

# A claim form for Housing Benefit Council & Local Housing Allowance



Please fill in this form and return it to: Derbyshire Dales District Council,  
Benefits Section, Derbyshire Dales District Council, Town Hall, Bank Road, Matlock DE4 3NN

For help with the form, telephone 01629 761188 or email: [benefits@derbyshiredales.gov.uk](mailto:benefits@derbyshiredales.gov.uk) (Use part 13 if you want to explain or clarify any of your answers).

If you have a computer, check our website at [www.derbyshiredales.gov.uk](http://www.derbyshiredales.gov.uk) for advice and guidance about Council Tax Support.

If you are just claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 17 of this form.

Are you (please tick one box):

a private tenant?

a housing association or social landlord tenant?

An owner-occupier

## Part 1 About you and your partner

Do you have a partner who normally lives with you?  
By partner we mean someone you are married to or live with as if you were married.

No

Yes

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

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs Ms, other)	<input type="text"/>	<input type="text"/>
Address, including room number if you have one. Do not tell us your partners address if it is the same as yours.	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
What date did you move to this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your daytime phone number	<input type="text"/> Code <input type="text"/> Number	<input type="text"/> Code <input type="text"/> Number
Your mobile phone number	<input type="text"/>	<input type="text"/>
An email address that we can use	<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"/>
National Insurance (NI) number	<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"/>	<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"/>

We cannot decide your claim if you do not have a National Insurance Number.

FOR OFFICE USE

First date of contact:

Date form issued:  
By:

Date form received:  
By:

	You	Your partner
Have you or your partner claimed Council Tax Support before?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below
When did you last claim?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
If you have moved from this address, have you told the council you claimed from?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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"/>
	Postcode	Postcode
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"/>
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?	<input type="checkbox"/> No <input type="checkbox"/> Yes We will write to you about this.	<input type="checkbox"/> No <input type="checkbox"/> Yes We will 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" value=" / /"/>	<input type="text" value=" / /"/>
Are you or your partner in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below
When did you go in?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
When will you come out, if you know?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

You

Do you or your partner get Personal Independence Payments?

No  
 Yes How much?  
 Daily Living £   
 Mobility £

No  
 Yes How much?  
 Daily Living £   
 Mobility £

Do you or your partner get Disability Living Allowance?

No  
 Yes How much?  
 Care £   
 Mobility £

No  
 Yes How much?  
 Care £   
 Mobility £

Do you or your partner get Attendance Allowance?

No  
 Yes We may write to you about this

No  
 Yes We may write to you about this

Does anyone get Carer's Allowance for looking after you or your partner?

No  
 Yes We may write to you about this

No  
 Yes We may write to you about 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  
 Yes We may write to you about this

No  
 Yes We may write to you about this

Do you or your partner have a vehicle from a Mobility scheme?

No  
 Yes We may write to you about this

No  
 Yes We may write to you about this

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

Yes How much do you pay and how often?  
 £  every

Yes How much do you pay and how often?  
 £  every

Are you or your partner a student? By student we mean anyone who is attending a course of study at an educational establishment, including student-nurses.

No  
 Yes Tell us if this is full or part time  
 Full time  Part time

No  
 Yes Tell us if this is full or part time  
 Full time  Part time

What are your course dates?

Start?  /  /  End?  /  /

Start?  /  /  End?  /  /

Please tick if you or your partner are:

an apprentice  
 on youth training  
 in legal custody  
 severely mentally impaired  
 registered blind  
 long-term sick or disabled

an apprentice  
 on youth training  
 in legal custody  
 severely mentally impaired  
 registered blind  
 long-term sick or disabled

We will contact you if we need any more information.

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 to 19, in education doing a course not higher than GCE A-level, SCE Higher level, GNVQ (advanced) or training for entry into work.

Are there any children in your household as described above?

No Go to Part 3

Yes If there are more than three children, tell us their details in the space provided on page 12 on part 11.  
If you are sending a separate sheet of paper, tick this box.

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <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"/>
The child's relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child have any income?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>
Does the child have any savings?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>
Is the child registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>
Does the child get Disability Living Allowance or Personal independence payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? <input type="text"/> £	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? <input type="text"/> £	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? <input type="text"/> £
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?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes 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"/> £ <i>We need to see proof of this</i>	<input type="text"/> £ <i>We need to see proof of this</i>	<input type="text"/> £ <i>We need to see proof of this</i>

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 over 16 who nobody gets Child Benefit for.

No Go to Part 4

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"/>
National Insurance number (NI)	Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letters Numbers Letter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.</i>			
Do they get Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit (Guarantee Credit)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they get Disability Living Allowance or Attendance Allowance or PIP?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> a week	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> a week	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? £ <input type="text"/> a week
Are they registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us which. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us which. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us which. <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below. How much? £ <input type="text"/> a week	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below. How much? £ <input type="text"/> a week	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below. How much? £ <input type="text"/> a week
Does this include money for food?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this include money for heating?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they severely mentally impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are they in legal custody at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes When are they expected to come out? <input type="text"/> / <input type="text"/> / <input type="text"/>

	First person	Second person	Third person
Are they in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.
When did they go in?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When are they due to come out (if you know)?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do they normally work for 16 hours or more a week?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.
	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
	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.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes 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" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
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" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
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" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
	We need to see proof of their income.	We need to see proof of their income.	We need to see proof of their income.
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> .	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their names below.		
	<input type="text"/>	is the partner of	<input type="text"/>
	<input type="text"/>	is the partner of	<input type="text"/>

Are you or your partner getting or waiting to hear about a claim for Income Support, Income Based Jobseeker's Allowance, Income Related Employment Support Allowance, Universal Credit or Pension Credit?

- No Go to Part 5
- Yes Answer both questions in this part.

Are you or your partner actually getting Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit at the moment?

You	Your partner
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<input type="checkbox"/> No <input type="checkbox"/> Yes When did you start getting it? <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; margin-top: 5px;">/ /</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes When did you start getting it? <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; margin-top: 5px;">/ /</div>
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Are you or your partner still waiting to hear about a claim for Income Support, Income Based Jobseekers Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit at the moment?

<input type="checkbox"/> No <input type="checkbox"/> Yes When did you claim? <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; margin-top: 5px;">/ /</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes When did you claim? <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; margin-top: 5px;">/ /</div>
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Which benefit are you getting or waiting to hear about? <input type="checkbox"/> Income Support <input type="checkbox"/> Income Based Jobseeker's Allowance <input type="checkbox"/> Income Related Employment and Support Allowance <input type="checkbox"/> Universal Credit <input type="checkbox"/> Pension Credit	Which benefit are you getting or waiting to hear about? <input type="checkbox"/> Income Support <input type="checkbox"/> Income Based Jobseeker's Allowance <input type="checkbox"/> Income Related Employment and Support Allowance <input type="checkbox"/> Universal Credit <input type="checkbox"/> Pension Credit
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We can check these government benefits independently. Proof may not be needed, see the checklist at Part 15

**Part 5 About being self-employed**

Are you or your partner self-employed?

- No Go to Part 6
- 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 evidence of your income. Ask for a self-employed earnings declaration form.

You	Your partner
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What kind of work do you do?

When did the business start?  / /

What is the business address?   
 Postcode

Do you have any business partners?  
 No  
 Yes Tell us their name and address

Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?  
 No  
 Yes How much and how often?  
 £  every

Do you pay into a private pension scheme? If so provide proof.  
 No  
 Yes How much and how often?  
 £  every

Do you or your partner work for an employer?

No Go to Part 7

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

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
When did you start this job?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	<input type="checkbox"/> No <input type="checkbox"/> Yes When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes When will you finish? <input type="text"/> / <input type="text"/> / <input type="text"/>
How often do you get paid?	Every <input type="text"/>	Every <input type="text"/>
How much do you get paid before and after tax and National Insurance are taken off? Provide both figures if you can.	£ <input type="text"/> Before tax £ <input type="text"/> After tax	£ <input type="text"/> Before tax £ <input type="text"/> After tax
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 pay rise?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When will your next pay rise 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you getting any other sick pay or maternity pay from your employer at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you pay into a private or company pension scheme?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much and how often? £ <input type="text"/> every <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much and how often? £ <input type="text"/> every <input type="text"/>
Give details of any regular overtime, bonuses or commission.	<input type="text"/>	<input type="text"/>



Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid work.

No Go to Part 8  
 Yes Answer the questions on this page.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<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"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about this below.
How much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
How often are you paid?	<input type="text"/> Every	<input type="text"/> Every

Evidence of earnings is required. See the checklist at Part 15 for what you can use.

Part 8 About benefits and pensions

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

No Go to Part 9  
 Yes Tell us about the benefits on this page. Tell us the full rate of the benefits before any deductions.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Employment and Support Allowance
- Contribution-based Jobseeker's Allowance
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- Statutory Maternity Pay
- Statutory Paternity Pay
- State Retirement Pension
- Statutory Sick Pay
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit
- Universal Credit
- Widowed Parents Allowance

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 type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much, how often and by what method?	£ <input type="text"/> every <input type="text"/> by <input type="text"/>	£ <input type="text"/> every <input type="text"/> by <input type="text"/>

	You	Your partner
The name of the benefit or pension.	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much, how often and by what method?	£ <input type="text"/> every <input type="text"/> by <input type="text"/>	£ <input type="text"/> every <input type="text"/> by <input type="text"/>

Please use part 13 if you have more benefits or pensions to tell us about.

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

No Go to Part 10

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

This includes occupational pensions, work pensions and private pensions, annuities, 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 or rental income for a second home.

	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?	<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every
How is this paid?	<input type="text"/>	<input type="text"/>	<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"/>
Where does the money come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does anyone owe money to you, your partner, or any children you are claiming for?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us about it below	<input type="checkbox"/> Yes Tell us about it below	<input type="checkbox"/> Yes 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. Are you planning to take a lump sum from a pension fund or pension draw down?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> Yes Tell us about this below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you own your home or have a mortgage?

Yes Please state names of any joint owners then go to Part 12.

No Answer the questions below.

Are you the tenant of a Private Landlord?

Yes Please state names of any joint tenants then answer the questions below.

No Go to Part 12.

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Detached house         | <input type="checkbox"/> Flat in a house                  | <input type="checkbox"/> Caravan, mobile home or house-boat |
| <input type="checkbox"/> Semi-detached house    | <input type="checkbox"/> Flat in a block                  | <input type="checkbox"/> Board or lodgings                  |
| <input type="checkbox"/> Terraced house         | <input type="checkbox"/> Flat over a shop                 | <input type="checkbox"/> Hotel                              |
| <input type="checkbox"/> Maisonette             | <input type="checkbox"/> Bedsit or rooms or a studio flat | <input type="checkbox"/> Residential nursing home           |
| <input type="checkbox"/> Detached bungalow      | <input type="checkbox"/> Hostel                           | <input type="checkbox"/> Residential care home              |
| <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Other - give details _____       |   |

Does your home have central heating?

No  
 Yes

Does your home have a garden?

No  
 Yes

Does your home have a garage?

No  
 Yes

Does your home have a parking space?

No  
 Yes

How many floors are there?

Has your home been built or adapted for people with disabilities?

No  
 Yes

Do you or your household occupy only part of the building you have ticked?

No  
 Yes

Where in the building do you live?

Front  Back  Middle

Which floors do you live on? For example, ground floor, first floor.

How many rooms are there in the building?

In the whole building.

Just for you and your household.

That you share with other people.

Used by an overnight carer whose normal home is elsewhere.

	In the whole building.	Just for you and your household.	That you share with other people.	Used by an overnight carer whose normal home is elsewhere.
Bedsitting rooms	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Living rooms	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Bedrooms	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Bathrooms or shower rooms	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Toilets	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Kitchens	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
Other rooms; please specify	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

If you have specified that you have an overnight carer, please tell us the name of the person providing the care and how many nights a month they stay with you.

Do you use your home for business?

No  
 Yes

Do you have a second home somewhere else?  No  
 Yes Tell us about it below.

What is the address?   
 Postcode

Do you pay rent on this home?  No  
 Yes How much?

Part 11 About rent

Do you pay rent for your home? Tick **Yes** if you would pay rent but you already get Housing Benefit?  No Go to Part 12.  
 Yes Answer the next question.

When did you start renting your home?  /  /

When did you move to this address? If you have not moved in yet, tell us when you expect to move in, then tell us when you have actually moved in.  /  /

Does anyone else share the rent with you and our partner?  No  
 Yes Tell us the details below.

Tell us their names and their relationship to you and your partner.

How much of the rent do they pay and how often? £  every

What is your landlord's full name and business address? By landlord we mean the person or organisation who owns the property you live in.   
 Postcode

If your landlord has an agent, tell us their full name and address. By agent we mean the person or organisation you actually pay your rent to.   
 Postcode

Are you, your partner, or any of you or your partner's children related to your landlord or agent, or to your landlord's partner or the agent's partner? Related includes related through marriage, even if the marriage has ended. Some examples are ex-wife, ex-husband, aunt, brother, daughter, father, grandson, grandmother, son-in-law or stepdaughter.  No  
 Yes What is the relationship?   
 is my landlord's or agents.

Do you or your partner own, or have you ever owned, any part of the property you now live in?  No  
 Yes Tell us the details.

Are you or your partner a director or employee of the company renting the accommodation?  No  
 Yes Tell us the details.

Do you object to enquiries being made of your landlord?  No  Yes

We can confirm information with your landlord, for example, the start date of your tenancy, Decisions affecting landlords, for instance, paying benefit to them, have to be notified to them. With your permission we can share information which may help us deal with your claim more quickly.

We would tell your landlord that:

- you have claimed Housing Benefit; and
- we have made a decision on your claim; and
- we need more information to decide your claim, and what information we need.

We would not tell your landlord about:

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

It will not affect your claim if you do not give your permission for us to speak to your landlord. Give your permission by signing this form. You can withdraw it at any time.

**I give Derbyshire Dales District Council permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**

Signature

Full name (in CAPITAL LETTERS)

Date  /  /

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

How long is the tenancy for?  /  /  to  /  /

What is the property let as? Tick the box that applies.

Furnished  Hardly any furniture   
 Partly furnished  Unfurnished

What is the rent on your home? For example, every week, every fortnight, every four weeks or monthly.  £  every

Has your rent changed in the last 12 months?  No  Yes Send us proof of the date it changed and how much it changed.

When is the next rent increase due?  /  /

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 15 to see what you can use as evidence.

Has your rent been registered as a fair rent by a rent officer?  No  Yes Please send us the notice of registration form RO5.

Do you have any weeks when you do not have to pay rent?  No  Yes How many in a year?

Are you behind with your rent?  No  Yes By how many weeks?

Who has to pay the Council Tax bill for your home?  You or your partner  Your landlord  Someone else Tell us who it is

What is the Council Tax reference number?

Does your rent include money for the following?

Meals  No  
 Yes How much? £  every

For which meals? Please tick.  Breakfast  Lunch  Evening meal

Water authority charges  No  
 Yes How much? £  every

Heating  No  
 Yes How much? £  every

Lighting  No  
 Yes How much? £  every

Hot water  No  
 Yes How much? £  every

Fuel for cooking  No  
 Yes How much? £  every

Laundry  No  
 Yes How much? £  every

Cleaning rooms and windows  No  
 Yes How much? £  every

Gardening  No  
 Yes How much? £  every

Garage or parking space  No  
 Yes How much? £  every

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

Personal care and support  No  
 Yes How much? £  every

Do you pay any service charges separate from your rent, for example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals, or lift maintenance?  No  
 Yes How much? £

What for?

Are you living away from home at the moment?

- No
- Yes Tell us about it below.

Why are you not living at home?

When did you last live at home?

/ /

When do you expect to go back home?

/ /

What is the address of where you are living at the moment?

Postcode

Have you sublet you home?

- No
- Yes Who lives there now?

We need to know if you, your partner or any children you are claiming for have any bank accounts, savings, investments or property in the UK or abroad.

List all of the accounts you hold including current accounts and savings accounts with a bank or building society and Post Office® accounts plus cash, Premium bonds, National Savings Certificates, and stocks and shares. State the current balance, even if it is a small amount or overdrawn.

**Do you, your partner or any children you are claiming for have any of the following?**

Bank accounts, even empty or overdrawn ones.	<input type="checkbox"/> No	Name of bank?	<input type="text" value="1."/>		
	<input type="checkbox"/> Yes	Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
		Name of bank?	<input type="text" value="2."/>		
		Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
Building society accounts, even if you don't use them regularly.	<input type="checkbox"/> No	Name of Building Society?	<input type="text" value="1."/>		
	<input type="checkbox"/> Yes	Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
		Name of Building Society?	<input type="text" value="2."/>		
		Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
Post Office® accounts	<input type="checkbox"/> No	How many accounts?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Premium Bonds	<input type="checkbox"/> No	How many bonds?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Unit trusts, ISAs, PEPs, TESSAs or other investments	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Income bonds or capital bonds	<input type="checkbox"/> No	How many bonds?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Money or property held in trust	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Any other savings or investments	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
		Type of other savings or investment	<input type="text"/>		

**Do you, your partner or any children you are claiming for have any of the following?**

		Name of the company the shares are held in.	Number of shares held
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>

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:  No  Yes We will write to you about it.  
 • money from the sale of a house, or  
 • money from a charity?

Apart from your home, do you, your partner or any children you are claiming for own, part own or have an interest in any other property or land in this country or abroad?  No  Yes We will write to you about it.

If it is on a mortgage or a loan, still tick Yes.



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 What payment did you receive? Who received the payment?

A Far Eastern Prisoner of War Compensation payment.

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

A compensation payment made to victims of atrocities that happened during the Second World War.

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

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

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 this.

We may need to see evidence of any savings, investments or property before we decide how much support you can get. Read the checklist at Part 15 to see what you can use as evidence.

### Part 13 Anything else you need to tell us

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 14 Backdating

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

Date you want to claim support from

 /  / 

For this earlier period, were your circumstances the same as on this form?

No

Yes Use the box below to tell us what was different.

Tell us why you did not claim before, and about anything that has changed since then.

Please tick to say what evidence 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 our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, and you have no one to help you, phone us for more advice.

**If you do not provide all the evidence we need, we might not be able to award any support. We need the same evidence for your partner, if you have one.**

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to award you any support until we have all the evidence.**

• **Evidence of identity**

Such as a 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 each person.

• **Evidence of your address**

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

• **Evidence of National Insurance number**

Such as a National Insurance number card, payslips or letters from DWP or the tax office.

• **Evidence 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 evidence of any interest or dividends you get on investments and savings.  
We need to see this evidence for children in your household as well.

The evidence you send must show details for at least the last two months. We may not require proof if the total is less than £6,000. You will not qualify if the total is more than £16,000 unless you get Guarantee Pension Credit.

• **Evidence of earnings**

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

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

• **Evidence of other income**

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

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

• **Evidence of benefits, allowances or pensions**

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

Such as current award notices or letters from DWP confirming how much you get. If you do not have evidence, let us know straight away. We can check most government benefits independently and proofs may not be needed.

• **Evidence of other money paid out**

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

**Make sure you have read and signed the declaration at Part 17.**

**For help with this form, telephone the Benefits Section on 01629 761188**

- If you rent from a private landlord, housing benefit will usually be paid straight into your bank account or building society account.
- If you rent from a registered social landlord or a housing association, housing benefit may be paid to you or your landlord, straight into a bank or building society account.
- If you are awarded Council Tax Support, we will pay this to your Council Tax account.

Payment direct into an account

We pay your Housing Benefit in this way because:

- it is safe and secure
- it is convenient - you decide when and how much you want to withdraw
- using an account may help you save
- from some accounts you could have regular bills paid (this could save you money but you will need to make sure that there is enough money in your account to pay the bills - if not, you may be charged a fee), and
- you can get your money from many different places.

The account can be:

- in your name
- in the name of your partner (we use partner to mean person you are married to or a person you live with as if you were married to them)
- in both the names of yourself and your partner
- in the name of the person acting on your behalf, or
- in both the names of yourself and the person acting on your behalf.

Would you like your Housing Benefit to be paid direct to your landlord?

- No Go back to Part 13 and explain why we should pay your landlord.
- Yes

If you ticked **Yes**, you must fill in Part 13 and the authorisation sheet at the end of this claim form. Give the authorisation sheet to your landlord to sign.

Direct payments to landlords is not usually an option for Local Housing Allowance cases.

What name or names is the account in?

Please tick one box only to say what type of account you want your money paid into. Then fill in the details of your account.

- Bank or building society cheque account or bank deposit account - **not a mortgage account.**

Name of bank or building society  Sort code

Account number

Type of account - for example, a deposit or current account

- Building society savings account - **not a cheque or mortgage account.**

Name of bank or building society  Account number

Roll number

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 should 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 **declare** that the information I have given on this form is correct and complete.
- I **understand** that if I 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 Housing Benefit & 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 and Discretionary Housing Payment that I have made or may make. You may give some information to others within the council or 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 tell Derbyshire Dales District Council Benefits Section in writing about any changes in my household’s circumstances which might affect my claim. More information about changes I need to report is available on Derbyshire Dales District Councils website.

Fair Obtaining Notice

- Derbyshire Dales District Council working in partnership with Arvato CRM Solutions will process your personal data for the administration of Benefits. Your personal data may also be shared with other organisations as detailed on this form where there is a legal basis to do so. The Council and it’s partners will ensure that your data is handled securely in line with data protection law.

For more detailed information on how we handle personal data including the lawful basis for processing, our retention periods and your rights as a data subject please visit [www.derbyshiredales.gov.uk](http://www.derbyshiredales.gov.uk)

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.

Name of the person who filled in the form.

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.

Signature

Relationship to the person claiming and contact telephone number.

Date

No

Yes We will write to you about this

Do you want to apply to represent the claimant in everything associated with this form?

**You should now have:**

- filled in the claim form for Council Tax Support
- collected any evidence to support your claim – but remember not to send valuable items
- Send the above documents to us at the Benefits Section, Town Hall, Bank Road, Matlock DE4 3NN

If you are going to send evidence at a later date, send these to us at Derbyshire Dales District Council Benefits Section, Town Hall, Bank Road, Matlock, DE4 3NN

If you are sending proofs later, tick this box

What are you sending?


**ARE WE ACCESSIBLE TO YOU? IF NOT ASK US!**

کیا ہم تک آپ کی رسائی ہے؟ اگر نہیں تو ہمیں بتائیے!

你可覺得易於與我們接觸？若不同的話，請提出要求。

Czy łatwo jest skontaktować się z nami? Jeżeli nie, powiedz nam o tym!

Siamo accessibili nei vostri riguardi? In caso contrario rivolgetevi a noi!

**Changes you must tell us about**

Tell us straight away if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers and subtenants);
- your income or the income of anyone living with you, including benefits, changes;
- your capital, savings or investments change;
- *there is a change to the amount you pay for child care*
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, goes into prison, or gets, changes or leaves a job;
- your rent or the service charge you pay changes;
- you move, including moving flats or rooms in the same building;
- you or your partner are going to be away from home for more than a month;
- you receive Savings Credit only and your capital goes above £16,000;
- Income Support, Jobseeker's Allowance or Employment and Support Allowance stops, even if it is only for a short time; or
- any other changes - if in doubt check with us to see if the changes affects your benefits.

This claim will be processed using the details provided by you on this form. A letter will follow shortly to tell you the outcome of your claim and the details used to work it out. If your circumstances change or we have got them wrong you must tell us.

We **must** change your benefit from the date your circumstances change. We will not know about these changes unless someone tells us. The law says that **you** must tell us of any changes you think may affect benefit.

If the change is in your favour you must inform us within one month of the change, if not your benefit will only be revised from the date you informed us. Any other change will be done from the date of the change.

Even if you are on Income Support, Jobseeker's Allowance or Employment and Support Allowance it is up to **you** to tell us of any changes, **not** the Department for Work and Pensions.

Fill in the form overleaf and send it or bring it to:

**Derbyshire Dales District Council**  
**Benefits Section**  
**Town Hall**  
**Bank Road**  
**Matlock DE4 3NN**

or you can telephone us on: **01629 761188**

Your entitlement to Housing Benefit and Council Tax Support is based on the details you have already provided and any uprating of state benefits. If your circumstances change, complete the form below and, with any evidence required, return it to the Benefits Section.

**Details of change of circumstances**

Your full name

Your address

  


If you recently moved:

Date of move

 /  / 

Your previous address

  


**Details of change of circumstances. Please tick (✓) applicable box or boxes**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Increase in earnings                                  | <input type="checkbox"/> Decrease in earnings                 | <input type="checkbox"/> Increase in Private Pension                    |
| <input type="checkbox"/> Decrease in Private Pension                           | <input type="checkbox"/> Change in the amount of capital held | <input type="checkbox"/> Change in State Benefit                        |
| <input type="checkbox"/> Increase in rent                                      | <input type="checkbox"/> Decrease in rent                     | <input type="checkbox"/> Change in the number of people living with you |
| <input type="checkbox"/> Change in the income of any dependant living with you | <input type="checkbox"/> Another change not listed            |   |

For whatever change you have had in your circumstance you will need to provide evidence so your claim can be re-calculated. Please enclose the evidence with this form.

Please give a brief description of your change of circumstances in the space provided:

**DECLARATION**

I declare that to my best knowledge the information given is true and complete. I authorise the council to verify the information if required.

Signed:

Date:

 /  / 

Date form received:

  
  

By:

If you are eligible for direct payments and want us to pay your benefit straight to your landlord, you must sign this declaration.

**For private tenants claiming Housing Allowance, payments will only go to landlords in special circumstances. Ask for an explanation of the safeguards we have put in place.**

### Your declaration

**Please pay my Housing Benefit straight to my landlord.**

- **I understand** that I must always tell Derbyshire Dales District Council Benefits Section about any change in my circumstances.
- **I understand** that if I do not tell you about any change of circumstances and you pay me too much benefit because of this, I may have to pay back the extra benefit.
- **I understand** that I may be prosecuted if I do not tell you about any change of circumstances.

Signature

Date

Full name  
(in CAPITAL LETTERS)

### Your landlord's declaration

I agree to accept Housing Benefit payments for the tenant named in this form.

#### I understand that by law:

- I must tell Derbyshire Dales District Council Benefits Section straight away if I find out about any change in the tenant's circumstances.
- you can stop paying benefit to me if I do not tell you about change in circumstances.
- I can be prosecuted if I accept Housing Benefit which I know I am not entitled to, and
- If you pay me too much Housing Benefit for any tenant, I may have to repay it. You can take the amount of overpaid benefit from the benefit I get for any other tenants. This will not affect their rent.

Signature

Date

Full name  
(in CAPITAL LETTERS)

Contact telephone number

This information need not be supplied but it may help us deal with your claim more quickly.

An email address that we can use

Our benefits office is open during the following hours:

**Monday and Thursday**

9am to 12 noon

**Tuesday, Wednesday and Friday**

9am to 5pm (lunch time 12.30 to 1.30pm)

You can write to us at:

**Derbyshire Dales District Council  
Benefits section, Derbyshire Dales District Council,  
Town Hall, Bank Road  
Matlock DE4 3NN**

Telephone:

**01629 761188**

You can email us at:

**[benefits@derbyshiredales.gov.uk](mailto:benefits@derbyshiredales.gov.uk)**

Guidance about entitlement is on our website:

**[www.derbyshiredales.gov.uk](http://www.derbyshiredales.gov.uk)**

For independent advice:

**Contact Citizens Advice Bureau or Age UK based at Matlock  
Town Hall - Dial switchboard on 01629 761100**