

New claim application form for Housing Benefit and/or Council Tax Support

OFFICE USE ONLY

ISSUING OFFICE

DATE OF REQUEST

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

DATE OF ISSUE

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date received stamp

To find out more information about Housing Benefit and Council Tax Support or to complete an online application please visit our website: <https://www.shropshire.gov.uk/benefits/>

- Only use this form if you need to make a **new claim** for Housing Benefit and/or Council Tax Support. If you have an existing claim with us and are changing of address, ask us for a **change of address form**.
- You may find it quicker and easier to make an application or report a change of circumstances online

Your claim may be delayed if you do not fully answer all the questions on the form or if you provide incorrect information. **It is a criminal offence to knowingly give false information on a benefit claim.**

 **EVIDENCE REQUIRED: look out for this symbol, we require you to provide us with evidence. If you do not provide this evidence your claim may be delayed or refused.**

Section 1 - What you want to apply for:

I want to make an application for: Please tick the appropriate box(es):

Council Tax Support

Please complete Part 1 "General Information" (pages 1 - 15), and Part 3 "Declaration" (pages 23 - 25)

You **DO NOT** need to complete Part 2 "Housing Costs" (pages 16 - 22)

[Sign up for Paperless Council Tax billing on page 27](#)

Housing Benefit

Please complete Part 1 "General Information" (pages 1 - 15), and Part 2 "Housing Costs" (pages 16 - 22), and

Part 3 "Declaration" (pages 23 - 25)

PLEASE NOTE: You can only make a new claim for Housing Benefit if you meet specific criteria. For more information about this please see Page 16

Please tick if appropriate, I am living in:

Temporary Accommodation (placed by Shropshire Council)

Specified Accommodation (registered with Shropshire Council)

PART 1 - GENERAL INFORMATION

Section 2 - The Address you want to make a claim for:

• What address do you want to claim for?

| | |
|--|------------|
| | |
| | |
| | post code: |

• On what date did you move into this address?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

• If you have not yet moved in, when do you plan on moving in?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

• Is this your main/normal address?

Yes No

• Do you and/or your partner own this property?

Yes No

Section 3 - About you and your partner:

A partner is someone you are married to or have a civil partnership with, or a person you live with as if you are their husband, wife or civil partner.

• **Do you have a partner who normally lives with you?**

No

Please complete your details below.

Yes

If you have a partner, you must answer all of the questions about yourself and your partner.

| | You | Your Partner |
|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Title (Miss, Mr, Mrs, Ms, Other) | | |
| First names | | |
| Last name | | |
| Other names you have been known by | | |
| Date of Birth | | |
| Gender | Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> | Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> |
| National Insurance no. | A B 1 2 3 4 5 6 C | A B 1 2 3 4 5 6 C |



EVIDENCE REQUIRED: You will need to provide proof of identity and national insurance numbers

| | | |
|---------------------|--|--|
| Home phone number | | |
| Mobile phone number | | |
| Email address | | |

Do you want to be able log in to your account and view your award letters online ?

Yes

No

We will use the email address you have supplied to register your account.

You will receive an email when you have new notifications, you will need to log in to view these notifications.

You will not receive notifications letters by post.

Section 4 - previous addresses:

• **Please tell us where you and your partner were previously living**

| You | Your Partner |
|------------|--------------|
| | |
| | |
| Post code: | Post code: |

• **Do you or your partner rent or own any property or land other than your current address**

Yes

No

If "Yes" What is the address?

| | |
|--|------------|
| | Post code: |
|--|------------|

• **Have you or your partner sold any property or land within the last 12 months?**

If "Yes" on what date did the sale take place?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

How much were the profits of the sale ?

(after solicitors fees, outstanding mortgage repayment etc.)

| | |
|---|--|
| £ | |
|---|--|

We may need to write to you for more information and evidence.

Section 5 - Temporary absence from your normal home:

• **Are you currently living away from your normal home?** Yes No

If "Yes" what address are you staying at?

Post code:

On what date did you last stay in your normal home?

Do you intend to return to live in your normal home? Yes No

Please use this space to tell us why you are currently not living in your normal home:

PLEASE NOTE: You must tell us immediately if you no longer intend to return to your normal home.

Hospitalisation

• **Are you and/or your partner currently in hospital?** Yes - You Yes - Your Partner No

What date were you and/or your partner admitted to hospital?

Care homes

• **Are you and/or your partner currently in a care home?** Yes - You Yes - Your Partner No

What date were you and/or your partner admitted to a care home?

What is the name of the care home?

Is this a permanent placement? Yes No

If "YES" on what date was the placement made permanent?

Section 6 - Nationality:

• **Are you a British Citizen?** Yes No

If "Yes" have you recently returned from living outside of the UK? Yes No

If "No" what is your nationality?

On what date did you enter/return to live in the UK?

If you are not a British Citizen or are a British Citizen returning from living outside of the UK then we will need to write to you for more information.

Section 7 - Dependent children and young adults:

We need to know about any children and young adults who are part of your household:

Dependent children and young adults must be under 20 years old and be enrolled in education or an apprenticeship scheme.

If they are aged between 16 and 19 years old and are not yet enrolled in education or an apprenticeship, still tell us about them below.

• **Do you have any dependent children and/or young adults in your household?**

Yes

If “No” please continue to “Section 8”, if “Yes” answer all the questions in this section.

No

• **Please provide details of all the children and/or young adults in your household below.**

If you have more than 4 children and/or young adults in your household, please provide their details in “Section 21 - Other information”

| | First child | Second child |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| First names | <input type="text"/> | <input type="text"/> |
| Last name | <input type="text"/> | <input type="text"/> |
| Date of Birth | <input type="text"/> | <input type="text"/> |
| Gender | Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> | Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> |
| Relationship to your partner | <input type="text"/> | <input type="text"/> |
| Who gets the Child Benefit for them? | <input type="text"/> | <input type="text"/> |
| Do they normally live with you? | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| If “No” we will need to write to you for more information | | |
| Are they registered blind? | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| If “Yes” we will need to see proof of their registration | | |
| Have they been awarded Disability Living Allowance or Personal Independence Payments? | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| If “YES” Please tick the rates they have been awarded | | |
| DLA: Care | High <input checked="" type="checkbox"/> Middle <input checked="" type="checkbox"/> | High <input checked="" type="checkbox"/> Middle <input checked="" type="checkbox"/> |
| | Low <input checked="" type="checkbox"/> | Low <input checked="" type="checkbox"/> |
| Mobility | High <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> | High <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> |
| PIP: Daily Living | Enhanced <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> | Enhanced <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> |
| Mobility | Enhanced <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> | Enhanced <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> |

Section 7 - Dependent children and young adults (continued):

| | Third child | Fourth child |
|--|-------------|--------------|
|--|-------------|--------------|

| | | |
|---------------|--|--|
| First names | | |
| Last name | | |
| Date of Birth | | |

Gender Male Female Male Female

| | | |
|------------------------------|--|--|
| Relationship to you | | |
| Relationship to your partner | | |

Who gets the Child Benefit for them?

Do they normally live with you? Yes No Yes No

If **"No"** we will need to write to you for more information

Are they registered blind? Yes No Yes No

If **"Yes"** we will need to see proof of their registration

Have they been awarded Disability Living Allowance or Personal Independence Payments? Yes No Yes No

If **"YES"** Please tick the rates they have been awarded

| | | | | | | | | | |
|-------------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|
| DLA: Care | High | <input checked="" type="checkbox"/> | Middle | <input checked="" type="checkbox"/> | Care | High | <input checked="" type="checkbox"/> | Middle | <input checked="" type="checkbox"/> |
| | Low | <input checked="" type="checkbox"/> | | | | Low | <input checked="" type="checkbox"/> | | |
| Mobility | High | <input checked="" type="checkbox"/> | Low | <input checked="" type="checkbox"/> | Mobility | High | <input checked="" type="checkbox"/> | Low | <input checked="" type="checkbox"/> |
| PIP: Daily Living | Enhanced | <input checked="" type="checkbox"/> | Standard | <input checked="" type="checkbox"/> | Daily Living | Enhanced | <input checked="" type="checkbox"/> | Standard | <input checked="" type="checkbox"/> |
| | Mobility | Enhanced | Standard | | | Mobility | Enhanced | Standard | |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

Do you pay any child care costs? Yes No

If **"Yes"** we may need to write to you for more information

How much Child Tax Credit do you and your partner receive? £

How much Child Benefit do you and your partner receive? £

EVIDENCE REQUIRED: You will need to provide proof of the Child Benefit you or your partner receive, and your latest Child Tax Credit award notice.

Section 8 - Other people who live with you:

We need to know about anybody else who lives with you including children and young adults who live with you but who you do not claim benefits for, this includes, grown up children, friends, relatives, Sub tenants, boarders and/or lodgers, and the partners and/or dependent children of any of these.

• **Do you have any other people living with you ?**

Yes

If “No” please continue to “Section 9”.

No

If you share your property with other tenants you do not need to tell us about them here, if you have more than 4 other people living with you, please provide their details in “Section 21 - Other information”

| | First Person | Second Person |
|------------------------------|-------------------|-------------------|
| First names | | |
| Last name | | |
| Date of Birth | | |
| Gender (male or female) | | |
| Relationship to you | | |
| Relationship to your partner | | |
| National Insurance no. | A B 1 2 3 4 5 6 C | A B 1 2 3 4 5 6 C |

• **Are they employed?**

Yes No

Yes No

If “Yes” how often are they paid?

weekly/fortnightly/monthly

weekly/fortnightly/monthly

How much are their normal gross wages?

£

£

• **Please tell us about any other income they have, this includes benefits, pensions and credits:**

What is their income?

How much is it?

£

£

How often is it paid?

weekly/fortnightly/monthly

weekly/fortnightly/monthly

What is their income?

How much is it?

£

£

How often is it paid?

weekly/fortnightly/monthly

weekly/fortnightly/monthly

What is their income?

How much is it?

£

£

How often is it paid?

weekly/fortnightly/monthly

weekly/fortnightly/monthly

 **EVIDENCE REQUIRED:** You will need to provide proof of their wages, and/or any other income they receive for instance their latest benefit award notices.

Section 8 - Other people who live with you (continued):

| Third Person | Fourth Person |
|--------------|---------------|
|--------------|---------------|

| | | |
|------------------------------|--|--|
| First names | | |
| Last name | | |
| Date of Birth | | |
| Gender (male or female) | | |
| Relationship to you | | |
| Relationship to your partner | | |

| | | | | | | | | | | | | | | | | | | | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|
| National Insurance no. | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">A</td><td style="width: 10%;">B</td><td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">C</td> </tr> </table> | A | B | 1 | 2 | 3 | 4 | 5 | 6 | C | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">A</td><td style="width: 10%;">B</td><td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">C</td> </tr> </table> | A | B | 1 | 2 | 3 | 4 | 5 | 6 | C |
| A | B | 1 | 2 | 3 | 4 | 5 | 6 | C | | | | | | | | | | | | |
| A | B | 1 | 2 | 3 | 4 | 5 | 6 | C | | | | | | | | | | | | |

• Are they employed?
Yes No
Yes No

| | | |
|-----------------------------------|----------------------------|----------------------------|
| If "Yes" how often are they paid? | weekly/fortnightly/monthly | weekly/fortnightly/monthly |
|-----------------------------------|----------------------------|----------------------------|

| | | |
|----------------------------------------|---|---|
| How much are their normal gross wages? | £ | £ |
|----------------------------------------|---|---|

• Please tell us about any other income they have, this includes benefits, pensions and credits:

| | | |
|-----------------------|--|--|
| What is their income? | | |
|-----------------------|--|--|

| | | |
|-----------------|---|---|
| How much is it? | £ | £ |
|-----------------|---|---|

| | | |
|-----------------------|----------------------------|----------------------------|
| How often is it paid? | weekly/fortnightly/monthly | weekly/fortnightly/monthly |
|-----------------------|----------------------------|----------------------------|

| | | |
|-----------------------|--|--|
| What is their income? | | |
|-----------------------|--|--|

| | | |
|-----------------|---|---|
| How much is it? | £ | £ |
|-----------------|---|---|

| | | |
|-----------------------|----------------------------|----------------------------|
| How often is it paid? | weekly/fortnightly/monthly | weekly/fortnightly/monthly |
|-----------------------|----------------------------|----------------------------|

| | | |
|-----------------------|--|--|
| What is their income? | | |
|-----------------------|--|--|

| | | |
|-----------------|---|---|
| How much is it? | £ | £ |
|-----------------|---|---|

| | | |
|-----------------------|----------------------------|----------------------------|
| How often is it paid? | weekly/fortnightly/monthly | weekly/fortnightly/monthly |
|-----------------------|----------------------------|----------------------------|

EVIDENCE REQUIRED: You will need to provide proof of their wages, and/or any other income they receive for instance their latest benefit award notices.

• If any of the people living with you are the dependent child or young person of one of the other people living with you please tell us about this:

| | | |
|--|---------------------|--|
| | Is the dependant of | |
|--|---------------------|--|

If any of the people living with you are living together as a couple then please tell about this:

| | | |
|--|-------------------|--|
| | Is the partner of | |
|--|-------------------|--|

Section 9 - Disability and care related income:

Please tick the appropriate boxes, to indicate which benefits and/or credits you and/or your partner are receiving.

If you and/or your partner have made an new application to a benefit and/or credit which has not yet been awarded tick the box and tell us what date the claim was made.

| Disability Related Benefits | Yours | Your Partner's | Date new claim made |
|--------------------------------|-------------------------------------|-------------------------------------|---------------------|
| Personal Independence Payments | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Disability Living Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Attendance Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Carer's Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

• **If you and/or your partner are in receipt of;**

- Personal Independence Payments - Daily Living Element, or
- Disability Living Allowance - Care Component Middle or High rate, or
- Attendance Allowance.

Then please answer the following questions.

Other than your partner does anybody receive Carer's Allowance for looking after you (or has recently made an application and is awaiting a decision)?

Yes No

If "YES" who is this?

Other than you does anybody receive Carer's Allowance for looking after your partner (or has recently made an application and is awaiting a decision)?

Yes No

If "YES" who is this?

Are either you and/or your partner registered blind?

Yes - You

Yes - Your Partner

No

Payments from Social Services

Tell us about any income you receive from Social Services or the Courts which is paid to you in respect of a Child or Young Person who you are looking after.

| Type of income | | Amount Received | Frequency of payment | Date new claim made |
|------------------------|--------------|-----------------|----------------------|---------------------|
| Fostering Allowance | You | £ | | |
| | Your Partner | £ | | |
| Guardianship Allowance | You | £ | | |
| | Your Partner | £ | | |
| Adoption Pay | You | £ | | |
| | Your Partner | £ | | |


 **EVIDENCE REQUIRED: You need to provide documents from Social Services confirming the amounts.**

Section 10 - Income from Benefits, Working Tax Credits and/or Universal Credit:

| Means Tested Benefits/Credits | Yours | Your Partner's | Date new claim made |
|---------------------------------------------------|-------------------------------------|-------------------------------------|---------------------|
| Income Support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Job Seeker's Allowance - Income Based | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Employment and Support Allowance - Income Related | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Pension Credit - Guaranteed Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

If you receive one of the Means Tested Benefits or Credits listed above we do not need any further information from you in regard to your income or capital. Please go to Part 2 "Housing Costs" if you need help with your rent, otherwise go to Part 3 "Declaration and Signatures"

| | | | |
|------------------|-------------------------------------|-------------------------------------|--|
| Universal Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
|------------------|-------------------------------------|-------------------------------------|--|

 **EVIDENCE REQUIRED:** If you have claimed or receive Universal Credit you will need to provide evidence of your claim, you can do this by sending us a PDF or your award or screenshots of your assessment from your online Journal.

| Other Benefits/Credits | Yours | Your Partner's | Date new claim made |
|-------------------------------------------------|-------------------------------------|-------------------------------------|---------------------|
| Working Tax Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Job Seeker's Allowance - Contributory | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Employment and Support Allowance - Contributory | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Pension Credit - Savings Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| State Retirement Pension | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

Other Benefits/Credits (continued)

If you receive a benefit we haven't listed then tell us about it in "Section 14 - Other income"

| Type of income | Amount Received | Frequency of payment | Date new claim made |
|------------------------------------------|-----------------|----------------------|---------------------|
| Bereavement Allowance: | | | |
| You | £ | | |
| Your Partner | £ | | |
| Industrial Injuries Disablement Benefit: | | | |
| You | £ | | |
| Your Partner | £ | | |
| War Pension/ War Widows Pension: | | | |
| You | £ | | |
| Your Partner | £ | | |

 **EVIDENCE REQUIRED:** You will need to send us your latest award notices

Section 11 - Income from employment:

• Are you and/or your partner employed? Yes - You Yes - Your Partner No

If “No” go to “Section 12”

You need to use this section to tell us about any employment you or your partner have, this includes: Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay, Maternity Allowance and unpaid absences.

There is space for you to tell us about 3 jobs, if you and your partner have more than 3 jobs, then you will need to tell us about this in “Section 21 - Other Information”

Job 1

Who is employed? You Your Partner

| | | | |
|----------------------------|--|--|------------|
| Employer's name: | | | |
| Employer's address: | | | Post code: |
| Employer's phone no: | | | |
| Payroll/employee/staff no: | | | |

What day did this job start? DDMMYYYY

Normally how many hours each week work is this job for?

Normally how many days each week work is this job for?

How often is this job paid? Weekly Fortnightly 4 Weekly Monthly

What is the normal gross wage before deductions? £

Job 2

Who is employed? You Your Partner

| | | | |
|----------------------------|--|--|------------|
| Employer's name: | | | |
| Employer's address: | | | Post code: |
| Employer's phone no: | | | |
| Payroll/employee/staff no: | | | |


What day did this job start? DDMMYYYY

Normally how many hours each week work is this job for?

Normally how many days each week work is this job for?

How often is this job paid? Weekly Fortnightly 4 Weekly Monthly

What is the normal gross wage before deductions? £

 **EVIDENCE REQUIRED:** Depending on how often you are paid you will need to send us your last: 2 x monthly, 3 x fortnightly, 2 x four weekly, 5 x weekly wage slips

NOTE: If you only receive online wage slips you can email them directly to us.

Section 11 - Income from employment (continued):

Job 3

Who is employed?

You

Your Partner

Employer's name:

Employer's address:

Post code:

Employer's phone no:

Payroll/employee/staff no:

What day did this job start?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Normally how many hours each week work is this job for?

Normally how many days each week work is this job for?

How often is this job paid?

Weekly

Fortnightly

4 Weekly

Monthly

What is the normal gross wage before deductions?

£



EVIDENCE REQUIRED: Depending on how often you are paid you will need to send us your last: 2 x monthly, 3 x fortnightly, 2 x four weekly, 5 x weekly wage slips

NOTE: If you only receive online wage slips you can email them directly to us.

Statutory Sick pay

• Are you and/or your partner currently unable to work due to illness?

Yes

No

You

Date your absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Your Partner

Date their absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



EVIDENCE REQUIRED: You need to provide your wage slips showing your Statutory Sick Pay and/or Employers Sick Pay

Paid parental leave

• Are you and/or your partner receiving Statutory Maternity/Paternity Pay?

Yes

No

You

Date your absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Your Partner

Date their absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



EVIDENCE REQUIRED: You need to provide your wage slips showing your Statutory Maternity Pay and/or Statutory Paternity Pay

• Are you and/or your partner receiving Maternity Allowance?

Yes

No

You

Date your absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Your Partner

Date their absence started

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



EVIDENCE REQUIRED: You need to provide your latest DWP award notice showing your Maternity Allowance.

Section 12 - Income from a limited company:

• Are you and/or your partner an owner or director of a limited company?

Yes - You

Yes - Your Partner

No

If "No" go to "Section 13"

Directorship 1

Who is a director?

You

Your Partner

The company's name:

The company's address:

Post code:

Are there other directors apart from you and/or your partner?

Yes

No

If "Yes" what are their names?

How many shares are there in the company?

How many shares are owned by you and/or your partner?

How often do you draw a wage?

How much are these wages?

How often do you draw dividends?

How much are these dividends?

Directorship 2

Who is a director?

You

Your Partner

The company's name:

The company's address:

Post code:

Are there other directors apart from you and/or your partner?

Yes

No

If "Yes" what are their names?

How many shares are there in the company?

How many shares are owned by you and/or your partner?

How often do you draw a wage?

How much are these wages?

How often do you draw dividends?

How much are these dividends?



EVIDENCE REQUIRED: You need to provide full annual accounts for the last tax year.

Section 13 - Income from Self Employment:

• Are you and/or your partner Self Employed?

If "No" go to "Section 14"

Yes - You Yes - Your Partner No

Self Employed Business 1

Who is employed by this business?

You Your Partner

The business' name:

The business' address:

Post code:

Are there other owners apart from you and/or your partner?

Yes No

When did the business start trading?

How many hours do you normally work each week?

Are you paying into a private pension scheme?

Yes No

If "Yes" how much do you pay into the scheme each month?

£

Do you receive a business start up allowance?

Yes No

If "Yes" how much do you receive?

£

How often is it paid to you?

Weekly Fortnightly 4 Weekly Monthly

Self Employed Business 2

Who is employed by this business?

You Your Partner

The business' name:

The business' address:

Post code:

Are there other owners apart from you and/or your partner?

Yes No

When did the business start trading?

How many hours do you normally work each week?

Are you paying into a private pension scheme?

Yes No

If "Yes" how much do you pay into the scheme each month?

£

Do you receive a business start up allowance?

Yes No

If "Yes" how much do you receive?

£

How often is it paid to you?

Weekly Fortnightly 4 Weekly Monthly



EVIDENCE REQUIRED:

You need to provide audited annual accounts for the last tax year. If you do not have audited accounts available, or if you have been trading for less than 12 months you can complete a Self Employment Declaration form instead, contact us directly to request a form.

NOTE: We use different regulations therefore cannot use the Tax Return document used by HMRC.

Section 14 - Other Income:

Private/Occupational Pensions

You must tell us about any private pensions, or pensions from employment that you and/or your partner have.

| | Amount Received | Frequency of payment | Name of the pension provider |
|--|-----------------|----------------------|------------------------------|
|--|-----------------|----------------------|------------------------------|

Pension 1

| | | | |
|---|--|--|--|
| £ | | | |
|---|--|--|--|

Whose pension is this?

Yours Your Partners

Does this pension increase?

Yes No

When is the next increase due?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Pension 2

| | | | |
|---|--|--|--|
| £ | | | |
|---|--|--|--|

Whose pension is this?

Yours Your Partners

Does this pension increase?

Yes No

When is the next increase due?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Pension 3

| | | | |
|---|--|--|--|
| £ | | | |
|---|--|--|--|

Whose pension is this?

Yours Your Partners

Does this pension increase?

Yes No

When is the next increase due?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|



EVIDENCE REQUIRED: You need to provide your current statement from your Pension provider.

• Have you and/or your partner put off drawing all or part of a State or Private Pension?

Yes No

• Have you and/or your partner taken a lump sum payment of a State or Private Pension instead of drawing it as an income?

Yes No

Students

• Are you and/or your partner a student?

Yes - You Yes - Your Partner No



EVIDENCE REQUIRED: You need to provide proof of the course you are taking and your student finance statement showing details of any loans, grants or bursaries you have been awarded.

Any other income

• Tell us about all other income you receive (which we haven't already asked about):

What is the income, how much You and/or Your Partner receive, and how often do you receive it?

| Type of Income | Yours | Your Partner's | Amount Received | Frequency received |
|----------------|-------------------------------------|-------------------------------------|-----------------|--------------------|
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | £ | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | £ | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | £ | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | £ | |



EVIDENCE REQUIRED: You need to provide evidence of any other income received by you and/or your partner.

Section 15 - Capital:

In this section you need to provide details of all the Capital you and/or your partner own. It is important that you list all accounts even if they have a zero balance.

By capital we mean any funds that you and/or your partner have, including current accounts, building society accounts, bonds, shares, savings certificates, ISAs, Trust funds, Post Office accounts or any other investment.

Bank/Building Society (bs) accounts

| Name of bank/bs | Account Number | Name(s) of account holder | Balance |
|-----------------|----------------|---------------------------|---------|
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |

Stocks and/or shares

| Name of the company shares are held in | Name of share holder | Number of units |
|----------------------------------------|----------------------|-----------------|
| | | |
| | | |
| | | |

Other capital

| Please specify the type of capital | Name(s) of holder | Value/Balance |
|------------------------------------|-------------------|---------------|
| | | £ |
| | | £ |
| | | £ |

• How much total (combined) capital do you and your partner have?

£

• In the last 6 months has the total (combined) capital you and your partner have exceeded:

£6,000.00 - Working Age claims

Yes No

£10,000.00 - Pension Age claims

Yes No

If "Yes" we may need to write to you for more information



EVIDENCE REQUIRED:

- If you and your partner have reached Pension Age and your combined capital is less than £9,500.00 or if you and your partner have not yet reached Pension Age and your total capital is less than £5,500.00 then we do not need to verify your capital
- If your combined capital is more than the figures above please see "Section 19 - Evidence checklist" for details of the information we require.

PART 2 - HOUSING COSTS

IMPORTANT: READ THE FOLLOWING INFORMATION BEFORE APPLYING FOR HOUSING BENEFIT.

Most people who need to claim help towards the cost of their rent will need to apply for Universal Credit. However if your circumstances are listed below, then you should apply through Housing Benefit instead.

- **If you (and your partner) have reached pension credit age**

You can check this online: <https://www.gov.uk/state-pension-age>

If you are part of a couple and one of you has not reached pension credit age you can only make a new claim for Housing Benefit if you are already in receipt of Pension Credit, or you are entitled to a Severe Disability Premium.

- **You are entitled to a Severe Disability Premium (SDP).**

If you and/or your partner are in receipt of a Severe Disability Premium as part of a current Housing Benefit, Employment and Support Allowance, Job Seeker's Allowance or Income Support award, *or*

Have received a Severe Disability Premium as part of a Housing Benefit, Employment and Support Allowance, Job Seeker's Allowance or Income Support award within the last month, *and*

You and/or your partner still meet the criteria to receive a Severe Disability Premium.

Then you should make an application for Housing Benefit instead of Universal Credit.

- **If you are living in Specified Accommodation**

This means accommodation provided to you with a significant care or support package. This must be registered with and authorised by Shropshire Council.

Your Landlord and/or Care Organiser should be aware of the rules governing Specified Accommodation and should make an application to Shropshire Council when setting up the tenancy.

- **You are Living in Temporary Accommodation**

This means accommodation organised by the Housing Options Team, Refuges and Probation Hostels.

If you make an application to Housing Benefit and one of the exception categories do not apply to you and/or your partner then your application will be rejected and you will be advised to make an application to Universal Credit instead. The time taken by this process may delay your claim to Universal Credit.

Shropshire Council are not responsible for this delay which could result in the loss of benefit.

For more information about Universal Credit or to make a claim you will need to access their online portal:

<https://www.gov.uk/universal-credit/how-to-claim>

If the exception categories **DO NOT** apply to you and/or your partner, or you do not wish to apply for help with Housing Costs then please proceed to "PART 3 DECLARATION AND SIGNATURES"

If one of the exception categories applies to you and/or your partner and you need to apply for help towards the cost of your rent then continue to complete all of the questions in "PART 2 HOUSING COSTS"

Discretionary Housing Payment Scheme (DHP)

In you are in receipt of Housing Benefit or the Housing Costs element of Universal Credit then you are eligible to apply to the Discretionary Housing Payment Scheme DHP.

The DHP scheme can consider providing extra help to meet a rent shortfall, or to help you move to a more affordable, appropriately sized property.

Contact us for more information see Page 26 or visit our website.

Section 16 - About where you live:

• When did you and/or your partner start renting your home?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

• Without Housing Benefit, were you able to afford the rent when you moved in?

Yes No

• Did you and/or your partner previously own this property?

Yes No

• Other than you and your partner, are there any other tenants at this property?

Yes No

If "Yes" tell us their name(s) and their relationship to you and/or your partner and the amount of rent they pay:

| Their name(s) | Relationship to you/your partner | Rent paid |
|---------------|----------------------------------|-----------|
| | | £ |
| | | £ |

How often do they pay rent?

Weekly Fortnightly 4 Weekly Monthly Quarterly Biannually Annually

• Do you have any weeks where you are not charged rent?

Yes No

If "Yes" how many weeks each year are you not charged rent?

• Is your home a Shared or Co-Ownership property? (This is when you part rent, part own your home).

Yes - Shared ownership Yes - Co-ownership No

Disability and care

• If you are under 22 years old, are you, or have you been under a care order or looked after under the Children's Act?

Yes No

We may need to write to you for further information regarding this.


• Do you, your partner or another adult in your household require a carer to be present overnight?

Please note: This refers to a carer who does not normally live with you.

Yes No

If "Yes" Approximately how often does somebody stay in your home to provide care overnight

Days: per week per month

 **EVIDENCE REQUIRED: We need evidence from a medical/care professional that overnight care is needed, and statement that care is being provided.**

• Are you and your partner unable to share a bedroom due to disability or care?

Yes No

If "Yes" please explain why you are unable to share a bedroom:

• Do you have a child who is unable to share a room with another child due to their disability and/or care needs?

Yes No

If "Yes" please explain why you they are unable to share a bedroom:

Section 17 - About where you live (continued):

• Do you rent your property from one of the following Social Housing Providers? (please tick)

- Shropshire Towns and Rural Housing Wrekin Housing Trust Severnside Housing
 Connexus (Meres and Mosses & South Shropshire Housing Association)

If you rent your property from one of the listed Social Housing Providers, proceed to **“PART 3 DECLARATION AND SIGNATURES”** we will get information about your tenancy directly from them.

If you rent from a Social Housing Provider who is not listed, or if you rent from a private Landlord then you will need to complete all of the questions in this Part.

• What type of property do you live in? (please tick)

- | | | | | | |
|----------------------------|-------------------------------------|------------------------|-------------------------------------|--------------------|-------------------------------------|
| Detached house | <input checked="" type="checkbox"/> | Semi-detached house | <input checked="" type="checkbox"/> | Terraced house | <input checked="" type="checkbox"/> |
| Detached bungalow | <input checked="" type="checkbox"/> | Semi-detached bungalow | <input checked="" type="checkbox"/> | Maisonette/Duplex | <input checked="" type="checkbox"/> |
| Flat in a house | <input checked="" type="checkbox"/> | Flat in a block | <input checked="" type="checkbox"/> | Flat over a shop | <input checked="" type="checkbox"/> |
| Studio flat | <input checked="" type="checkbox"/> | Bedsit or rooms | <input checked="" type="checkbox"/> | Board and lodgings | <input checked="" type="checkbox"/> |
| Caravan or mobile home | <input checked="" type="checkbox"/> | Static or park home | <input checked="" type="checkbox"/> | Hostel | <input checked="" type="checkbox"/> |
| Hotel or bed and breakfast | <input checked="" type="checkbox"/> | Houseboat | <input checked="" type="checkbox"/> | Length in (feet) | <input type="text"/> |

• Does your property have? (please tick)

- | | | | |
|-----------------|-------------------------------------|------------------|-------------------------------------|
| Central heating | <input checked="" type="checkbox"/> | Parking space(s) | <input checked="" type="checkbox"/> |
| Garden(s) | <input checked="" type="checkbox"/> | A garage | <input checked="" type="checkbox"/> |

• Who is responsible for decorating your property? (please tick)

- | | |
|-------------------------------------|-------------------------------------|
| You, your partner and your Landlord | <input checked="" type="checkbox"/> |
| Your Landlord | <input checked="" type="checkbox"/> |
| You and your partner | <input checked="" type="checkbox"/> |

• Is there any furniture provided as part of your tenancy? (please tick)

- | | |
|---------------------------|-------------------------------------|
| No - Unfurnished | <input checked="" type="checkbox"/> |
| Yes - Fully furnished | <input checked="" type="checkbox"/> |
| Yes - Partially furnished | <input checked="" type="checkbox"/> |

• Do you have meals included in your rent? If “YES” please tick which

- | | | | |
|--------------------|-------------------------------------|-------------------------|-------------------------------------|
| Yes - Breakfast | <input checked="" type="checkbox"/> | Yes - Lunch | <input checked="" type="checkbox"/> |
| Yes - Evening meal | <input checked="" type="checkbox"/> | No - meals not included | <input checked="" type="checkbox"/> |

• Are you charged for anything else in with your rent? For example; heating, lighting, electricity, laundry etc.

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

• Are you charged for anything else on top of your rent? For example; support, warden, communal areas etc.

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

Section 17 - About where you live (continued):

• How many floors are there in the whole building?

• Which floor(s) do you live on? (please tick all that apply)

Basement Ground floor First floor Second floor
 Third floor Fourth floor Other - please specify

• Tell us how many rooms there are in the property

We also need to know how many rooms you have exclusive use of and how many you share with other tenants, or your landlord.

| | Total rooms | Exclusive use | Shared with others |
|------------------|----------------------|----------------------|----------------------|
| Bedrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bedsitting rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Living rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dining rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Kitchens | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bathrooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Separate Toilets | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other rooms | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have included any "Other rooms" please tell us what these rooms are

• How much rent are you and/or your partner charged? £

How often is payment due?

Weekly Fortnightly 4 Weekly Monthly Quarterly Biannually Annually

• When is the next rent increase due?

 Evidence required: You must provide proof of the rental liability, if you do not have a tenancy agreement we can provide you with a form for your landlord to complete.

• Has your rent been registered as a fair rent by a rent officer? Yes No

 Evidence required: If "YES" you need to provide the RO5 notice of registration form.

Section 17 - About where you live (continued):

Landlord details

• What is your Landlord's full name?

• What is your Landlord's address?

 Post code:

• What is your Landlord's telephone number?

• What is the Landlord's email address?

• Does your Landlord use an Agent?

Yes No

If "YES" please provide the Agent's details:

Agent details

• What is the Agent's full name ?

• What is the Agent's address?

 Post code:

• What is the Agent's telephone number?

• What is the Agent's email address?

• Are you, your partner or any of your children related to your Landlord (and/or their partner), their agent (and/or their partner)?

Yes No

If "Yes" who is related to whom?

Is related to

How are they related?

If a relationship exists we will need to send you and your Landlord forms to gather more information.

Sharing information with your Landlord or their Agent

By law we are required to inform your Landlord or their Agent of some things for instance, if a decision is made to pay benefit directly to them. Under the Data Protection act 2018 we need your permission to discuss anything else, such as the progress and payment status of your claim. We cannot give your Landlord or their Agent information about your personal circumstances, household or finances.

Please sign below if you would like us to be able to discuss your claim with your Landlord or their Agent.

I give Shropshire Council permission to share information about the progress of my Housing Benefit claim with my Landlord or their Agent.

Your signature

Date / / 20

Section 18 - Payment details

We pay Housing Benefit directly into your bank or building society account through the Bank Automated Clearing Service (BACS). This means that cleared funds are available in your account on the day our account is debited.

Finding out how much is paid into the account.

We will tell you whenever we know that there is going to be a change in the amount we pay into your account. You can check your Housing Benefit payments on your account statements. If you think your payment is wrong, please telephone us on 0345 6789001.

In most cases we have to pay any Housing Benefit directly to you, it is then up to you to ensure that your rent payments are made to your Landlord or Agent.

However payments can be made directly to a landlord if:

- It is written into the tenancy agreement that any Housing Benefit must be paid directly to the Landlord,
- The rent account is 8 or more weeks in arrears and the Landlord requests that payments are made directly to them,
- You are classed as vulnerable, have a history on non-payment of rent, or have issues with substance misuse, or are unlikely to be able to manage to pay your rent yourself.

Please complete the section below, telling us which bank or building society account do you want your Housing Benefit paid into?

Name of the account holder(s):

Bank

Sort Code:

Account number: (8 digits)

Building Society

Roll number:

Which bank or building society is this?

Bank/building society address:

Post code:

Who does this account belong to? (please tick)

You Your partner Joint - You and your partner Your Landlord

Your representative You must complete "Section 24 - Acting on behalf of the claimant".

Signature of account holder

Date / / 20

Signature of joint account holder

Date / / 20

Do not delay in sending this form in, even if you do not have all the proof we need

The length of time a claim can be backdated for is limited by legislation, this cannot be exceeded even if there are good reasons for the delay. However once we have the form, in exceptional circumstances we can allow extra time to produce the evidence we need.

- **We must see original documents, not copies.**
- **If the evidence is not available in a paper format, i.e. electronic wage slips or bank statements, then we can accept screenshots, or PDF documents by email.**
- **Providing the proof required with your application will help us to deal with your claim more quickly.**
- **If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one.**
- **If you cannot send the proof we need at the moment, send the form back to us now and send us the proof within a month of giving us the application, or if you need longer contact us to discuss the circumstances and whether an extension can be agreed.**
- **We can start to process your claim, but will not be able to pay you any benefit until we have all the proof.**



Throughout the form you will see this symbol it tells us that we will need to see evidence in order to be able to progress your claim.

In addition you need to provide:

- **2 forms of Identification for both you and your partner**

Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EC identity card or recent gas or electricity bill.

- **Proof of your, your partner and any non dependant adults National Insurance Number(s)**

Such as a payslip or a letter from the Department for Work and Pensions (DWP) or Her Majesty's Revenues and Customs (HMRC)

- **Proof of rent and tenancy**

Such a tenancy agreement, we can also accept rent books and/or rent receipts however with these or if your tenancy agreement is older than the initial term, i.e. six months then we will require your Landlord to complete a confirmation of tenancy form.

You can call to request a confirmation of tenancy form by post or download from:

<http://new.shropshire.gov.uk/media/2698/confirmation-of-tenancy.pdf>

- **Proof of capital, savings and investments**

Such as all your bank, building society and post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings.

Bank statements and Building society books must show the last 3 months for each account you and/or your partner hold (even accounts with a zero or negative balance) .

Other capital must show the most recent valuation.

Please note: If you do not have paper statements available to you we can accept electronic statements by email.

NOTE: People already in receipt of Universal Credit, Income Support, JSA (IB), ESA (IR) or Pension Credit may not need to send us these extra documents, please contact us for advice.

PART 3 - DECLARATION & SIGNATURES

Section 20 - When you want to claim from

What date do you want to claim from?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

We may be able consider awarding benefit for a limited period prior to the date on which you requested your claim form.

HOWEVER, this is only if we accept that there are good reasons which stopped you from making the claim earlier.

In order for us to be able to consider if you have good reasons you must explain why you did not make your claim earlier.

Why were you not able to make your application to us at an earlier date?

PLEASE NOTE: you should **NOT** intentionally delay submitting your claim form, for example, you are waiting for information or evidence to submit with the claim form, this can be submitted within a month of the claim.

Section 21 - Other information

Please use this space below to tell us any other information you think is relevant to your application.

If you need to continue on a separate piece of paper you must ensure that you have written your name and National insurance number at the top of the page, so that we can make sure it is included in your claim.

Section 22 - Using a care of address

• Do you want your correspondence to be sent to a care of address?

Yes

No

What address do you want to use for correspondence?

Post code:

Whose address is this?

Why do you need to use a care of address?

Section 23 - Declaration - TO BE SIGNED BY THE CLAIMANT (read before signing)

Even if someone else has filled in the form for you, you must sign this declaration if you can. If you have a partner they do not have to sign but if they sign this form we may be able to process your claim more quickly. If your partner does sign this form, they are signing to agree to the declaration as shown below.

I understand that this claim is made to Shropshire Council.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable for prosecution or other action.

I agree that 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 as allowed by law.

I understand the information provided will be used to deal with this and any other claim for social security benefits that I have made or may make. It may also be shared with other Council services, Data processors acting on the Council's behalf and other partner organisations to prevent and detect fraud, to ensure that records are accurate and to help identify services I may be entitled to or interested in.

I agree to act as the claimant for the purposes of the Social Security Acts, Housing Benefit Regulation 82(1), Housing Benefit State Pension Credit Regulation 63(1), and Shropshire Council's Local Council Tax Support scheme, unless it is beneficial for my partner to act as the claimant. In which case, I allow the Council to decide who is the claimant and who is the partner. If I am no longer treated as the claimant, my partner agrees to accept the legal rights and responsibilities of the claimant.

I understand that any information I provide on this form may be discussed with my partner if this is a joint claim for Housing Benefit and/or Council Tax Support.

I know that I must tell Shropshire Council Benefits Team **in writing** straight away of any changes in circumstances.

I understand that it is an offence under the Social Security Fraud Act 2001 not to tell you about changes in circumstances straight away.

IMPORTANT: You must have read and understood the declaration above before you sign and date it. If you do not understand any part of it, please ask a member of Shropshire Council Benefits Team for further guidance.

I the undersigned have read and understood the declaration.

Your signature

Partner's Signature

Date / / 20

Date / / 20

Section 24 - Acting on behalf of the claimant

If you are unable to handle your own affairs, or would like somebody else to be able to discuss your claim on behalf please provide their details below.

Name of the nominated person or agency:

Their relationship to you

Their telephone number:

Their address:

Post code:

Do you want to use this address for your correspondence?

Yes

No

Their legal capacity to act on your behalf:

Deputy

Enduring power of attorney

Appointee (authorised by the DWP)

None

If the nominated person has deputyship or power of attorney granted by the court of protection they should provide the certificates with this application and sign below.

If the nominated person does not have to have an existing legal authority to act, the claimant **must also** sign below to give your authority. Authority can be withdrawn in writing at any time .

I hereby authorise the person or agency named above to act on my behalf.

Claimant's signature of authority

Date / / 20

Nominee's signature

Date / / 20

Section 25 - Filling the form in for the claimant

If you have completed this form for the claimant but are not acting on their behalf you must complete this section.

Name of the person who has completed the form:

Their relationship to the claimant

Their telephone number:

Name of the organisation they work for: (if appropriate)

Please explain why you have completed this form for the claimant:

I declare that the information on this form was provided by the claimant, I have, read the form back to them and that they have confirmed that the information is correct and that they understand their responsibilities

Signature

Date / / 20

Visit our website:

<http://www.shropshire.gov.uk/advice-and-benefits>

It is faster and easier to make your application through our online portal.

You can also report changes through our online portal.

On our website we have information and advice about:

- Housing Benefit
- Council Tax Support
- Universal Credit
- Other housing issues
- Other benefits and credits.

You can also download forms to print out and complete

By email:

benefits@shropshire.gov.uk

Email us directly with a question about your claim or about Housing Benefit, Council Tax Support or Universal Credit and one of our Welfare Benefit experts will respond.

You can also send supporting evidence and documents through to our email address as attachments if you cannot provide them as an original hard copy.

Remember to tell us your name, address and benefit reference number (if you have one)

By telephone:

0345 6789001

By post:

Shropshire Council,
Revenues and Benefits,
PO Box 4749,
Shrewsbury,
SY1 9GH

By hand:

You can also hand documents into any one of our customer service points:

Please check our website for opening times: <http://shropshire.gov.uk/customer-services/find-a-customer-service-point/>

Bridgnorth: Bridgnorth Library, Listley Street, Bridgnorth, WV16 4AW

Ludlow: Ludlow Library, 7– 9 Park Way, Ludlow, SY8 2PG

Oswestry: Community Hub, Oswestry Library, Arthur Street, Oswestry, SY11 1JR

Shrewsbury: 1A Castlegates, Shrewsbury, SY1 2AQ

Please note that the staff in our customer service points will not be able to deal with your benefit queries and cannot offer appointments.

Sign up for Paperless Council Tax billing

Help us to save paper and keep you up to date with your latest Council Tax bill.

Please confirm: Your Full Name:

Your Council Tax reference number (if known):

The Email address you would like your Council Tax Bill to be sent to:

Please sign to confirm that you have read the statement below and are requesting that we send all future Council Tax bills to the Email address you have provided.

You are also acknowledging that you will no longer receive a paper Council Tax bill by post.

It is your responsibility to notify us if your email address changes.

Signature of liable person

Date / / 20

We are pleased to be able to offer provide you with Council Tax bill by email rather than having a paper copy sent to you each year.

This would be more convenient for you, and will also help us to protect the environment and reduce our costs as we would no longer have to print and post your bill.

Please note:

If there are two or more people named on your latest council tax bill:

- You'll either need to speak to the other people on your bill and get authorisation from them to send the council tax e-bill to your chosen email address, or
- The other named people will need to complete a separate application form and opt to have a separate council tax bills emailed to their chosen email address as well.
- If you don't do this we'll have to send a paper bill as well as an email bill.

If you would rather you can also sign up for e-billing on our website.

Your account online:

You need to have register for online access @:

<https://shropshire.gov.uk/self-service/login/>

Then register for electronic billing @:

<http://shropshire.gov.uk/council-tax/charges-and-billing/paperless-billing/>

You can make Council Tax payments online, @:

<http://shropshire.gov.uk/council-tax/pay-your-council-tax/>

Once you have registered through Citizen Access you can access your Council Tax account online. You can view your Council Tax account, set up a direct debit, apply for a single person discount and notify us about changes of address. For more information and to register go to:

<https://shropshire.gov.uk/council-tax/your-account-online/>

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