



Housing Benefit & / or Council Tax Reduction Application Form

for Applicants of Working Age

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name

Address

Postcode

Telephone

Email

Are you? (Please tick all that apply):

- An Owner Occupier
- A Council Tenant
- A Private Tenant
- A Joint Owner/Tenant

About this form

Please complete and return this form immediately. If you do not have all the information we ask for to hand, you **MUST** still make the application straight away. You normally have a calendar month to bring us other information needed to support your application. If you want to apply for Alternative Maximum Council Tax Reduction then you need only complete sections 1, 2, 4 and 17 of this form.

If you are claiming **Universal Credit** then help towards your rent will normally be assessed as part of that claim. You will not normally be entitled to Housing Benefit if you receive Universal Credit, unless you live in supported accommodation. You may still receive help towards your Council Tax.

Return your claim to: Revenues & Benefits Team
 William Patrick Library
 2 - 4 West High Street, Kirkintilloch, G66 1AD
 Telephone enquiries: **0800 901 057**
 E-mail: benefits@eastdunbarton.gov.uk

If you know anyone who is stealing from the system contact us on 0141 578 8220
 or call the National Benefit Fraud Helpline on 0800 328 6340.

For official use only

Date issued / / Issued by Location

Reference Date received / / Date first contact / /

Part 1 About you and your partner

By partner we mean someone of the opposite or same sex that you are married to (including Civil Partnerships), or live with as if you were married.

If you have a partner you must answer all questions about them as well as for yourself. Please provide all information asked for, or give as much information as possible.

Part 1A. Personal Details

	You	Your partner
Title (For example Mr, Mrs, Ms)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Please provide two proofs of identity - for the applicant and any partner for example passport, driving licence, birth/marriage certificate, UK residence permit, EEC Identity Card.

Please provide one proof of National Insurance Number for the applicant and any partner - for example National Insurance Card, payslip, P45/P60.

Part 1B. Have you come to live or returned to live in Scotland, England, Northern Ireland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last five years?

- Yes Please provide all information asked for, or give as much information as possible
- No
- Are you a British Citizen? Yes - Go to Part 1C
- No - Enter details below

	You	Your partner
Nationality	<input type="text"/>	<input type="text"/>
Date entered the UK	<input type="text"/>	<input type="text"/>
Expected length of stay	<input type="text"/>	<input type="text"/>
Reason for stay	<input type="text"/>	<input type="text"/>

Please provide your passport(s) / immigration documents. We will contact you if we need any more information

Part 1C. When did you move to this address?

Please provide all information asked for, or give as much information as possible.

If you are unable to give exact dates then please give approximate dates

Date bought OR Date tenancy started

Date moved in OR Move in date to follow

If you have not moved into your address when you submit the application then please give written or emailed confirmation of the date that you do move in and ask the Revenues & Benefits Team for more advice.

Please take a few minutes to read these notes before you fill in your application form. This section is for you to tear out and keep for your future reference.

Before you begin

Please don't be put off by the size of the application form as you may not need to complete every part of it. Please use ink to fill in the form - don't worry if you make a mistake, just cross it out and write your answer again.

If a part or section **does** apply to you then please ensure you give all details asked for - or as much information as you can. If a part or section **does not** apply to you then please select "no" or "none" as your answer where asked to do so.

Further details are given in each part of the form. However, if you need any advice or help to fill in your application form then please contact the Revenues & Benefits Team. Full contact details are on the first page of the form.

Evidence needed to support my application

Each part of the form tells you if any proof is needed, and gives examples of the proof that we can accept.

All applicants must provide the proof asked for to support their application. The proof asked for is required within the terms of the relevant regulations, ensures that applicants receive the maximum possible award of Housing Benefit and/or Council Tax Reduction, and is also used to prevent and detect fraudulent applications.

Please provide **original documentation**. We will copy it and return all originals to you immediately.

If you are unable to provide all the proof straightaway then you should still return your application to the Revenues & Benefits Team as soon as it is completed. You will then have a calendar month to provide all the proof needed. If you cannot provide all the proof needed to support your application within a calendar month then contact the Revenues & Benefits Team **before the calendar month ends** to ask for advice.

Please help us to help you as we cannot pay you any Housing Benefit and/or Council Tax Reduction that you may be entitled to until you provide all the necessary information and evidence to support your application. As this is the case, **please complete the checklist on the other side of this page when you have completed the form** as it gives you a list of the proof we need to support your application. It can also be used to remind you of any proof that you still need to give to us to support your application.

Housing Benefit prior to moving in or for an unavoidable overlap of liability

It may be possible to pay Housing Benefit before you move in to your home, or for two homes. However, this can only be awarded if you meet certain conditions **and** you can prove that the delay in moving into the property was reasonable, or that an overlap of tenancy dates could not reasonably have been avoided.

Please note that East Dunbartonshire Council has no discretion to make an award of Housing Benefit if you do not meet the conditions for an award of Housing Benefit in these circumstances. Please contact the Revenues & Benefits Team for advice.

Even if you do not qualify for Housing Benefit, you can still claim for Council Tax discount/exemption when you have an overlap of Council Tax Liabilities. Please contact the Revenues & Benefits Team on 0141 578 8190 for advice.

What happens when you receive my application?

If we do not have all the information and/or evidence we need to support your application we will write to you. Once all information and evidence required is received we aim to process your application within fourteen days.

Please note that if you have sole or joint capital of over £16,000 you are not normally entitled to Housing Benefit and/or Council Tax Reduction. However you may be entitled to Alternative Maximum Council Tax Reduction. Please contact the Revenues & Benefits Team for advice.

Decision notice(s) will be issued to advise you of your award(s) and how we have reached our decision(s). You **must** check the decision notice(s) upon receipt and advise us **immediately** if you think that there are any errors or omissions in the information used to calculate your award/reduction. You have a calendar month from the date of issue of your decision notice(s) to make a written request for a further explanation regarding your award/reduction, a statement of reasons detailing how the award/reduction was calculated, to ask for the decision to be reconsidered, or to ask for a formal appeal.

If you are a Council Tenant, Housing Benefit will be paid directly into your rent account. If you are a Housing Association Tenant, payment will be made either to you or your landlord by cheque or bank credit. From April 2008, Housing Benefit (Local Housing Allowance) for most other Private Tenants will be paid to claimants unless the claimant meets specific criteria for payment to be made direct to their landlord.

If you receive Council Tax Reduction or Alternative Maximum Council Tax Reduction your Reduction will be paid directly in to your Council Tax account.

What are my responsibilities when I am in receipt of benefit/Reduction?

Once your application has been decided upon the information given in your application form you **must tell us in writing immediately** if any of your personal, household or financial circumstances change.

If you do not tell us about changes in your circumstances you may receive Benefit/Reduction that you are not entitled to and will have to pay this back. You may also be prosecuted or have to pay a financial penalty.



Checklist

Please tick the boxes to say what evidence you have provided with your application, or evidence that you have still to provide to support your application.

Proof of identity

For example: birth certificate, passport, driving licence, marriage certificate, medical card.

Applicant: Yes To follow
Partner: Yes To follow

Proof of National Insurance Number

For example: National Insurance Number card, wage slips, P45, P60, Benefit award letters.

Applicant: Yes To follow
Partner: Yes To follow

Proof of income for other people who live with you

For example: wage slips, Benefit award letter, student awards.

Applicant: Yes To follow Not applicable

Proof of income from subtenants, boarders, lodgers

For example: rental agreement and receipts for rent paid.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of earned income

For example: wage slips, self-employed accounts or books and proof of income and expenditure. You **must** complete the self-employed section if you are self-employed.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of benefits

For example: Benefit award letter, bank/building society/ Post Office account statement.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of other income

For example: Student award letters, Pension statements, maintenance award letter, payment statements, bank statement.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of outgoings

For example: child care receipts and registration certificate, student award letter or bank/building society account statements.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of capital

For example: 2 monthly/quarterly/annual account statements, certificates for shares, ISA statements, Premium Bonds, any other official documents you receive detailing your savings and returns.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Proof of private tenancy details

For example: rental agreement. You **must** complete part 14 of the form if you are a private tenant.

Applicant: Yes To follow Not applicable
Partner: Yes To follow Not applicable

Part 1D. Previous Addresses

Please give as much detail as possible about your last three addresses. If you are unable to give exact dates then please give approximate dates.

Last Address

Date moved in

 / /

Date moved out

 / /

Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you receive Housing Benefit/Council Tax Reduction at this address? No Yes

If YES Which Council paid your Benefit?

Previous Address

Date moved in

 / /

Date moved out

 / /

Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you receive Housing Benefit/Council Tax Reduction at this address? No Yes

If YES Which Council paid your Benefit?

Previous Address

Date moved in

 / /

Date moved out

 / /

Have you told the Council you have moved? No Yes

Were you? A Council Tenant A Private Tenant An Owner Occupier A Non-Householder

Did you receive Housing Benefit/Council Tax Reduction at this address? No Yes

If YES Which Council paid your Benefit?

Part 1E. Health & Circumstances

Do any of the following apply to you or your partner?

No - Go to Part 1F

Please tick any of the following that apply to you and/or your partner, and enter any details asked for.

Yes - Enter details below

Receive Attendance Allowance You Your Partner

Receive Carer's Allowance You Your Partner

Receive DLA Care Component or PIP Daily Living Component You Your Partner

Someone receives Carer's Allowance for looking after you - Please give their name & address

Have a vehicle from the Mobility Scheme You Your Partner

Name:

Are Registered Blind You Your Partner

Address:

Have an underlying entitlement to Carer's Allowance You Your Partner

Please provide your Benefit award letter/Motability Agreement/Registration Card as appropriate.

Part 1F. Is there anyone living away from home for any reason?

No - Go to Part 2

Please provide all information asked for, or give as much information as possible.

Yes - Enter details below

Who

Address

Reason

Date left / /

Date/expected date of return / /

Has your home been let or sublet while you are away? No Yes

Please give details below.

If YES Who let to?

Date let / /

We will contact you if we need any more information.

Part 2. Council Tax Discount

We will issue any necessary claim form and contact you separately regarding any entitlement to Council Tax discount or exemption.

Part 2A. Do you think that you or your partner fall into any of the following categories?:

- No - Go to Part 2B
 Yes - Enter details below

Apprentice, Care Worker, Recent School Leaver, Severely Mentally Impaired, Skill Seeker, Student, Student Nurse, In a Nursing Home or in Prison.

Your category Your partner's category
 From what date? From what date?

Part 2B. Are you the only adult aged 18 or over in the home?

- No - Go to Part 3
 Yes Date from

Part 3. About Children

Please give details of all dependant children that normally live in your home. If you receive Child Benefit for them, then give their details in Part 3A. If you have other dependant children living with you that you do not receive Child Benefit for then please give their details in Part 3B. If you have any children over the age of 16 that you do not receive Child Benefit for, then please give their details in Part 4.

Part 3A. Are there any children in your household that you receive Child Benefit for?

- No - Go to Part 3B
 Yes - Enter details below

If you have more than 4 children please tell us all the information asked for below on a separate piece of paper.

	First child	Second child	Third Child	Fourth Child
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex (Male/Female)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they get Disability Living Allowance or PIP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please enter rates or amounts received	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide proof of Child Benefit and any Disability Living Allowance received.

Part 3B. Are there any dependant children living with you that you do not receive Child Benefit for?

- No - Go to Part 4
 Yes - Enter details below

Name(s)

Reason Child Benefit not received

Part 4. Other people who live with you

We need to know about any other people who live with you, or people who are temporarily absent for any reason. By 'other people' we mean people aged 18 or over - for example a parent, an adult child (including an adult child who left home to serve in the armed forces but returns to your home when on leave), or a friend, or sister OR any young person under 18 that neither you nor your partner receive Child Benefit for. These people are classed as 'non-dependants'. Do **not** include any partner in this part. If a subtenant, boarder or lodger lives with you, then give their details in Part 4D.

Do any joint owner(s) or joint tenant(s) live with you?

No - Go to next question below

Name(s)

Yes - Please give details

Their share of the tenancy/ownership (For example half, third, quarter)

We will contact you if we need any more information.

Do any non-dependants usually live with you and your partner at the address you are applying for?

No - Go to Part 4D

Yes - Please enter details in Parts 4A-4C below

If there are more than 4 other adults resident then please tell us all the information we need on a separate sheet of paper.

Part 4A. Personal details

	First person	Second person	Third person	Fourth person
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you (parent, sister, friend etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of these adults married to each other (including Civil Partnerships) or living together as if married?

No Yes is the partner of

is the partner of

Part 4B. Income details

	First person		Second person		Third person		Fourth person	
Universal Credit/Income Support/ Job Seekers Allowance/ Employment Support Allowance received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability Living Allowance/PIP/ Attendance Allowance received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hours worked per week?	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Wages before deductions?	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
How often is this paid?	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Other income. Include any pensions, Benefits, Tax Credits, income from savings or any other income not mentioned.

Type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount(s) (before deductions)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide proof of income received - for example pay slips, Benefit award letter, self-employed accounts.

Part 4. Other people who live with you (continued)

Part 4C. Status

	First person		Second person		Third person		Fourth person	
Are they registered blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they severely mentally impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a recent school leaver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a student/student nurse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a care worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they an apprentice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a modern apprentice/ in work based training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they in hospital/prison	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are they a member of the armed forces currently away on operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, date from		<input type="text"/> / <input type="text"/> / <input type="text"/>		date to (if known)		<input type="text"/> / <input type="text"/> / <input type="text"/>		

Part 4D. Subtenants, Boarders, and Lodgers

A subtenant is someone who pays to live in part of your home that you do not provide meals for.

A boarder or lodger is someone who pays to live in part of your home that you do provide meals for.

Do you have any subtenants? Yes No Do you have any boarders or lodgers? Yes No

If no to both then please go to Part 5. If yes to either then please give details below.

	First person	Second person	Third person	Fourth person
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent charged each week	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Does the rent include heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the rent include meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide the rental agreement and proof of rent paid for each person.

Part 5. About size criteria

If your home has more bedrooms than the regulations allow, the rent we can use when working out your award may be reduced.

There are some circumstances when we can allow an extra bedroom. Please answer the following questions.

Part 5A. Do you or anyone who normally lives with you require overnight care? Yes No

Part 5B. Do you have a child living with you who cannot share a bedroom because of a disability? Yes No

Part 5C. Are you and your partner unable to share a bedroom because of a disability? Yes No

Part 5D. Are you or your partner a registered foster/kinship carer? Yes No

If you tick yes to any of these questions we will write to you for additional information and evidence.

Part 6. About Students

Not all full-time students are entitled to Housing Benefit and/or Council Tax Reduction.

Some of those who are entitled include Lone Parents, disabled students, students aged under 19 (in further not higher education), and students with dependant children. Students who are liable for Council Tax, but are not eligible for Housing Benefit and / or Council Tax Reduction, can still claim Alternative Maximum Council Tax Reduction. Please contact the Revenues & Benefits Team for more advice.

Any entitlement to Council Tax discount or exemption will be assessed separately upon receipt of your completed discount or exemption claim form and any supporting evidence needed.

Are you or your partner a student?

No - Go to Part 7

Yes - Enter details below

You	Your Partner
Name of course <input type="text"/>	Name of course <input type="text"/>
Name of College/ University <input type="text"/>	Name of College/ University <input type="text"/>
Course start date <input type="text"/>	Course start date <input type="text"/>
Course end date <input type="text"/>	Course end date <input type="text"/>
Dates of current academic year from <input type="text"/> to <input type="text"/>	Dates of current academic year from <input type="text"/> to <input type="text"/>
Year of course year <input type="text"/> of <input type="text"/>	Year of course year <input type="text"/> of <input type="text"/>
Amount of Bursary £ <input type="text"/>	Amount of Bursary £ <input type="text"/>
Amount of Grant £ <input type="text"/>	Amount of Grant £ <input type="text"/>
Amount of Student Loan £ <input type="text"/>	Amount of Student Loan £ <input type="text"/>

Please provide your award letter(s) for income received.

Part 7. About working for an employer

Please give all information asked for, or give as much information as possible. We need proof of your wages as detailed at the end of Part 7A. If you, or if your partner, have **more than one job or do any unpaid or voluntary work** then please complete Part 7B. If you, or your partner, have **recently stopped working** then please complete Part 7C. If you, or your partner, are **self-employed** then please complete Part 8.

Part 7A. Do you or your partner work for an employer?

No - Go to Part 7B

Yes - Enter details below

You	Your Partner
What kind of work do you do? <input type="text"/>	What kind of work do you do? <input type="text"/>
Employer's name <input type="text"/>	Employer's name <input type="text"/>
Employer's address <input type="text"/>	Employer's address <input type="text"/>
Date started <input type="text"/>	Date started <input type="text"/>
Date contract ends (If applicable) <input type="text"/>	Date contract ends (If applicable) <input type="text"/>
Payroll/employee No. <input type="text"/>	Payroll/employee No. <input type="text"/>
Hours worked each week <input type="text"/>	Hours worked each week <input type="text"/>
How often paid (Weekly, fortnightly, 4-weekly, monthly) <input type="text"/>	How often paid (Weekly, fortnightly, 4-weekly, monthly) <input type="text"/>
Method of payment (Into Bank/Building society, cheque, cash) <input type="text"/>	Method of payment (Into Bank/Building society, cheque, cash) <input type="text"/>

Part 7. About working for an employer (continued)

Part 7A. Do you or your partner work for an employer? (continued)

- No - Go to Part 7B
 Yes - Enter details below

You

Last pay rise £

Next pay rise £

Do you get regular over time, bonus, commission or tips?

No Yes Please give details below:

Type

Amount £

How often

Do you pay into a private or company pension scheme?

No Yes Please give details below:

Type

Amount £

How often

Are you currently getting Statutory Sick / Maternity / Paternity / Adoption pay?

No Yes Please give details below:

Type

Start date

End date

Your Partner

Last pay rise £

Next pay rise £

Do you get regular over time, bonus, commission or tips?

No Yes Please give details below:

Type

Amount £

How often

Do you pay into a private or company pension scheme?

No Yes Please give details below:

Type

Amount £

How often

Are you currently getting Statutory Sick / Maternity / Paternity / Adoption pay?

No Yes Please give details below:

Type

Start date

End date

Please provide 5 weekly, 3 fortnightly, 2 monthly/ 4-weekly wage slips. These must be your most recent payslips. If you are just starting a new job then provide wage slips as received. If you do not have these wage slips, or if you receive hand written payslips, then please contact the Revenues & Benefits Team for advice.

Part 7B. Do you or your partner do any other paid, unpaid or voluntary work?

- No - Go to Part 7C
 Yes - Enter details below

You

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay / expenses / tips?

No Yes Please give details below:

Type

Amount £

How often

Your Partner

Type

Name and address of who you work for

Date started

Hours worked each week

Do you receive pay / expenses / tips?

No Yes Please give details below:

Type

Amount £

How often

Please provide proof of any income you receive – for example a letter from the person/Organisation that employs you. If you have entered details of a second job then please provide the evidence as detailed in Part 7A.

Part 7. About working for an employer (continued)

Part 7C. Have you or your partner recently stopped working?

- No - Go to Part 8
 Yes - Enter details below

You

Your Partner

Date work ended

Name and address of former employer

Date work ended

Name and address of former employer

Did you receive redundancy pay / pay in lieu of notice / retainer?

Did you receive redundancy pay / pay in lieu of notice / retainer?

No Yes Please give details below:

No Yes Please give details below:

Type

Type

Amount £

Amount £

Please provide your P45 and proof of any payments received.

Part 8. About being self-employed

If you need more than one self-employed details form then please contact the Revenues & Benefits Team - but please do not delay in returning your application form while awaiting receipt of this.

Are you or your partner self-employed?

- No - Go to Part 9
 Yes - Please complete the self-employed details part on pages 23-24.

We need to see prepared accounts, although we may ask for further information to support your accounts. If you do not have prepared accounts then please provide your daily/weekly/monthly books and proof of income and expenditure.

Part 9. About benefits

Please give as much information as you can. We must see proof of all Benefits you or your partner receive.
If you, or your partner, are awaiting the outcome of any claim for State Benefit(s) then please complete Part 9B.

No - Go to Part 9B

Yes - Enter details below

Part 9A. Do you or your partner get any State Benefits? (continued)

Amounts given should be the amount paid into your account **before** any deductions.

Benefit	You			Your Partner			Office Use
	Amount?	How often?	Account paid into?	Amount?	How often?	Account paid into?	
Armed Forces Independence Payment	£			£			AFIP
Bereavement Allowance	£			£			WBA
Bereavement Support Payment	£			£			BSP
Carer's Allowance	£			£			CA
Child Benefit	£			£			CB
Child Tax Credit	£			£			CTC
Disability Living Allowance (Care Component)	£			£			DLACX
Disability Living Allowance (Mobility Component)	£			£			DLACM
Employment Support Allowance (Income Related)	£			£			ESA (IR)
Employment Support Allowance (Contributory)	£			£			ESA (C)
Fostering Allowance	£			£			FOSTER
Guardian's Allowance	£			£			GA
Incapacity Benefit	£			£			IB X
Income Support	£			£			IS
Industrial Death Benefit	£			£			IDB
Industrial Disablement Benefit	£			£			IIB
Job Seekers Allowance (Contribution Based)	£			£			JSA (Cont)
Job Seekers Allowance (Income Based)	£			£			JSA (IB)
Maternity Allowance	£			£			MA
PIP Daily Living Component	£			£			PIPDL
PIP Mobility Component	£			£			PIPM
Severe Disablement Allowance	£			£			SDA
Universal Credit	£			£			UC
War Disablement Pension	£			£			WDP
Widowed Parent's Allowance	£			£			WPA
Working Tax Credits	£			£			WTC
War Widow's Pension	£			£			WP

Please provide your most recent Benefit award letter, Bank/Building Society/Post Office Account statement.
If you do not have any of these then please contact the Revenues & Benefits Team for advice.

Part 9. About benefits (continued)

Part 9B. Are you or your partner awaiting the outcome of a claim for any Benefits?

No - Go to Part 10

Yes - Enter details below

Benefit(s) claimed

Date(s) claimed

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

Please provide your award letter(s) when received.

Part 10. About other income

We need to know about **any other** income you, or your partner, receive. Please provide all information asked for, or give as much information as possible. You must provide proof of all other income received as detailed at the end of each part. If you do not have the evidence asked for, then please contact the Revenues & Benefits Team for advice.

Part 10A. Do you or your partner receive a pension from a former employer?

No - Go to Part 10B

Yes - Or Awaiting enter details below

Please also include any pension received by you from a late partner's employer. If you are awaiting payments from a pension, then please fill in as many details as possible and provide your payment details when received.

You

Your Partner

Pension received from

Pension received from

Start date

Start date

How much

£

How much

£

How often

How often

Account paid into

Account paid into

Date of last increase

Date of last increase

Date of next increase

Date of next increase

Please provide your most recent Pension statement.

Part 10B. Do you or your partner receive maintenance payments?

No - Go to Part 10C

Yes - Or Awaiting enter details below

If you are awaiting payments then please fill in as many details as possible.

You

Your Partner

Who is it for

Who is it for

Received from

Received from

Start date

Start date

OR date claimed

OR date claimed

How much

£

How much

£

How often

How often

Account paid into

Account paid into

Please provide your award letter, legal agreement, letter from the person who pays the maintenance, or your bank / building society account statement

Part 10. About other income (continued)

Part 10C. Do you or your partner receive any other income? (continued)

No - Go to Part 11

Yes - Or Awaiting enter details below

Please include any other income not already declared. Other income includes private pensions, payments from the Financial Assistance Scheme, annuities, payments from other people, money from a trust fund or **any other income not specifically mentioned**.

If you are awaiting payments then please fill in as many details as possible.

You	Your Partner
Type of income <input type="text"/>	Type of income <input type="text"/>
Received from <input type="text"/>	Received from <input type="text"/>
Start date <input type="text"/>	Start date <input type="text"/>
OR date claimed <input type="text"/>	OR date claimed <input type="text"/>
How much <input type="text"/>	How much <input type="text"/>
How often <input type="text"/>	How often <input type="text"/>
Account paid into <input type="text"/>	Account paid into <input type="text"/>
Date of last increase <input type="text"/>	Date of last increase <input type="text"/>
Date of next increase <input type="text"/>	Date of next increase <input type="text"/>

Please provide your most recent payment statement, award letter or bank/building society account statement.

Part 11. About outgoings

We need to know about any child care costs you or your partner pay, or if either of you pay towards the upkeep of a student. In certain circumstances childcare costs can be offset against wages. If your wages are lower than the allowable child care charges to be offset against your earnings, then allowable child care charges can be offset against Working Tax Credit. Please contact the Revenues & Benefits Team for advice.

If you, or your partner, are making a parental contribution to a student then we may be able to disregard part of your income to take account of this. Please contact the Revenues & Benefits Team for advice.

Part 11. Do you or your partner pay Child Care costs to a registered childminder, nursery, or after school club?

No - Go to Part 11B

Yes - Enter details below

Please provide all information asked for, or give as much information as possible.

You	Your Partner
Name of child/children <input type="text"/>	Name of child/children <input type="text"/>
Type(s) of childcare received <input type="text"/>	Type(s) of childcare received <input type="text"/>
Name(s) of childcare provider <input type="text"/>	Name(s) of childcare provider <input type="text"/>
Their Registration Number(s) <input type="text"/>	Their Registration Number(s) <input type="text"/>
Amount(s) paid <input type="text"/>	Amount(s) paid <input type="text"/>
How often <input type="text"/>	How often <input type="text"/>

Please provide proof of payments made and a copy of your childcare providers registration certificate.

Part 11B. Do you or your partner pay towards the upkeep of a student?

No - Go to Part 12

Yes - Or Awaiting enter details below

You	Your Partner
Amount(s) paid <input type="text"/>	Amount(s) paid <input type="text"/>
How often <input type="text"/>	How often <input type="text"/>

Please provide proof of your contribution - for example Student Grant award letter.

Part 12. About land and property

We need to know about any other land or property you, or your partner, have in either the UK or abroad. Please provide all information asked for, or give as much information as possible. We will write to you if we need more information as not all land or property is included in the assessment of your award of Benefit / Reduction

Other than the home that you live in, do you or your partner own (or partly own) property or land in the UK or abroad?

No - Go to Part 13

Yes - Enter details below

You

Type(s) (For example plot, shop, flat)

Location / address

Value £

Mortgage/Loan outstanding £

Is the property up for sale? Yes No

Is the property repossessed? Yes No

Is the property occupied?

No Date unoccupied from

Yes Name of occupant(s)

Relationship to you

Is the property rented out?

No

Yes Amount of rent received £

How often

Your Partner

Type(s) (For example plot, shop, flat)

Location / address

Value £

Mortgage/Loan outstanding £

Is the property up for sale? Yes No

Is the property repossessed? Yes No

Is the property occupied?

No Date unoccupied from

Yes Name of occupant(s)

Relationship to you

Is the property rented out?

No

Yes Amount of rent received £

How often

Please provide your mortgage/loan statement/schedule of sale/any rental agreement.

Part 13. About Bank / Building Society Accounts, savings and investments

We need to know about **all** the capital that you and your partner have. This means **all** bank/ building society/Post Office accounts (including those that have zero balances or are overdrawn), cash savings, Premium Bonds, National Savings Certificates, ISAs, Income Bonds, stocks shares or **and all other** types of investments not specifically mentioned.

If you have **any** capital then please complete **all** sections of part 13 - even if you are answering 'no' or 'none'. If there is not enough space to include all accounts/investments then please tells us about these on a separate sheet of paper.

Do you or your partner have any current accounts, savings accounts, any other type of account, cash savings, shares or any other investments?

No - Go to Part 14

Yes - How many accounts and/or investments do you have?

You

Your Partner

Please enter details overleaf.

Bank Accounts

You

None 1 or more give details below.

Name account is in

Name of Bank

Account number

Sort code

Balance held £

Name account is in

Name of Bank

Account number

Sort code

Balance held £

Your Partner

None 1 or more give details below.

Name account is in

Name of Bank

Account number

Sort code

Balance held £

Name account is in

Name of Bank

Account number

Sort code

Balance held £

Building Society Accounts

You

None 1 or more give details below.

Name account is in

Name of Building Society

Account number

Sort code

Balance held £

Name account is in

Name of Building Society

Account number

Sort code

Balance held £

Your Partner

None 1 or more give details below.

Name account is in

Name of Building Society

Account number

Sort code

Balance held £

Name account is in

Name of Building Society

Account number

Sort code

Balance held £

Post Office Accounts

You

None 1 or more give details below.

Account number

Benefit Direct Account Yes No

Balance held £

Your Partner

None 1 or more give details below.

Account number

Benefit Direct Account Yes No

Balance held

Cash Savings

You

None Amount held

Your Partner

None Amount held

Premium Bonds

You

None Amount held

Your Partner

None Amount held

Part 13. About Bank / Building Society Accounts, savings and investments (continued)

National Savings Certificates

You

None Amount held

Your Partner

None Amount held

Stocks & Shares

You

None Number held give details below.

Name of company

Number held

Value £

Name of company

Number held

Value £

Your Partner

None Number held give details below.

Name of company

Number held

Value £

Name of company

Number held

Value £

ISA / Income Bond / Unit Trusts

You

None 1 or more give details below.

Type

Company

Value

Type

Company

Value

Your Partner

None 1 or more give details below.

Type

Company

Value

Type

Company

Value

Other investments

You

None 1 or more give details below.

Type

Company

Value

Type

Company

Value

Your Partner

None 1 or more give details below.

Type

Company

Value

Type

Company

Value

Lump sums received/to be received.

You

None 1 or more give details below.

Type

From

Date received

expected Amount

Your Partner

None 1 or more give details below.

Type

From

Date received

expected Amount

Please provide full statements for all accounts held for your last 2 months of transactions, or your most recent quarterly or annual statement; Certificates for Shares, ISAs, Premium Bonds, National Savings or any other investments; or any other official documentation you receive that details the amount of investment held and any interest/dividend paid.

Part 14 Tenancy details

If you are a Council, Housing Association or Private tenant, or living in board and lodgings accommodation then you **must** complete the relevant parts as detailed below. Please provide your tenancy agreement if you are a Housing Association or a Private Tenant.

Are you a council or housing association tenant? No - Go to Part 15 Yes - Please give details in Parts 14A-14B

Are you a private tenant? No - Go to Part 15 Yes - Please give details in Parts 14A-14E

Part 14A. About your landlord

Landlord's full name

Landlord's telephone number

Landlord's address

Does your landlord have an agent that acts on their behalf (for example someone who collects rent, deals with repairs)?

No Yes Please give details below.

Agent's full name

Agent's telephone number

Agent's address

Does your landlord live in the property with you? Yes No

Are you, your children, your partner, or your partner's children related to your landlord, to your landlord's partner, or to your landlord's agent or to your landlord's agent's partner, or to anyone involved with the company that your landlord uses? (Related includes related through marriage, even if the marriage has ended. For example, ex-partner, brother, daughter, father, son-in-law or step-daughter).

No Yes Please give details below.

Names of the people who are related

What is the relationship?

Part 14B. About your tenancy agreement

Start date of tenancy / / How long is your tenancy for

Type of tenancy Council Housing Association Regulated / Registered

Assured Short-term Other

Is the property furnished? No Yes Fully Partly Minimally

How many bedrooms are there?

Are you a joint tenant? No Yes Name(s) of joint tenant(s)

How much rent do you pay? How often

How much rent do any joint tenants pay? How often

Do you have any rent arrears? No Yes Amount

When is your rent due to increase?

Are there any periods that you do not pay rent? No Yes

Details

Part 14 Tenancy details (continued)

Does your rent include any of the following?

Central Heating	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Cooking	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Cleaning (Rooms / windows)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Garage / Parking space	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Gardening	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Heating	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Hot Water	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Laundry	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Lighting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Personal care / Support	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Meals	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How much	<input type="text"/>	every	<input type="text"/>
Other (For example cleaning, lighting, or maintenance of shared areas, alarm systems)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type	<input type="text"/>		
			How much	<input type="text"/>	every	<input type="text"/>

Part 14C. About your accommodation

Please tick the box that best describes your accommodation.

Bedsit	<input type="checkbox"/>	Board and lodgings	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>	Terraced bungalow	<input type="checkbox"/>
Detached cottage	<input type="checkbox"/>	Semi-detached cottage	<input type="checkbox"/>	Terraced cottage	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>	Terraced house	<input type="checkbox"/>
Flat in a house	<input type="checkbox"/>	Flat in a block	<input type="checkbox"/>	Flat over a business	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Room(s)	<input type="checkbox"/>

If your accommodation is not listed then please give details

Do you rent a single room? No Yes Please give details below

Which part of the property do you live in? Front Middle Back What is your room number?

If you do not rent a single room please give details as asked below:

Number of floors in your accommodation

Which floor(s) do you live on? All Ground 1st 2nd 3rd 4th 5th Other

Number of rooms in your accommodation Total number of rooms in your home Please give details overleaf

	Number in whole home	Number used by you & your family	Number shared with others
Living rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedsitting rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrooms or shower rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other rooms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 14 Tenancy details (continued)

Part 14D. Payment of Housing Benefit

How do you want us to pay you your Benefit?

Please send payments to me Into my account Name of Bank/Building Society
By Cheque Account number Sort code
Please send payments to my landlord

If you want payments to be sent to your landlord, then please read and sign the following declaration.

We may send you a form to complete before we decide who payments will be made to.

Please see page 3 for details of who we will pay to or contact us for advice.

Declaration

Please pay my Housing Benefit to my landlord.

- I declare that the information that I have given on this form is correct and complete.
- I understand that I must always tell the Revenues & Benefits Team immediately about any change in my circumstances.
- I understand that, if my landlord is paid too much Housing Benefit because I did not tell you about any change in circumstances, I will have to pay back the Benefit.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my benefit entitlement, I may be prosecuted or have to pay a financial penalty.

Signature of applicant
date

Signature of partner
date

Part 14E. Sharing information with you landlord

Under the terms of the Data Protection Act 1998, we need your permission to discuss anything about your application with your landlord. If you have asked for payments to be sent directly to your landlord, then we will share information with them if you agree to this by signing the declaration below.

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

- If you have claimed or renewed your claim for Housing Benefit.
- If we have made a decision on your claim.
- If we need more information to decide your claim, and what type of information we need.

We will not give your landlord any information about the following:

- Your personal or household circumstances.
- Your financial circumstances.

Please note that:

- You can withdraw your permission at any time.
- If you **do** not give us permission to discuss your claim with your landlord it will not affect your claim.

If you **do** want to give us permission to discuss your claim with your landlord then please sign the declaration below.

Declaration

I give you permission to share information about the progress of my Housing Benefit claim with my Landlord or their representative.

Signature of applicant
date

Signature of partner
date

Part 15 Backdating

We may be able to award Housing Benefit / Council Tax Reduction from an earlier date if you can demonstrate you have 'good cause' for not applying earlier. Awards of Housing Benefit / Council Tax Reduction can only be backdated for a maximum period of one month from the date of application.

If you would like us to consider paying your Housing Benefit / Council Tax Reduction from an earlier date because you were unable to apply earlier, then please complete this section. Please give us as much information as you can. We will normally ask for evidence to support your application. Please contact the Revenues & Benefits Team for more advice.

If you want to apply for Housing Benefit before you moved in to your home, or for Housing Benefit to be paid on two homes, then do not complete this section. Please contact the Revenues & Benefits Team for more advice.

Do you want to apply for a backdate of Housing Benefit / Council Tax Reduction?

- No - Go to Part 16
 Yes - Enter details below

Date you want to apply from

Reasons for not applying
at an earlier date

Were your personal, household and financial circumstances different from those declared on this application form?

Yes No Details of difference(s):

Please provide any evidence that you have to support your application. We will contact you if we need any more information.

Part 16. Checklist

Please complete the following checklist. A tear out checklist with more information is on also page 4 for you to keep.

- | | | | | |
|---|-----|--------------------------|--------------------------|--------------------------|
| Have you completed all parts of the form? | | Yes | <input type="checkbox"/> | |
| Have you read 'About your application' on pages 3 & 4 and torn these pages out to keep? | | Yes | <input type="checkbox"/> | |
| Have you provided proof of identity and National Insurance Number? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| Have you provided proof of income for other people living with you? | N/a | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you provided proof of wages/self-employed income received? | N/a | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you completed the self-employed details section on pages 23 & 24? | N/a | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you provided proof of all income received? | | No | <input type="checkbox"/> | Yes |
| Have you provided proof of all capital, savings and investments? | | No | <input type="checkbox"/> | Yes |
| If you are a Private Tenant have you provided your rental agreement? | N/a | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you provided evidence to support your application for backdating? | N/a | <input type="checkbox"/> | No | <input type="checkbox"/> |

Now please read and sign the declaration at part 17 overleaf

Part 17 Declaration

Please read this declaration carefully before you sign and date it. The declaration **must** be signed in order for your application to be assessed. Even if someone else has filled in this form for you, you must sign this declaration **if you can**. If you cannot sign the form then your **appointee must sign** Part 17A, and Part 17B if they were the person that helped you complete the application form.

Part 17A.

To be completed by you and your partner if you have one.
East Dunbartonshire Council is registered under the Data Protection Act 1998.

This authority is under a duty to protect the public funds it administers, and to this end will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see the National Fraud Initiative guidance on the Council's website at www.eastdunbarton.gov.uk/nfi

- I declare that the information that I have given on this form is correct and complete.
- I agree that you will use the information I have provided to process my claim for Housing Benefit and/or Council Tax Reduction. I authorise you to check the information with other sources as allowed by law.
- I understand that the information I have provided may be used to prevent and detect fraud (which may include checks on undeclared cohabiters by fraud investigators), and may be shared with other sections within the Council, with other Councils, Government departments, the Rent Service Scotland, and Experian (a Credit Reference Agency) for the same purpose.
- I know that I must immediately report any changes in my circumstances which might affect my application to the Revenues & Benefits Team.
- I understand that if I give information that is incorrect or incomplete, or fail to report any changes which might affect my Housing Benefit / Council Tax Reduction award, I may be prosecuted or have to pay a financial penalty.

Signature of
applicant

Signature of
partner

Date

Date

Part 17B.

If this form has been filled in by someone other than the person(s) applying, then the person who filled in the form **must** complete this section.

Name of the person who filled in this form

Address

Telephone number

Relationship to applicant(s)

Please tell us why you
have filled in the form
for the applicant(s)

Are you the applicant and/or their partner's appointee? No Yes Please provide proof (For example Power of Attorney).

Should all correspondence be sent to you? No Yes

I declare that I have asked the applicant(s) all the questions on the form and that the answers noted on this form are as provided to me.

Signature

Date

Self - Employed Details

Please complete this part of the form if you are self-employed. All sections must be completed, even if you are answering "no", "none", or "zero". This section can be torn out if necessary and returned to the Revenues & Benefits Team within one month of the date that the application form is submitted. To calculate net earnings for the applicant / partner / non-dependant we will look at the gross income then deduct allowable expenses and any tax, National Insurance, and pension payments. If you are in a business partnership we will only take your share of the profits into account.

About your business

Are you a director of your business? No Yes If yes, then please complete only the About your business section of this form and give your earnings details in part 7 on pages 9 to 11

Your name

Business name

Type of business

Business address

Start date of your business / / Start date of your financial year / /

Number of hours worked (per week)

Is this your only employment? No Yes Please complete a self-employed details form for any other business(es) you have. If you also work for an employer then please complete Part 7 of this form if you have not already done so.

Is your business a partnership? No Yes Please give details as asked below:

Is your partner also your business partner? Yes No

What percentage of the profit/loss of the business is yours?

Name of business partner Their percentage of the profit/loss of the business

Name of business partner Their percentage of the profit/loss of the business

Do you use part of your home for business purposes? No Yes Please give details as asked below:

Which rooms/areas are used? Percentage of your home used

Do you have prepared accounts (audited or otherwise)? No Please complete the rest of this form

Yes Please go to 'ABOUT OTHER OUTGOINGS'
Please provide your most recent accounts

About business income and expenditure

Only fill in this part if you **do not** have prepared accounts.

What is the exact period your books cover? From / / To / /

This should be your last business financial year, or the period you have been trading for if you have only recently started your business.

Income

If it is none, or not applicable for any of the following then please write this in the box. **Please give proof of all income.**

Sales, takings, or income

VAT refunded

Business start up allowance or other grants

Closing stock

Cost of sales (stock)

VAT paid

Opening stock

Gross Profit



Self - Employed Details

About your business

Please give expenses that relate to your business. If an expense is not solely related to your business (for example a phone or vehicle used for personal and business use) then please give the amount for each use separately. **Please give proof of expenses.**

	Personal	Business
Drawings (Cash and/or stock)		<input type="text"/>
Your wages		<input type="text"/>
Your partner's wages (Not business partner)		<input type="text"/>
Other people's wages		<input type="text"/>
Business Rates		<input type="text"/>
Rent	<input type="text"/>	£ <input type="text"/>
Business insurance		<input type="text"/>
Phone	<input type="text"/>	£ <input type="text"/>
Accountant's fee		<input type="text"/>
Heating and lighting	<input type="text"/>	£ <input type="text"/>
Cleaning		<input type="text"/>
Advertising		<input type="text"/>
Printing and stationery		<input type="text"/>
Postage	<input type="text"/>	£ <input type="text"/>
Bank charges		<input type="text"/>
Interest payments on a business loan		<input type="text"/>
Repairing or replacing business assets (Do not include vehicles)		<input type="text"/>
was this covered by insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Leasing charges		<input type="text"/>
What is leased?	<input type="text"/>	
Business entertainment		<input type="text"/>
Bad debts (For example debts that cannot be collected)		<input type="text"/>
Details	<input type="text"/>	
Other expenses		<input type="text"/>
Details	<input type="text"/>	
Motoring expenses / Repairs	<input type="text"/>	<input type="text"/>
Vehicle lease	<input type="text"/>	<input type="text"/>
Road tax	<input type="text"/>	<input type="text"/>
Fuel	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Who owns the vehicle? You <input type="checkbox"/> Business <input type="checkbox"/>	% of personal / business use <input type="text"/>	

Is it reasonable to expect that your trading figures for the next 3 to 6 months will be similar to those given above?

Yes No Differences

About other outgoings

Do you pay National Insurance Contributions? No **Please provide your exemption certificate.**

Yes Amount Every **Please provide proof of your payments.**

Do you pay into a personal pension scheme? No

Yes Amount Every **Please provide proof of your payments.**

Declaration

Please read, sign and date this declaration (this also applies to Non-Dependants).

- I declare that the information that I have given on this form is correct and complete.
- I know that I must immediately report any changes in my circumstances to the Revenues & Benefits Team.

Signature

Date

Other formats & Translations

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages.

Contact the Corporate Communications Unit at:

East Dunbartonshire Council,
Civic & Corporate Headquarters
12 Strathkelvin Place
Kirkintilloch
Glasgow
G66 1TJ, Tel: 0300 123 4510.

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhith oirbh. Cuiribh fòn gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

For further information about Housing Benefit & Council Tax Reduction, contact:

William Patrick Library, 2-4 West High Street, Kirkintilloch, G66 1AD

Tel: 0800 901 057 Email: benefits@eastdunbarton.gov.uk Visit: www.eastdunbarton.gov.uk