

Application for Council Tax Support

Shortened Claim Form for:

* Universal Credit Claimants who have received their first payment.
* Claiming Council Tax Support, but not Housing Benefit.

**OFFICE USE ONLY**

Benefit Ref#:

CTAX REF#:

Date of issue:

Name:

Address:

It is an offence to give false information or not to tell the Benefits Service about any changes to the circumstances of anyone in your claim (This includes if people move in, or move out).  
You are responsible for informing the housing benefit department regarding any changes to your circumstances; failure to declare a change may result in Housing Benefit overpayments, the erroneous awarding of Council Tax Support and possibly incurring further action.

You and Your Partner

Please provide details for yourself and your partner in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Your details (Claimant) | | Your Partner’s details | |
| Title |  | Title |  |
| Forename |  | Forename |  |
| Surname |  | Surname |  |
| Other name(s) |  | Other name(s) |  |
| Date of birth |  | D.O.B. |  |
| National Insurance no. |  | NINO |  |
| Tel. no. |  | Tel. no. |  |
| Email |  | Email |  |
| Address |  | | |
| Date Moved In |  | Date Moved In |  |

**Children who live with you**

People in your Household

Please include all children who normally live with you and that you receive child benefit for.

|  |  |  |  |
| --- | --- | --- | --- |
| Forename | Surname | Date of Birth | Relationship to claimant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other people who live with you**

Are there any other people living with you? (This includes grown-up children, parents, grandparents, aunts, uncles, stepchildren, other relatives, friends, lodgers, boarders, subtenants and foster children.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name | Date of birth | NINO. | Relationship to you | Gross income | Type of income |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |

**Evidence**

If your rent has changed or the tenancy renewed with additional people included proof will be needed as this could increase your entitlement. Please supply your most recent tenancy agreement and/or letter confirming the change from your Landlord.

**You should provide evidence straight away so we can process your claim.**

**Benefits and other income**

**Acceptable Evidence to provide:**  
**Evidence of Identity (This must be supplied for both Claimant and partner) –**

Acceptable evidence includes a Passport, Driving License, Birth Certificate, Marriage Certificate, UK residence permit, EEC identity card or recent gas/electricity/utility bill (showing your current address).

**Evidence of National Insurance Number [NINO] (This must be supplied for both Claimant and Partner) –**

Acceptable evidence includes a NINO Card, Payslips, P45 and P60, and other letters from social security/tax office.

**Evidence of private rent and tenancy (Supply only if claiming Housing Benefit with us, not Universal Credit)** **-**

Acceptable evidence includes a rent book, rent receipts, a tenancy agreement or a letter from your landlord.

Please confirm if you receive any benefits, we are able to check directly with the DWP to confirm amounts – this includes Carer’s Allowance if it is received by or for any member of your household.

Income and Benefits

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Benefit  Type | Who receives this? | Amount | How often  received | Date Benefit  Started | Date of last  increase / decrease |
|  |  | £ |  |  |  |
|  |  | £ |  |  |  |
|  |  | £ |  |  |  |
|  |  | £ |  |  |  |
|  |  | £ |  |  |  |

**Earnings**

If you/your partner are employed please complete the table below

|  |  |  |  |
| --- | --- | --- | --- |
| Your details | | Your Partner’s details | |
| Employers name |  | Employers name |  |
| Date employment started |  | Date employment started |  |
| Gross Pay | £ | Gross Pay | £ |
| Average weekly hours |  | Average weekly hours |  |
| How often do you get paid? |  | How often do you get paid? |  |
| Date of last pay increase |  | Date of last pay increase |  |
| Date of next pay increase |  | Date of next pay increase |  |

**Statutory Sick Pay**

If you/your partner are in receipt of statutory sick pay please complete the table below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who receives it? | Amount (£) | Frequency E.g. Weekly | Date  Commenced | Expected Finish date |
|  |  |  |  |  |
|  |  |  |  |  |

**Evidence**

To ensure we are able to grant the maximum amount of benefit to which you are entitled we require evidence of your earnings, as well as evidence of any sick pay and its (expected) duration.

**Acceptable Evidence to provide:**  
**Evidence of Earnings (This must be supplied for both Claimant and partner as applicable) –**

Acceptable evidence includes 5 Weekly/2 Monthly/3 Fortnightly Wage Slips.   
If you do not have these payslips, please ask us for an earnings certificate which you can ask your employer to complete.

**Evidence of Self-Employed Earnings (This must be supplied for both Claimant and Partner as applicable)** –

Acceptable evidence includes accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.  
Please ask us for our “Self-employed form” which we will also require to be completed.

**Evidence of sick pay (This must be supplied for both Claimant and Partner as applicable) –**

Acceptable evidence includes payslips showing SSP (sick pay).

Income and Benefits (Continued)

**Child Care, Maternity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| You  Your Partner | Child Care, Maternity Pay or Sick Pay | Amount - £ | Frequency | Date commenced |
|  | Maternity / Paternity / Adoption Pay |  |  |  |
|  | Maternity / Paternity / Adoption Pay |  |  |  |
|  | Child Care Costs |  |  |  |
| Child Care provider registration number: | |  | | |

**Pensions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who receives it? | Pension provider | Amount - £ | Frequency | Date commenced |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Any other income**

Please complete the table below with any other income that you receive that has not already been included on this form. Other income includes things such as maintenance, student grants and annuities.

**You must provide documentary evidence of any other income you receive.**

|  |  |  |  |
| --- | --- | --- | --- |
| Who receives it? | Source of the income | Amount | How often received |
|  |  | £ |  |
|  |  | £ |  |
|  |  |  |  |
|  |  |  |  |

**Evidence**

To ensure we calculate your benefit correctly, and ensure we account for disregarded income, please supply evidence of the above.

**Acceptable Evidence to provide:**  
**Evidence of Child Care / Maternity –**

Acceptable evidence includes the invoice for the Child care by your child care provider.

DWP letter confirming Maternity allowance. Maternity/Paternity Pay shown on Payslip.

**Evidence of Pensions** –

Acceptable evidence includes the Pension confirmation letter by the provider. These can also be shown on Bank Statements with confirmation of how often this is received.

**Evidence of other income –**

Acceptable evidence includes official confirmation of additional income from the income provider. These can also be shown on Bank Statements with confirmation of how often this is received.

**Bank/Savings Accounts, Shares, Premium Bonds, Cash Savings and Investments**

Capital, Land and Property

|  |
| --- |
| **Cash Savings (£)** |
|  |

Please complete the table below with details of all Capital you have. **You must declare all accounts - even if they are overdrawn.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank/Savings Accounts, Post Office Accounts and Paypal Accounts** | | | | |
| Whose account is this? | Who is the account held with? | Account number | Balance | Date of balance |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Stocks, Shares, Premium Bonds and Investments** | | | | |
| Who owns these? | Who are these held with? | Number of Stocks/Shares | Value (£) | Date of valuation |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |

**Land and Second properties**

Please indicate below the address and market value of any additional land and property – this does not include the house you are currently living in. **If a relative occupies this property, please indicate overleaf.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Land and Property** | | | | |
| Who owns this? | Address of Land/Property | Outstanding Mortgage (£) | Market Value (£) | Date of valuation |
|  |  | £ | £ |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  |  |
| Do you intend to sell or occupy this property? | Yes | **□** | No | **□** |
| From which date? | \_\_ \_\_ / \_\_ \_\_ /20 \_\_ \_\_ | | | |  |  |

**Evidence**

We request evidence of capital , land and second properties to ensure that we correctly derive income from capital and ensure we calculate your claim correctly.

**Acceptable Evidence to provide:**  
**Evidence of Bank/Savings/Post Office/Paypal Accounts –**

Acceptable evidence includes the latest 2 Monthly Bank Statements showing Balances and Transactions.

**Tell us about any unidentifiable regular credits/debits or transfers which appear on your bank statements.**

**Evidence of Stocks/Shares/Premium Bonds/Investments** –

Acceptable evidence includes certificates.  
**We need to see evidence of any interest or dividends your non-dependant gets on investments and savings.**

**Evidence of Land and Second Properties –**

Please ask for our “Land and Property form” to complete and return to us.

**Backdate Request**

Extra Information and Backdating

**We can normally pay Housing Benefit and Council Tax Support from the Monday after you first asked us for a form, as long as you return it within one month of the date of issue. Sometimes, we can pay benefit from an earlier date if you have a good reason for not claiming earlier. If you want us to consider paying your benefit from an earlier date, tell us when you want benefit from, and why you did not claim earlier.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date you want to claim benefit from |  |  |  |

Tell us why you have not claimed before:

**Anything else you need to tell us**

Please use the space below to tell us of any changes that you have not informed us of before or anything that might be changing in the future. If you run out of space, please use a separate piece of paper and attached it to this form.

*A change is an alteration to your circumstances with regards to income, capital, rent, people you live with or where you live.*

**Important Notice**

Declaration

**We will only use your personal information gathered for the specific purposes of Housing Benefit & Council Tax Support. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to. Further privacy information can be found on our Council website.**

**WARNING**

**You may be prosecuted if you give false or incorrect information or fail to tell our Benefits Service about any change of circumstances as soon as it happens, or you are aware that a change will be happening.**

**Declaration**

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

**I understand that if someone else filled in this form, it is my responsibility to check all the information given in this form.**

**Signature of**

**Person Claiming**

Date: \_\_\_/\_\_\_/\_\_\_\_

**Signature of**

**Partner**

Date: \_\_\_/\_\_\_/\_\_\_\_

**If this form was completed for you by someone else:   
Please have the person that completed the form sign and date the box below, and detail their relationship to you.**

**Signature of**

**Person completing form on behalf of claimant**

Date: \_\_\_/\_\_\_/\_\_\_\_

**Relationship to Claimant**

**Correspondence**

Contact Us

If you have any queries regarding your Housing Benefit or Council Tax support please contact us using the information below for your corresponding Local Authority.

|  |
| --- |
| **Cotswolds District Council**  Trinity Road  Cirencester  Gloucestershire  GL7 1PX  8:45am to 5:00pm  Monday to Friday  Closed on Weekends & Bank Holidays  Main Switchboard: 01285 623000  Benefits: 01285 623035  [benefits@cotswold.gov.uk](mailto:benefits@cotswold.gov.uk) |

**Council Tax Collection**

**Pay Online** –

You will need your account number to use this service, it can be found in the top right hand corner of your bill: <https://www.civicaepay.co.uk/Cotswold/Webpay_Public/Webpay/Default.aspx?Fund=CT>

**Pay by Direct Debit** –

You can either print and return the Direct Debit Mandate linked below, or contact us by phone during office hours.  
<https://www.cotswold.gov.uk/media/239342/direct-debit-instruction.pdf>

**Pay by Telephone** – 01285 623000

You can also use this line to set-up direct debit payments during office hours

**The above line is automated outside of office hours, you can also call the main switch board on 01594 810000**

**Pay by BACS payments -**

You can set up a standing order or make payments via BACS using our bank details:

**Account Name:** Cotswold District Council

**Account Number:** 00252247

**Sort Code:** 30-00-00  
**Bank name:** Lloyds TSB Plc  
**Your reference number**

Please make sure that your Council Tax payments are received by the due date to avoid getting a reminder. A maximum of 2 reminders are sent in any one year after which the instalment facility is cancelled and you will have to pay the year's Council Tax charge.

**Payment by cheque -**

Cheques should be made payable to ‘Cotswold District Council’ and sent to:

Cotswolds District Council, Trinity Road, Cirencester, Gloucestershire, GL7 1PX

**Please remember to write your Name, Address and Council Tax Account reference (as shown on your Bill) on the reverse of the cheque.**