



Application for Housing Benefit or Council Tax Benefit (or both)

Director of Finance and Corporate Services,
Civic Centre, Port Talbot, SA13 1PJ
For benefit enquiries relating to the
Port Talbot Borough Area, please
phone 01639 763454.

Director of Finance and Corporate Services,
Civic Centre, Neath, SA11 3QZ
For benefit enquiries relating to the
Neath Borough and Upper Lliw Valley Area,
phone 01639 764755.

FOR OFFICE USE ONLY
Claim number:
Reason for issue:
Date issued:
Date received:

Important - Please fill in this form in black ink.

You can get this form in larger print or in Welsh if you ask us.
Mae'r furflen hon ar gael yn Gymraeg ar gais.



You must fill in all sections of the form and answer every question by putting a tick in the yes or no box. You must return this form immediately if you do not you could lose benefit. You must send the evidence we ask for, these must be the original documents, photocopies cannot be accepted. Please send in all the proof you can with the form, if you do not have the proof to send in you must return the form straight away and send in the proof needed within one calendar month of you returning the form. You must tell the benefits section immediately in writing at the above address of any changes in your circumstances or that of your household. If you need help to complete this form please contact the Benefits Section.

Section one - Please tick the box(es) that apply to you, and fill in your name and address.

I need help with my Council Tax.

I need help with the rent I pay to the Council.

I need help with the rent I pay to a private landlord or housing association.

I want to claim 2nd Adult Rebate only. (Please fill in sections one, two, four, five and eleven only)

Title (Mr, Mrs, Miss or Ms):

Name:

Address:

Postcode: Phone number:

e-mail:

What date did you move into this property? / /

If you have not yet moved into the property, please say why.
(You must tell the Benefits Office, in writing, when you do move into the property.)

Please give your previous address.

Did you own this property? Yes No

Did you claim Housing Benefit or Council Tax Benefit at your previous address? Yes No

Section two - about you and your partner

Please give details about you and your partner. By partner, we mean your husband or wife, or someone you live with as if you were married to them. This can include partners of the same sex.

	You	Your partner
Title (Mr, Mrs, Miss or Ms):		
Surname:		
What was your maiden name (your name before you got married):		
First names:		
Date of birth:	/ /	/ /
Place of birth:		
National Insurance number:		
What is your nationality?		
Have you lived in the UK for two years or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive income support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive income based job seekers allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive pension credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an invalid car or a car from the Motability Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your partner receive the care component of Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone claim carers allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', give his or her name and address.		
Are there any joint tenants or joint owners of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', give their names and addresses, if 'No' go to section three.		

Section three - about your dependant children

Please give details about your children, or your partner's children, who live at your address and who you receive Child Benefit for.

Do you have any dependant children? Yes No

If 'No', go to section four. If 'Yes', please give details below.

	First child	Second child	Third child	Fourth child
Surname:				
First names:				
Their relationship to you:				
Date of birth:	/ /	/ /	/ /	/ /
Date child benefit is due to end:	/ /	/ /	/ /	/ /
Is the child registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive disability living allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please provide proof	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please provide proof	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please provide proof	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please provide proof
Are they in full time education?	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"/>
Do you pay childcare costs?	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 "no" go to Section four, if "yes" please give details below.

a) name and address of childminder				
b) their registration number				
c) weekly charge for childcare	£	£	£	£

Proof: Childcare costs

Proof is required of childcare payments. You can either complete the form 'Proof of Childcare Payments', available from the Benefits Section or provide receipts for 5 weeks or 2 months payments which need to be signed by your childcare provider.

Section four - other people who live in the house/flat/property

Please give details of anyone else who lives in the house. You should include relatives, friends, boarders, lodgers and other people who may or may not pay rent. Please give full answers to the questions that apply to you.

Does anyone else live with you? Yes No

If 'No', go to section five. If 'Yes', please answer the questions below.

	First person	Second person	Third person
Surname:			
First names:			
Their relationship to you:			
Date of birth:	/ /	/ /	/ /
National Insurance number			

Is the person any of the following? Please tick 'Yes' or 'No'.

A student	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
A hospital inpatient	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 person receive any of the following? Please tick 'Yes' or 'No'.

Incapacity Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Jobseeker's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retirement pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Invalid Care Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other income (please say what)	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 the person works, please answer the following questions.

How much do they earn every week before deductions?	£	£	£
How many hours do they work every week?			

If the person has any savings or investments, please answer the following question.

How much interest do they get each year?	£	£	£
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We must have proof of all the income and savings of all the people you have told us about in this section. We must see original documents as we cannot accept copies. If you do not send us proof of any of the non-dependants' benefits or earnings, we will use the highest rate of non-dependant deductions.

Section five - people who are away from home

Are you or any member of your household away from home at the moment? Yes No

If "No" go to section six. If "Yes" give details below.

Please give details of:-	Name of person	Date of leaving	Date they plan to return
anyone in hospital		/ /	/ /
anyone in a nursing home		/ /	/ /
anyone in a residential care home		/ /	/ /
anyone in prison		/ /	/ /
Other: Please give details.		/ /	/ /

Section six - students

Are you or your partner a student? **You** Yes No **Your partner** Yes No

If "No" please go to section seven. If "Yes" please give details below.

Title of course being studied _____

Where are you studying?

What date did your course start? / / / /

What are the actual dates of your academic year? (you must give these dates so that your benefit can be calculated)

From	/	/	From	/	/
To	/	/	To	/	/

Are you a Post-Graduate? Yes No Yes No

Do you receive a student grant? Yes No Yes No

Do you receive a bursary? Yes No Yes No

You must send in proof of your grant, your financial assessment letter and details of all student loans. You must send in original documents as photocopies cannot be accepted.

Section seven - earned income

You

Your partner

Are you or your partner self-employed ?

Yes No

Yes No

If 'Yes', you need to get in touch with the Benefits Section for a form called 'Statement of self-employed income'.

Are you or your partner working?

Yes No

Yes No

If 'No', go to section eight. If 'Yes', please fill in the section below.

Name and address of your employer

Employers telephone number

What is your job title?

Date you started work

How many hours a week do you normally work?

Is this job going to last more than 5 weeks?

Yes No

Yes No

How much are you paid before tax national insurance and any other deductions are taken off?

£

£

How often are you paid? Please state weekly, fortnightly, monthly, 4 weekly.

Every

Every

How are you paid? For example cash, cheque, straight into bank

When is your next pay rise due?

Are you getting statutory sick pay from your employer at the moment?

Yes No

Yes No

Are you getting statutory maternity pay from your employer at the moment?

Yes No

Yes No

Do you pay into a private pension scheme?

Yes No
If yes please provide proof of the amount you pay

Yes No
If yes please provide proof of the amount you pay

Do you have another job?

Yes No

Yes No

If 'Yes', please give the name and address of this employer.

We must have proof of your earnings. Please provide your last five payslips if you are paid every week, your last two payslips if you are paid every month or every 4 weeks your last three payslips, if you are paid 2 weekly or fortnightly. If you do not have payslips please get in touch with the Benefits Section for a form called 'Earnings certificate' for your employer to complete.

Section eight - other income pensions, allowances, benefits or grants

Important: You must tick “no” or “yes” to every type of income in this section for you and your partner and write the amount you get in the box that applies. You must provide proof of all income, original documents only, but if you get income support, income based job seekers allowance or guarantee credit, we will check your entitlement with the Department for Work and Pensions.

You must tick Yes or No to every type of income in this section for you and your partner	You				Your partner			
		How much do you receive?	How often is it paid?	Date of next increase		How much do you receive?	How often is it paid?	Date of next increase
Adoption Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Attendance Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Bereavement Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Boarders Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Carer's Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Carer's Allowance - Have you claimed Carer's Allowance but not received it because you receive another benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Cash in lieu of coal	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Charitable Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Child Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Child Tax Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Disability Living Allowance - care	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Disability Living Allowance - mobility	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Employment Support Allowance (income related)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Employment Support Allowance (contribution based)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Guardian Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Incapacity Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Income Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Industrial Injuries Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Jobseeker's Allowance (Income based)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Jobseeker's Allowance (Contributions based)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Maintenance for you	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Maintenance for your children	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Maternity Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Mortgage Protection Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
New Deal (state which option)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Pension from a former employer. (Please give the name of the company)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Pension Savings Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Pension Credit Guarantee	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		

Section eight - other income, pensions, allowances, benefits or grants continued

You must tick Yes or No to every type of income in this section for you and your partner	You				Your partner			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much do you receive? £	How often is it paid?	Date of next increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much do you receive? £	How often is it paid?	Date of next increase
Private Pension. (state from which source)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Reduced Earnings Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Severe Disability Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Sick Pay (from an employer)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
State Retirement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Statutory Maternity/ Paternity Pay	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Student Grant or Loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Sub-Tenant Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Training Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Trust Fund Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
War Disablement Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
War Widow's Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Widow's Allowance/ Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Widowed Parents Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Working Tax Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Do you receive any other income or monies not mentioned above? If "yes" please give details:-	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Is there any income you have applied for but not yet received? If "yes" please give details:-	Yes <input type="checkbox"/> No <input type="checkbox"/>	£			Yes <input type="checkbox"/> No <input type="checkbox"/>	£		

Have you given details of all your income and your partner's income or any income you receive for a partner who has died?

Yes No

Section nine - accounts, savings and investments

We need to see proof of all savings, capital and investments you and your partner have. Please provide original documents as photocopies cannot be accepted. Please provide your bank statements for the last two months. Any bank books you provide must show the date and balance including interest.

If you or your partner have any of the following please give details. If you or your partner have any joint accounts please give details under column headed "You"

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

If "Yes" please give details here

£ <input type="text"/>	£ <input type="text"/>
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Current account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" please give details here and provide bank statements for the last two months.

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account number	<input type="text"/>
Balance	£ <input type="text"/>	Balance	£ <input type="text"/>

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account number	<input type="text"/>
Balance	£ <input type="text"/>	Balance	£ <input type="text"/>

Deposit account	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" please give details here and provide bank statements for the last two months.

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account number	<input type="text"/>
Balance	£ <input type="text"/>	Balance	£ <input type="text"/>

Name of bank	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Account number	<input type="text"/>
Balance	£ <input type="text"/>	Balance	£ <input type="text"/>

Section nine - accounts, savings and investments continued

You

Your partner

Building society account Yes No

Yes No

If "Yes" please give details here and provide statements for the last two months.

Name of building society	<input type="text"/>
Account number	<input type="text"/>
Balance	£ <input type="text"/>

Name of building society	<input type="text"/>
Account number	<input type="text"/>
Balance	£ <input type="text"/>

Name of building society	<input type="text"/>
Account number	<input type="text"/>
Balance	£ <input type="text"/>

Name of building society	<input type="text"/>
Account number	<input type="text"/>
Balance	£ <input type="text"/>

Post office account Yes No

Yes No

If "Yes" please give details here and provide statements for the last two months.

Account number	<input type="text"/>
Balance	£ <input type="text"/>

Account number	<input type="text"/>
Balance	£ <input type="text"/>

ISA Yes No

Yes No

If "Yes" please give details here and provide statements for the last two months.

Account number	<input type="text"/>
Balance	£ <input type="text"/>

Account number	<input type="text"/>
Balance	£ <input type="text"/>

Premium bonds Yes No
Amount £

Yes No
Amount £

If "Yes" please provide certificates

National savings certificates Yes No
Amount £

Yes No
Amount £

If "Yes" please provide certificates

Section nine - accounts, savings and investments continued

You

Your partner

Stocks and shares

Yes No

Yes No

If "Yes" please provide certificates and give details below

Name of company	<input type="text"/>
Number held	<input type="text"/>

Name of company	<input type="text"/>
Number held	<input type="text"/>

Name of company	<input type="text"/>
Number held	<input type="text"/>

Name of company	<input type="text"/>
Number held	<input type="text"/>

Do you have any other savings or investments?

Yes No

Yes No

If "Yes" please use the space below to give details of the types of accounts or investment and amounts

Do you or your partner own any other property or land besides the one you are claiming for? This includes land or properties abroad.

Yes No

Yes No

Please give the full address of the land and/or property you own

Is this property/land up for sale?

Yes No

Yes No

If "Yes" please fill in the details below, if "No" please go to section ten

The date it was put on the market (you will need to provide evidence that it is up for sale)

 / / / /

Please note we may need to write to you for further information regarding the other property or land you own.

Section ten

Are you a private tenant (this includes housing association tenants)?

Yes No

If 'Yes', fill in this section. If 'No', go to page 16.

Your landlord needs to fill in form LA1 on page 19.

Please answer every question.

If you have any questions about filling in form LA 1 please contact the Benefits Section.

1 Please give your landlord's or agent's details.

Name:

Address and Postcode:

2 Details of your tenancy

Date the tenancy began:/...../.....

How long is the tenancy?

What type of tenancy do you have (for example, shorthold)?

Are you a joint tenant? Yes No

If 'Yes', please give the names of the other tenants.

If your tenancy began before 15 January 1989, has your rent been registered?

(If so, please send us a copy of the registration document.) Yes No

3 Are you or your partner, or any of your children (including your partner's children), related to the landlord or landlady?

Yes No

If 'Yes', please give details below.

.....

4 Did you or your partner previously own this property?

Yes No

5 Are you or your partner renting this property from an ex-partner?

Yes No

6 Are you renting this property from a trust of which you, your partner or a close relative who lives with you is a trustee?

Yes No

7 Does you or your partner's employment contract say that you have to rent this accommodation as part of your contract? Yes No

If 'Yes', please give details below.

.....

.....

8 Do you own, or have part ownership of, this property? Yes No

9 Please give details of your home by ticking one of the following.

Detached house Semi-detached house Terraced house

Detached bungalow Semi-detached bungalow Terraced bungalow

Flat Bedsit Hostel

Room or rooms in a house or flat Caravan (static) Caravan (tourer)

If you live in a flat, bedsit or room, what floor is it on in the building?

a Ground floor First floor Second floor Third floor

Is it located in the-

b Front Centre Back Number of floors in the building

Does your accommodation have central heating? No Partial Full

Does the property have a garage? Yes No

Is the accommodation:

fully furnished? partly furnished? minimally furnished? unfurnished?

Who is responsible for decorating the inside of the property?

The landlord The tenant Don't know

10 Please give details of your rent.

How much is the rent you are charged? £ Is this weekly, monthly or
four weekly?

If you are a joint tenant, what is the full rent for the property?

If any of the following are included in your rent, please tick the appropriate box.

Heating Yes No Lighting Yes No

Hot water Yes No Cooking Yes No

Cleaning and lighting shared areas Yes No

Laundry facilities Yes No Doing laundry Yes No

Gardening Yes No Cleaning Yes No

Council Tax Yes No Food Yes No

Water rates Yes No

If water rates are not included in your rent, do you receive a bill from the Welsh Water Authority? Yes No

If food is included, please tick which meals.

Breakfast Lunch Tea Evening meal

11 Please give details of the accommodation.

Please fill in the numbers of the following.

Number of	In whole house or flat	For just the tenant to use	Shared with others
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Toilets			
Other rooms			
Total number			

12 Payment of Housing Benefit. In all cases we will decide who to send the benefit payment to, taking into account information you have provided.

Section A

Are you renting from a Housing Association? Yes No

Are you paying rent for a caravan? Yes No

Are you paying for Supported accommodation Yes No

Are you paying for a tenancy that commenced before 1989 Yes No

If you have answered 'No' to all of these go to section B

If you have answered "Yes" to any of these do you want benefit to be paid to yourself?

Yes No

If "No" you must sign section 7 on the LA1 form on the back page of this application form.

If "Yes" please fill in your bank details below-

What name or names is the account in?

Name of bank or building society

Account number

Sort Code - -

(We cannot pay benefit into a Post Office account) Now go to page 16

Section B - All other tenants

Housing Benefit will be paid directly to yourself and not your landlord. If you feel that you are unable to manage your benefit payments we can consider making your benefit payments direct to your landlord. You will need to fill in a form and provide information and evidence explaining why you cannot receive the benefit payments direct and why you cannot make arrangements to pay your landlord yourself.

Do you want us to consider paying your landlord direct? Yes No

If "Yes" please contact us to send you our form "Application for direct payments of Local Housing Allowance to your landlord". You must also sign section 7 on the LA1 form on the back page of this application form.

Please fill in your bank details below-

What name or names is the account in?

Name of bank or building society

Account number

Sort Code - -

(We cannot pay benefit into a Post Office account)

Important

You must tell us immediately of any changes in circumstances, in writing to one of the addresses shown on the front of the form.

For example:

- If you or your partner stop receiving Income Support or Jobseeker's Allowance.
- If you or your partner start work.
- If there are any changes in you or your partner's income and savings.
- If anyone joins or leaves the household.
- If you change address (this includes moving rooms in the accommodation).
- If any of your children leave school.
- If any of your non-dependants' income changes.
- If you start a prison sentence.

This is not a complete list. If you do not tell us about a change of circumstances, you may be prosecuted under the Social Security Administration Act 1992.

Please note you are not eligible for benefit if your capital exceeds £16,000 unless you are in receipt of guaranteed pension credit.

We will use any information you give us to help us provide joined-up services. We will not pass your information to anyone outside the council unless the law allows this.

To prevent and detect fraud we may check against other information we and other authorities and public organisations hold about you.

Checklist - please read carefully

Please tick the boxes to tell us what evidence you are sending with this form and what will follow separately. We must see original documents, photocopies cannot be accepted. Please do not send valuable items through the post. If you can, please bring them to our offices where we can take the details we need and give the documents straight back to you. If you cannot send the evidence we need at the moment, send the form back to us immediately and send the proof in within one calendar month of you returning the form. Please be aware that we cannot process your claim until all the supporting evidence is received.

Evidence of identity and National Insurance number

Such as a National Insurance number card, payslips, driving licence, letters from the social security or the tax office, pension slips from former employer, marriage certificate, birth certificate, current passport, bank statement (this must be dated in the last 4 weeks) or recent gas or electric bill. If you have already sent us proof of your identity or you are currently in receipt of benefit you do not need to send it to us again.

Provided with form To follow
Not applicable

Please state what you have provided

Evidence of earnings

Please send in your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid monthly. If you do not have payslips please contact us and request an "earnings certificate" for your employer to complete. If you are self employed please contact us for a "statement of self employed income" form.

Provided with form To follow
Not applicable

Please state what you have provided

Other income, pensions, allowances, benefits or grants.

Such as current award notices or letters from the Department for Works and Pensions or Inland Revenue confirming how much money you get. You can also provide pension slips from your former employer, a letter from the court showing how much maintenance you receive.

Provided with form To follow
Not applicable

Please state what you have provided

Accounts, savings and investments.

Such as all your bank, building society or post office books. Bank / building society statements, certificates for premium bonds, income bonds, national savings certificates, ISA's, stocks, shares and unit trusts. The bank statements you send must show transactions for the last two months. All information provided must be up to date.

Provided with form To follow
Not applicable

Please state what you have provided

Money you pay out.

Send us your contract with your registered child carer and receipts showing payments. If you do not have these please contact us for a "Childcare Provider Certificate" form.

Provided with form To follow
Not applicable

Please state what you have provided

Evidence of your rent if you are renting from a private landlord or Housing Association.

Please arrange for your landlord to complete the LA1 on page 19 and 20 of the application form. Please send us your tenancy agreement.

Provided with form To follow
Not applicable

Please state what you have provided

If you have any questions or need further advice or help please contact the Benefits Section where staff will be pleased to help.

Section eleven - your declaration

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

I understand the following.

- 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 within the council, rent offices and other councils and organisations.
- You may use any information I have provided in connection with this and any other claim for services or benefits that I have made or may make. You may give some information to other government organisations, if the law allows this.

I declare that the information provided on this form is correct and complete whether I, the claimant have completed this form or someone else has done so on my behalf.

I understand if I give information on this form that is not correct or not complete or I fail to immediately report in writing to the Housing Benefit Office any changes in my circumstances which might affect my benefit I will be guilty of a criminal offence and may be prosecuted.

I know I must let the Housing Benefit Section know immediately in writing to one of the addresses shown on the front of this form about any changes in my circumstances or those of other people living in the property which might affect my claim.

If I am renting my home from a private landlord or housing association, I give you permission to tell my landlord details about the progress and ongoing payment of my Housing Benefit claim unless I tell you in writing that I do not want you to do this.

Please read the check list on page 16 and tick the appropriate box below.

Have you provided proof of your income, capital etc with this application form Yes No

Your form can not be assessed until this information is received.

Your signature

Date

Your phone number

(This is important as we may need to contact you for more information to allow us to process your claim.)

Forms filled in by someone other than the person claiming.

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

Name of the person who filled in the form

Signature of the person

Relationship to the person claiming

Remember - send this form back straightaway or you may lose benefit. If you do not have all the proof we ask for, return the form now and send us the proof within one calendar month.

For office use only



Director of Finance and Corporate Services
Civic Centre, Port Talbot SA13 1PJ
 For benefit enquiries relating to the
 Port Talbot Borough Area, phone 01639 763454.

Director of Finance and Corporate Services
Civic Centre, Neath SA11 3QZ
 For benefit enquiries relating to the
 Neath Borough and Upper Lliw Valley Area, phone 01639 764755.

For office use only
Date received: / /

Tenancy details - to be filled in by the landlord

Please fill in the following details to support your tenant's claim for Housing Benefit.

1 Please give your tenant's name and address.

Name:

Address and Postcode:

2 Details of the tenancy

Date the tenancy began:/...../.....

How long is the tenancy?

What type of tenancy does your tenant have (for example, shorthold)?

Date the tenant moved into the property:/...../.....

Who else lives at the property? (Please give their name.)

When was the property built? Before 1918 Between 1918 and 1988 After 1988

3 Are you or your partner related to the tenant, the tenant's partner or any of their children?

Yes No If 'Yes', how are you related to them?

Did your tenant previously own the property you now rent them? Yes No

Are you or your partner renting this property to an ex-partner? Yes No

Are you the father/parent for any of your tenants children? Yes No

4 Please give details of your tenant's home by ticking the appropriate boxes.

Detached house Semi-detached house Terraced house

Detached bungalow Semi-detached bungalow Terraced bungalow

Flat Bedsit Hostel

Room or rooms in a house or flat Caravan (static) Caravan (tourer)

If your tenant lives in a flat, bedsit or room, where is it in the building? Number of floors in the building

a Ground floor First floor Second floor Third floor

b Front Centre Back

Does the property have central heating? No Partial Full

Does the property have a garage? Yes No

Is the accommodation furnished? Yes No

If 'Yes', is it: fully furnished? partly furnished? minimally furnished?

Who is responsible for decorating the inside of the property?
 The landlord The tenant Don't know

Please fill in the numbers of the following.			
Number of	In whole house or flat	For just the tenant to use	Shared with others
Living rooms			
Bedrooms			
Bedsitting rooms			
Kitchens			
Bathrooms			
Toilets			
Other rooms			
Total number			

5 Please give details of your tenant's rent.

How much is the rent you charge? £ How often is this paid (every month, four weeks and so on)?

If your tenant is a joint tenant, what is the full rent for the property? £

If any of the following are included in the rent, please tick the appropriate box.

Heating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Lighting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hot water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cooking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleaning and lighting shared areas	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Laundry facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Laundry	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Gardening	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleaning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Council Tax	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Food	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Water rates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Amount	£	<input type="text"/>	Don't know the amount	<input type="checkbox"/>

If water rates are not included in the rent, does your tenant receive a bill from the Welsh Water Authority? Yes No

If food is included, please tick which meals.

Breakfast Lunch Tea Evening meal

6 Landlord declaration

I confirm that the details provided are true and accurate.

Landlord's signature:

Please print your full name:

.....

Address:
.....
.....

Telephone

Date:/...../.....

7 Paying Housing Benefit direct to the landlord

If your tenant has asked for his or her benefit to be sent directly to you, you must **both** sign the following.

1 To be signed by the tenant

I give you permission to pay my Housing Benefit directly to my landlord. I accept that I may have to pay back any overpayment of Housing Benefit. I understand that you will tell my landlord if I decide to change these arrangements.

Tenant's signature: Date:/...../.....

2 To be signed by the landlord

I accept payment of my tenant's Housing Benefit. I understand that I may have to pay back any overpayment of benefit and I agree to repay any amount immediately. I agree to tell the Benefits Section immediately about any change in my tenant's circumstances that I am aware of or might reasonably be expected to know about.

Please tick one of the following boxes.

- Please pay the Housing Benefit into my bank account. I have given details below.
- Please pay the Housing Benefit into my bank account. I will send details separately.

What name or names is the account in?

Name of bank or building society

Account number

Sort code - -

Type of account, for example deposit or current

Landlord's signature: Date:/...../.....