



REVIEWS TEAM

Housing Benefit, Council Tax
Benefit and Second Adult Rebate

REVIEW FORM

FOR OFFICIAL USE ONLY	
Disc Date	
Reference Number	
Date Sent	
Date of Visit	
Form Completed	
Received in Office	
Receipt Number	

**THIS FORM WILL BE COLLECTED FROM YOUR HOME
PLEASE DO NOT RETURN**

Please enter your name and your address in the section below: **Please complete form in ink**

Please ✓ and complete the relevant boxes:

WHICH BENEFITS DO YOU RECEIVE?

Housing Benefit Council Tax Benefit Second Adult Rebate

NATIONAL INSURANCE NUMBER/S

Claimant (You)

Partner

ARE YOU A: (Please ✓ relevant box)

Council Tenant	Housing Association Tenant	Private Tenant	Joint Tenant	Sub Tenant	Sole Owner	Joint Owner	Boarder	Hostel Dweller
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PLEASE NOTE A WELSH VERSION OF THIS FORM IS AVAILABLE UPON REQUEST

PART 1: YOU AND YOUR PARTNER

	You	Your Partner
Title	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are you or your partner receiving Income Support, Pension Credit or Jobseekers Allowance (Income Based)?	<input type="text"/>	<input type="text"/>
Please state which benefit	<input type="text"/>	<input type="text"/>
Whose name is the claim in?	<input type="text"/>	<input type="text"/>

PART 2: OTHER PEOPLE THAT LIVE WITH YOU?

Does anyone else live with you / your partner?

Please write Yes or No If yes please give details below:

Full name	Relationship to you	Date of birth	Leaving school date (if applicable)	Type of income

If the person is no longer in school, please complete the certificate entitled: **INCOME CERTIFICATE (NON HOUSEHOLDER)**

OFFICIAL USE ONLY

ASSISTANCE WITH COMPLETING THE REVIEW FORM

I/we, the claimant/s hereby declare that I/we have requested the assistance of the Reviews Visiting Officer in completing my/our review form:

	Claimant	Visiting Officer
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

I/we can confirm that the content of this review form has been read to me/us and I/we agree with all the details on the form and understand the declaration in Part 9. All details on the form are a true and accurate record of the information that I/we supplied today to the Reviews Visiting Officer of Wrexham County Borough Council.

I/we also understand that if I/we provide information that is incorrect or incomplete then I/we could be liable to prosecution.

Claimant Signature: _____

Partner Signature: _____

Dated: _____

In the presence of: _____

VERIFICATION SECTION
Visiting Officer's Verification Statement

No Changes in Circumstances

I the claimant/partner confirm that there has been no change in my/our circumstances

	Claimant/Partner	Visiting Officer
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Change in Circumstances

I the claimant/partner wish to report the following changes in my/our circumstances

The information above has been read to me and is true and complete.

	Claimant/Partner	Visiting Officer
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Does anyone else in your household receive any other income not already declared? Please write Yes or No

If yes, please give details in part 8.

PART 3: WORKING FOR AN EMPLOYER OR BEING SELF-EMPLOYED

Do you or your partner work? Yes No **Go to Part 4**

If yes, you should complete the applicant/partner Earnings Certificate, provide current wage slips or self-employed accounts

Please give details of all earnings you or/and your partner receive

Who works?

How many hours do you work per week?

How many jobs do you have?

How often do you get paid?
Weekly Monthly Fortnightly 4 Weekly

Name and address of employer/s OR Self-employed business address

<input type="text"/>	<input type="text"/>
Payroll Number:	Payroll Number:

Any further information you have please advise in Part 8.

PART 4: ANY OTHER INCOME

Please tell us about any other income you or your partner are in receipt of. This includes benefits and payments received. The following is just a list of some you may get:

- State Benefit
- Disability Benefit
- Tax Credits
- Pensions
- Student Loan
- Maintenance

Do you or partner receive other income: ____ (please write yes or no)

Who receives this Income?	Name of income	Amount	How often

Are you/your partner waiting to hear about other income? _____ (yes/no)

Does anyone else receive income for you? _____ (yes/no)

If you have answered yes to either of these 2 questions or if you / your partner receive any further income, please give details in part 8.

PART 5: PAYMENTS YOU MAKE

Do you or your partner pay a registered child minder, nursery or after school club for caring for your child(ren)?

How much do you pay each week?

PART 10: APPOINTEES / THIRD PARTIES

The applicant and partner must normally sign this form.

If you are an appointee you must provide proof and sign the form as the applicant/partner. If the applicant/partner is incapable of completing and/or signing the form, any third party completing the form on their behalf must tell us in the box below why they are doing so.

Name of the person who completed this form (BLOCK CAPITALS)

I confirm that the content of this form is accurate as supplied by the claimant/partner. I have read and understood the declaration in Part 9 of this form. I also understand that if I provide information that is incorrect or incomplete then I could be liable to prosecution.

Signature of the person who Completed this form

Date / /

Relationship to the person claiming

THE REMAINDER OF THIS FORM IS FOR OFFICIAL USE ONLY

PART 9: DECLARATION Please read carefully before you sign and date

IMPORTANT Please read

CHANGE IN CIRCUMSTANCES

You must notify the Housing Benefit Adjudication Officer, Lambpit Street, Wrexham, LL11 1AR immediately in writing of any changes in your circumstances, e.g. if you or your partner's income or capital changes; if a person leaves or joins your household; if you or your partner cease to receive Income Support/Jobseekers Allowance, Pension Credit, if you or your partner start work or income changes for any other person residing in your household.

Even if someone else has completed this form, you must sign and date it if able. If you have a partner, they must also read and sign this declaration.

YOUR DECLARATION

I/we understand the following

- If I/we give information that is incorrect or incomplete, you may take action against me/us in accordance with the Social Security Act 1992, 1997 and 2000 and any other appropriate legislation.
- You will use the information I/we have provided to process my/our claim for benefit. You may check information I/we have provided with other sources as deemed necessary e.g. within the council, Department Of Work and Pensions.
- You may give information I/we provided for this claim or any Social Security benefits to other government organisations, if the law allows this.
- I/we know that we must advise the Housing Benefit Adjudication Officer of a change in my/our circumstances, which will affect my/our claim for benefit.
- I/we declare that the information given on this form is correct and complete.
- I/we enclose all relevant information/documentation and note that this information will be held in accordance to the Data Protection Act 1998.
- I/we have read and understood the above declaration and agree to abide by these conditions.
- I/we agree to repay Wrexham County Borough Council any overpaid benefit.

	You	Partner
Signatures	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Telephone Number	<input type="text"/>	

Name of Child Minder / Nursery / Club

Address

Registration Number
PROOF MUST BE PROVIDED

Registering Local Authority

PART 6: BANK ACCOUNTS, SAVINGS, INVESTMENTS AND PROPERTY

Do you or your partner have any bank accounts, savings, investments or property? Please write Yes or No

This includes:

- | | |
|--|------------------------|
| • Current Accounts (inc. if overdrawn) | • Post Office Accounts |
| • Savings Accounts | • Premium Bonds |
| • Building Society Accounts | • Stocks and Shares |
| • ISAs, PEPs and Tesas | • Any property/land |

Detail of account/s, property, land etc (e.g. Branch/Type)	Account Number	Whose name is it in?	Current balance
			£
			£
			£
			£
			£
			£
			£
			£

Do you or your partner have any other bank accounts, savings, investments or property within or outside of the UK?

Please write Yes or No

If yes please give details below:

CURRENT DOCUMENTATION EVIDENCE OF ALL INCOME, SAVINGS, INVESTMENTS AND CAPITAL WILL NEED TO BE PROVIDED DURING VISIT

PART 7: IF YOU RENT YOUR HOME

Who is your Landlord?

Please give full name and address

Council Tenants please go to PART 8

If an agent acts for the landlord, please give their name and address:

Are you or your partner related to your landlord/agent?_____ (yes/no)

If yes, please state relationship:

Is your landlord living with you?_____ (yes/no)

Is the landlord the parent of a child for whom you or your partner are responsible for?_____ (yes/no)

Is the accomodation provided by your employer as a condition of your/your partners employment?_____ (yes/no)

How much rent are you charged?

£

per

**Please have your Landlord complete the enclosed
CERTIFICATE OF RENT**

PART 8: ANYTHING ELSE ABOUT YOUR CLAIM

Use this space for additional details, such as:

- Anyone who normally lives with you but is living away temporary e.g. in hospital
- Anyone who you have not already told us about
- Anyone you could not fit on the form in the space provided
- Any changes to your circumstances; **or those of anyone else living with you**
- Name, address and relationship of anyone we can discuss your claim with
- Any other income, savings, investments, capital which I have not already told you about or have changed or I have applied for.