

Part 1 About you and your partner – continued

You

Your partner

If you have moved home, tell us your last address.

Postcode

Postcode

The date you moved out.

/	/
---	---

/	/
---	---

Have you or your partner claimed Housing Benefit or Council Tax Benefit/Reduction before?

No
Yes When did you claim?

No
Yes When did they claim?

/	/
---	---

/	/
---	---

Which council did you claim from?

Which council did they claim from?

--

--

What name did you claim in?

What name did they claim in?

--

--

What address did you claim for?

What address did they claim for?

Postcode

Postcode

Have you told the council that paid your benefit that you have moved?

No
Yes
Does not apply

No
Yes
Does not apply

Are you or your partner still claiming Housing Benefit or Council Tax Reduction from that Council?

No
Yes
Does not apply

No
Yes
Does not apply

Were you the home owner, a private tenant, a council tenant or a boarder at this address?

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Have you or your partner returned to or arrived in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No
Yes We will write to you about this.

No
Yes We will write to you about this.

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--

What is your nationality?

/	/
---	---

/	/
---	---

If your nationality is not British, on what date did you last enter the UK?

The UK is England, Northern Ireland, Scotland and Wales.

No
Yes How much?

No
Yes How much?

Care/Living £

Care/Living £

Mobility: £

Mobility: £

Do you or your partner get Disability Living Allowance, Personal Independence Payment or Armed Forces Independence Payment?

Please tick 'Yes' even if you or your partner have a vehicle from the mobility scheme?

Part 1 About you and your partner – continued

You

Your partner

Do you or your partner get Attendance Allowance?

No
Yes

No
Yes

Does anyone get Carer's Allowance for looking after you or your partner?

No
Yes

No
Yes

Are you or your partner entitled to Carer's Allowance but not receiving payment due to receipt of other benefits?

No
Yes

No
Yes

Do you or your partner pay towards the cost of supporting a son or daughter in higher education?

No
Yes How much do you pay?

No
Yes How much do they pay?

Please send proof of this payment (for example a copy of their student grant certificate or award letter).

£

£

How often?

How often?

Every

Every

Are you or your partner a student?

No Yes

No Yes

If 'Yes', do you study full time or part time?

Full time Part time

Full time Part time

How many years does the course last?

Which year are you/your partner in?

What date does this year's course start and end?

Start / / End / /

Start / / End / /

Do you or your partner receive a grant?

No
Yes

No
Yes

Do you or your partner receive a loan?

No
Yes

No
Yes

We must see evidence of your Student Status and income. Read the checklist at Part 18 to see what you can use as evidence.

Do you use your home for business?

No
Yes

No
Yes

Are you or your partner living away from home at the moment?

No
Yes

Tell us why you or your partner are not living at home.

For example, in hospital, residential/nursing home, prison, staying with friends/relatives etc.

When did you/your partner last live at home?

When do you/your partner expect to go back home?

/ /

/ /

Tell us the address of where you / your partner are living at the moment.

Postcode

If your home has been sublet, tell us who lives there now.

Part 1 About you and your partner – continued

Do you or your partner have a main home somewhere else?

If your main home is somewhere else in the UK or abroad, tick 'Yes', even if you do not pay rent for it.

You
No
Yes What is the address?

Your partner
No
Yes What is the address?

	Postcode

Do you pay rent on this property?

No
Yes How much?

Please tick if you or your partner are:

- | | | |
|------------------------------|--------------------------|--------------------------|
| • in legal custody | <input type="checkbox"/> | <input type="checkbox"/> |
| • severely mentally impaired | <input type="checkbox"/> | <input type="checkbox"/> |
| • registered blind | <input type="checkbox"/> | <input type="checkbox"/> |
| • long-term sick or disabled | <input type="checkbox"/> | <input type="checkbox"/> |

We will contact you if we need any more information.

Part 2 About children

You may be able to get more benefits if there are children in your household and they are:
 under 16;

aged 16 and up to the 1st of September following their 16th Birthday;

aged 16 and over but under 20 and either:

- in education taking a course of full time, not higher than GCE (A-level), advanced GNVQ or equivalent and they started before reaching the age of 19
- on approved training that is not provided through a contract of employment and it started before reaching the age of 19

Are there any children in your household?

No Go to **Part 3**.
Yes If there are more than three children, use a separate sheet of paper to tell us all the information we ask for on this page.

If you are sending a separate sheet of paper, tick this box.

First child Second child Third child

Surname			
Other names			
Date of birth	/ /	/ /	/ /
What is the child's sex?			
The child's relationship to you			
The child's relationship to your partner			
Usual address if different from yours			
Child Benefit number			

Part 2 About children – continued

Who gets the Child Benefit for them?

We need to see proof of this but Child benefit is not taken into account as part of your weekly income.

Name of child's school

Do you or your partner receive support under Part VI of the Immigration and Asylum Act 1999. Yes No

First child

Second child

Third child

Is the child registered blind?

No

No

No

Yes

Yes

Yes

We need to see evidence of this.

We need to see evidence of this.

We need to see evidence of this.

Does the child get Disability Living Allowance or Personal Independence Payment?

No

No

No

Yes How much?

Yes How much?

Yes How much?

Care: £

Care: £

Care: £

Mobility: £

Mobility: £

Mobility: £

Do you pay a registered childminder, nursery or after-school club any childminding costs for this child?

No

No

No

Yes Tell us the name and registration number of the minder.

Yes Tell us the name and registration number of the minder.

Yes Tell us the name and registration number of the minder.

If you pay for child care then part of this cost can be deducted from your income figure used to calculate your Housing Benefit and/or Council Tax Reduction.

How much do you pay a week?

How much do you pay a week?

How much do you pay a week?

£

£

£

We must see evidence if child care payments made. Read the checklist at Part 18 to see what you can use as evidence

Part 3 About other people who live with you

Does anyone over 16, except your partner and any children you are claiming for, live with you in the property?

No Go to Part 4.

Yes Give details below.

Now tell us about all the people who usually live with you and your partner.

If you want to tell us about more than three people, use a separate sheet of paper.

If you are sending a separate sheet of paper, tick this box.

Part 3 About other people who live with you – continued

	First person	Second person	Third person
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger or friend.			
Do they get Income Support, Jobseeker's Allowance (income-based), Pension Credit (Guaranteed Credit), Employment Support Allowance (income-related) or Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get Disability Living Allowance, Personal Independence Payment, Armed Forces Independence Payment or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they a full-time student, a student nurse, a care worker or an apprentice?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? <input type="text" value="£"/> a week
Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value="/"/> <input type="text" value="/"/>

Part 3 About other people who live with you – continued

Are they in hospital at the moment?

First person

No
 Yes When did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

Second person

No
 Yes When did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

Third person

No
 Yes When did they go in?

____ / ____ / ____

When will they come out (if you know this)?

____ / ____ / ____

Do they normally work for 16 hours or more a week?

No
 Yes Tell us their earnings before any deductions.

£ _____

We need to see evidence of their earnings.

No
 Yes Name of first other income

How much is it before deductions?

£ _____ a week

Name of second other income

How much is it before deductions?

£ _____ a week

Name of third other income

How much is it before deductions?

£ _____ a week

We need to see evidence of other incomes.

No
 Yes Tell us their earnings before any deductions.

£ _____

We need to see evidence of their earnings.

No
 Yes Name of first other income

How much is it before deductions?

£ _____ a week

Name of second other income

How much is it before deductions?

£ _____ a week

Name of third other income

How much is it before deductions?

£ _____ a week

We need to see evidence of other incomes.

No
 Yes Tell us their earnings before any deductions.

£ _____

We need to see evidence of their earnings.

No
 Yes Name of first other income

How much is it before deductions?

£ _____ a week

Name of second other income

How much is it before deductions?

£ _____ a week

Name of third other income

How much is it before deductions?

£ _____ a week

We need to see evidence of other incomes.

Are any of the people who normally live with you married to each other or living together as if they were married?

No
 Yes Tell us their names.

_____ is the partner of _____

And _____ is the partner of _____

Part 4 About rent – continued

What sort of tenancy do you have?
For example, licenced, assured shorthold, regulated.

How long is the tenancy for?

 / / to / /

Please tick to show if the property is let as:

furnished

minimally furnished

partly furnished

unfurnished

How much is the rent for your home?

£ every

(For example, every week/fortnight/four weeks/month.)

Does anyone else share the rent with you and your partner?

No

Yes

Tell us their names and their relationship to you and your partner.

How much of the rent do you pay?

£ every

(For example, every week/fortnight/four weeks/month.)

Has your rent changed in the last 12 months?

No

Yes

Send us evidence of the date it changed, and how much it changed.

When is the next rent increase due?

 / /

Has your rent been registered as a fair rent by a rent officer?

No

Yes

Please send us the notice of registration (RO5).

Do you have any weeks when you do not have to pay rent?

No

Yes

How many in a year?

Are you behind with your rent?

No

Yes

By how many weeks?

How much do you owe?

£

Who receives the Council Tax bill for your home?

You or your partner

Your landlord

Someone else

Tell us who receives the Council Tax bill.

Part 4 About rent – continued

Does your rent include money for the following?

Meals	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	If 'Yes', which ones?	
	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Evening Meal <input type="checkbox"/> How much? £ <input type="text"/>
Water rates	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Heating	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Lighting	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Hot water	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Fuel for cooking	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Laundry	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Cleaning your accommodation and/or windows	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Gardening	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Garage or parking space	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
		Do you have to rent the garage as part of your tenancy agreement?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Personal care and support	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Do you pay any other service charges in your rent?	No <input type="checkbox"/>		
For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counselling or support, meals or lift maintenance.	Yes <input type="checkbox"/>	How much each week?	£ <input type="text"/>
Please send a breakdown of these services.		What for?	<input type="text"/>

We must see evidence of your rent and tenancy before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Sharing information with your landlord

Sharing information with your landlord could help us deal with your claim more quickly and reduce the risk of you falling behind with your rent because of your claim being delayed.

We may need to confirm information with your landlord before we can make a decision on your claim (for example, the start date of your tenancy). In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998, we need your permission to discuss anything else.

If you give us permission, we will be able to tell your landlord whether:

- you have claimed Housing Benefit;
- we have made a decision on your claim;
- we have made a payment to you; and
- we need more information to make a decision on your claim, and what that information is.

We will not give your landlord any information about:

- your personal or household circumstances; or
- your financial circumstances.

You can withdraw your permission at any time.

It will not affect your claim if you do not give us permission to discuss your claim with your landlord.

If you want to give us permission to discuss your claim with your landlord, please sign below.

I give you, Conwy County Borough Council, permission to share my information about the progress of this Housing Benefit claim with my landlord or their agent.

Your signature:

Date:

 / /

Your partner's signature:

Part 5 About where you live

What sort of property do you live in? Tick one box only.

- | | | | | | |
|---------------------|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Flat in a house | <input type="checkbox"/> | Caravan, mobile home or houseboat | <input type="checkbox"/> |
| Semi-detached house | <input type="checkbox"/> | Flat in a block | <input type="checkbox"/> | Board and lodgings | <input type="checkbox"/> |
| Terraced house | <input type="checkbox"/> | Flat over a shop | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | Bedsit or rooms | <input type="checkbox"/> | Residential nursing home | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Residential care home | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Which floors do you live on?

Do you and your household occupy only part of the building you have ticked?

No

Yes

Where in the building do you live?

At the front

In the middle

At the back

Does your home have central heating?

No

Yes

Does your home have a garden?

No

Yes

Do you or your partner have a carer who lives somewhere else but provides care overnight in your home? If 'Yes', please give details and name and address of carer/s

No

Yes

Part 7 About other business interests or being self-employed

Are you or your partner a company director?

No
 Yes We will write to you for more information.

Are you or your partner self-employed?

No Go to **Part 8**.
 Yes Answer the questions on this page.
 You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. We will write to you about this.

You

Your partner

What kind of work do you do?

When did the business start?

 / /
 / /

What is the business address?

 Postcode

 Postcode

Are there any other partners in the business?

No
 Yes Tell us their name and address.

No
 Yes Tell us their name and address.

 Postcode

 Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?

No
 Yes How much?

No
 Yes How much?

£

£

How often?

How often?

 Every

 Every

Do you pay into a private pension scheme?

No
 Yes How much?

No
 Yes How much?

£

£

How often?

How often?

 Every

 Every

We must see evidence of your earnings before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Part 8 About working for an employer

Do you or your partner work for an employer?

This includes getting Statutory Sick Pay, Statutory Paternity Pay, Statutory Maternity Pay and Councillor's Allowance?

No Go to Part 9.

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
When did you start this job?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
What is your payroll, employee or staff number?	<input type="text"/>	<input type="text"/>
Are you employed for a limited period?	No <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/> When will you finish?	Yes <input type="checkbox"/> When will they finish?
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How often do you get paid?	<input type="text" value="Every"/>	<input type="text" value="Every"/>
What is your gross pay?	£ <input type="text"/>	£ <input type="text"/>
Tax paid?	£ <input type="text"/>	£ <input type="text"/>
National Insurance paid?	£ <input type="text"/>	£ <input type="text"/>
Net pay?	£ <input type="text"/>	£ <input type="text"/>
Is the above the normal pay you receive?	No <input type="checkbox"/> If 'No', please give more details	No <input type="checkbox"/> If 'No', please give more details
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>
How are you paid? For example, in cash, by cheque or straight into a bank or building society account.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
When was your last pay rise?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When will your next pay rise be?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
Give details of any regular overtime, bonuses or commission.	<input type="text"/>	<input type="text"/>

Part 8 About working for an employer – continued

	You	Your partner
Are you getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP), Statutory Paternity Pay (SPP) from your employer at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you getting any other pay in addition to SSP, SMP and SPP?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay into a private or company pension scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much?
	£ <input style="width: 150px;" type="text"/>	£ <input style="width: 150px;" type="text"/>
	How often? <input style="width: 150px;" type="text"/>	How often? <input style="width: 150px;" type="text"/>
	Every <input style="width: 150px;" type="text"/>	Every <input style="width: 150px;" type="text"/>

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Part 9 About any other work

Do you or your partner do any other work at all?

This could be voluntary work or any other work, even if it is not paid work.

No Go to **Part 10**.

Yes Answer the questions on this page.

What other work do you do?

You

Your partner

What is the name and address of the person you do this work for?

Postcode

Postcode

When did you start this work?

/ /

/ /

How many hours a week do you usually work?

Do you get paid?

If you only get expenses or tips, still tick 'Yes' and give details.

No

Yes How much do you get before any deductions?

£

How often?

Every

No

Yes How much do they get before any deductions?

£

How often?

Every

We must see evidence of any earnings before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Part 10 About benefits and pensions

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Jobseeker's Allowance
- Employment Support Allowance (contribution based)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- State Retirement Pension
- Universal Credit
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's, Widower's Benefits or Widowed Parent's Allowance
- Working Tax Credit
- Any other benefit not listed above

No Go to **Part 11**.

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

Also, if you are getting, or have claimed, any other benefit that is not listed above, tell us below.

	You	Your partner
The name of the benefit or pension		
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£	£
	How often?	How often?
	Every	Every
The name of the benefit or pension		
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£	£
	How often?	How often?
	Every	Every

Part 10 About benefits and pensions – continued

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/> How much?	<input type="checkbox"/> How much?
	£ <input type="text"/>	£ <input type="text"/>
	How often?	How often?
	<input type="text"/> Every	<input type="text"/> Every

Part 11 About other money coming in

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

This includes occupational pensions; maintenance or child support for you, your partner or any of the children you have told us about on this form; money from a trust fund; Home Income Plan, payments from mortgage, loan or credit card payment protection policies; training allowances; a student grant or loan; and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants or from any other property. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

No Go to **Part 12**.

Yes Answer the questions on this page.

Other money 1

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do you/they get?	£ <input type="text"/>
How often?	<input type="text"/> Every
When did you/they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other money 2

What is the money for?	<input type="text"/>
Who gets it?	<input type="text"/>
How much do you/they get?	£ <input type="text"/>
How often?	<input type="text"/> Every
When did you/they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 11 About other money coming in – continued

Other money 3

What is the money for?

Who gets it?

How much do you/they get?

£

How often?

Every

When did you/they start getting this income?

/ /

When is the income likely to go up?

/ /

Does anyone owe money to you, your partner, or any children you are claiming for?

No

Yes What for?

How much?

£

Are you expecting to get any money in the next 12 months?

For example, a redundancy payment or a payment instead of notice or holiday.

No

Yes What for?

How much?

£

Have you or your partner delayed receiving any money?

For example, private pension, annuity, occupational pension.

No

Yes What is it?

We must see evidence of any money coming in before we can decide how much benefit you can get. Read the checklist at Part 18 to see what you can use as evidence.

Part 12 About bank accounts, capital, savings and investments

Tell us about all your bank and building society accounts (EVEN EMPTY AND OVERDRAWN, OR ONES YOU DO NOT USE REGULARLY)

Do you or your partner have any capital, (including bank accounts) savings or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, Post Office accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

No Go to Part 12a

Yes Answer all questions in this part.

We must see evidence of all capital, savings and investments if they add up to £6,000 or more if you are below State Pension Credit Age and £10,000 if you are State Pension Credit Age.

(See front page for information on how much capital you may have)

Part 12 About bank accounts, capital, savings and investments - continued

Do you or your partner have any Bank Accounts?

This includes bonds.

No

Yes Tell us about all your **Bank Accounts**, even empty or overdrawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Building Society accounts?

This includes bonds.

No

Yes Tell us about **Building Society accounts**, even if you do not use them regularly. If you have more than two building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Post Office accounts?

This includes savings accounts and Girobank accounts.

No

Yes Tell us about **Post Office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box.

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Type of account

Account number

Whose name is the account in?

How much is in the account?

£

Part 12 About capital, savings and investments - continued

Do you or your partner have any Premium Bonds?

No

Yes Value

£

Do you or your partner have any National Savings Certificates?

No

Yes Issue number

Issue number

Value

£

Value

£

How many?

How many?

Do you or your partner have any stocks, shares, or unit trusts?

No

Yes Company name

Company name

How many?

Current value

How many?

Current value

If you have more than two National Saving Certificates, stocks, shares, or unit trusts, tell us about the others on a separate sheet.

Do you or your partner have any other capital, savings or investments?

For example, cash, PEPs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

No

Yes Tell us about this.

Part 12a About property, land or timeshare

Do you or your partner own or partly own any property, land or timeshare, other than the home you live in, either in the UK or abroad?

Tick 'Yes' even if you have a mortgage or loan for the property, land or timeshare.

No

Yes What is the address?

Postcode

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

We will write to you about this

Part 15 Anything else you need to tell us

Use the box below to tell us anything else you think we should know about. Use a separate sheet of paper and attach it to this form if you need to.

If you are sending separate sheets of paper with this form, tell us how many.

Part 16 Backdating

We can usually award benefit from the Monday after the day we receive your claim. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from and why you did not claim earlier.

Date you want to claim benefit from

Tell us why you have not claimed at an earlier date.

Equal Opportunities Monitoring Form

The questions in this section are for statistical analysis, monitoring and the development of improved services. All information is stored on a confidential database.

You do not have to complete this questionnaire. It would be really helpful if you could complete this form.

About Yourself

I am: Male Female

How would you describe your ethnic origin?

White

British

Irish

Welsh

Any other White Background

Please give details

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed Background

Please give details

Asian or Asian British

Indian

Pakistani

Bangladeshi

Black or Black British

Caribbean

African

Chinese or other ethnic group

Chinese

Any other Asian, Black background. Any other ethnic group. Please give details.

Age 16 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 and over

Do you have any long-term illness, health problem or disability that affects your day to day activities?

Yes No

Thank you for completing this form



Certificate of earned income

Private and confidential

BODLONDEB, CONWY LL32 8DU

To be filled in by the employee

Name _____

Address _____

Employee or works number _____ Occupation _____ Signature _____

To be filled in by the employer

Please help your employee by confirming the details above, providing the information asked for below and returning it to the address at the top of this letter.

What date did the employee start work?

How often is the employee paid?
If 'Other', please give the period.

Every week Every fortnight Every four weeks

Every calendar month Other (Please give details.)

Please tell us how they are paid, for example, cash, cheque, direct into their bank account.

Normal basic wage

£

Normal hours worked

Gross pay for the last five weekly, three fortnightly, or two monthly/ four-weekly periods (including overtime, bonus SSP, SMP, SPP)

	Pay period ending	Number of hours worked	Gross pay	Gross pay to date	National Insurance contributions		Occupational pension or personal pension contributions		Tax paid by employee	
					For each period	Year to date			For each period	Year to date
1										
2										
3										
4										
5										
Total										

If Statutory Sick Pay (SSP), Maternity Pay (SMP) or Paternity Pay (SPP) is included in the gross pay, please tell us which and how much.

Name _____

Business name _____

Business address _____

Business phone number _____

I confirm that the information given is true and complete.

Signature _____

Position in firm _____

Employer's authorisation stamp

