



WEST OXFORDSHIRE
DISTRICT COUNCIL

Claim form for Council Tax Support

Revenues & Housing Support Services

PO Box 302

Witney

OX28 1WP

Phone: 01993 861030

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E-mail: benefits@westoxon.gov.uk

Website: www.westoxon.gov.uk

Date of issue

Reason for issue

Claim number

Property number

Please complete all sections on this form, if you need more space for any question please use the space provided in the section entitled 'Anything else you need to tell us'.

Do you or your partner pay rent for the property you live in? Yes No

If Yes, please complete a Housing Benefit and Council Tax Support form.

You and your partner

Please complete the table below for you and your partner (by partner we mean someone you live with).

Your details		Your Partner's details	
Title		Title	
Surname		Surname	
First name		First name	
Other name(s)		Other name(s)	
Date of birth		Date of birth	
National Insurance no.		National Insurance no.	
Daytime telephone no.		Daytime telephone no.	

Children who live with you for whom you receive Child Benefit

Please complete the table below with all children in your household that you or your partner receive Child Benefit for.

Surname	Other	Date of Birth	Relationship to claimant

Other people in your household No Yes please complete the table below.

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 claimant	Gross income	Type of income
				£	
				£	
				£	
				£	

Benefits and other income

Please complete the table below with details of all the benefits you and your partner receive such as Child Benefit, Working and/or Child Tax Credit, Disability Living Allowance, Personal Independence Payment, Income Support, Universal Credit, Job Seekers Allowance, State Retirement Pension, Pension Credit. If you do not receive any benefits please write "none" in the You / Your Partner box.

You must provide documentary evidence of any benefits you receive.

You	Your Partner	Name of benefit	Amount	Date benefit entitlement started	How often received	Date of last increase / decrease
			£			
			£			
			£			
			£			

Earnings

Please complete the table below for you and your partner (if you have one). You must provide proof of your earnings by supplying, either, 2 calendar monthly/four-weekly payslips, 3 fortnightly payslips or 5 weekly payslips depending on how often you get paid.

Your details		Your Partner's details	
Employers name		Employers name	
Type of employment		Type of employment	
Date employment started		Date employment started	
Gross Pay		Gross Pay	
Tax		Tax	
NI contributions		NI contributions	
Average weekly hours		Average weekly hours	
How often do you get paid?		How often do you get paid?	
How are you paid?		How are you paid?	
Date of last pay increase		Date of last pay increase	
Date of next pay increase		Date of next pay increase	

Do you or your partner pay towards a private pension?	Self	£	Every
	Partner	£	Every
Are you receiving Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP) from your employer?	Self	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Partner	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you receiving any other sick pay or maternity pay from your employer at the moment?	Self	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Partner	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Self-Employment

Are you or your partner self-employed? Self Yes No Partner Yes No

We will send you a separate form to complete for more information regarding this.

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 private pensions, occupational pensions, rent from lodger(s), maintenance, student grants and annuities. You must provide documentary evidence of any other income you receive.

You	Your Partner	What is the money for	Amount	How often received
			£	
			£	
			£	
			£	

Bank accounts, Savings accounts, Shares, Premium Bonds and any savings and investments

Please complete the table below with details of all bank accounts including current and savings accounts, building society accounts, post office accounts, premium bonds, ISA's, shares, any other savings/investments you have.

You must declare all accounts - even if they are overdrawn.

You must provide documentary evidence of any accounts, shares, premium bonds etc.

You	Your Partner	Who is account held with	Account number	Balance	Date of balance
				£	
				£	
				£	
				£	
				£	

Do you or your partner have a share in other property or land in this country or abroad or have you recently sold any other property or land?

Yes No

We may send you a separate form about this.

Do you or your partner pay any Child Care fees?	Self	£	Every
	Partner	£	Every

Is there anyone in the household who is:-

	Y/N		Y/N
a full-time student or student nurse?		registered blind?	
permanently in hospital or a nursing home?		does anyone who lives with you have a severe learning disability, mental illness or form of dementia?	
in prison, on remand or in a bail hostel?		If yes, give their name(s) and the condition	
an apprentice?			
a care worker?			
on youth training?			
long term sick or disabled?			

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. **The types of changes you must tell us about include:**

- Changes to your income or your partner's income.
- If someone in your household starts work.
- If anyone in your household stop or start receiving Income Support, Job Seekers Allowance or Universal Credit.
- If any of your children leave school or college.
- If you move to different accommodation.
- Changes in the number of people living with you.
- If the amount you pay for Child Care starts, stops or changes.

Please note that if you tell us of any changes you must supply original documents as evidence of the changes.

DECLARATION - Please read this carefully before you sign and date it

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 should sign in the space provided to confirm all the details you have given about them are correct.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include legal action.
- You will use the information I have provided to process my claim for Council Tax Support, formerly known as Council Tax Benefit. You may check some of the information with others, as allowed by law.
- You may use any information I have provided in connection with this and any claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies, such as banks and organisations that may lend me money, if the law allows this.
- You must protect the public funds you handle, and so may use the information I have provided on this form to prevent and detect fraud. You may also share this information, for the same purpose, with other organisations responsible for monitoring or handling public funds.
- **I know** I must immediately tell the relevant local authority's Revenues and Housing Support Service in writing, about any changes in my circumstances, or anyone else in my household which may affect my claim. Failure to do so could result in a financial penalty being imposed under The Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (England) Regulations 2013. **If I do not do this I may be prosecuted.**

I give my permission for you to discuss my claim with(please enter a name if required)

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

Partner's signature

Date

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

Examples of the type of changes I should report are: Change of address; increase or decrease of income; increase or decrease of savings (capital); if anyone on my claim stops getting Income Support, Employment and Support Allowance or Jobseeker's Allowance; if anyone on my claim starts or stops work or changes jobs; if other people, who live with me have income changes; if either myself, or my partner's Tax Credits or other Social Security Benefits change (including notification of a new award); if anyone leaves or joins my household; if anyone starts to receive Carer's Allowance for looking after myself or my partner. **This list is not exhaustive – if in doubt, please tell us anyway.**

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

Please give details why you have completed this form rather than the person who is making the claim.

Name of person who filled in the form

Telephone Number of person who filled in the form

Relationship to the person claiming

Do you have power of attorney/or are you the customer's appointee? Yes No

Declaration: I have confirmed with the person claiming that the answers I have written on this form are correct and that the declaration above has been read by or to them.

Signature

Date

The Council are the Data Controllers for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.