

Council Tax Support Claim form



Benefits Service, Runnymede Borough Council, Civic Centre, Station Road, Addlestone, Surrey KT15 2AH

Email: benefits@runnymede.gov.uk Tel: 01932 425388

Date received: (office use only)

About this form

You have been sent this form because you have claimed Universal Credit. To decide if you can get help with your Council Tax, you must fill in any part that is relevant to you and all the questions in that part. Please write your answers clearly. Once you have filled in the form, please return it without delay otherwise you may lose out. If you cannot provide the proof we need, you can send it later. You should send images of proof and this completed form to benefits@runnymede.gov.uk

If you need help completing this form or need other forms, please e-mail or phone us.

Part A About you

1. Your name and address

2. Your claim reference number (on the letter we sent you):

Part B You and your partner

You must answer the questions for you and your partner. If you do not have a partner, tick this box:

“Partner” means someone of the same or opposite sex you live with as a couple. You may be married or in a civil partnership or living together as if you were married or in a civil partnership.

You

Your Partner

1. National Insurance
Number & date of birth

2. Are you or your partner in
employed work, a Director
or Secretary of a company?

Yes No

Yes No

3. How many hours do you
work per week?

4. Are you or your partner
self employed?

Yes No

Yes No

5. If self employed, when
did you start trading?

6. How many hours do you
work per week?

Part C About children who live with you

Do you or your partner receive child benefit for any children who live with you? If there are **no** children living with you tick this box and go to **Part D**. If there are more than 3 children, please use the space at the end of this form to provide their details.

Part C**About children who live with you (continued...)**

	1st Child	2nd Child	3rd Child
1. Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4. What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Male/Female	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
6. Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do they go to a registered nursery, childminder or playscheme?	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. Name and address of the nursery/child minder/play scheme for each child	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. What is the registration number of the childminder/nursery/playscheme?	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. What is the weekly cost of child-care for each child?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
11. Who gets child benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part D Other people who live in your home

Apart from you, your partner and your dependent children, does anyone else live in your home? If, there are **no** other people living with you tick this box and go to **Part E**. If **YES**, please give details below. You should include grown-up children who you no longer get Child Benefit for, friends relatives, boarders, sub-tenants or joint-tenants. If more than 3 people live with you, please use the space at the end of this form to provide their details.

	1st person	2nd person	3rd person
1. Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4. National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Date they moved in?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Part D Other people who live in your home (continued...)

	1st person	2nd person	3rd person
6. What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Are they joint-tenants or joint-owners?	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Do they pay you rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. If yes, how much and how often?	£ Per week / Month <input type="text"/>	£ Per week / Month <input type="text"/>	£ Per week / Month <input type="text"/>
10. Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do they work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. If yes how many hours a week?	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. What are their earnings before	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Tax and National Insurance?			
14. Do they have any other income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. If yes, please give details, including the amount	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
16. Do they get Disability Living Allowance, Attendance Allowance, Personal Independence Payments or Armed Forces Independence Payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. If yes, how much do they get each week?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
18. Do they provide care for someone in your home for more than 35 hours per week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. What is their relationship to this person?	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Are they a student? Please supply proof	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Are they Severely mentally impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Are they in prison or hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part D Other people who live in your home (continued...)

23. If YES, please give the date they went into prison or hospital

1st person	2nd person	3rd person
/ /	/ /	/ /

24. Are any of the people married or civil partners or living together as if they were married or civil partners?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part E Cash, savings, investments, property and land

You need to tell us about all bank accounts and building society accounts, even if they are overdrawn. Also about any property or land other than the property you are claiming for in the U.K. or abroad, that you or your partner own.

Do you or your partner have any bank or building society accounts or other savings or capital in the UK or abroad?

Type of capital	Name of Bank/Building Society and type of account (e.g. current, savings)	Amount held	In the name of
Bank account (1)		£	You/partner/Joint
Account number			
Bank account (2)		£	You/partner/Joint
Account number			
Bank account (3)		£	You/partner/Joint
Account number			
Build.Soc.a/c (1)		£	You/partner/Joint
Account number			
Build.Soc.a/c (2)		£	You/partner/Joint
Account number			
Post Office a/c		£	You/partner/Joint
Cash		£	You/partner/Joint
Type of capital	Details e.g. share names, Certificate numbers, issue numbers etc.	Amount held	In the name of
National Savings Bonds		£	You/partner/Joint
National Savings Certificates		£	You/partner/Joint
Income Bonds		£	You/partner/Joint
Stocks, Shares, Unit Trusts, Share save, SAYE etc.		£	You/partner/Joint

Part E Cash, savings, investments, property and land (continued...)

Do you or your partner own or partly own any property, land or timeshare, other than the home you live in, either in the U.K. or abroad?

Tick Yes, even if you have a mortgage or loan for the property, land or timeshare. This includes jointly owned properties.

Yes No

What is the address?

How much is it worth?

£

Do you have a mortgage or loan for this? How much is left to repay?

£

Are you, your partner or any children a beneficiary of a Will which has not yet been settled? If Yes, please give details and let us see a copy of the Will.

Yes No

Do you or your partner have any other savings or investments or money owing to you which you have not included in the lists overleaf, such as ISA's, personal loans, lump sum pension? If Yes, please give details.

Yes No

Do you, your partner or any children have any money or property held in a trust fund, or are a beneficiary of a trust? If Yes, please give details.

Yes No

Part F Additional Information

If you want to give any more information that would help us work out your entitlement, please give details here:

Part G Backdating

Sometimes we can pay benefit/ support from an earlier date if you have a "good cause" for not claiming earlier. If you want us to consider paying your benefit/support from an earlier date, tell us when you want benefit/support from and why you did not claim earlier.

Date you want to claim benefit/support from

Tell us why you have not claimed before. *You should provide evidence to support this statement.*

Part H 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, getting them to sign this form should allow us to process your application more quickly, but they do not have to sign. Please read this declaration carefully before you sign and date it.

- This is my application for Council Tax Support, I will tell you know if any of the details on any letter you send me are incorrect.
- The information I have given is true and complete.
- I am not claiming Council Tax Support for any other address.
- I understand that you may contact Government Departments or other local authorities to check the information I have given on the form and get other information.
- I understand that if I knowingly give information or evidence that is incorrect, incomplete or false, I may be liable to prosecution or other action.
- I know that I must tell the Benefits Service in writing straight away about any change in my circumstances which might affect my entitlement to Council Tax Support, Discount, Exemption or other relief.

Signature of person applying:

Partner's signature:

The section below must be filled in **if someone has filled in the application form for you.**
This includes an agent, appointee, relative or friend.

I have filled in this form on behalf of:

As they cannot fill in the form because:

I am (name in block capitals):

Relationship to the person applying:

As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Signature of the person:

Date:

How we collect and use information



The council collects information for Council Tax Support purposes, but it may be used for any of the Council's purposes. We may check information you provide, or that a third party provides about you, with parties, or give information to them to check the accuracy of the information. These parties can include other local authorities including Surrey County Council and government departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.runnymede.gov.uk/datamatching or contact the Council's Data Protection Officer. To view our privacy statement see www.runnymede.gov.uk/privacystatement