

**Use this form to claim Housing Benefit,
Council Tax Benefit, free school meals and
school clothing allowance**

ہاؤسنگ بینیفٹ، کاؤنسل ٹیکس بینیفٹ، وینا مہلتی سکول کے خاوار اور سکول پوسٹا-پریکھدےر ڈاتا دہی کرار جنی اہی فرمٹ ہاوار کرر۔ فرمٹ پورر کرار جنی ساہاویار دہکار ہلے دہا کرے ہاگاہاگا کرر۔ **Leeds Benefits Service, 2 Great George Street, Leeds, LS2 8BA.** ٹیلیفون: 0845 127 0113.

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پانوسنگ بینیفٹ، کائونسل ٹیکس بینیفٹ، سکول کے مفت کھانے اور سکول کے کپڑوں کا الاؤنس حاصل کرنے کیلئے یہ فارم استعمال کریں۔ اگر آپ کو یہ فارم مکمل کرنے میں مدد کی ضرورت ہے تو براہ مہربانی لیڈز بینیفٹس سروس سے 2 گریٹ جارج سٹریٹ، لیڈز LS2 8BA ٹیلیفون نمبر 0845 127 0113 پر رابطہ قائم کریں۔

Należy skorzystać z tego formularza, aby ubiegać się o zasiłek mieszkaniowy, dodatek do podatku lokalnego, darmowe posiłki szkolne oraz o dodatek na zakup szkolnego mundurka. Jeżeli potrzebują Państwo pomocy w wypełnieniu tego formularza, prosimy o skontaktowanie się z: Leeds Benefits Service, 2 Great George Street, Leeds, LS2 8BA. Tel: 0845 127 0113.

Tento formulář je určen k podání žádosti o "Housing Benefit, Council Tax Benefit" (sociální dávky na bydlení a městskou daň), bezplatná školní jídla a příspěvky na školní oblečení. Potřebujete-li pomoc s vyplněním tohoto formuláře, prosím kontaktujte "Leeds Benefits Service" (Úřad pro sociální dávky v Leeds), 2 Great George Street, Leeds, LS2 8BA. Tel: 0845 127 0113.

使用本表格以申領房屋津貼、地方政府稅津貼、免費學校午餐及校服津貼。如果你在填寫本表格時需獲得協助，請聯絡利茲津貼服務 (Leeds Benefits Service)，地址：2 Great George Street, Leeds, LS2 8BA。電話：0845 127 0113。

Utilisez ce formulaire pour demander une allocation logement, une allocation impôts locaux, des repas scolaires gratuits et des bons pour l'achat de vêtements scolaires. Si vous avez besoin d'aide pour remplir le formulaire, veuillez contacter Leeds Benefits Service, 2 Great George St, Leeds, LS2 8BA ou téléphonez au 0845 127 0113.

Tento formulář je určený k podání žádosti o "Housing Benefit, Council Tax Benefit" (sociální dávky na bydlení a městskou daň), bezplatné školné jedlá a příspěvky na školné oblečení. Ak potrebujete pomoc s vyplnením tohto formulára, prosím kontaktujte "Leeds Benefits Service" (Úrad pre sociálne dávky v Leeds), 2 Great George Street, Leeds, LS2 8BA. Tel: 0845 127 0113.

تم فورم به کاربینه بو داواردنی هاوسینگ بینیفٹ، بینیفٹ باجی کهنسل، ڈمه خوراکی خورایی قوتابخانه و دهرمالی بهرگی قوتابخانه. گهر پیویستت به هاوکاربه له برکردنهوی تم فورمه دا تکایه پهیوهندی بکه به:
Leeds Benefits Service, 2 Great George Street,
Leeds, LS2 8BA. Tel: 0845 127 0113

Use este formulário para requer Housing Benefit, Council Tax Benefit, refeições grátis na escola e cupões para o uniforme escolar. Se precisar de ajuda para o preencher, contacte: Leeds Benefits Service, 2 Great George St, Leeds, LS2 8BA. Telefone 0845 127 0113.

Please read these important notes before you fill in this form.

If you fill in this form, we will consider your entitlement to the following:

- **Housing Benefit** helps you to pay your rent if you are on a low income. If you are a **council tenant**, we will pay your Housing Benefit straight to your **rent account**. If you rent your home from a **private landlord** we will usually pay your benefit to you and it is then your responsibility to pay your rent to your landlord. If you rent your home from a **housing association**, you can choose how your benefit is paid.
- Private tenants in Leeds are able to claim a new type of Housing Benefit called the **Local Housing Allowance**. Under this system you will receive an allowance based on the number of people who live with you. The amounts of the maximum allowances are published in advance so that you can know, before you sign up for a property, how much we could be able to pay you for your rent.
- **Council Tax Benefit** helps you to pay your Council Tax if you are on a low income. We pay Council Tax Benefit straight to your **Council Tax account**. **Second Adult Rebate** is benefit that does not depend upon the income of the person who pays the Council Tax. It is for single people who share their home with other adults who are on low income. Householders who have a partner but one of them is exempt for the Council Tax, will be treated as a single person for this benefit. Second Adult Rebate is paid straight to the Council Tax Account. If you want to claim Second Adult Rebate but do not want to claim any other benefits, make sure your name and address are on this form and fill in questions 2, 8 and 21 only. However, if you fill in all of the form we can tell you about any other benefits you may be able to get.
- **Schools provide free school meals** for children whose parents get either Income Support, Income Based Jobseeker's Allowance, or Guarantee Credit. Children whose parents receive Child Tax Credit can also receive free school meals provided that they do not receive Working Tax Credit and their income is below a level set by the Government. If you want to claim free school meals but do not want to claim any other benefits, or you are already getting benefit from us, make sure your name and address are on this form and fill in all questions up to and including question 13 and sign the declaration at question 21. Remember that we need to know the name and address of your child's school.
- If you get Income Support, Guarantee Credit or income-based Jobseeker's Allowance you may be entitled to **school clothing allowance** to help buy school clothes for your children. If you receive Child Tax Credit but your annual taxable income is lower than the threshold limit determined by the Government and you are **not** receiving Working Tax Credit, you may also be entitled to **school clothing allowance** to help buy school clothes for your children.
- We can also use the information you give on this form to consider you for other **benefits** you may be entitled to.

How to fill in this form

- Use **black** ink to fill in the form. Please make sure you fill in every section of the form. If a question does not apply to you, please say so or fill in the appropriate 'No' box. Do not place a line through the question. Your claim will be delayed if you do not fill in the form correctly. Please contact us if you need any help or advice, or if you would like us to send someone to see you in your own home.

Please make sure you sign the declaration at question 21. We will not be able to pay you benefit without a signed declaration and we will return the form to you to sign.

- We can usually pay benefit from the Monday after we receive your claim. Sometimes we can pay benefit from an earlier date if you have 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, on the extra space in section 20.
- **Please send this form back to us as soon as you can. If you do not, you may lose some benefit.** It is important that you send your form back to us now, even if you are waiting for proof of your income, rent or any other details. Please send the proof as soon as it becomes available, but make sure you send original documents and put your name and address on anything you send in to us.

- **If you would like this form in Braille, large print or on tape or computer disc please contact Leeds Benefits Service, 2 Great George Street, Leeds LS2 8BA. Phone 0845 127 0113**

- **If you have a question or you need help or advice, please phone 0845 127 0113.** Our phone lines are open from 8.30am to 5pm, Monday to Thursday (closed from 3pm to 4pm on Wednesdays), and from 8.30am to 4.30pm on Fridays. For customers with hearing problems using a minicom the number is **0845 127 1113**.

If you need to contact us by phone our busiest times are each Monday and between 9.00am to 10.30am each day. You may wish to avoid calling at these times.

IMPORTANT INFORMATION

Changes in Circumstances

- During the life of your claim, we may visit or write to you to make sure that your circumstances have not changed. However, you must tell us straight away about any changes in your, or your family's, circumstances.

Please refer to the back cover of this application form for more detailed information.

We need to see original documents wherever we ask for proof.

We will send them back to you within 7 working days of receiving them.

Civil partnerships

- For benefit purposes people who live together as husband and wife have to make joint claims for benefit in the same way as a married couple. From 5 December 2005 a new law came into effect which enables same sex couples to enter into a "Civil Partnership" agreement and gain similar legal rights and obligations to a married couple. From that date people who live with a same sex partner must be treated as "living as Civil Partners" even if they have not entered into a formal Civil Partnership. They will also have to make joint claims for benefit and both declare details of income, savings and other circumstances.
- Wherever the term "partner" is used in this form it should be taken to mean
 - a person you are married to or a person you live with as if you are married to them, or
 - a civil partner or a person you live with as if you are civil partners.

Leeds Benefits Service – putting our customers first

Housing Benefit, Council Tax Benefit & Education Benefits

Information about your claim

- When you have filled in your claim form, try to find the proofs needed (see the checklist at the end of this form) and either post them with this form to: **Leeds Benefits Service**
Selectapost 15
Leeds, LS2 8BA
or take them to any local Housing Office or one of the One Stop Centres listed on the opposite page. You will be given a receipt as proof the form was handed in. If you do not have any of the required proofs to hand, send the form in now and make a note that the proof will follow. You may lose benefit if you delay getting the form to us. Always ensure your name and address are on all of the items sent to us.
- If you post your form and proofs, we will send you a receipt by post and return the original proofs within seven days of receiving them.
- If any more information is needed for us to process your claim we will write to you later.
- We will process your claim as soon as we can but we can only do this if you have sent all the proofs that we need. Our aim is to pay your claim within 28 days of us getting all the information and proof that we need.
- **If you are a council tenant** - and have difficulties in paying your rent you **must** contact your local housing office immediately with your receipt as proof that you have made a claim.
- **If you pay rent to a Housing Association** - and have difficulties in paying your rent you **must** contact your housing association immediately with your receipt as proof that you have made a claim.
- **If you are claiming Council Tax Benefit** - and have difficulties in paying Council Tax please contact Leeds Revenues Service on 0845 1260113.
- **If you are claiming Education Benefits** - please contact Leeds Benefits Service on 0845 1270113 if you need to know the progress of your claim.

For all enquiries regarding Housing Benefit, Council Tax Benefit and Education Benefits please contact Leeds Benefits Service directly on 0845 1270113. Our phone lines are open from 8.30am to 5pm, Monday to Thursday (closed from 3pm to 4pm on Wednesdays), and from 8.30am to 4.30pm on Fridays. For customers with hearing problems using a minicom the number is 0845 1271113.

Please remember that claims will usually take at least 28 days to be paid.

Please keep safe any letters that you receive from us about your claim. You may also wish to keep these white cover pages from the form for reference by removing them before your form is sent or handed in.



Leeds
CITY COUNCIL

**Leeds Benefits Service
Selectapost 15,
Leeds, LS2 8BA**

For office use only

Claim number

Rent reference

ARN

First contact date

Date issued

Date returned

(Office stamp)

Return form by

Your name and address

Your phone number

Your email address

You do not have to tell us your phone number or email address if you do not want to, but it will help us to contact you quickly if we have a question about your claim.

Please tick the boxes for the benefits you wish to claim:

Education Benefits

Housing Benefit

Council Tax Benefit

Second Adult Rebate

Please tick the box that identifies your position:

Home Owner

Private Tenant

Council Tenant

1 Your nationality

The benefit rules say that we must ask you about your nationality. If you do not answer this question, we cannot consider your claim for benefit. We may contact the Home Office to check this information.

- Have you come to live here from outside England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?

No

Yes If 'Yes', what is your nationality? _____

We may contact you for more information.

2 About you

- Please tell us your National Insurance number. _____
- Please tell us your partner's National Insurance number. _____
We use the term "Partner" to mean
- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

You must also provide original documents showing both you and your partner's National Insurance numbers. This document can be a wage slip, a P45, a P60, or a letter from the Department for Work and Pensions.

- Are you, or your partner, getting Income Support? Yes No
 - Are you, or your partner, getting income-based Jobseeker's Allowance? Yes No
 - Are you, or your partner, getting Pension Credit? Yes No
- If 'Yes' please state which type of credit Guarantee Credit Savings Credit

3 Your identity

We need proof of your identity. Remember to send original documents. If you do not send us proof, we cannot consider your claim for benefit.

Please send any two of the following items. Tick the appropriate boxes to tell us what you have sent. If you do not have any of these documents, please contact us for advice.

- Bank statements for the last four weeks
- Your National Insurance number card
- Your birth certificate, marriage certificate or civil partnership certificate
- Your passport
- A utility bill paid in your name for the last three months. (This could be gas, electric, or water.)
- Your driving licence

4 About your claim

If there is a benefit you do not want, even if you are entitled to it, please say which. _____

- Please tick all of the boxes that apply to you. Are you:

| | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| a council tenant? | <input type="checkbox"/> | living with your parents or relatives? | <input type="checkbox"/> |
| renting from a private landlord? | <input type="checkbox"/> | living in board or lodgings? | <input type="checkbox"/> |
| renting from a housing association? | <input type="checkbox"/> | living in a hostel? | <input type="checkbox"/> |
| a joint tenant or joint owner? | <input type="checkbox"/> | a registered full-time student? | <input type="checkbox"/> |
| a homeowner or buying your home? | <input type="checkbox"/> | | |

- Were you a homeowner or buying your own home at your last address? Yes No

- Are you waiting to move into the address shown on the front of this form? Yes No

If 'Yes', please tell us when you expect to move in. DD/MM/YY

Normally, Housing Benefit can only be paid from the date you move into your home.

- Have you been living in your home for less than 12 months? Yes No

If 'Yes', please give the date you started living here.

DD/MM/YY

- Please provide any address where you have lived during the last 12 months.

| Address | Date moved in | Date moved out |
|---------|---------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Are you living away from your usual home at the moment? Yes No

If 'No' go to question 5.

If 'Yes', please tell us why you are not living at home. _____

When did you last live at home? DD/MM/YY When do you expect to go back home? DD/MM/YY

Please tell us the address of your usual home. _____

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

5 You and your family

Please give details about you, your partner and any children who live with you and who you, or your partner, get Child Benefit for. By your "Partner" we mean:

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

You must send proof that Child Benefit is being paid for the children who live with you. This can be your award letter if Child Benefit is paid into your bank or savings account, or your Child Benefit payment book.

| Full names required | | Title Mr/Mrs/ Miss etc. | Date of Birth | Please tick if registered blind | Does anyone receive Carers Allowance to look after you | If you are in Hospital say when you went in |
|-----------------------------|--|---|------------------|--|---|--|
| Your first name(s) | Your surname | | | | | |
| _____ | _____ | | <u>DD/MM/YY</u> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>DD/MM/YY</u> |
| Your partners first name(s) | Your partners surname | | <u>DD/MM/YY</u> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>DD/MM/YY</u> |
| _____ | _____ | | <u>DD/MM/YY</u> | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>DD/MM/YY</u> |
| Are you a student | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tell us any other names you have used in the past | | _____ | | |
| Is your partner a student | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tell us any other names your partner has used in the past | | _____ | | |

Please list children in order of their age, the oldest first - Please do not write in a school name for any children who only attend nursery.

If you do not provide school details we cannot award Free School Meals or Clothing Allowance

| Full names required | | Please tick whether your child is a boy or a girl | Date of Birth | Please tick if registered blind | Name & postcode of the child's school |
|-----------------------|-----------------|---|---------------|---------------------------------|---------------------------------------|
| Child's first name(s) | Child's surname | | | | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Girl <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |
| | | Boy <input type="checkbox"/> | DD/MM/YY | <input type="checkbox"/> | |

| <input type="checkbox"/> Do you receive Disability Living Allowance for any of these children? | Yes <input type="checkbox"/> | If yes', please give their names | | | |
|---|------------------------------|----------------------------------|---------------------------------|---------------------------------|--------------------------------|
| | No <input type="checkbox"/> | | | | |
| <input type="checkbox"/> Please send us proof and say which rate your children get. This is shown in your order book. | | | | | |
| Component | Amount | How often? | What rate? | | |
| Care | £ | Every | Higher <input type="checkbox"/> | Middle <input type="checkbox"/> | Lower <input type="checkbox"/> |
| Mobility | £ | Every | Higher <input type="checkbox"/> | Middle <input type="checkbox"/> | Lower <input type="checkbox"/> |

6 Childcare costs

If you are working, receive Statutory Maternity Pay (SMP), or receive Maternity Allowance, you may be entitled to more benefit. If you have a child who is looked after by a registered childminder, or who goes to an after-school scheme for children over 8 years old, a nursery or a playscheme, we can ignore some of your income when we work out your benefit. This could leave you with extra money to help with the cost of childcare.

| Name of child | Name of childminder | Registration number | How much do you pay each week? |
|---------------|---------------------|----------------------------------|--------------------------------|
| First name | Surname | (This will be on your contract.) | Please send proof. |
| | | | |
| | | | |

7 Illness or disability

Are you unable to work because of an illness?

You Yes No
 Your partner Yes No

If 'Yes', when did the illness stop you from working?
 DD/MM/YY
DD/MM/YY

If 'Yes', when did the illness stop you from working?

You do not have to fill in the rest of this question if you do not want to, but if you do, we will use the information you give us to see if you are entitled to any other state benefits. If any of the following apply to you or your family, you may be entitled to other benefits. We will let you know.

| | You | Your partner | Your child |
|---|--|--|--|
| Are you under 65 and unable to walk without help? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you need regular help from another person because of an illness or disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have answered 'Yes' to either of the above, have you had your disability for three months, and is it likely to exist for another six months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

8 Other people living in your home

- Do any adults normally live with you and your partner? (By adults we mean people over 16 who nobody gets Child Benefit for.) Yes No

- If no-one else lives with you, please tick this box and go to question 9.**

- If you have people living with you, we need details and proof of their income. Please include their earnings, any state benefits, student income and interest from any savings.
- If you cannot send proof of the income of anyone else living in your home, you may not get all of the benefit you are entitled to. The proof you send should be up-to-date proof of the benefit they are getting, up-to-date payslips, or a letter from their employer giving full details of earnings. The proof must be original documents.
- In the 'relationship to you' box, please say whether the person is your son, daughter, lodger and so on. You do not need to tell us about any joint tenants or joint owners.

| 1 | Surname | Forename | Title Mr/Mrs/ Miss etc. | Relationship to you | Date of Birth | How many hours do they work each week | Total income each week |
|--|---------|----------|-------------------------------|--|------------------|---|------------------------------|
| | | | | | DD/MM/YY | | £ |
| Is this person on Income Support, Jobseeker's Allowance (Income Based) or Pension Credit | | Yes | No | Is this person a student, student nurse, on a work-based training allowance, an apprentice, severely mentally impaired or registered blind | | | |
| Please tick | | | | If 'yes', please say which. | | | |

| 2 | Surname | Forename | Title Mr/Mrs/ Miss etc. | Relationship to you | Date of Birth | How many hours do they work each week | Total income each week |
|--|---------|----------|-------------------------------|--|------------------|---|------------------------------|
| | | | | | DD/MM/YY | | £ |
| Is this person on Income Support, Jobseeker's Allowance (Income Based) or Pension Credit | | Yes | No | Is this person a student, student nurse, on a work-based training allowance, an apprentice, severely mentally impaired or registered blind | | | |
| Please tick | | | | If 'yes', please say which. | | | |

| 3 | Surname | Forename | Title Mr/Mrs/ Miss etc. | Relationship to you | Date of Birth | How many hours do they work each week | Total income each week |
|--|---------|----------|-------------------------------|--|------------------|---|------------------------------|
| | | | | | DD/MM/YY | | £ |
| Is this person on Income Support, Jobseeker's Allowance (Income Based) or Pension Credit | | Yes | No | Is this person a student, student nurse, on a work-based training allowance, an apprentice, severely mentally impaired or registered blind | | | |
| Please tick | | | | If 'yes', please say which. | | | |

- If any of the people named above are partners of each other please supply details here

- Second Adult Rebate** helps you to pay your Council Tax if you do not live with a partner but there are other adults who live in your home who have a low income.

Do you want to claim Second Adult Rebate? Yes No

9 Savings and investments

We need to know about any money you have in bank, building society or post office accounts. We also need to know about any savings you have that are invested in bonds, savings certificates, stocks and shares, unit trusts, and so on.

You do not need to tell us about savings or investments coming from payments made by The Eileen Trust, The MacFarlane Trust, The VCJD Trust, The Independent Living Fund or The Skipton Fund.

Please send proof of your savings and investments. We accept the following proof.

- **Bank or building society statements** for the last two months. We cannot accept balance slips showing the amount in your bank or building society account.
- **A letter from your bank or building society.** This should show the type of accounts you have and the current balance. The letter should say if the details show the balance in the account over the last two months and whether any regular amounts are paid into your account.
- **For investments or other savings**, such as unit trusts, savings certificates, stocks and shares, bonds and so on, we need documents proving that you own them.
- Do you have a bank, building society or post office account? **You** Yes No **Your partner** Yes No

If 'Yes', please say what type of account you, and your partner, have and how much you have in each account. These could be bank accounts, building society accounts or post office accounts. Please send us proof for the last two months.

| Name of account holder | Type of account | Sort Code | Account Number | How much? |
|------------------------|-----------------|-----------|----------------|-----------|
| | | | | £ |
| | | | | £ |
| | | | | £ |

- Do you have any stocks and shares, bonds, unit trusts or National Savings Certificates?

You Yes No **Your partner** Yes No

- **Stocks and shares, bonds, unit trusts and so on**

| Name of company | Number held |
|-----------------|-------------|
| | |
| | |

- **National Savings Certificates**

| Issue number | Number of units | Issue number | Number of units |
|--------------|-----------------|--------------|-----------------|
| | | | |
| | | | |

- Do you, or your partner, have any other kind of savings or investments?

You Yes No **Your partner** Yes No

If 'Yes', please say how much and send proof.

| You | £ | Please say where money is saved or invested |
|--------------|---|---|
| | | |
| Your partner | £ | Please say where money is saved or invested |
| | | |

- Do your savings or investments include any compensation payments from the Government or any other organisation?

You Yes No **Your partner** Yes No

If 'Yes', who did you receive this payment from and how much did you receive.

| You - who from? | How much did you receive? | £ |
|--------------------------|---------------------------|---|
| | | |
| Your partner - who from? | How much did you receive? | £ |
| | | |

- **Other property or land**

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

You Yes No **Your partner** Yes No

If 'Yes', we will contact you for more details.

If the property or land is owned through an application for a mortgage or loan, please still answer yes to this question and provide details of the property or land.

10 Your earnings

- Do you, or your partner, work for an employer? Yes No
- Do you, or your partner, get Statutory Sick Pay (SSP) or Statutory Maternity Pay? Yes No

Part A

Please fill in this question if you, or your partner, work, are getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) or are on a work-based training allowance.

If this does not apply to you, or your partner, please go to **Part B**.

| The name and address of the company you work for and your job title. If you are self-employed, please give the registered address and say what your business does. | What date did you start work? | If this work is short-term, what date will it end? | How many hours do you work each week? |
|---|-------------------------------|--|---------------------------------------|
| You Job title or type of business _____ | DD/MM/YY | DD/MM/YY | _____ hours |
| Your partner Job title or type of business _____ | DD/MM/YY | DD/MM/YY | _____ hours |

We need proof of your earnings. Please send us your last **five payslips** if you are paid every **week** or your last **two payslips** if you are paid every **month**. Your proof of earnings must be up to date and show the number of hours you work, your employer's name and address, your gross pay (your pay before deductions) and your tax, National Insurance and any pension contributions.

- Do you receive Working Tax Credit? Yes No
If 'Yes', please tell us the date it started. DD/MM/YY

- Are you on a work-based training allowance? Yes No
If 'Yes', please say which scheme you are on. _____

Please say if you, or your partner, are getting Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP), and the date it started.

You SSP Date it started DD/MM/YY SMP Date it started DD/MM/YY
Your partner SSP Date it started DD/MM/YY SMP Date it started DD/MM/YY

- If you are getting Working Tax Credit, have you asked for a reassessment? Yes No
If 'Yes', please tell us the date you have asked for the reassessment from. DD/MM/YY
Please also tell us why you asked for the reassessment. _____

- Do you work regular overtime or receive regular bonuses? Yes No
If 'Yes', please say how much. £ _____ How often? Every _____

- How often are you paid? _____
Every week Every fortnight Every month Other Please say how often.

- When is your next pay rise due? **You** DD/MM/YY **Your partner** DD/MM/YY

- Please say how your wage is paid.
You By cheque In cash Into my bank account Other Please say how. _____
Your partner By cheque In cash Into my bank account Other Please say how. _____
- Are you employed for a limited period? **You** Yes No **Your partner** Yes No
 If 'Yes', when did you start this job? **You** DD/MM/YY **Your partner** DD/MM/YY
 When will you finish? **You** DD/MM/YY **Your partner** DD/MM/YY
- Do you have more than one job? **You** Yes No **Your partner** Yes No
 If 'Yes', please tell us the name and address of each employer and send up-to-date proof of your earnings and employer's details for each one.

| The name and address of the company you work for and your job title | What date did you start work? | If this work is short-term, what date will it end? | How many hours do you work each week? |
|---|-------------------------------|--|---------------------------------------|
| You Job title _____ | DD/MM/YY | DD/MM/YY | _____ hours |
| Your partner Job title _____ | DD/MM/YY | DD/MM/YY | _____ hours |

Part B

- Are you, or your partner, self employed? Yes No If 'No', go to question 11.
- Do you operate more than one self employed business? Yes No
- Please tell us the types of all self employed work you do e.g. Private hire driver/greengrocer etc _____
- If you, or your partner, are self-employed, please send us a copy of your latest accounts and balance sheet for each separate business. If you have been self-employed for less than 12 months, please fill in the box below. We will write to you for more details and tell you what proof we need.

| | You | Your partner |
|--|--|--|
| What date did you start trading? | DD/MM/YY | DD/MM/YY |
| How much do you earn each week? | £ _____ | £ _____ |
| Do you get Business Start-up Allowance? If 'Yes', please send us proof. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- Are there any other partners in the business? Yes No Yes No
- If 'Yes', tell us their name and address. _____

11 Money paid out

If you, or your partner, make any of the following payments, please tell us the amount and **send proof**.

| | Amount | How often? |
|--|---------|-------------|
| Maintenance for a student | £ _____ | every _____ |
| Money into a pension scheme that is not paid through your employer | £ _____ | every _____ |

12 Other income

- Do you, or your partner, receive a private pension, works pension, pension from your former employer or payment from the Financial Assistance Fund? Yes No
- If 'Yes', fill in Part A. You must send us up-to-date proof. We cannot accept proof on bank statements.

| | Part A | Name of company providing private pension | You | Your partner | Date it started | How much do you receive? | How often? | Date of the next increase |
|----|-----------------------------|---|--------------------------|--------------------------|-----------------|--------------------------|------------|---------------------------|
| 54 | Private pension (after tax) | | <input type="checkbox"/> | <input type="checkbox"/> | DD/MM/YY | £ | every_____ | DD/MM/YY |
| 54 | Private pension (after tax) | | <input type="checkbox"/> | <input type="checkbox"/> | DD/MM/YY | £ | every_____ | DD/MM/YY |

Part B

- Do you, or your partner, have any other income? Yes No
- Please tell us about any income you have that is not wages, benefits or a private pension. If you are claiming benefits and do not have any other income, please go to question 13.

You do not need to tell us about any payments you receive from The Eileen Trust, The MacFarlane Trust, The Independent Living Fund, The VCJD Trust or The Skipton Fund.

You must send us up-to-date proof. This could be a letter showing how much you get, an up-to-date payment slip or a bank statement. Please send original documents as we cannot accept copies.

You

| | Type of income | Date it started | How much do you receive? | How often? | Date of the next increase |
|----|--|---|--------------------------|---|---------------------------|
| 55 | Maintenance you receive | DD/MM/YY | £ | every_____ | DD/MM/YY |
| | Other income – such as income from rents, member's expenses, student income or income from anywhere else Please say where the income is from. | DD/MM/YY | £ | every_____ | DD/MM/YY |
| 57 | Money from boarders or lodgers | DD/MM/YY | £ | every_____ | DD/MM/YY |
| | Please say if you provide meals and heating. | Meals: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Heating: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Your partner

| | Type of income | Date it started | How much do you receive? | How often? | Date of the next increase |
|----|--|---|--------------------------|---|---------------------------|
| 55 | Maintenance you receive | DD/MM/YY | £ | every_____ | DD/MM/YY |
| | Other income – such as income from rents, member's expenses, student income or income from anywhere else Please say where the income is from. | DD/MM/YY | £ | every_____ | DD/MM/YY |
| 57 | Money from boarders or lodgers | DD/MM/YY | £ | every_____ | DD/MM/YY |
| | Please say if you provide meals and heating. | Meals: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Heating: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

13 Benefit income

- Are you, or your partner, getting any benefits or waiting to hear about benefits you have claimed?
Yes If 'Yes', please tell us about the benefits below. No If 'No', please go to question 14.
- Have you claimed a benefit that you are waiting to hear about? Yes No
If 'Yes', please give the following details.

What benefit have you claimed? _____

When did you make your claim? _____

DD/MM/YY

You must send us any up-to-date proof we ask you for.

This could be a letter showing how much you get, an up-to-date payment slip, a bank statement or your current order book.

Please fill in this question about any income you have not included in question 10 'Your earnings' and question 12 'Other income'. **If you do not have proof at the moment, please send the form back now and send the proof later.**

Please remember to send **original documents** and put your name and address on anything that you send in to us.

| Type of income | | You | How often? | Your partner | How often? |
|---|------------------------|----------|------------|--------------|------------|
| Incapacity Benefit Please send us proof and say which rate you get. This is shown in your order book. | Short-term lower rate | £ | every | £ | every |
| | Short-term higher rate | £ | every | £ | every |
| | Long-term rate | £ | every | £ | every |
| Please tell us the date your Incapacity Benefit started. | | DD/MM/YY | | DD/MM/YY | |
| Income Support | | £ | every | £ | every |
| Income-based Jobseeker's Allowance | | £ | every | £ | every |
| Contribution-based Jobseeker's Allowance | | £ | every | £ | every |
| Pension Credit - Saving Credit | | £ | every | £ | every |
| Pension Credit - Guarantee Credit | | £ | every | £ | every |
| Retirement Pension | Please send us proof. | £ | every | £ | every |
| Maternity Allowance | Please send us proof. | £ | every | £ | every |
| Severe Disablement Allowance | Please send us proof. | £ | every | £ | every |
| Widow's Pension | Please send us proof. | £ | every | £ | every |
| Attendance Allowance | Please send us proof. | £ | every | £ | every |
| Child Benefit | Please send us proof. | £ | every | £ | every |
| Child Tax Credit | Please send us proof. | £ | every | £ | every |
| Disability Living Allowance Please send us proof and say which rate you get. This is shown in your order book. If you receive DLA for your children please fill in part 5. | Higher rate - care | £ | every | £ | every |
| | Middle rate - care | £ | every | £ | every |
| | Lower rate - care | £ | every | £ | every |
| | Higher rate - mobility | £ | every | £ | every |
| | Lower rate - mobility | £ | every | £ | every |
| Working Tax Credit | Please send us proof. | £ | every | £ | every |
| Please tell us the date your Working Tax Credit started. | | DD/MM/YY | | DD/MM/YY | |
| Fostering Allowance | Please send us proof. | £ | every | £ | every |
| Guardian's Allowance | Please send us proof. | £ | every | £ | every |
| Industrial Disablement Pension | Please send us proof. | £ | every | £ | every |
| Industrial Injury or Death Benefit | Please send us proof. | £ | every | £ | every |
| Carers Allowance | Please send us proof. | £ | every | £ | every |
| Job Release Pension | Please send us proof. | £ | every | £ | every |
| One Parent Benefit | Please send us proof. | £ | every | £ | every |
| War Widow's Pension | Please send us proof. | £ | every | £ | every |
| War Disablement Pension | Please send us proof. | £ | every | £ | every |
| Bereavement Allowance | Please send us proof. | £ | every | £ | every |
| Widowed Parent's Allowance | Please send us proof. | £ | every | £ | every |

Please read these notes, then answer the questions that apply to you.

If you are a **private tenant** and you want to claim **Housing Benefit**, please answer all of the questions in the rest of this form.

If you are **buying your home** or you already own it, or if you want **Second Adult Rebate** only, please go to question 19.

If you are a **council tenant**, we already know how much your rent is, so please go to question 19.

14 Your tenancy

If you do not answer all of the questions, your benefit will be delayed.

- Have you ever owned this property? You Your partner
 Yes No Yes No
 If 'Yes', when did you sell it and why? Date: Reason:

- Has the rent officer registered your rent as a fair rent? Yes No
 If 'Yes', please provide your rent registration document.
- Have you claimed Housing Benefit within the last 52 weeks? Yes No
 If you have ticked No and could afford the rent when you moved into this property please provide evidence.
- What is your landlord's name, address and phone number?
 (By landlord we mean the person, or organisation, who owns the property you live in. If your landlord uses an agent, we still need your landlord's details.)

Name:
Address:
Phone number:

- If your landlord has an agent, tell us their full name, address and phone number.
 (By agent we mean the person, or organisation, you actually pay rent to.)

Name:
Address:
Phone number:

- Are you, your partner, or your children related to your landlord? A relative can be a parent, son, daughter, sister, brother, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step-parent, stepson, stepdaughter, husband, wife, partner, ex-husband, ex-wife or ex-partner. A partner includes a civil partner or a person you live with as if you are civil partners and ex-partner includes where a civil partnership is dissolved or a person with whom you used to live as if you were civil partners.

You **Your partner** **Your children**
 Yes No Yes No Yes No

If 'Yes', what is the relationship?

- Does your landlord live in the property you rent? Yes No

- When did your tenancy start?

- When did you start living here?

- Do you have a shorthold tenancy?
 Yes No If 'Yes', how long is it for?

- Do you have a joint tenancy agreement with another tenant?
 Yes No If 'Yes', please give their name.

- Do you have to give notice to your landlord when you want to give up the tenancy?
 Yes No If 'Yes', please say how much notice you have to give.

15 The property you live in

- Is your home:
 a flat? a maisonette? a bungalow? a house?
 a bedsit? a room in a house? Other? If 'Other', please say what it is? _____
- If your room, bedsit or flat has a number, what is it? _____
 If it does not have a number please describe where in the property your room, bedsit or flat is located.

Please fill in this table telling us about the number of rooms in the building and who uses them.

| | Living rooms | Bedrooms | Bedsits | Kitchens | Bathrooms | Toilets | Other rooms |
|---|--------------|----------|---------|----------|-----------|---------|-------------|
| How many of these rooms are there in the building? | | | | | | | |
| How many of these rooms are only used by you and your family? | | | | | | | |
| How many of these rooms do you share with other people? | | | | | | | |
| How many other people share the rooms with you? | | | | | | | |

16 Your rent

You must send proof of your rent, such as your rent book, rent receipts or a letter from your landlord.

Your rent proof must be original documents and must show all of the details on the following list.

You may need to send more than one document to give us the proof we need.

- Your landlord's or agent's name and business address.
- The date your tenancy agreement started.
- The amount of rent you are charged.
- What is included in your rent.
- How often your rent is due.
- How much is your rent? £ _____
- How often is your rent due?
 Every month Every week Every two weeks Every four weeks
 Other Please say how often. Every _____
- Do you have weeks when you do not have to pay rent? Yes No
 If 'Yes', when are these weeks? _____
- Could you, or any member of your household, afford the rent when you moved in? Yes No
- Do you owe your landlord arrears of rent? Yes No
 If 'Yes',
 At the date you made your claim how many weeks do you owe? _____

 What is the total amount that you owe in rent? _____
- Have you paid rent in advance? (not including any bond that you may have paid) Yes No
 Please provide proof.

Leeds Benefits Service may undertake a search of land registry records as part of our claim verification process.

17 What your rent includes

● Please tell us if any of the following are included in your rent.

| | Yes | No | If 'Yes', how much do you pay for this service? |
|--------------------------------|-----|----|---|
| Council Tax | | | £ |
| Water rates | | | £ |
| Meals: | | | £ |
| breakfast | | | £ |
| lunch | | | £ |
| evening meal | | | £ |
| Heating | | | £ |
| Lighting | | | £ |
| Hot water | | | £ |
| Gas or electricity for cooking | | | £ |

| | Yes | No | If 'Yes', how much do you pay for this service? |
|---|-----|----|---|
| Gas or electricity for other purposes | | | £ |
| Cleaning | | | £ |
| Use of laundry equipment | | | £ |
| Laundering by your landlord | | | £ |
| Garage | | | £ |
| General counselling and support | | | £ |
| Emergency call alarm systems | | | £ |
| Cleaning your rooms and windows (if no-one in your household is able to do this) | | | £ |
| Support provided by a warden | | | £ |

- Do you have a community-care assessment? Yes No
- If a garage is included in your rent, can you choose whether or not to rent the garage? Yes No
- Does your rent include any other service charges? Yes No
 If 'Yes', how much? £ _____ What for? _____

18 How we pay your benefit

Leeds Benefits Service pays Housing Benefit by Direct Credit (BACS). Payment into an account is the easiest and safest way to receive benefit.

Please give your account details in Part A:

Part A For payments to go into your bank or building society or Leeds City Credit Union account.

We cannot pay your allowance into a Post Office card account

Name and address of your bank or building society

Sort code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Your account number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

**Your building society roll number:
or credit union member number:**

Name of account holder(s):

After the first payment we can pay your Housing Benefit into your account every two or every four weeks.

Please tell us how often you would like to be paid Every two weeks Every four weeks

While ongoing payments will be made directly to your account, the first payment will be made by cheque and will be sent to you, but it will be made payable to your landlord.

If this will cause a problem for you please tick this box and tell us why in the additional space in section 20.

We may need to contact your landlord to help us deal with your claim.

Tick this box if you do not want us to contact your landlord. Tell us why in the additional space in section 20.

If you do not already have a bank account and would like to open one, Leeds Benefits Service can offer you advice. Should there be any reasons why you can not receive payment directly into a bank account, please give your reasons in writing in section 20 of this form.

If your landlord is a Housing Association we can pay your benefit straight to your Housing Association if you fill in **Part B** over the Page.

Part B HOUSING ASSOCIATION TENANTS ONLY

For payments to go to your Housing Association You and your Housing Association should read and sign this agreement.

Before we can pay Housing Benefit straight to your Housing Association, you and your Housing Association must agree to this in writing.

The tenant - please read the following notes and then sign the agreement at the bottom.

Please give your name and address below.

Your name: _____

Your address: _____

Please pay my Housing Benefit straight to my Housing Association. I understand the following.

- I must always tell The Council about any changes in circumstances that may affect my benefit.
- If I do not tell The Council about changes and I am paid too much benefit as a result, I will have to pay back the extra benefit, even if The Council pay my Housing Benefit straight to my Housing Association.
- I may be prosecuted if I do not tell The Council about changes in my circumstances.
- I am responsible for paying my Housing Association any rent that is not covered by Housing Benefit.
- If The Council pay my Housing Benefit straight to my Housing Association, The Council may keep all, or part, of my benefit to claim back any overpayment The Council have made to my Housing Association. If the overpayment was related to another tenant's benefit, my landlord must accept the amount taken back as rent paid.

Your signature: _____ Date: DD/MM/YY

The Housing Association - please read the following notes and then sign the agreement at the bottom.

Please give your full name and address below.

Housing Association name: _____

Housing Association address: _____

I agree to the following.

- I will accept Housing Benefit payments for the tenant named in this application form.
- I will tell The Council immediately if I find out about any changes in my tenant's circumstances.
- If I do not tell The Council about any changes in my tenant's circumstances, The Council may withdraw my right to receive direct payments.
- I may be prosecuted if I receive Housing Benefit which I know I am not entitled to.
- I will take all reasonable steps to make sure that I do not accept payments of Housing Benefit I am not entitled to.
- I must repay any recoverable overpayment that Leeds Benefits Service decides to recover from me under Housing Benefit regulation 101(1)(a) and (b), although I can appeal against this decision. The Council can take the overpayment from payments of Housing Benefit I am receiving for this tenant or any of my tenants. If The Council take the overpayment from this tenant's or any other tenant's Housing Benefit, I will accept that they have paid the amount The Council take.
- If I do not pay back overpayments of Housing Benefit that The Council ask me to, The Council may withdraw my right to receive direct payments.
- Any tenancy agreement is between me and the tenant. The Council are not responsible for any rent that Housing Benefit does not cover.

Your signature: _____ Date: DD/MM/YY

Part C

Sharing information with your landlord/representative

Only complete this section if you are

- a private tenant or
- a Housing Association tenant and you are receiving your Housing Benefit payments.

Sharing information with your landlord/representative 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.

Sometimes we may need to confirm information with your landlord/representative. In these circumstances we can contact your landlord/representative without your permission.

Under the data protection Act 1998 we need your permission to discuss anything else with your landlord/representative.

If you give us your permission we would be able to tell your landlord/representative whether:

- You have claimed or renewed your claim for Housing Benefit, or
- We have made a decision on your claim, or
- We need more information to make a decision on your claim and what the information may be.

We will not give your landlord/representative any information about:

- Personal circumstances which relate to you and your family
- Your Finances

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/representative please sign below.

I give Leeds Benefits Service permission to share information about the progress of my claim with my landlord or their representative.

My Landlord/Representatives name is: _____

Your signature: _____

Date:

Part D

Sharing information with other people

If you have someone who helps you such as a family member, social worker, outreach worker or welfare rights worker, it may help us to deal with your claim more quickly if we are able to share information with them.

Under the data protection act 1998 we need your permission.

If you want to give us permission to share information please sign below

I give Leeds Benefits Service permission to share information regarding my claim with my supporter.

My Supporters name is: _____ Telephone No: _____

Your signature: _____

Date:

19 Equal opportunities

Leeds City Council operates an Equal Opportunities Policy. It helps to ensure that ALL our customers have equal access to our services. To help us to continue in carrying out this policy and improve the delivery of our service please could you fill in the section below. The completion of this section is voluntary and will not affect your claim for benefit. All the information you provide will be treated as confidential.

I am Male Female

I am

a British
Irish

Any other White background (Please say what.)

d Black or Black British
Caribbean
African

Any other Black background (Please say what.)

b Mixed
White and Black Caribbean
White and Black African
White and Asian

Any other mixed background (Please say what.)

e Asian or Asian British
Indian
Pakistani
Bangladeshi
Kashmiri

Any other Asian background (Please say what.)

c Chinese

f Gypsy & Traveller

g Polish

h Czech

i Asylum Seeker

j Refugee

k Other ethnic group (Please say what.)

20 Other Information

If there is anything you want to tell us to support your claim, please use this space.

If there is not enough room here, please continue on a separate sheet of paper, but make sure you sign and date it and write your full name, address and National Insurance (NI) number on it.

Please help us to improve our service by ticking the appropriate box as to where you obtained the information to make this claim.

| | | | | | |
|---|---|--|---|---|--|
| 1 | Already aware that I was entitled to benefits | | 4 | Saw information on a poster/flyer telling me to claim | |
| 2 | Following information provided by the council's telephone service | | 5 | From a friend or relative | |
| 3 | Following a visit made to my home | | 6 | Following a visit to one of your offices | |

21 Declaration

**Even if someone else has filled in this form for you, you must sign this declaration if you can.
If you have a partner, they must sign this declaration as well.
Please read this declaration carefully before you sign and date it.**

I understand the following.

- If I give information that is incorrect or incomplete, The Council may take action against me. This may include court action.
- The Council will use the information I have provided to process my claim for Housing Benefit, Council Tax Benefit or Education Benefits.
- The Council may check some of the information with other sources within the council, other organisations which handle public funds and other councils.
- The Council may use any information I have provided in connection with this and any other claim for Welfare Benefits that I have made or may make. The Council may give some information to other government organisations, if the law allows this.
- I must always tell The Council about any changes in my circumstances.
- I will tell The Council if and when I stop receiving Income Support, Job Seekers Allowance or Incapacity benefit.
- If I do not tell The Council about changes and I am paid too much benefit as a result, I will have to pay back the extra benefit, even if The Council pay my Housing Benefit straight to my landlord.
- If I am paid too much Housing Benefit, The Council may keep all, or part of my benefit entitlement to claim back any overpayment.
- I may be prosecuted if I do not tell The Council about changes in my circumstances.

I declare the information I have given on this form is correct and complete.

Signature of person claiming: _____

Date: DD/MM/YY

Partner's signature: _____

Date: DD/MM/YY

If this form has been filled in by someone other than the person claiming:

Please tell us why you are filling in this form for the person claiming.

Name of the person who filled in the form: _____

Relationship to the person claiming (this could be a friend, relative, agent, appointee or adviser):

Signature of the person: _____

Date: DD/MM/YY

How we collect and use information

Leeds City Council will use the information you have given in this form, and information from any supporting evidence you send us, to assess your entitlement to Housing Benefit, Council Tax Benefit, free school meals and school clothing allowance. We may also use it to provide advice on other welfare benefits you may be entitled to, and to assess your contribution to any care provided by The Council.

We may give information to other agencies or organisations which handle public funds, such as the Department for Work and Pensions, or Her Majesties Revenue and Customs, as allowed by law.

By law, we may check the information you have provided, or information provided about you by someone else, against other information we already have. We may share information about you with other agencies, organisations, local authorities or government departments to:

- Make sure the information is accurate
- Prevent or detect crime
- Protect public funds

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

Leeds City Council is the data controller for the purposes of 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 write to:

The Data Protection Officer, Leeds Benefits Service, Selectapost 15, Leeds, LS2 8BA

You can hand your form in at any local neighbourhood housing office, or at one of the following One Stop Centres

Aireborough

Micklefield House, New Road Side, Rawdon,
Leeds, LS19 6DF
Opening times
Monday, Tuesday, Thursday, Friday 8.30am to 4pm
Wednesday 8.30am to 3pm

Armley

2 Stocks Hill, Armley
Leeds LS12 1UQ
Opening times
Monday, Tuesday, Thursday, Friday 8.30am to 4pm
Wednesday 8.30am to 3pm

City Centre

2 Great George Street, Leeds, LS2 8BA
Opening times
Monday to Thursday 8.30am to 4pm
Friday 9.30am to 4pm

Dewsbury Road

190 Dewsbury Road, Leeds, LS11 6PF
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 5pm
Friday 8.30am to 5pm

Garforth

1-5 Main Street, Garforth, Leeds, LS25 1DU
Opening times
Monday, Tuesday, Thursday 8.30am to 4pm
Wednesday 8.30am to 3pm
Friday 8.30am to 5.30pm

Halton Moor

Neville Road, Leeds, LS15 0NW
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 6pm
Friday 8.30am to 5.30pm

Morley

Town Hall, Queen Street, Morley, Leeds, LS27 9DY
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 5pm
Friday 8.30am to 5pm

North Seacroft

Irford House, Seacroft Crescent, Leeds, LS14 6PW
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday, Friday 8.30am to 4.30pm

Osmondthorpe

81A Wykebeck Mount, Leeds, LS9 0JE
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 4pm
Friday 8.30am to 4pm

Otley

8 Boroughgate, Otley, Leeds, LS21 3AH
Opening times
Monday, Tuesday, Thursday, Friday 8.30am to 4pm
Wednesday 8.30am to 3pm

Pudsey

Town Hall, Robin Lane, Pudsey, Leeds, LS28 7BL
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday, Friday 8.30am to 4.30pm

Rothwell

Civic Buildings, Marsh Street, Rothwell,
Leeds, LS26 0AD
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday, Friday 8.30am to 4pm

South Seacroft

91-95 Moresdale Lane, Leeds, LS14 6GG
Opening times
Monday, Tuesday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 6pm
Friday 8.30am to 5.30pm

St. George's Centre

St George's Road, Middleton, Leeds, LS10 4UZ
Opening times
Monday, Tuesday, Thursday, Friday 8.30am to 4pm
Wednesday 8.30am to 3pm

Wetherby

24 Westgate, Wetherby, Leeds, LS22 6NL
Opening times
Monday, Tuesday, Friday 8.30am to 4pm
Wednesday 8.30am to 3pm
Thursday 8.30am to 4pm

**If you need help or advice about welfare benefits,
please phone our Welfare Rights Service on
Leeds 2149006.**

(It is the same number for minicomms.)

Checklist

Use the checklist below to make sure you have filled in your form correctly before you send it to us. Please tick the boxes 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 your partner, if you have one, and for any other adults living in your home.

If you cannot send the proof we need at the moment, **send the form back to us now and send the proof later.** We can start to process your claim, but we will not be able to pay you any benefit until we have all the proof.

You can send your form and any documents to the address shown on the front of the application form or hand it in at your local neighbourhood housing office, or one of the following One Stop Centres: Aireborough, Armley, City Centre, North Seacroft, South Seacroft, Osmondthorpe, Halton Moor, Rothwell, Wetherby, Garforth, Morley, Pudsey, Otley, St. George's Centre Middleton or Dewsbury Road.

You should send us the following proof.

Two documents as proof of your identity

Send us a birth certificate, marriage certificate, civil partnership certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity or recent gas or electricity bill.

Proof of your savings and investments

Send us all your bank or building society statements for the last two months, post office account books, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts.

Proof of your earnings

Send us your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. If you, or your partner, are self-employed, we need to see your accounts for the last financial year. If you have been trading for less than six months, send us a summary of your trading records so far.

Proof of any other income

Send us pension slips from a former employer or a letter from the court or Child Support Agency showing how much maintenance you are getting. We need to see proof of any money people (other than your family) pay you for board and lodgings.

Proof of benefits, allowances, pensions or credits

Send us award notices or letters from Department for Work and Pensions, The Pension Service or the Inland Revenue confirming how much you get. If you do not have this proof, let us know straight away

Proof of your rent if you are renting from a private Landlord or Housing Association

Send us your rent book, rent receipts, tenancy agreement or a letter from your landlord.

Proof of any other money you pay out

Send us your contract with your registered child carer and proof of any private pension contributions you pay other than through your employer.

Have you answered the nationality question?

Yes

No

Have you enclosed proof of your National Insurance number?

Yes

No

Have you enclosed proof that Child Benefit is being paid (if this applies)?

Yes

No

If you have a partner have both of you signed the declaration?

Yes

No

IMPORTANT INFORMATION - CHANGES IN CIRCUMSTANCES

By law, you must tell us about any changes in your, or your family's, circumstances. This is because it may affect the amount of benefit you are entitled to.

If you do not tell us about changes in your circumstances within one month of the change happening, you may lose benefit or we may pay you too much benefit and you will have to pay this back to us.

You must tell us straight away if any of the following apply to you.

- Your wage goes up or down.
- You start to receive a new state benefit.
- Any state benefits you are receiving change or stop.
- Your rent goes up.
- You start working or change jobs.
- Your income, or the income of anyone in your household, changes. This includes benefits.
- One of your children leaves or starts school, or moves to a different school.
- Any adults move into, or out of, your home.
- You move home.
- Your private pension goes up.
- Your savings go up or down.
- You have any other change which may affect your benefit.

Please tell us about any change straight away and remember to send proof of the new details. Any proof you send to us must be an original document. We cannot accept copies.

**Write to us at:
Leeds Benefits Service
Selectapost 15
Leeds
LS2 8BA.**

Or phone us on 0845 127 0113.

Or visit one of the One Stop Centres listed at the front of this form, or your local neighbourhood housing office.