



# Housing benefit & council tax benefit application

## New claim

[www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

**You must complete and return the form immediately, even if not all the evidence is available. Delay may affect the start date of your claim.**

**Call the Benefit service if you need help completing this form. Contact details are on the back cover.**

**You can get an estimate of benefit you may be entitled to if you use our online benefits calculator at <http://www.portsmouth.gov.uk/wbc/>**

**If you live in Leigh Park, Crookhorn or Wecock Farm you will need to apply to Havant Borough Council for your council tax benefit.**

## Important customer notice

It is the policy of Portsmouth City Council to prosecute or sanction any persons who make fraudulent or in certain circumstances incorrect claims for housing/council tax benefit. Housing benefit/council tax benefit fraud investigations could include checks on undeclared co-habitators. If you wish to see a copy of this policy contact the Counter fraud unit on 023 9283 4487.

If you know someone who is claiming benefit fraudulently please contact us on the free 24 hour fraud hotline 023 9284 1550. All calls are treated in the strictest confidence.

## Data protection

Portsmouth City Council will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held on a database and where the law allows, may be shared with other departments within the council to update the details they hold about you. The council may also be required to disclose personal information to other local authority departments and third parties (such as the police, Audit Commission, Department for Work and Pensions, HMRC or credit reference agencies e.g. Experian) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders.

For more details please go to the web link at <http://www.portsmouth.gov.uk/yourcouncil/18423.html>

## Your rights to information/revision/appeal

If you think your benefit is wrong, you must write to us within one calendar month, you can either:

- Ask us to explain the calculations;
- Ask us to look at the decision again;
- Appeal against the decision

If you would like any further details concerning the above an appeals leaflet is available from the Benefit service.

## Review

Your claim may be subject to a review at any time while you are claiming housing/council tax benefits. This will be carried out by a visit to your home, over the telephone or a review form will be sent to you in the post. The purpose of the review is to clarify your circumstances and to ensure you are receiving the correct level of benefit.

## Help us to give an equal service to everybody. Please answer the following questions:

<i>(Optional)</i>		You	Partner			You	Partner
How would you describe yourself?	male	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any long-term illness or disability?	yes	<input type="checkbox"/>	<input type="checkbox"/>
	female	<input type="checkbox"/>	<input type="checkbox"/>		no	<input type="checkbox"/>	<input type="checkbox"/>

## Which of the following ethnic groups do you belong to?

<b>Asian or Asian british</b>	You	Partner	<b>Mixed</b>	You	Partner
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	White and asian	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	White and black african	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	White and black caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black or black british</b>			<b>White</b>		
African	<input type="checkbox"/>	<input type="checkbox"/>	British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>					
Chinese	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

## Part 1 - Identity

You must supply evidence of national insurance numbers and two forms of identity for you and your partner, if you have one. Examples are driving licence, passport, payslips, Department of Work & Pensions (DWP) letters, utility bills or national insurance card.

Do you have a partner?  yes  no **If no, only answer questions for yourself**

*(A partner is someone of the same or opposite sex who lives with you, and is your husband/wife, or your civil partner or someone who lives with you as though you were married.)*

	You	Partner
Title / first name		
Surname / family name		
Any other name you have used		
Address <i>(including postcode, for which you wish to claim benefit)</i>	Room number	Room number
	Postcode	Postcode
Contact telephone numbers	Home	Home
	Work	Work
	Mobile	Mobile
What is your nationality?		
Have you lived in the UK for the whole of the last 2 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If no, give the date that you arrived in the UK? <i>(We may need to write to you for more details)</i>		
Are you eligible to claim benefit in the UK? <i>(For non-UK passports holders see visa entry conditions in your passport)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Email address		
National insurance number		
If national insurance number not available give reason why		
Age & date of birth		

**FOR OFFICE USE ONLY (Feb 2011)**

- Phone request   
 Written request   
 Visit

Issued by *(print name)*

Date of issue

Date received

Claim ref

**Part 1 – Identity *continued***

	You	Partner
Are you absent from your home? Please give details. Reason for absence includes hospital, legal custody, on remand, respite care, convalescence, other (We may need to contact you for more information).		

	from	to	from	to
Please give the dates				

Are you or your partner: Registered blind?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Severely mentally impaired?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Disabled?	<input type="checkbox"/> yes*	<input type="checkbox"/> no	<input type="checkbox"/> yes*	<input type="checkbox"/> no

\*If yes to disabled and you have an appointee, please complete page 15

Does anyone receive carers allowance for you or your partner	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please give name and address of carer				

Are you or your partner a student?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
------------------------------------	------------------------------	-----------------------------	------------------------------	-----------------------------

If yes, what is the Start date of academic year				
End date of academic year				
How many guided learning hours per week?				

Have you claimed housing/council tax benefit before?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
--	------------------------------	-----------------------------	------------------------------	-----------------------------

If yes, please give address if different from page 1				
--	--	--	--	--

Have you moved address in the last 2 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
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From which address did you move?				
----------------------------------	--	--	--	--

At this address were you	<input type="checkbox"/> The owner	<input type="checkbox"/> The owner
	<input type="checkbox"/> Renting	<input type="checkbox"/> Renting
	<input type="checkbox"/> Living with friends/relatives	<input type="checkbox"/> Living with friends/relatives

## Part 2 – The people living with you - children

Please give details of all children for whom you receive child benefit. If you have more children please supply these details on page 14. **Current evidence of child benefit will need to be supplied.**

Do you have any children living in your home?

no – go to part 3

yes - please complete the questions below for each child

	Child 1	Child 2	Child 3	Child 4
First name				
Surname				
Age				
Date of birth				
Male/female				
The child's relationship to you				

Do you receive disability living allowance (care or mobility component) for them? If yes, please provide evidence.

yes

yes

yes

yes

## Part 3 – The people living with you - adults

Apart from you, your partner and any dependent children, does anyone else live in your home?

no – go to part 4

yes - please complete the questions below for each adult

Please list everyone else in your home. This should include your parents, grandparents, children you do not receive child benefit for, boarders, lodgers, joint tenants and so on.

	Adult 1	Adult 2	Adult 3	Adult 4
Title / first name				
Surname				
Date of birth				
National insurance number				
Relationship to you				

Are any of these people married or living as a couple?

yes

no

If yes, what are their names?

and	and
-----	-----

Do they have any savings or capital?

yes

yes

yes

yes

no

no

no

no

If yes please provide evidence of all accounts held

Do they work? (Please supply recent payslips)

yes

yes

yes

yes

no

no

no

no

How many hours per week?

--	--	--	--

What is their gross pay?

£	£	£	£
---	---	---	---

How often are they paid?

--	--	--	--

**Part 3 – The people living with you – adults *continued***

**Current evidence of all benefits/pensions they receive must be supplied.**

Please give details of any benefits/pensions they receive from the following list:

- Attendance allowance
- Carer's allowance
- Disability living allowance (care & mobility)
- Guardian's allowance
- Industrial death benefit
- Leased mobility car
- Severe disablement allowance
- Statutory paternity pay
- War pension or war widow's pension
- Other benefits/pensions (give details)
- Adoption pay
- Child benefit
- Employment & support allowance
- Incapacity benefit
- Industrial Injuries disablement benefit
- Maternity allowance
- State retirement pension
- Statutory sick pay
- Widow's or widower's benefit
- Bereavement allowance
- Child tax credit
- Fostering allowance
- Income support
- Jobseekers allowance – contribution/income based
- Pension credit (including savings credit)
- Statutory maternity pay
- War disablement benefit
- Working tax credit

	Adult 1	Adult 2	Adult 3	Adult 4
1. Name/type of benefit/pension				
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£	£	£
How often?				
How is it paid?				
2. Name/type of benefit/pension				
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£	£	£
How often?				
How is it paid?				
3. Name/type of benefit/pension				
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£	£	£
How often?				
How is it paid?				
If no income details are given please give details of how they pay general living expenses (e.g. food, toiletries, clothes and travel)				

### Part 3 – The people living with you – adults *continued*

	Adult 1	Adult 2	Adult 3	Adult 4
Are they:				
- An apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- On New deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If lodger/boarder please give:

Date moved in				
Weekly rent	£	£	£	£

Does this include	- meals?	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
	- heating?	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no

### Part 4 – The money you have coming in – your and/or your partner's earnings

**Evidence of earnings and contributions made to a private pension are essential.** We will need evidence of your last 5 weeks / 2 months pay. If you don't get a wage slip see page 17 & 19.

	You	Partner
Are you and/or your partner self-employed or a director of a company?	<input type="checkbox"/> no – answer the questions below <input type="checkbox"/> yes – we will contact you for more information	<input type="checkbox"/> no – answer the questions below <input type="checkbox"/> yes – we will contact you for more information
Do you and/or your partner work for an employer?	<input type="checkbox"/> no – go to part 5 <input type="checkbox"/> yes – answer the questions below	<input type="checkbox"/> no – go to part 5 <input type="checkbox"/> yes – answer the questions below

#### Job 1

	You	Partner
What is your job?		
Your employer's name & address		
Employer's telephone number		
Start date		
Payroll number or reference		
Is this job temporary/seasonal?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes what is the expected finish date?		
How many hours per week do you normally work?		

**Part 4 – The money you have coming in – your and/or your partner’s earnings *continued***

**You**

**Partner**

How do you get paid?       bank       cash       bank       cash

If paid via your bank account you must supply two consecutive monthly bank statements

If you are receiving maternity pay, what dates does this cover?

from	to	from	to
------	----	------	----

If you are receiving sick pay, what dates does this cover?

from	to	from	to
------	----	------	----

When was your last, and when is your next, pay rise?

last	next	last	next
------	------	------	------

**Job 2**

What is your job?

--	--

Your employer’s name & address

--	--

Employer’s telephone number

--	--

Start date

--	--

Payroll number or reference

--	--

Is this job temporary/seasonal?

yes       no       yes       no

If yes, what is the expected finish date?

--	--

How many hours per week do you normally work?

--	--

How do you get paid?       bank       cash       bank       cash

If paid via your bank account you must supply two consecutive monthly bank statements

If you are receiving maternity pay, what dates does this cover?

from	to	from	to
------	----	------	----

If you are receiving sick pay, what dates does this cover?

from	to	from	to
------	----	------	----

When was your last, and when is your next, pay rise?

last	next	last	next
------	------	------	------

Do you have more than 2 jobs?

no       no  
 yes – we will contact you for more information       yes – we will contact you for more information

**Part 5 – The money you have coming in – the benefits you and/or your partner receive**

**Current evidence of all benefits must be supplied.**

Do you and/or your partner receive any benefits?  no – go to part 6  
 yes - please complete the questions below for you and/or your partner

Please give details of the benefits you and your partner receive from the following list:

- Attendance allowance
- Carer’s allowance
- Disability living allowance (care & mobility)
- Guardian’s allowance
- Industrial death benefit
- Leased mobility car
- Severe disablement allowance
- Statutory sick pay
- Working tax credit
- Adoption pay
- Child benefit
- Employment & support allowance
- Incapacity benefit
- Industrial Injuries disablement benefit
- Maternity allowance
- Statutory maternity pay
- War disablement benefit
- Other benefits (give details)
- Bereavement allowance
- Child tax credit
- Fostering allowance
- Income support
- Jobseekers allowance – contribution/income based
- Pension credit (including savings credit)
- Statutory paternity pay
- Widow’s or widower’s benefit

	You	Partner
1. Name/type of benefit		
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£
How often?		
How is it paid?		
2. Name/type of benefit		
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£
How often?		
How is it paid?		
3. Name/type of benefit		
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Receiving now	<input type="checkbox"/>	<input type="checkbox"/>
How much?	£	£
How often?		
How is it paid?		

Do you have more than 3 types of benefit?  no  yes – please give more information on page 14

Do you have more than 3 types of benefit?  no  yes – please give more information on page 14

## Part 6 – The money you have coming in – the pensions you and/or your partner receive

### Current evidence of all pensions must be supplied

Do you and/or your partner receive any pensions?  no – go to part 7  
 yes - please complete the questions below for you and/or your partner

Please give details of the benefits you and your partner receive from the following list:

- Private/occupational pension
- State retirement pension
- War widows pension
- War disablement pension
- Widowed mothers pension
- Widows pension
- Other pension (give details)

	You		Partner	
Have you deferred your state pension?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
If yes, give details				
1. Name/type of pension				
Waiting to hear	<input type="checkbox"/>		<input type="checkbox"/>	
Receiving now	<input type="checkbox"/>		<input type="checkbox"/>	
How much?	£		£	
How often?				
How is it paid?				
Date of the last and next increase				
2. Name/type of pension				
Waiting to hear	<input type="checkbox"/>		<input type="checkbox"/>	
Receiving now	<input type="checkbox"/>		<input type="checkbox"/>	
How much?	£		£	
How often?				
How is it paid?				
Date of the last and next increase				
3. Name/type of pension				
Waiting to hear	<input type="checkbox"/>		<input type="checkbox"/>	
Receiving now	<input type="checkbox"/>		<input type="checkbox"/>	
How much?	£		£	
How often?				
How is it paid?				
Date of the last and next increase				



## Part 8 – Payments you and/or your partner make

Current evidence must be supplied.

	You	Partner
<b>Private pension contribution (workers only)</b>		
Do you pay into a private pension scheme? ( <i>not a company scheme</i> )	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes how much do you pay?	£	£
How often do you pay?		

### Childcare payments

If you pay someone to look after your child or children when you are at work, we may be able to take this into consideration when we work out your benefit.

Do you pay a registered childminder, nursery or after school club?	<input type="checkbox"/> yes – complete the form on page 21	<input type="checkbox"/> yes – complete the form on page 21
	<input type="checkbox"/> no	<input type="checkbox"/> no

### Student grant parental contributions

Do you pay towards the maintenance of a child in advanced education?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, how much each year?	£	£

## Part 9 – Your and/or your partner's accounts, savings, investments and capital

Current evidence must be supplied – this must include the latest two consecutive months statements for each account. Include joint accounts.

Accounts, savings, investments and capital include:

- All accounts even empty or overdrawn
- Building society accounts or passbooks
- Current accounts & deposit accounts
- Post office accounts
- Bank accounts
- Credit union accounts
- ISAs, TESSAs or TOISAs
- Savings accounts

Do you or your partner have any accounts or savings?     no     yes- tell us about all your accounts

Name of bank, building society, credit union etc.	Account number, name, type	Account balance	Please tick if opened in the last 3 months
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>
		£	<input type="checkbox"/>

**Part 9 – Your and/or your partner’s accounts, savings, investments and capital *continued***

**Current evidence must be supplied.**

Do you or your partner own or partly own any property, land or timeshare, either in the UK or abroad?  no  yes - we will contact you for more information

Do you or your partner have any premium bonds, National Savings certificates or stocks, shares, bonds or unit trusts?  no  yes - tell us about them below

Details of bonds, shares etc.	Number of shares, issue date etc.	Value
		£
		£
		£
		£
		£

**Part 10 – Where you and/or your partner live now**

When did you move into your current home?

Please indicate if you are (*tick one box only*)

- Council tenant (go to page 15)
- Hostel resident
- Housing association tenant
- Private tenant
- A joint owner with someone else – give joint owners name(s)
- Owner occupier (go to page 15)
- Boarder
- Shared ownership

**Original evidence of rent must be supplied. Please see page 23 of this form for details of the evidence required.**

Tenancy start date

To whom do you pay your rent?  Private landlord  Agent/company  Housing association  Somebody else

Please give details (full name required)

Name/company
Address
Telephone number

Is the person to whom you pay the rent also the owner of the property?  no  yes If no, please give details of the owner below

Name/Company
Address
Telephone number

**Part 10 – Where you and/or your partner live now *continued***

Does the landlord live in the property?  no  yes If yes, is this with you or in a separate part of the house?

Is your landlord / agent, or their partner in any way related to you, your partner or any other member of your household? *This includes related through marriage, even if the marriage has ended*  no  yes If yes, please give details below

Can we contact the landlord / agent regarding your rent / details?  no  yes If no, please give reason below

What is the TOTAL rent charged?  £

How often do you have to pay this?  weekly  fortnightly  4 weekly  
 monthly  daily  other

Date of next rent increase, if known

Do you have any rent arrears?  no  yes  
 If yes, how much?  £ How many weeks?

Do you have any rent free weeks?  no  yes How many weeks?   
 When?

Do you have a fair rent certificate?  no  yes If yes, please supply evidence

Do you have a shorthold tenancy?  no  yes  Don't know  
 From  To

Are you a joint tenant with anyone who is not your partner?  no  yes If yes, how many?   
 Who?

What percentage of the above rent do you pay if you are a joint tenant?  %

Do you share your room with anybody?  no  yes  
 If yes, who?

Do you have a bedroom that is used by a non resident carer?  no  yes

Are meals included in your rent?  no  yes  
 If yes, which meals?  Breakfast  Lunch  Dinner

**Part 10 – Where you and/or your partner live now *continued***

Is there a garage or allocated parking space?

- no  yes

If yes, which?

- Garage  Parking space

Who is responsible for internal decorations in your home?

- You  Your landlord  Don't know

Do you have a garden?

- no  yes

Please tick the box that best describes your home

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> House                    | <input type="checkbox"/> Bungalow                        | <input type="checkbox"/> Flat over a shop      |
| <input type="checkbox"/> Maisonette               | <input type="checkbox"/> Flat                            | <input type="checkbox"/> Room in a house/flat  |
| <input type="checkbox"/> Flat in house            | <input type="checkbox"/> Guest house/hotel               | <input type="checkbox"/> Hostel                |
| <input type="checkbox"/> Bedsit                   | <input type="checkbox"/> Mobile home/caravan             | <input type="checkbox"/> Houseboat/mooring     |
| <input type="checkbox"/> Residential nursing home | <input type="checkbox"/> Studio flat                     | <input type="checkbox"/> Residential care home |
| <input type="checkbox"/> Other (give details)     | <input style="width: 500px; height: 20px;" type="text"/> |  |

If your home is a house is it?

- Terraced  Semi-detached  Detached

How many floors are there in the building?

Which floor is your home on? (please tick)

- |                                |                                   |                                 |
|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> All   | <input type="checkbox"/> Basement | <input type="checkbox"/> Ground |
| <input type="checkbox"/> First | <input type="checkbox"/> Second   | <input type="checkbox"/> Other  |

If you live in a room only, where is it in the building?

- Front  Rear  Other

& room number

Is your property

- Fully furnished  Partly furnished  Unfurnished

Is there a central heating system?

- no  yes

	Living rooms	Bedrooms	Bedsits	Kitchens	Bathrooms	Separate toilets	Studio flats	Other
How many rooms of each type are there in the building?								
How many rooms do only you and your family use?								
How many rooms do you share with other tenants?								
How many rooms do you share with your landlord?								

## Payment

### Council tax benefit

Your benefit will be paid direct to your council tax account

### Council tenants

Housing benefit will be paid direct to your rent account fortnightly in advance

### Housing association tenants

You can choose to have your benefit paid direct to your landlord or paid direct to you.

Do you want your housing benefit to be paid to your landlord?  Yes  No – see 'Payment direct to you section' below.

#### • Payment to your landlord

Please complete the authority to pay housing benefit direct to your landlord on page 25. Both you and your landlord must sign this form. Benefit will be paid four weekly in arrears.

### Renting from a private landlord (LHA)

Your benefit will be paid direct to you two weekly in arrears. Please see 'payment direct to you' section below. If you feel that receiving your benefit payments will cause you difficulty then there are certain circumstances when we can pay your benefit to your landlord.

Please contact us on 023 9283 4556 to discuss.

### Payment direct to you

If you are having your housing benefit paid direct to you please complete your bank account details below. If you have any queries regarding this method of payment please contact us on 023 9283 4556

Name of bank / building society

Sort code

--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--

Account name

*Please note we are unable to pay benefit into some accounts, for example those with roll numbers, some credit unions and post office card accounts.*

### Further information

*Please use this space for any extra details required. Use a separate piece of paper if there is not enough space.*

## Disclosure to third party and/or appointee

### Third party consent form (including landlords and their representatives)

Please complete this form to enable the Benefit service to disclose information to a third party on the progress of your claim. This information may be given in writing or over the phone.

#### Details of third party

Name

Address

Telephone number

Email

I agree that the above named person can make enquiries about the progress of my claim.

Because

The details that can be disclosed are:

- Date claim received
- Current position of claim
- Whether further information is required
- Date of determination and weekly housing benefit entitlement

No specific personal details will be disclosed.

Claimant signature

Date

### Appointee / power of attorney

**Current evidence must be supplied.**

#### Details of appointee / power of attorney

Name

Address

Telephone number

Email

## Backdating

We usually award benefit from the Monday after the day we receive a claim. Sometimes we can pay benefit from an earlier date if the customer has 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

Why have you not claimed before? (Use page 14 if you need more space.)

## Declaration

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

I understand the following.

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my claim for housing benefit or council tax benefit, or both. You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for Department for Work & Pensions 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 I must let the Portsmouth City Council's Benefits service know about any change in my circumstances, which might affect my claim. Failure to do so is an offence, which may result in action being taken against me. This may include court action.

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

Signature of  
person claiming

Date

Partner's signature

Date

## Form filled in by someone other than the person claiming

Please tell us who you are and why you are filling in this form for someone else.

Name

What is your relationship to the person  
claiming

Reason for completing form

Signature

### Confirmation of your earnings

If you do not have wage slips then please complete the shaded area, detach this form and give it to your employer to confirm your earnings.

#### CONFIDENTIAL

##### From

Name  
Address

National insurance  
number

##### To employer

Name  
Address

**I need to have certain information confirmed officially. Please complete this form and return it to me.**

Signed

#### To be completed by employer

Date employment started

Date of last pay increase

Tax code

Frequency of payment

- weekly

- fortnightly

- four weekly

- calendar monthly

other -

Method of  
payment

- cash

- cheque

- bank account

other -

Normal basic pay

£

Normal contractual hours

per

Occupation

Is this a permanent contract?

yes

no

If no when is it due to end?

Is your record of their national insurance number the same as quoted above?

yes

no

What is your record?

**Please continue over page**

**Confirmation of your earnings *continued***

**CONFIDENTIAL**

Please provide pay details for one of the following:

Last 5 weeks    
  Last 3 fortnights    
  Last 2 months    
  Last two four week periods

	Pay period ending	No. of hours worked	Gross pay inc. overtime, bonus, SSP etc		National insurance employee contribution		Tax paid		Occupation or private pension contributions by employee	Working tax credit
			This period	Year to date	This period	Year to date	This period	Year to date		
1										
2										
3										
4										
5										

Information provided by:-

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Position in company \_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

Business stamp

**Please return to your employee**

**GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION**

### Confirmation of your partner's earnings

If your partner does not have wage slips then please complete the shaded area, detach this form and give it to their employer to confirm their earnings.

#### CONFIDENTIAL

##### From

Name  
Address

National insurance  
number

##### To employer

Name  
Address

**I need to have certain information confirmed officially. Please complete this form and return it to me.**

Signed

#### To be completed by employer

Date employment started

Date of last pay increase

Tax code

Frequency of payment

- weekly

- fortnightly

- four weekly

- calendar monthly

other -

Method of payment

- cash

- cheque

- bank account

other -

Normal basic pay

£

Normal contractual hours

per

Occupation

Is this a permanent contract?

yes

no

If no when is it due to end?

Is your record of their national insurance number the same as quoted above?

yes

no

What is your record?

**Please continue over page**

**CONFIDENTIAL**

Please provide pay details for one of the following:

Last 5 weeks    
  Last 3 fortnights    
  Last 2 months    
  Last two four week periods

	Pay period ending	No. of hours worked	Gross pay inc. overtime, bonus, SSP etc		National insurance employee contribution		Tax paid		Occupation or private pension contributions by employee	Working tax credit
			This period	Year to date	This period	Year to date	This period	Year to date		
1										
2										
3										
4										
5										

Information provided by:-

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Position in company \_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

Business stamp

**Please return to your employee**

**GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION**

### Confirmation of child minding details

If you are working and pay a registered childminder, nursery or after school club then complete the shaded area, detach this form and give it to your childminder.

#### CONFIDENTIAL

##### From

Name  
Address

##### To childminder

Name  
Address

I need to have certain information confirmed officially. Please complete this form and return it to me.

Signed

#### To be completed by child minder

Name of child

Gross charge per week

£

Less childcare vouchers

£

Net charge per week

£

Is this child government funded?

yes  no

Average no. of hours  
per week

No. of weeks per year  
(excluding holidays)

Name of child

Gross charge per week

£

Less childcare vouchers

£

Net charge per week

£

Is this child government funded?

yes  no

Average no. of hours  
per week

No. of weeks per year  
(excluding holidays)

*Please continue over page*

**Confirmation of child minding details *continued***

**CONFIDENTIAL**

**To be completed by child minder**

Name of child	Gross charge per week	£
	Less childcare vouchers	£
	Net charge per week	£

Is this child government funded?       yes       no

Average no. of hours per week		No. of weeks per year (excluding holidays)	
-------------------------------	--	--	--

Name of child	Gross charge per week	£
	Less childcare vouchers	£
	Net charge per week	£

Is this child government funded?       yes       no

Average no. of hours per week		No. of weeks per year (excluding holidays)	
-------------------------------	--	--	--

I declare:      • The information is true

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Status:       Child minder       After school club       Nursery

Registration no: \_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

**GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION**

### Confirmation of tenancy details

If you do not have a tenancy agreement giving the following information then please complete the shaded area, detach this form and give it to your landlord/agent to confirm your rent details.

#### CONFIDENTIAL

##### From

Name  
Address

If bedsit – room  
location

##### To landlord or agent

Name  
Address

**I need to have certain information confirmed officially. Please complete this form and return it to me.**

Signed

#### To be completed by landlord or agent

Start date of  
tenancy

Date when tenant  
moved in

Total rent

£

Per:

Week

Fortnight

Four weekly

Calendar month

Other

Name of joint tenant(s)

When are you going to review the rent?

Is this accommodation let  
as?

Unfurnished

Partially furnished

Fully furnished

Who was the previous  
occupant?

When did they move out?

Are the meals included in the  
rent?

All meals

Part board

Breakfast

Are there any arrears for this tenancy?

no

yes

If yes, how much?

£

*Please continue over page*

**Confirmation of tenancy details *continued***

**CONFIDENTIAL**

**To be completed by landlord or agent**

Are services included?       no       yes – tick which ones below:-

Water/sewerage rates	<input type="checkbox"/>	£	Garage	<input type="checkbox"/>	£	Gas/electricity for cooking	<input type="checkbox"/>	£
Room cleaning	<input type="checkbox"/>	£	Heating	<input type="checkbox"/>	£	Council tax	<input type="checkbox"/>	£
Electric for lights	<input type="checkbox"/>	£	Communal cleaning	<input type="checkbox"/>	£	Hot water	<input type="checkbox"/>	£
General care & support	<input type="checkbox"/>	£	Emergency alarm	<input type="checkbox"/>	£	Washing (eg bed linen)	<input type="checkbox"/>	£

Any other special services or extras (e.g. personal care nursing)

If **agent** please read and sign below:

- I declare:
- I am the agent acting for the landlord
  - The information given is true

Name of landlord
Address

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Position in company \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

If **landlord** please read and sign below:

- I declare:
- I am the landlord
  - The information given is true
  - I am/am not related to the tenant
  - I do/do not reside at the property

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION**

**Housing association tenants only - authority to pay housing benefit direct to landlord**

Use this form if you want your housing benefit paid direct to your landlord. Please fill in the top half, detach this form and give it to your landlord who will return it to the Council.

**CONFIDENTIAL**

**From**

Name  
Address

**To housing association**

Name  
Address

**I wish to have all my housing benefit paid directly to you. Please complete this form and pass it to the Council. The Council will tell you how much my benefit will be.**

Signed

Date

**To be completed by your housing association**

I agree:

- The above tenant lives at this address.
- To give the tenant a receipt for all payments I receive.
- To tell the Council immediately of any change in circumstances (e.g. rent, services, tenancy, occupation)
- If I become aware of any financial changes I will inform the council.
- To repay any recoverable overpayment.
- I understand that if I provide false information I may be liable to prosecution.

Signed \_\_\_\_\_ Print name \_\_\_\_\_

Position in housing association \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Portsmouth City Council will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held on a database and where the law allows, may be shared with other departments within the council to update the details they hold about you. The council may also be required to disclose personal information to other local authority departments and third parties (such as the police, Audit Commission, Department for Work and Pensions, HMRC or credit reference agencies e.g. Experian) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders.

For more details please go to the web link at <http://www.portsmouth.gov.uk/yourcouncil/18423.html>



Below are the addresses of the offices that have dedicated housing benefit staff who will be happy to help you if required.

**Opening hours**

Monday – Thursday 8.30am – 5.00pm

Friday 8.30am – 4.00pm

For telephone enquiries please phone:  
023 9283 4556

[www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

## **Designated housing benefit & council tax benefit offices**

### **Benefits service, Buckland**

57-61 Kingston Road, Portsmouth, PO2 7DP

### **Benefits service, City South**

*(including Portsea and Somerstown areas)*

Civic Offices, Guildhall Square, Portsmouth, PO1 2BE

### **Benefits service, Landport**

24 Commercial Place, Portsmouth, PO1 4DT

### **Benefits service, Leigh Park**

*(including Wecock Farm Area)*

56 Stockheath Road, Havant, PO9 5HQ

### **Benefits service, Paulsgrove**

195a Allaway Avenue, Paulsgrove, PO6 4HG

You can get this Portsmouth City Council information in large print, Braille, audio or in another language by calling 9284 1042

**Forms can also be accepted at Portsea, Somerstown and Wecock Farm housing offices who will then pass them to the Benefits service on your behalf**

