

Name:
Address:

Postcode:

Revenues and Benefits
Council Offices
South Street
Rochford
Essex
SS4 1BW
Phone: 01702 318197 or 01702 318198
E-mail: revenues&benefits@rochford.gov.uk

Council Tax Benefit or Second Adult Rebate claim form for homeowners

This form is for you to give us the information we need to work out your benefit. It explains what you and we have to do when you make a claim.

Please do the following.

- Look at the checklist on page 24 (section Q) for the types of proof you will have to give us with this form.
- **Read and sign the declaration on page 29** (section R) before you return this form to us.
- Fill in this form in black ink. **Do not use pencil.**
- Answer **all** the questions.
- Tick the 'Yes' or 'No' boxes. **Do not put crosses in or leave boxes blank.**
- Give us **original documents only. We do not accept photocopies.**

If you need help to fill in this form, or you have a question for us, please come to our office at the address shown above, phone us on 01702 318197 or 01702 318198, or e-mail us at revenues&benefits@rochford.gov.uk.

Remember

- Return your filled-in, signed form to us straightaway.
- You must give us any proof (that you have not sent with this claim form) within one month of us sending this form to you.

For office use only

Date of issue	/ /	Claim number	
Date received	/ /	C/Tax ref	



INVESTOR IN PEOPLE

Notes for filling in this form

About this form

This form may seem long, but every question is important. Each section starts with a question to help you decide if you need to fill in that section.

Second Adult Rebate

Second Adult Rebate is for people who may not have a partner but who share their home with someone who:

- is 18 or over; and
- is on a low income; and
- does not pay them rent.

If you are claiming Second Adult Rebate, only fill sections A, C and R of this form.

Proof

We need to see proof of some of the things you tell us about. There is a checklist at the end of this form to help you. If you are not sure whether we need to see proof of something, phone us on 01702 318197 or 01702 318198, or e-mail us at revenues&benefits@rochford.gov.uk.

We will tell you what we need to see. We cannot pay benefit until we have seen the proof we have asked for. We can only accept original documents, not photocopies.

Filling in the form

If you are filling in this form by hand, use black ink. Do not use pencil. If you make a mistake, just put a line through it and write the correct answer next to it. Do not use correction fluid or tape.

Answer 'Yes' or 'No' questions by putting a tick in the relevant box. If you are picking one answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes. If you answer with a cross, we will have to send the form back to you. This means it will take us longer to process your claim.

If someone else fills in this form for you, they must fill in section S.

If you need help filling in the form

You can phone us on 01702 318197 or 01702 318198 between 8am and 8pm Monday to Friday, and between 9am and 12 noon on Saturday.

You can come to our offices between 8.30am and 5pm, Monday to Thursday, and between 8.30am and 4.30pm on Friday. We are closed at the weekend.

Our address is at the front of this form.

What to do next

When you have filled in this form, sign it and send it to us with the proof we need to see. Do not send valuable items such as bank books or passports in the post. Bring them to our offices and we will get the information we need and give them back to you.

Even if you cannot get the proof straightaway, you should still send this form to us as soon as you have filled it in. If you do not send this form to us straightaway, you might lose money. If you cannot get the proof within two or three weeks, let us know – we may be able to help you.

Changes you must tell us about

Tell us straightaway if:

- any of your children leave school or leave home;
- anyone moves into or out of your home (including lodgers);
- your income or the income of anyone living with you (including benefits) changes;
- the amount of your savings or investments, for example ISA or shares, changes;
- you or anyone living with you becomes a student, goes on a Youth Training Scheme, goes into hospital or a nursing home, or goes into prison;
- you or anyone living with you starts work, gets a pay rise or leaves a job;
- you move;
- you or your partner are going to be away from home for any length of time
- you get any decision from the Home Office about your right to stay in the UK; or
- you have any other changes that you think we should know about.

You must tell us about any changes straightaway. You can tell us by phone, but we may ask you to write to us to confirm the change.

If you do not tell us about these changes, you may lose money you are entitled to or you may get too much benefit.

You must tell us about these changes. Do not rely on someone else to pass a message on.

It is an offence to not tell us about any change of circumstances that might affect your benefit. We may take court action against you if you keep information from us. If we pay you too much benefit, you will have to pay it back.

Notes for filling in this form (continued)

How we collect and use your information

We will use the information you give in this form, and any proof you send us, to process your claim for Council Tax Benefit or Second Adult Rebate.

We may give your information to other organisations such as the Department for Work and Pensions and HM Revenue & Customs, but only if the law allows us to.

We may check the information you or someone else provides. We may also exchange information about you with other organisations, to:

- make sure the information you have given is correct; and
- prevent or detect crime.

The other organisations we may exchange information with include government departments, local authorities and, in certain circumstances, private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use the information about you for other purposes, unless the law allows us to, in line with the Data Protection Act 1998.

If you want to know more about what information we have about you, or the way we use that information, please phone us on 01702 318197 or 01702 318198, or e-mail us at revenues&benefits@rochford.gov.uk.

Definitions of some of the words we use in this form

Homeowner	– Someone who owns their own home.
Dependant and dependent child	– Someone you get Child Benefit for.
Non-dependant	– An adult other than your partner or lodger.
Lodger	– A person who lives in your home and pays you rent.
Boarder	– A person who lives in your home and pays you rent, and who you provide meals for.
Gross	– Your earnings or pension before tax, National Insurance and so on, are taken out.
Net	– Your earnings or pension after tax, National Insurance and so on, have been taken out.
Backdated benefit	– Benefit we may pay for up to 52 weeks before we received your claim.

Section A**About you and your partner**

See the checklist on page 24 to help you fill in this section.

	You	Your partner																
Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	<input type="text"/>																
Surname	<input type="text"/>	<input type="text"/>																
Other names	<input type="text"/>	<input type="text"/>																
Age and date of birth	<table><tr><td>Age</td><td>Date of birth / /</td></tr></table>	Age	Date of birth / /	<table><tr><td>Age</td><td>Date of birth / /</td></tr></table>	Age	Date of birth / /												
Age	Date of birth / /																	
Age	Date of birth / /																	
National Insurance number	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Are you:																		
single?	<input type="checkbox"/>	married or in a civil partnership?	<input type="checkbox"/>	divorced or separated?	<input type="checkbox"/>	widowed?	<input type="checkbox"/>	living together as though you are married or civil partners?	<input type="checkbox"/>									

Phone number	<table><tr><td>Home</td><td>Mobile</td></tr></table>	Home	Mobile
Home	Mobile		
E-mail address	<input type="text"/>		

If you have separated from your husband, wife or civil partner, please tell us the date you separated and their new address.

Date you separated / /	Their new address
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Are you in hospital?	<table><tr><td>Yes</td><td><input type="text"/></td><td>No</td><td><input type="text"/></td></tr></table>	Yes	<input type="text"/>	No	<input type="text"/>	<table><tr><td>Yes</td><td><input type="text"/></td><td>No</td><td><input type="text"/></td></tr></table>	Yes	<input type="text"/>	No	<input type="text"/>
Yes	<input type="text"/>	No	<input type="text"/>							
Yes	<input type="text"/>	No	<input type="text"/>							
If yes, when did you go into hospital?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>								
When do you think you will come out of hospital?	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>								
Does anyone get Carer's Allowance for looking after you?	<table><tr><td>Yes</td><td><input type="text"/></td><td>No</td><td><input type="text"/></td></tr></table>	Yes	<input type="text"/>	No	<input type="text"/>	<table><tr><td>Yes</td><td><input type="text"/></td><td>No</td><td><input type="text"/></td></tr></table>	Yes	<input type="text"/>	No	<input type="text"/>
Yes	<input type="text"/>	No	<input type="text"/>							
Yes	<input type="text"/>	No	<input type="text"/>							
If yes, please give the name of the person who gets it.	<input type="text"/>	<input type="text"/>								

Section A (continued)**About you and your partner**

	You				Your partner			
What is your nationality, for example, Irish, Polish, Nigerian?	Nationality				Nationality			
If you came to the UK in the last two years, when did you arrive?	/ /				/ /			
Are you off work because you are sick?	Yes		No		Yes		No	
If yes, has that sickness stopped you from working for 28 or more weeks in a row?	Yes		No		Yes		No	
If yes, give the date when you last worked.	/ /				/ /			
Do you get Statutory Sick Pay?	Yes		No		Yes		No	
If yes, when did you start to get it?	/ /				/ /			
Do you get Attendance Allowance or Disability Living Allowance (care component)?	Yes		No		Yes		No	

Section B**About dependent children who live with you**

See the checklist on page 25 to help you fill in this section

Do any dependent children live with you (children who you get Child Benefit for)?	Yes		No	
If no, go to section C. If yes, please tell us about them below.				
	First child		Second child	
Surname				
Other names				
Age				
Date of birth	/ /		/ /	
What is their relationship to you, for example, son or daughter?				
If your child is over 15, what date will you stop getting Child Benefit for them?	/ /		/ /	
Do they get Disability Living Allowance?	Yes		No	
Are they registered blind?	Yes		No	

	Third child	Fourth child
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Age	<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="/"/>
What is their relationship to you, for example, son or daughter?	<input type="text"/>	<input type="text"/>
If the child is over 15, what date will you stop getting Child Benefit for them?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Do they get Disability Living Allowance?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
Are they registered blind?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
	Fifth child	Sixth child
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Age	<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="/"/>
What is their relationship to you, for example, son or daughter?	<input type="text"/>	<input type="text"/>
If the child is over 15, what date will you stop getting Child Benefit for them?	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Do they get Disability Living Allowance?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
Are they registered blind?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>

If you have any more children, please go to section P and give us the same information you have given about your other children.

Section C

About any other people who live with you

See the checklist on page 25 to help you fill in this section.

Does anyone else live in your home who does not pay you rent as a lodger or boarder? This includes children you do not get Child Benefit for.

Yes		No	
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If no, go to section D. If yes, please tell us about them below.

	First person	Second person
Title (Mr, Mrs, Miss, Ms)		
Surname		
Other names		
Date of birth	/ /	/ /
What is their relationship to you?		
Are you and this person responsible for paying your mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Income Support, income-based Jobseeker's Allowance or Pension Credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give us their National Insurance 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"/> <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"/> <input type="text"/> <input type="text"/>
Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much do they get paid (before tax, National Insurance and so on)?	£ <input type="text"/>	£ <input type="text"/>
Please say whether they are paid weekly or monthly	<input type="text"/>	<input type="text"/>
If they have any other income, how much is it and how often is it paid to them?	£ <input type="text"/>	£ <input type="text"/>
Do they have any savings? If they do, how much do they have?	£ <input type="text"/>	£ <input type="text"/>
Tell us the names of any other benefits they get and how often do they get it?	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>
Are they a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C (continued)**About any other people who live with you**

	First person				Second person			
Are they a Youth Trainee?	Yes		No		Yes		No	
Are they severely mentally impaired?	Yes		No		Yes		No	
Do they provide care (for you or your partner) for more than 35 hours a week?	Yes		No		Yes		No	
Are they in hospital, in prison or on remand?	Yes		No		Yes		No	
If yes, what date did they go into hospital, prison or on remand?	/ /				/ /			
Are any of these people married to each other or living with each other as if they were married?	Yes		No		Yes		No	
If yes, please say who is the partner of who.								
	Is the partner of							

If there are any more adults living with you, please go to section P and give us the same information you have given us about the other adults.

Section D**About people you rent rooms to**

See the checklist on page 25 to help you fill in this section.

Do you rent any rooms to a lodger?	Yes		No					
If no, go to section E. If yes, please tell us about them below.								
	First person				Second person			
Surname								
Other names								
How much rent do you charge them each week?	£				£			
Does their rent include heating?	Yes		No		Yes		No	
Does their rent include meals?	Yes		No		Yes		No	

Section E**About Income Support, Guarantee Credit or Jobseeker's Allowance**

See the checklist on page 25 to help you fill in this section.

	You				Your partner			
Do you get Pension Credit (Guarantee Credit)?	Yes		No		Yes		No	
Do you get Income Support?	Yes		No		Yes		No	
Do you get income-based Jobseeker's Allowance?	Yes		No		Yes		No	
If yes, what date was it awarded from?	/ /				/ /			
Are you or your partner still waiting to hear about your claim for Pension credit (Guarantee Credit), Income Support or income-based Jobseeker's Allowance?	Yes		No		Yes		No	
If yes, what date did you claim?	/ /				/ /			

If you get Income Support, Pension Credit (Guarantee Credit) or income-based Jobseeker's Allowance, please go to Section N. If not, please go to section F.

Section F**About students**

See the checklist on page 26 to help you fill in this section.

	You				Your partner			
Are you or your partner a student?	Yes		No		Yes		No	
If no, go to section G. If yes, please tell us about your course below.								
What date did your course start?	/ /				/ /			
What date will your course end?	/ /				/ /			
Do you get a student loan, grant or bursary?	Yes		No		Yes		No	
If yes, how much do you get?	£				£			
How often is it paid, for example, weekly or monthly?								

See the checklist on page 26 to help you fill in this section.

Are you or your partner employed or a company director?
If yes, please fill in section G1.

Yes		No	
-----	--	----	--

Are you or your partner self-employed?
If yes, please fill in section G2.

Yes		No	
-----	--	----	--

G1 If you are employed

	You	Your partner
Please give the date you started work.	/ /	/ /
Is your employment for a fixed period?	Yes No	Yes No
If yes, please give the date the employment will end.	/ /	/ /
How often are you paid, for example, every week, fortnight, four weeks or month?		
How much do you get paid?	£	£
How many hours a week do you work?		
Do you get regular pay rises?	Yes No	Yes No
If yes, how often do you get them?	Every year	Every year
	Every three months	Every three months
	Other	Other
If other, please say how often you get them.		
Please give your employer's name and address.		
What is your payroll number?		
Please say the type of work you do.		

If you have more than one job, please go to section P and give us the same information you have given us about your other job.

G2 If you are self-employed

	You	Your partner								
How long have you been self-employed?										
What is your business?										
Tell us your business address.										
Are you still trading?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No								
Yes		No								
If no, what date did you stop trading?	<table border="1"> <tr> <td>/</td> <td>/</td> </tr> </table>	/	/	<table border="1"> <tr> <td>/</td> <td>/</td> </tr> </table>	/	/				
/	/									
/	/									
How many hours do you work each week?										
Is your partner on the payroll of the business?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No								
Yes		No								
If yes, how much are they paid?	<table border="1"> <tr> <td>£</td> <td></td> </tr> </table>	£		<table border="1"> <tr> <td>£</td> <td></td> </tr> </table>	£					
£										
£										
Please say how often they are paid, for example, every week or every month.										
Are there any other people on the payroll of the business?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No								
Yes		No								

If yes, please give their full names.

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G2 If you are self-employed (continued)

	You				Your partner			
Do you use any part of your home for your business?	Yes		No		Yes		No	

If yes, please tell us about this. For example, you may use a room as an office, or a garage for storage.

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Do you have accounts (whether they have been audited or not) for the last financial year?	Yes		No		Yes		No	
---	-----	--	----	--	-----	--	----	--

Do you hold an exemption certificate for National Insurance (for example, an age-exemption certificate)?	Yes		No		Yes		No	
--	-----	--	----	--	-----	--	----	--

Do you get a Government Business Allowance?	Yes		No		Yes		No	
---	-----	--	----	--	-----	--	----	--

Is your business a partnership?	Yes		No		Yes		No	
---------------------------------	-----	--	----	--	-----	--	----	--

If yes, what percentage of the total profit or loss is yours?					%					%
---	--	--	--	--	---	--	--	--	--	---

See the checklist on page 26 to help you fill in this section.

Do you or your partner get State Retirement Pension, Pension Credit (Savings Credit), Widow's Pension, War Disablement Pension or a private or company pension? If yes, please tell us about them below.

Yes

No

--

If you do not get any of these pensions, go to section I.

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
State Retirement Pension	£		£	
Pension Credit (Savings Credit)	£		£	

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Widow's Pension	£		£	
War Disablement Pension	£		£	
Private or company pension	£		£	
If you have a company pension, what is the name of the company?				

Please tell us below about any other pensions you receive.

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See the checklist on page 26 to help you fill in this section.

Do you or your partner get, or has either of you recently applied for, any of the benefits listed below? If yes, please, please fill in the relevant boxes below.

Yes		No	
-----	--	----	--

If not, go to section J.

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Child Benefit	£		£	
Contribution-based Jobseeker's Allowance	£		£	
Incapacity Benefit	£		£	
Child Tax Credit	£		£	
Working Tax Credit	£		£	
Disability Living Allowance (care component)	£		£	
Disability Living Allowance (mobility component)	£		£	
Attendance Allowance	£		£	
Bereavement Allowance	£		£	
Severe Disablement Allowance	£		£	
Industrial Injuries Benefit	£		£	
Guardian's Allowance, Foster Allowance or Statutory Adoption Pay	£		£	
Maternity Allowance, Paternity Pay or Statutory Maternity Pay	£		£	
Widowed Parent's Allowance	£		£	

	You		Your partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
Carer's Allowance	£		£	
If you get Carer's Allowance who do you care for?				
If you get maintenance payments, how much do you get?	£		£	

If you applied for any of the benefits above in the three months before the 'date of issue' (on the front of this form), please tell us below which benefits you applied for.

See the checklist on page 27 to help you fill in this section.

J1 Do you or your partner have any bank accounts?

Yes

No

If no, go to section J2. If yes, please tell us about them below. Include accounts that are overdrawn.

How many bank accounts do you have?

Name of the bank	Account number	You	Your partner
		Balance	Balance
		£	£
		£	£
		£	£
		£	£
		£	£
		£	£
		£	£

J2 Do you or your partner have any building society accounts?

Yes

No

If no, go to section J3. If yes, please tell us about them below. Include accounts that are overdrawn.

How many building society accounts do you have?

Name of the building society	Account number	You	Your partner
		Balance	Balance
		£	£
		£	£
		£	£
		£	£
		£	£
		£	£
		£	£

If you have any more bank or building society accounts, please go to section P and give us the same information you have given us about your other accounts.

J3 Do you or your partner have any of the savings, investments and payments listed below?

Yes		No	
-----	--	----	--

If no, go to section K. If yes, please fill in the relevant boxes.

	You		Your partner	
	Amount	Account number	Amount	Account number
Post Office account	£		£	
Credit union account	£		£	
	How many do you own	Date of issue	How many do you own	Date of issue
National Savings Certificates				
	Number of units	Names of investment companies	Number of units	Names of investment companies
Shares, stocks or unit trusts				
	Amount	ISA or PEP	Amount	ISA or PEP
ISAs or PEPs	£		£	
Income or Premium Bonds	£		£	
	Amount	What date did you receive it?	Amount	What date did you receive it?
Far East Prisoner of War Payment, or compensation payment to victims of atrocities during World War Two	£	/ /	£	/ /
	Amount	Who paid you the lump sum?	Amount	Who paid you the lump sum?
Any lump sums you have received in the last 52 weeks	£		£	
	Amount		Amount	
Cash savings	£		£	

If you have any other savings, please tell us about them in section P.

Section K

About any other income

See the checklist on page 27 to help you fill in this section.

Do you or your partner have any other income?

Yes		No	
-----	--	----	--

If no, go to section L. If yes, please tell us about it below.

You

Your partner

Do you get a regular income from a charity or from a member of your family? (This does not include any payments for housekeeping from a member of your family.)

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

If yes, please tell us how much you get, how often you get it and what it is for.

You

Your partner

Do you or your partner get any other income that you have not already told us about? (This includes insurance annuities and home income plans.)

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

If yes, please tell us how much you get, how often you get it and what it is for.

[illegible]

See the checklist on page 27 to help you fill in this section.

Do you or your partner own or have a share in any other property or land, in this country or abroad?

Yes		No	
-----	--	----	--

If no, go to section M. If yes, please give the address or addresses below.

Do you or your partner get any rent from other properties or land in this country or abroad?

Yes		No	
-----	--	----	--

If yes, please tell us how much you get and how often it is paid, for example, every week or every month.

£	
---	--

If you or your partner used to live in this property, please tell us the date that you left.

/	/
---	---

Does an elderly or disabled person you are related to live in the property?

Yes		No	
-----	--	----	--

See the checklist on page 28 to help you fill in this section.

M1 Do you or your partner pay for childcare for any child under 15, or a disabled child who is under 16?

Yes

No

If no, go to section M2. If yes, please tell us about the childcare below.

How much do you pay for childcare each week?

£

Please give the name, address and registration number of your registered childminder or the names and addresses of the people who look after your children.

Do you pay for childcare:

school term-time
only?

☐

school holidays
only?

☐

school term-time and school
holidays?

☐

M2 Do you or your partner pay into a private pension scheme?

Yes

No

If no, go to section N. If yes, please tell us about it below.

How much do you pay?

£

How often do you pay, for example, every week or every month?

Please give the full address and postcode of the property you are claiming Council Tax Benefit for.

--

Please give the date you bought this property.

/		/
---	--	---

Please give the date you moved into this address

/		/
---	--	---

If you have lived at the address above for less than 12 months, please give the full address you lived at before you moved to the address above.

--

	You		Your partner	
Do you own your own home or have a mortgage on it?	Yes		No	
Do you own your own home but have to pay ground rent?	Yes		No	
Are you responsible for paying the Council Tax at your address?	Yes		No	
Did you get Council Tax benefit at your last address?	Yes		No	
Is the address you currently live at your main or only home?	Yes		No	
Do you use any part of your home for business purposes?	Yes		No	

Section O

Backdating benefit

We usually pay you benefit starting from the Monday after we get your claim form. If there are good reasons why you did not claim before now, we may be able to pay you benefit for up to 52 weeks before we received this claim. We call this 'backdating' benefit.

Would you like us to backdate your claim?

Yes		No	
-----	--	----	--

If yes, what date would you like to claim from?


$\quad / \quad /$

Please tell us below why you have not applied for this benefit before now. We may ask you for more information later.

Section P

Further information

Please use this space to give us any other information.



Please tick the relevant box to tell us what proof you are sending with this form. We must see **original** documents, not copies.

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 you, your partner (if you have one) and for any other adults living in your home.

If you cannot send the proof we need, send the form back to us **now** and send the proof to us within **one month**. We can start to work on your claim, **but we will not be able to pay you any benefit until we have all the proof we need.**

Section A – About you and your partner

Proof of your identity – we need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form.

- | | |
|----------------------------|--------------------------|
| Birth certificate | <input type="checkbox"/> |
| Marriage certificate | <input type="checkbox"/> |
| Civil-partnership schedule | <input type="checkbox"/> |
| NHS medical card | <input type="checkbox"/> |
| Driving licence | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> |

Proof of your National Insurance number – we need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form.

- | | |
|--|--------------------------|
| National Insurance card | <input type="checkbox"/> |
| P45 | <input type="checkbox"/> |
| P60 | <input type="checkbox"/> |
| An official letter which shows you have been awarded a benefit | <input type="checkbox"/> |
| A private-pension slip | <input type="checkbox"/> |
| A payslip | <input type="checkbox"/> |

Proof of where you live – We need to see one of the following documents for each adult you are claiming for. Please tick the box to show which documents you are sending with this form. The document must be for the address you are claiming for.

- | | |
|---|--------------------------|
| A utility bill from a gas, electricity or water company | <input type="checkbox"/> |
| A telephone bill (we cannot accept a mobile-phone bill) | <input type="checkbox"/> |
| A bank statement. | <input type="checkbox"/> |

We need to see **one** original document from **each** of the above three lists for every person. **One** to prove your identity, **one** to prove your National Insurance number and **one** to prove you are living at the property.

Section B – About dependent children who live with you

We need to see proof of Child Benefit for each child, for example, an official letter which shows you have been awarded Child Benefit.

☐**Section C – About any other people who live with you**

We need to see proof of their income. Tick the relevant box to show which documents you are sending with this form.

Five payslips (if they are paid weekly)

☐

Three payslips (if they are paid every two weeks)

☐

Two payslips (if they are paid monthly)

☐

Accounts for 12 months (if they are self-employed)

☐

Their latest letter from the Benefits Agency, showing what benefits they receive

☐

A letter from the Student Loans company, showing the amount of their student loan

☐

Proof of their savings and investments

☐

(Please say below what proof of savings and investments you are sending with this form.)

Section D – About people you rent rooms to

We need to see proof of the rent you are charging them every week or month. For example, a rent book or an up-to-date rent statement.

☐**Section E – About Income Support, Guarantee Credit or Jobseeker's Allowance**

We need to see all the pages of your latest letter from the Benefits Agency to show the current amount of benefit you get.

Please tick the box if you are sending this letter

☐

Section F – About students

We need to see proof of your student loan, bursary or grant. Please tick the box if you are sending any of these, and say which one in the box below. ☐

Section G – About your work and your income

We need to see proof of what you and your partner earns. Please tick the relevant box to show which documents you are sending with this form.

Your last five payslips (if you are paid weekly) ☐

Your last three payslips (if you are paid every two weeks) ☐

Your last two payslips (if you are paid monthly) ☐

If you do not get payslips, please phone us on 01702 318197 or 01702 318198, or e-mail us at revenues&benefits@rochford.gov.uk for a certificate of earnings. Your employer must fill it in and return it to us.

Your latest accounts (if you are self-employed) ☐

If you are self-employed and you do not have accounts, please contact us for the form 'Housing and Council Tax Benefit self-employed people'.

Sections H and I – About your pensions and your income

We need to see proof of your income. Please tick the relevant box to show which documents you are sending with this form.

Letters from the Benefit Agency (all pages) to show the current amount of benefit you get. ☐

A bank statement you have received in the last four weeks which shows your National Insurance number and the amount of benefit paid in ☐

A private or company pension advice slip or letter, which shows the current pension amount that you get. ☐

Letters from HM Revenue & Customs, which show the current amount of Child Tax Credit or Working Tax Credit you get. We need to see all pages of these letters. ☐

Letters from the Child Support Agency which show any maintenance payments you get. ☐

A letter from the person who pays maintenance to you, or a court order notice to show that somebody pays maintenance to you. ☐

Section J – About your money, savings and investments

Please tick the box to show which documents you are sending with this form.

Bank statements

(for at least the eight weeks before you make this claim)

7

Building society book

7

Post Office book

7

Premium Bond Certificates

7

National Savings Certificates

7

ISA statements

7

Share certificates

7

Unit-trust certificates

7

We need to see the advice slip that shows the amount of any interest or dividends you get on investments and savings.

Section K – About any other income

We need to see proof of any other income you receive. Please tick the box to show which documents you are sending with this form.

A certificate or a letter on headed paper from a charity, voluntary organisation or a family member which shows how much you receive.

7

A certificate that shows how much the annuity or home income plan pays you.

7

Proof of any other income. Please tell us below what proof of any other income your are sending with this form.

The first step in the process of creating a business plan is to conduct a thorough market research. This involves identifying your target audience, understanding their needs and preferences, and analyzing the competitive landscape. Once you have gathered this information, you can begin to develop your business strategy, which will outline how you intend to achieve your goals and objectives.

Next, you need to determine the financial requirements of your business. This includes estimating the costs of starting and operating your business, as well as projecting the revenue you expect to generate. You should also consider the various financing options available to you, such as bank loans, venture capital, or crowdfunding.

Once you have completed these initial steps, you can begin to write your business plan. This document should provide a clear and concise overview of your business, its mission, and its future prospects. It should also include detailed financial projections and a marketing strategy.

In conclusion, creating a business plan is a critical step in the process of starting a new business. By following the steps outlined above, you can ensure that your plan is thorough and realistic, and that it provides a solid foundation for your business's success.

Section L – About other property

We need to see proof of any other property you own. We need proof of:

- who owns the property and what percentage of it you own;
- how much the property is worth (please provide a recent valuation from an estate agent);
- how much you owe (the outstanding mortgage) on the property; and
- your current tenancy agreement (not a copy) and the rent book or rent statement showing the rent you receive every month for the property. ☐

Section M – About payments you make

Please tick the box to show which documents you are sending with this form.

The registration certificate for the childminder ☐

A letter or invoice that shows the payments you make. ☐

Data protection

We will keep the information you have given us confidential. We will store it on a computer and use it to deal with your benefit claim. We will only give your details to someone else if we are asked to by law. This is in line with the Data Protection Act 1998.

Preventing fraud

We must protect the funds we manage. We may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that manage public funds, to prevent and detect fraud.

Please use section P to give us any other information you think we need to deal with your claim.

Section R

Declaration

Please read this declaration carefully.

- This is my claim for Council Tax Benefit.
- The information I have given on this form is true and I have given as much information as I can.
- You can check the information I have given.
- I will write to you to tell you about any changes to my financial or family circumstances.
- I can be prosecuted if any of the information I give is untrue, or if I do not give you any information that I have and that is relevant to my claim.

When you have filled in this form, please read the form again and check that you have sent us all the proof we have asked for.

Finally, before you send the form to us, please read this declaration again and sign it and fill in the boxes below.

You

Your signature

Your full name
(in CAPITALS)

Date

Your partner

Your signature

Your full name
(in CAPITALS)

Date

Section S

If you have filled in this form for someone else

You must fill this section in if you have filled in this form for someone else.

Your name

Your address

Your signature

Your phone number

Your relationship to the person claiming Council Tax Benefit or Second Adult Rebate. (Examples Include, 'friend' and 'agent'.)

Date

If, after you have returned this form to us you want somebody to deal with the claim for you, you must fill in part 1 of section T, and the person who will deal with your claim for you must fill in part 2 of section T.

Part 1 (you must fill in this part)

I want

(write the name of the person who will act for you)

to act for me.

Please tick the relevant boxes to show what this person will do.

- Receive phone calls about my claim for Council Tax Benefit and my Council Tax account. ☐
- Receive all post and e-mails about my Council Tax Benefit and my Council Tax account for me. ☐

You can discuss my personal information with the person named above.

Signed

Date

 / /

Part 2 (the person who will act for you must fill in this part)

I will act for

(write the name of the person who you will act for)

and I must tell you about anything that may affect their claim for Council Tax Benefit or Second Adult Rebate.

Please explain below why you are acting for the person making the claim.

Please tell us the following.

Your name		
Your address and postcode		
Phone number	Home	Mobile
E-mail address		

Signed

--

Date

/	/
---	---

If you do not hold power of attorney for (that is, you are not legally entitled to act for) the person making the claim, we cannot accept your signature on this application form. The person making the claim must sign the form.

If you need free and independent advice, you can contact the following citizens advice bureaux.

Rayleigh

Rayleigh Civic Suite, Hockley Road, Rayleigh

Open from 10am to 2pm and 7.30pm to 9pm on Monday and 10am to 2pm on Tuesday, Thursday and Friday

Phone: 01268 770782

Rochford

Back Lane, Rochford

Open from 10am to 3pm, Tuesday to Friday

Phone: 01702 545552

Southend

1 Church Road, Southend

Open from 10am to 4pm, Monday to Friday

Phone: 01702 610610

If you need help filling in the form

You can phone us on 01702 318197 or 01702 318198 between 8am and 8pm, Monday to Friday, and between 9am and 12 noon on Saturday.

You can come to our offices between 8.30am and 5pm, Monday to Thursday and between 8.30am and 4.30pm on Friday. We are closed at the weekend. Our address is on the front of this form.

If you would like this information in large print, Braille or any of the following languages, please phone 01702 546 366.



Rochford District Council

Council Offices South Street
Rochford Essex SS4 1BW

Telephone: 01702 546366

Facsimile: 01702 545737

Website: <http://www.rochford.gov.uk>