



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 686838**

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**

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

Title (Mr / Mrs / Miss or Ms):

Name:

Address:

Post Code: 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. You will not be awarded benefit until you confirm the date).

Please give your previous address:

Did you own this property? Yes No

Did you claim Housing Benefit or Council Tax Support 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 are married to them. This can include partners of the same sex.

	You	Your Partner
Title:	Mr / Mrs / Miss / Ms	Mr / Mrs / Miss / Ms
Surname:		
First Names:		
Have you been known by any other name:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes" please give other name(s) below	If "Yes" please give other name(s) below
Date of birth:	/ /	/ /
National Insurance Number: <i>(This must be provided for your claim to be considered.)</i>		
What is your nationality?		
How long have you lived in the UK?		
Do you receive Income Support, Income based Job Seekers Allowance, Income Related Employment Support Allowance or Guarantee Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes" please state what income	If "Yes" please state what income
Are you registered blind? If "Yes", what is your registration number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive Disability Living Allowance/Personal Independence Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone receive Carers Allowance for looking after you? If "Yes" please tell us their name and address	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are there any joint tenants or joint owners of the property? Yes No

If "Yes", give their names and addresses,

If "No" go to Section three

Section Three - About your dependant children

Do you have any dependant children, including foster children? Yes No

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

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname:					
First Names:					
Relationship to you:					
Date of birth:	/ /	/ /	/ /	/ /	/ /
Do you receive Child Benefit for them?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Child benefit is due to end?	/ /	/ /	/ /	/ /	/ /
Are they registered as 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they receive Disability Living Allowance/ Personal Independence Payment?	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>	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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "No" go to section 4. If "Yes" please give details below.

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

Proof: Child Care 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 with you

These may be boarders, sub-tenants, joint tenants, joint-owners or non-dependants. A boarder is someone who pays you rent for accommodation and meals within your property on a commercial basis. A sub-tenant is someone who pays rent on a commercial basis for accommodation within your property, and you do not provide them with meals. Non-dependants are people over 16 who nobody gets Child Benefit for.

Do any other people normally live with you and your partner? Yes No
 If "No", go to Section five. If "Yes" give details below

	1st Person	2nd Person	3rd Person
Surname:			
First names:			
Date of birth:	/ /	/ /	/ /
National Insurance No.			
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you: e.g. son, aunt, brother, friend, boarder, joint tenant			
Are they married to, or a partner of, someone else on this page? If "Yes", please tell us who.	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 full-time student, a student nurse, a care worker, an apprentice or on youth 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"/>
	Please state which:	Please state which:	Please state which:

Income

a) Do they get Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered "No" please answer questions b) and c).
 If you have answered "Yes" please go to Section 5.

b) Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	1st Person	2nd Person	3rd Person
Number of hours normally worked each week.	hours	hours	hours
Weekly gross earnings before deductions.	£	£	£
c) Do they receive any other income? If "Yes, what income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of income	£	£	£

Section Five - People who are away from home

Are you or any member of your household away from home at this moment? Yes No
 If "No" go to Section six. If "Yes" give details below.

<i>Please give details of:</i>	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?
 If "No" please go to Section Seven.
 If "Yes" please give details.

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 date so that your benefit can be calculated).

Are you a post graduate?

Are you entitled to a student loan?

Are you entitled to a student grant or bursary

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
/	/
From / /	
To / /	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Your partner	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
/	/
From / /	
To / /	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

You must send in proof of your grant, your financial assessment letter (the whole 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "No", go to Section Eight. If "Yes", please fill in the section below.

	You	Your partner
Occupation		
Employer's name and address:		
Date you started work:	/ /	/ /
Is this employment going to last more than 5 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of hours worked?	hours per week	hours per week
Normal pay before any deductions for tax and national insurance etc.	£	£
How often are you paid? (e.g. weekly, fortnightly, 4 weekly, monthly)		
Method of pay (e.g. cash, bank credit, cheque)		
Do you benefit from a company share scheme or Save As You Earn Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay into a private pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When is your pay rise due?	/ /	/ /
Is this the only job you have?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "No" give details below

	You	Your partner
Occupation:		
Employer's name and address:		
Number of hours worked:	hours per week	hours per week
Normal pay before any deductions for tax, national insurance etc.	£	£
How often are you paid? (eg, weekly, monthly, fortnightly)		
Method of pay (e.g. cash, bank credit, cheque)		
When is your next pay rise due?	/ /	/ /

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 or 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 receive a income from the department of works and pension we will check your entitlement with them.

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?
Allowance from government sponsored schemes (eg Jobseeker's grant)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /
Annuity Income	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"/>	£		/ /
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's 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"/>	£		/ /
Jobseekers Allowance (income based)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /
Jobseekers 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"/>	£		/ /
Pension from a former employer (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 Guarantee Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /

Section Eight - continued...

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?
Personal Independence Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		/ /
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"/>	£		/ /
Statutory Sick 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"/>	£		/ /
Universal Credit	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, or any capital you are waiting to receive? It "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

If you have no income at present please state the reason for this and how you are managing for food and household expenses.

Section Nine - Accounts, savings and investments

If you have answered "Yes" to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment and Support Allowance or Guarantee Pension Credit you do not need to complete this section of the form, go directly to Section ten.

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 the column headed "You".

	You			Your Partner		
		Balance	Account Number		Balance	Account Number
Current Account <i>Bank Name:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Deposit Account <i>Bank Name:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Building Society Account <i>Building Society Name:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Post Office Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Credit Union Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
I.S.A	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Pay Pal Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
Do you have more than one of the above accounts? If "Yes" please give details of the type of account	Yes <input type="checkbox"/> No <input type="checkbox"/>	£		Yes <input type="checkbox"/> No <input type="checkbox"/>	£	
		£			£	
		£			£	

Section Nine - continued...

Do you or your partner have any Stocks or Shares?

These will include stocks and shares that you have purchased from your employer or have been allocated to you by your employer through a bonus scheme.

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Name of Company	Number held
Can these be sold?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can these be sold?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your partner	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Name of Company	Number held
Can these be sold?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can these be sold?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If stocks and shares are held by your employer please provide a schedule from your employer giving details when the shares can be sold.

Do you or your partner have any Bonds?

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Type of Bond	Number held

Your partner	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Type of Bond	Number held

Do you or your partner have any National Savings Certificates?

You			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "Yes" please give details below			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

Your partner			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "Yes" please give details below			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

Do you or your partner have any Unit Trusts?

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Type of Bond	Number held

Your partner	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please give details below	
Type of Bond	Number held

Section Nine - continued...

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

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Provide the full address(es) of the property/land you own: (If you own more than one property or plot of land please tell us on page 18.)

Is this property for sale?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

If "Yes" state:-

i) the date it was put on the market

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

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

ii) what is its current value?

£	
---	--

£	
---	--

If your property is up for sale you will need to provide proof of this. If you are selling the property with an Estate Agent the selling details they provide will be sufficient.

If the property/land that you own is not For Sale then the property or land will need to be valued. Please telephone the Benefits Section and request a Valuation form which will be sent to you immediately. You will then have to complete the form giving details of the property/land that you own and forward it to this office.

Do you have any other savings and investments which you have not already told us about? (this would include cash)

You	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

If "No" go to Section 10. If "Yes" please complete the rest of this section

You

You partner

Please provide proof of any money you pay towards a student grant or personal pension scheme. This may entitle you to more Housing Benefit / Council Tax Reduction.

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 15.

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

Please answer every question.

If you or your landlord have any questions about filling in form LA1 please contact the Benefits Section.

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

Name:

Address and Postcode:

Telephone Number:

2. Tenancy details

When did your tenancy begin?

What type of tenancy do you have?

How much is the rent you are charged? £ every

Are you a joint tenant? Yes No

If "Yes", how much is the full rent on the property? £

Please give the names of the other tenants

Has your rent been registered with the rent officer? Yes No

Do you rent a;

House

Bungalow

Flat

Bedsit

Hostel

Caravan

Room or rooms in house flat

Other

Does your landlord rent the property as;

Fully furnished

Partly furnished

Unfurnished

Are there any service charges included in the rent? (e.g. Heating/Water) Yes No

If "Yes", what is included in the rent?

Section Ten - continued...

Is any food included in the rent? 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 your or your partner's employment contract say that you have to rent this accommodation as part of the contract? Yes No

If "Yes", please give details below

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

9. 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

Section Ten - continued...

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/s is the account in?

Name of bank or building society

Account Number:

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Sort Code:

			-				-		
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(We cannot pay benefit into a Post Office account) Now go to page 15.

Section B - All other tenants

Housing Benefit will be paid directly to yourself and not your landlord (unless it is a condition of your tenancy). If you feel that you are unable to manage your benefit payments being paid directly to you. Please contact us in order to discuss arrangements to pay your landlord directly.

Do you want us to consider paying your landlord direct?

Yes No

Please fill in your bank details below:

What name/s is the account in?

Name of bank or building society

Account Number:

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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 there are any changes in you or your partner's income and savings.
- If you change address (this includes moving rooms in the accommodation).
- If any of your non-dependants' income changes.
- If you or your partner start work.
- If anyone joins or leaves the household.
- If any of your children leave school.
- 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, The Fraud Act 2006 and/or the Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (Wales) Regulations 2013.

Please note you are not eligible for benefit if your capital exceeds £16,000 unless you are in receipt of guarantee 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 or a letter from the court showing how much maintenance you receive.

Provided with form To follow
Not applicable

Please state what you have provided

continued...

Checklist - continued...

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 Support, 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 15 and 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.



Director of Finance and Corporate Services Director of Finance and Corporate Services
 Civic Centre, Port Talbot SA13 1PJ Civic Centre, Neath SA11 3QZ

For benefit enquiries relating to the
 Port Talbot Borough Area, phone 01639 763454.

For benefit enquiries relating to the
 Neath Borough and Upper Lliw Valley Area, phone 01639 686838.

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):	Is it a condition of the tenancy that housing benefit is paid to you? Yes <input type="checkbox"/> No <input type="checkbox"/>

3	Are you or your partner related to the tenant, the tenant's partner of any of their children?
Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", how are you related to them?	
Did your tenant previously own the property you now rent them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your partner renting this property to an ex-partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the father/parent for any of your tenants children?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4	Please give details of your tenant's home by ticking the appropriate boxes.	
Detached house <input type="checkbox"/>	Semi-detached house <input type="checkbox"/>	Terraced house <input type="checkbox"/>
Detached bungalow <input type="checkbox"/>	Semi-detached bungalow <input type="checkbox"/>	Terraced bungalow <input type="checkbox"/>
Flat <input type="checkbox"/>	Bedsit <input type="checkbox"/>	Hostel <input type="checkbox"/>
Room/s in a house/flat <input type="checkbox"/>	Caravan (static) <input type="checkbox"/>	Caravan (tourer) <input type="checkbox"/>

If your tenant lives in a flat, bedsit or room, where is it in the building?		Number of floors in the building <input type="text"/>	
a Ground floor <input type="checkbox"/>	First floor <input type="checkbox"/>	Second floor <input type="checkbox"/>	Third floor <input type="checkbox"/>
b Front <input type="checkbox"/>	Centre <input type="checkbox"/>	Back <input type="checkbox"/>	

Does the property have central heating?	No <input type="checkbox"/> Partial <input type="checkbox"/> Full <input type="checkbox"/>
Does the property have a garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the accommodation furnished?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", is it:	Fully furnished <input type="checkbox"/> Partly furnished <input type="checkbox"/> minimally furnished <input type="checkbox"/>
Who is responsible for decorating the inside of the property?	The landlord <input type="checkbox"/> The tenant <input type="checkbox"/> Don't know <input type="checkbox"/>

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"/>

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.

Address:

.....

Landlord's Signature: Telephone:

Please print your full name: 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.

We will then decide if the money will be sent to you or your tenant.

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 Benefit's 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account, for example deposit or current

Landlord's signature: Date: / /