do you, your partner or any children you are claiming for have any of the following accounts, savings, investments or property in the UK or abroad?

No Go to **Part 12**.

Yes Answer the following questions. If you have more than 2 accounts of the same type use a separate sheet of paper to tell us all the information we ask for in this Part and send it with the form.

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

	You	Your partner
Cash	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Bank accounts (including current accounts and accounts that are overdrawn.)	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
	Name of bank <input type="text"/>	Name of bank <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
	Name of bank <input type="text"/>	Name of bank <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
Building society accounts	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
	Name of building society <input type="text"/>	Name of building society <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
	Name of building society <input type="text"/>	Name of building society <input type="text"/>
	Account number <input type="text"/>	Account number <input type="text"/>
Post office accounts	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Premium Bonds	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
ISAs or other investments	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Income bonds or capital bonds	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>
Money or property held in trust	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input type="text"/>	Yes <input type="checkbox"/> £ <input type="text"/>

Part 11 About bank accounts, savings, investments and property (continued)

	You	Your partner
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
Name of company the shares are held in	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Number of shares held	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
Name of company the shares are held in	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Number of shares held	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Shares	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Approximate value	£ <input style="width: 100px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
Name of company the shares are held in	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Number of shares held	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Any other savings/capital investments in the UK	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input style="width: 100px;" type="text"/>	Yes <input type="checkbox"/> £ <input style="width: 100px;" type="text"/>
Type of savings or investment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Any other savings/capital investments abroad	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> £ <input style="width: 100px;" type="text"/>	Yes <input type="checkbox"/> £ <input style="width: 100px;" type="text"/>
Type of savings or investment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

We must see proof of any savings, investments or property before we can decide how much benefit you can get. Read the checklist at Part 13 to see what you can use as proof.

Do you, your partner or any children you are claiming for have any National Savings Certificates? No Yes Please send us the **original** certificates as proof. We will return the certificates to you.

Do any of your savings or investments include:
 • money from the sale of a house, or
 • money from a charity? No Yes We will write to you about it.

Apart from your home, do you, your partner or any children you are claiming for own any other property or land in this country or abroad? If it is on a mortgage or a loan, still tick **Yes**. No Yes We will write to you about it.

Have you or your partner received:
 • a Far Eastern Prisoner of War Compensation payment, or
 • a compensation payment made to victims of atrocities that happened during the Second World War? No Yes Which payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment You Your partner

A compensation payment made to victims of atrocities that happened during the Second World War You Your partner

Part 11 About bank accounts, savings, investments and property (continued)

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No

Yes

We will write to you about it.

Do you or your partner have any business interests which you have not told us about on the form?

No

Yes

Go to **Part 12**.

We will write to you about it.

Part 12 Anything else you need to tell us or proof to follow

Please use this space to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

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

Part 13 Checklist

Please tick to tell us 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 the Council Office which is open between 8.30am and 5pm Monday to Friday. We will copy the details we need and give you the documents back straight away. If you cannot get into the office, 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, and for any other adults living in your home.

If you cannot send the proof we need at the moment, send the form back to us now and send the proof later or you may lose benefit. We can start to process your claim, **but we will not be able to pay you any benefit until we have all the proof. If you do not send the proof to us within 1 calendar month of returning this form you will lose benefit.**

Proof of identity

Such as birth certificate, marriage certificate, passport, National Insurance number card, 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 you and your partner.

Enclosed To follow

Proof of your address

Such as a recent gas or electricity bill or TV licence.

Proof of National Insurance number

Such as a National Insurance number card, payslips, P45, P60 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 send must show details for at least the last 2 months.

Proof of earnings

This means your last 5 payslips if you are paid every week, your last 3 payslips if you are paid every 2 weeks, or your last 2 payslips if you are paid every month. If you do not have these payslips, your employer must fill in the attached earnings certificate. 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 6 months, a summary of your trading records so far. We also need this for any other adults living in your home.

Proof of other income

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. We also need this for any other adults living in your home.

Proof of benefits, allowances or pensions

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

Proof of other money paid out

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

Make sure you read and sign the declaration at Part 15

Part 14 Backdating

We can usually award benefit from the Monday after the day we receive this claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim benefit from

During this earlier period, were your circumstances different to those you have told us about on this form?

No

Yes Please tell us about it below.

What has changed?

We need proof of change of your circumstances for this period

Tell us why you did not make your claim earlier and provide any proof.

Continue on a separate sheet if you need to and send it with this form.

This authority is under a duty to protect public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may share this data with Experian, a Credit Reference agency, and with other bodies responsible for auditing or administering public funds, for these purposes. Any Benefit Fraud investigations could possibly include checks on undeclared cohabiters.

For further information, see www.molevalley.gov.uk/datasharing or contact the Fraud Manager on 01306 879330.

Part 15 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form would allow us to process your claim more quickly, but they do not have to sign.

Please read this declaration carefully before you sign and date it.

- **I understand** that this claim is made to you, my local council.
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, you may take action against me. This may include court action.
- **I agree** that you will use the information I have provided to process my claim for Council Tax Support. You may check some of the information with other sources as allowed by the law.
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must let the Benefits Section of Mole Valley District Council know in writing straight away about any change in my circumstances which might affect my claim.

Signature of person claiming

Partner's signature

Date

Date

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 declare that as far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of the person who filled in the form

Signature

Relationship to the person claiming

Date

FOR OFFICIAL USE ONLY

I have had the information contained on this form read over to me and confirm that it is true and complete.

Interviewing Officer's signature

Claimant's signature

Date

Part 16 What to do next

You should now have:

- filled in and signed the claim form for Council Tax Support
- collected any proof available to support your claim

Now send your form to:

**The Benefits Section,
Mole Valley District Council,
Pippbrook,
Dorking,
Surrey,
RH4 1SJ**