

**Part 13 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 below. In signing the form they are confirming that they have read the form and that all the details about them are correct.

By signing this declaration, you are agreeing that you have read and understood the following terms.

- I/We have declared all of my/our income and capital.
- I/We have authorised the Council to make any enquiries to verify the information on this form and to cross check the information given with other sections within the Council, Benefit Authorities and the Home Office as allowed by law. (Wrexham County Borough Council may be asked to provide, and will share, information to other organisations, such as government departments, local authorities and organisations that lend money, if the law allows this).
- I/We know that the award of Housing Benefit and/or Council Tax Reduction is based on the factual information regarding my/our circumstances that I/we have provided on this form.
- I/We know that I/we have a legal duty to promptly notify the Housing Benefit Section in writing, or any changes in those circumstances because I/we know that the changes affect my/our entitlement to such a benefit or other payment or advantage.

Examples of changes in circumstances include:

- Changes to the types/amounts of money I/we receive;
- Changes to the amount of capital/savings and investments I/we have;
- Changes in rental liability including change of address;
- Other people joining/leaving the household, or changes to the amounts of income they receive.

These examples are not a complete list of changes in my/our circumstances that affect entitlement to my/our benefit or other payment or advantage and if I/we are unsure of whether a change in circumstances affects the benefit award or not, I/We will contact the Benefit Section to check, see the contact details on page 2.

**PART C**

If I/we give information that is incorrect or incomplete, or I/we fail to report a change in circumstances which affects the claim, I/we may be prosecuted under the Social Security Administration Act 1992 (as amended) or any other appropriate legislation.

I/we declare that the information given on this form is correct and complete.

Signature of person claiming  Date

Partner's signature  Date

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, and your relationship to that person.

Name of person who filled in the form

Relationship to the person claiming

Signature  Date

Reason:



FOR OFFICIAL USE ONLY	
Receipt Number	<input type="text"/>
Date issued	<input type="text"/>
Date Received	<input type="text"/>
Returned for Cert.	<input type="text"/>

**HOUSING BENEFIT, COUNCIL TAX REDUCTION SCHEME**

This form should only be completed to advise the Housing Benefit Office of any changes in circumstance or where additional information is required by the Authority. You must be currently claiming Housing Benefit/Council Tax Reduction Scheme and have ... previously submitted a full application form.

Please enter your name and the address you wish to claim for below:

Your Telephone Number: Home:  Work:

What is your National Insurance Number?

What is your partner's National Insurance Number?

**IMPORTANT INFORMATION**

**YOU MUST RETURN THE FORM PROMPTLY, OTHERWISE YOU MAY LOSE BENEFIT.**  
 If you have moved address the form MUST be returned within 4 weeks of moving in. In all other circumstances this form MUST be returned within one month.  
 Documentary proof relating to your specific changes in circumstances must be supplied  
**ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE AS PROOF - PHOTOCOPIES ARE NOT ACCEPTABLE .**

Are you a (please ✓ relevant box)

Council Tenant	Housing Association Tenant	Private Tenant	Joint Tenant	With Whom	Sub Tenant	Sole Owner	Joint Owner	With Whom	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART A**

Does your change in circumstances relate to: (please ✓ relevant boxes)

Change of address  Number of people resident  Income/Capital  Earnings

**1) Change of address**

When did you move in?

Please state your previous address

If the change in your circumstances relates only to your change of address and: -

- a) You are an owner occupier or Local Authority tenant please complete part C -the declaration
- b) You are a private tenant please complete parts B and C

**PART A Continued**

**2) Number of people resident**

If the addition to your household is your partner at least two original documents as proof of their identity and proof of their National Insurance Number must be provided.

Original proof of income and capital must be provided for all residents over the age of 18.

Below please provide details of any additional residents :-

Surname	First Names	Relationship to Applicant	Date of Birth	Date occupied

If any of the residents listed above are registered blind please provide documentary evidence.

Below please provide details of anyone who is no longer a member of your household and the date from which this applies:-

Surname	First Names	Relevant date	Forwarding Address-if applicable

**3) Income/Capital**

**You                      Your Partner**

Are you or your partner in receipt of : - a) Income Support    Yes  No     Yes  No

b) Job Seekers Allowance (Income Based)    Yes  No     Yes  No

c) Employment & Support Allowance (Income related)    Yes  No     Yes  No

Have you or your partner claimed State Pension Credit?    Yes  No     Yes  No

Are you or your partner in receipt of:- a) Guarantee Credit    Yes  No     Yes  No

b) Savings Credit    Yes  No     Yes  No

If you are awaiting a decision on a claim for any of the above benefits/pension credits or have not applied for these benefits please detail both yours and your partner's income and capital.

Please tell us about any capital you or your partner hold. The following is a list of some you may hold.

- Bank Accounts (Current/Deposit etc)
- Stocks and Shares
- Building Society/Post Office accounts
- Land/Property you do not live in as your main home

This list is not exhaustive. You must declare all capital/assets held.

**Part 13 Sharing information with your landlord**

Sharing information with your landlord 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. We may need to confirm information with your landlord before we can make a decision on your claim, for example, the start date of your tenancy. In these circumstances, we can contact your landlord without your permission.

Under the Data Protection Act 1998 we need your permission to discuss anything else. If you do not give us permission by signing this form, we will only share information with your landlord if:

- you have agreed that your Housing Benefit can be paid direct to your landlord; or
- you are a council tenant

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

- you have claimed Housing Benefit;
- we have made a decision on your claim; or
- we need more information to make a decision on your claim, and what that information may be.

**We will not give your landlord any information about:**

- your personal or household circumstances; or
- your financial circumstances

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, please sign below.

**I give you, Wrexham County Borough Council, permission to share information about the progress of my Housing Benefit claim with my landlord or their representative.**

**Signature**

**PLEASE ENCLOSE YOUR TENANCY AGREEMENT, LANDLORDS CERTIFICATE OF RENT OR, IF APPLICABLE, THE CERTIFICATE OF FAIR RENT REGISTRATION, TOGETHER WITH CURRENT RENT BOOK/CARD. PROOF OF RENT MUST BE ENCLOSED. WITHOUT THIS YOUR APPLICATION CANNOT BE PROCESSED.**

**2) PAYMENT OF HOUSING BENEFIT**

**Private Tenants**

Your Housing Benefit will be paid directly into your bank account, please give details below.

**Housing Association**

Payment can be made to you or the Housing Association, please indicate your preference.

Pay me (please give account details)  Pay Housing Association

**BANK ACCOUNT DETAILS**

**Payment into a bank account**

What name or names is the account in?

Name of bank or building society  Account No:

Sort code    Type of account. e.g. a deposit or current account

If you awarded Council Tax Reduction, we will credit this to your Council Tax account.

**If you are awarded Local Housing Allowance (LHA) - other private tenants**

If you are awarded **Local Housing Allowance (LHA)** we will pay any LHA awarded straight to you.

We will arrange to pay your money straight into **your bank or building society account**. Therefore if you do not have a bank account, you must open one.

\*The only exception to the above is if there is a reason as to why you cannot manage your own rent payments. If so, you will be required to complete the application form for direct payment to landlord to explain to the Council why you cannot receive this money.

We will send you an application form for direct payment to landlord if you complete and sign the selection below. You will be required to provide supporting documentary evidence where necessary, for example, a letter from your Doctor, a Care Worker, Social Services or Probation Officer.

**Paying benefit to your landlord**

If you want us to pay your benefit straight to your landlord, you must read and sign this declaration. We will issue a form for your landlord to complete and return. **(However, the Council will make the final decision whether or not LHA should be paid direct to your landlord based on the information provided by you with a complete application form for direct payment to landlord).**

Please pay my benefit straight to my landlord.

Your signature  Date

CAPITAL - Please specify	Applicant £ p	Partner £ p	Official Use Only

Please tell us about any income you or your partner receive. This includes all benefits, pensions and payments received. The following is just a list of some you may receive.

- State Benefits
- Tax Credits
- Occupational Pensions
- Disability Benefits
- War Pensions
- Money from other people

**PART A continued**

INCOME - Please specify	Applicant £ p	Partner £ p	Frequency of Payment	Official Use Only

Have you or your partner been told that you are entitled to Carer's Allowance even if you do not receive it, because you are getting another benefit instead?

<b>You</b>	<b>Your Partner</b>
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

**4) EARNINGS**

**Main Job**

When did you start work?	<input type="text"/>	<input type="text"/>
How many hours a week do you usually work?	<input type="text"/>	<input type="text"/>
What is your occupation?	<input type="text"/>	<input type="text"/>
What is your position in the firm?	<input type="text"/>	<input type="text"/>
Is your employment for a fixed period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what date will your employment cease?	<input type="text"/>	<input type="text"/>
What is your employer's name and address?	<input type="text"/>	<input type="text"/>

<b>You</b>	<b>Your partner</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Post Code	Post Code

	<b>You</b>	<b>Your partner</b>
What is your payroll or works number?	<input type="text"/>	<input type="text"/>
How often are you paid? (e.g. weekly, monthly etc.)	<input type="text"/>	<input type="text"/>
Please indicate the method of payment. (e.g. cash, cheque, direct into bank account)	<input type="text"/>	<input type="text"/>

**Please give the following details:**

	You		Your partner	
Please give us an idea of what your pay is normally	Weekly	Monthly	Weekly	Monthly
Gross Pay				
Statutory Sick Pay or Maternity Pay				
Bonus, Commission				
Tips				
Overtime				
Take Home Pay				

**Please send proof of your earnings** (i.e, last 5 payslips if paid weekly; last 3 payslips if paid fortnightly; last 2 payslips if paid monthly). (Earnings Certificates are available from the Housing Benefit Office).

**Number of rooms in the building**

(Please complete the following boxes stating the number of rooms in your accommodation).

	TOTAL No. IN THE HOME	FOR YOUR OWN USE	SHARED
Living Rooms			
Bedrooms			
Bed-Sitting Rooms			
Kitchens			
Bathrooms			
Toilets			
Other Rooms (Please Specify)			
Total			

**Property Type** (Please tick the appropriate box)

HOUSE: Detached  Semi-detached  Terraced

BUNGALOW: Detached  Semi-detached  Terraced

CARAVAN: Static  Tourer  Is it connected to mains services? YES  NO

Flat  Bedsit  Hostel  Maisonette

Other (please state)

**Location of Flat / Bedsit / Rooms** (please tick the appropriate box)

1st floor  2nd floor  3rd floor  Ground floor

Basement  Over shop(s)  In block  In house

If bedsit/room or flat, is it situated at the Front  Centre  Rear  of building

Number of floors in building

**Other information** (please tick the appropriate boxes)

Who is responsible for internal decoration? Landlord  Tenant

Is your accommodation? Fully Furnished  Part furnished  Unfurnished

Does the accommodation have central heating? YES  NO   
Part system  Full system

Has a fair rent been registered on your home?  
YES  NO  If YES, please provide the certificate of registration form R05

On what date was your rent last increased?

**PART B - Continued**

Do you have a Shorthold or Long Term Tenancy?

If Shorthold Tenancy, what is the period of tenancy? (e.g. 6 months/12 months)

Did you apply for a pre-tenancy determination? YES  NO

If YES, please state the date of the determination.

**PART B Continued**

How much rent are you charged? £

Please state the frequency of payment (weekly, fortnightly, 4 weekly, monthly).

**Are any of the following items included in your rent?**

If YES, please state the amount you are charged in the appropriate boxes.

- a) Water Charges      YES  NO       £
  - b) Council Tax      YES  NO       £
  - c) Heating      YES  NO       £
  - d) Lighting      YES  NO       £
  - e) Hot Water      YES  NO       £
  - f) Cooking      YES  NO       £
  - g) Cleaning/Lighting/  
Heating of common areas      YES  NO       £
  - h) Lift      YES  NO       £
  - i) Porter      YES  NO       £
  - j) Laundry      YES  NO       £
  - k) Gardening      YES  NO       £
  - l) Cleaning      YES  NO       £
  - m) Meals      YES  NO       £
- If YES, please state which meals are provided
- Full Board (at least 3 meals per day)      YES  NO
  - Part board      YES  NO
  - Breakfast only      YES  NO
- n) Garage      YES  NO       £   
(Do you have a choice to rent the garage) YES  NO
  - o) Personal and Medical Care      YES  NO       £
  - p) General Counselling and Support Services      YES  NO       £

q) Any other services, please give details

**You**      **Your Partner**

Do you or your partner contribute to a **Personal Pension Scheme**?      Yes  No       Yes  No   
**(Proof must be supplied)**

If YES, please state the amount paid

£		£	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How often do you pay this? (e.g. weekly, monthly etc)

What date is your next pay increase due?

**Other Jobs**      **You**      **Your Partner**

Do you or your partner have any other jobs?      Yes  No       Yes  No   
If YES, the same information is required for any other jobs as for your main job. (Please enter details in the "additional information" area or on a separate sheet of paper).

**Self-Employed**      **You**      **Your Partner**

Are you or your partner self-employed?      Yes  No       Yes  No   
If either are YES, please give details of your business.

Name of Business     

Type of business     

When did the business start?  /  /

How many hours a week do you usually work?

Are you a partner in the business?      Yes  No       Yes  No   
If YES, please provide the partnership agreement

Do you receive any Government Business Allowances?      Yes  No       Yes  No

**If you or your partner are self-employed, a separate form must be completed (available from Contact Wrexham or by telephoning the Housing Benefit Office). You must also send a copy of your most recent accounts and if applicable your latest tax assessment.**



**5) Payments you make**

Do you or your partner pay a registered childminder, nursery or after school club for caring you your child(ren)?  Yes  No  Yes  No

If YES, please state the amount that you pay each week and provide the following information about the childminder, nursery or after school club    
**(PROOF OF PAYMENTS MUST BE PROVIDED)**

Name of Child Minder/Nursery/Club   
 Address

Registration No. **(proof must be provided)**   
 Registered Local Authority

**Additional Information**

Please use the space below to give us any extra information you think may be required:-

**PART B**

**1) ONLY COMPLETE THIS SECTION IF YOU ARE A PRIVATE TENANT (THIS INCLUDES SUB-TENANTS, BOARDERS, HOUSING ASSOCIATION TENANTS OR HOSTEL DWELLERS).**

What is your Landlord's full Name and Address?   
  
 Tel. No:

If an agent acts for the Landlord, please give the name and address of the agent also   
  
 Tel. No:

Are you or your partner related to your landlord/agent? **You** Yes  No  **Your Partner** Yes  No

If YES, please state relationship.

Is your landlord resident at the address you are claiming benefit for? Yes  No

Do you or your partner own, or have either of you ever owned, any part of the property you now occupy? Yes  No  Yes  No

Is your Landlord the ex-partner of you or your partner? Yes  No

Is the Landlord the parent of a child for whom you or your partner are responsible? Yes  No

Is your Landlord a Trust, of whom you or your partner are a trustee or a beneficiary? Yes  No

Is your Landlord a Trust, of whom your child or your partner's child is a beneficiary? Yes  No

Do you rent the accommodation from a company of which you or your partner are a director or employee? Yes  No  Yes  No

Do you occupy the property as a condition or your or your partner's employment? Yes  No  Yes  No

What date did your tenancy begin?

What date did you move into the property?

Are you a joint tenant? Yes  No

If YES, please give the full name(s) of the other tenant(s).

**CARE ORDERS**

Are you:  
 (a) Under 22 years of age? Yes  No

(b) The subject of a care order which was made before or after your 16th birthday? If so, you must provide written verification of the order with your application for benefit. Yes  No