



88-90 Pier Avenue, Clacton on Sea, Essex CO15 1TN

Claim Ref

Part 1 – About you and your partner

Do you have a partner who normally lives with you?

Yes No

By partner we mean someone you are married to or live with as if you are married.

You

Your Partner

Last Name

First Name/s

Title (Mr, Mrs, Miss etc)

National Insurance No.

This is compulsory

Address

Do not tell us your partner's address if it is the same as your own

Room or Flat Number
House Name or Number
Street
Town
Postcode

Room or Flat Number
House Name or Number
Street
Town
Postcode

If you have moved home in the last 12 months please tell us your previous address

Room or Flat Number
House Name or Number
Street
Town
Postcode

Room or Flat Number
House Name or Number
Street
Town
Postcode

Date of Birth

 / /
 / /

Telephone number

Are you currently receiving Housing Benefit from this Council?

Yes No

Part 2 – About children

Please tell us about your children here. If you have more than 3 children for whom you receive Child Benefit please use a separate piece of paper.

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

	First Child	Second Child	Third Child
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their sex?	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different to your own	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 – Other occupants

Please tell us about other people living with you here. If there are more than 3 please use a separate piece of paper.

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

	First Person	Second Person	Third Person
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their sex?	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Their relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address if different from your own	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4 – About the property

Have you or your partner ever owned this property?

If YES please provide details separately

Yes No

Part 4 – About the property continued

How much of the rent do you pay?

£

Has your rent changed in the last 12 months?

Yes No

If YES please send us evidence of the date it changed and how much by.

When is the next rent increase due?

/ /

Has your rent been registered as a fair rent by The Rent Service?

If YES please send us the notice of registration (RO5)

Yes No

Are there any weeks when you do not have to pay rent?

Yes No

If YES how many a year?

Are you behind with your rent?

Yes No

If YES by how many weeks?

Does your rent include money for the following:

Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Which meals are included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Council Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Water charges	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Fuel for cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Cleaning rooms or windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Personal care and support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week
Garage or parking space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES how much?	£ <input type="text"/>	a week

Do you have to rent the garage as part of your tenancy agreement?

Yes No

Part 4 – About the property continued

Do you pay any service charges separate from your rent?

For example, for cleaning or lighting in shared areas, an alarm system, a warden, general counseling or support, meals or lift maintenance.

Yes No

If YES what for?

 £ a week

 £ a week

 £ a week

What sort of building do you live in? Please tick ✓

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

Does your home have central heating?

Yes No

Does your home have a garden?

Yes No

Has your home been built or adapted for people with disabilities?

Yes No

How many floors are there in the building?

Which floor/s do you live on?

Do you and your family live in only part of the building ticked above?

Yes No

If YES where in the building do you live?

Front Middle Back

	Living Rooms	Bedrooms	Bedsit Rooms	Kitchens	Bathrooms	Toilets	Other
No. of rooms in the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of rooms only you and your family use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. of rooms you share with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 – About the property continued

Do you have a main home somewhere else?

Yes

No

If YES what is the address and postcode?

	Postcode:
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How much do you pay for this home?

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

If you are sending separate sheets of paper, please tell us how many?

Part 5 – Receiving payments

If you rent your home from a private landlord and you are making a new claim, or if you move home after 7 April 2008, we will pay your benefit direct to you under Local Housing Allowance. But we might pay it to your landlord if you can't manage your own money. Please contact us for more information.

Paying you direct into your bank account is the easiest and safest way because cheques can get lost, stolen or delayed in the post. You must have a bank account so we can pay you.

To help us pay straight into your bank or building society account, please fill in the details below.

Name	<input type="text"/>	Telephone No.	<input type="text"/>
Fax No.	<input type="text"/>	Email address	<input type="text"/>
Address and postcode:	<input type="text"/> Postcode:		
Name of bank or building society	<input type="text"/>		
Branch address and postcode	<input type="text"/> Postcode:		
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account holder name/s	<input type="text"/>	Other ref (i.e roll number)	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part 6 – Sharing information

Please fill in this section

Sharing Information with your Landlord or Representative

Sometimes, sharing information with your landlord or representative helps us to deal with your claim and reduces the risk of you falling behind with your rent because of your claim being delayed.

If you give us permission, we would be able to tell your landlord or representative:

- whether or not you had claimed or renewed your claim for Housing Benefit and, if so, whether we have made a decision on your claim or not; and
- if we need more information to make a decision on your claim and, if so, what information this is.

There may be other information about your claim that we need to check with your landlord (such as the date your tenancy started) before we can make a decision on your claim. If this is the case, we have to ask your landlord even if you have not given us permission to discuss your claim with them. But unless you have given us permission by signing this form, we will not discuss anything else with your landlord.

Would you like to give us permission to discuss your claim with your landlord or their agent?

Yes No

Would you like to give us permission to discuss your claim with your representative?

Yes No

If YES please tell us your representative's name and fill in the details below.

Is there any information you do not give us permission to discuss?

Such as your personal/household/financial circumstances

If you do not give us permission to discuss your claim with your landlord or representative, it will not affect your claim. And if you give us permission but then change your mind, we will follow your wishes. Just contact us and let us know.

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

Their name

Their telephone number

Their address and postcode

Postcode:

Signature

Date