

Council Tax Support Claim form



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

Name: Address:	Date received:	Date requested:
		Date issued:

About this form

Reference Number:

You should complete this form if you live in the Borough of Runnymede or are about to move in. The information you provide helps us to decide if you can get help with your Council Tax.

How to fill in the form

- Please fill in as much of this form as you can. You must fill in any part that is relevant to you and all the questions in that part.
- Please use black ink to fill in this form and write your answers clearly.
- You should return this form as quickly as possible, otherwise you could lose out on support. If you do not have all the information or evidence to hand now, return the form and supply the evidence as quickly as possible afterwards. You have up to one month.
- Do not send valuable items such as passports through the post. Any evidence should be scanned and e-mailed to **benefits@runnymede.gov.uk**
- If you need help completing this form, please e-mail the above email address.

NOTES

Please read the notes on our website for help completing this form: www.runnymede.gov.uk/benefit-evidence They will help you give us the right information so that we can award you the correct amount quickly. www.runnymede.gov.uk/benefit-evidence

Why do we ask for proof?

We are responsible for protecting public funds and detecting or preventing fraud so we need to check the information you give us when:

- you apply for Council Tax Support
- you have a change that may effect the amount of support

Giving us proof

You should give us all the proof we ask for right away. If you cannot give it to us right away you must give it to us on time.

The easiest way to give us proof we have asked for is to e-mail it using a smart phone or a scanner: **benefits@runnymede.gov.uk**

Part A About you and your partner

If you do not have a partner tick this box

YOU

Married/Civil Partnership/Living together

Single/Divorced/Separated/Widowed

Surname

Other names

Title Mr Mrs Ms Miss

Other

Please tell us if there are any other names you use or are known by

National Ins. Number

Date of Birth / /

Are you a joint owner or tenant? Yes No

If Yes, who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years? Yes No

If No, please give the date you arrived in the UK / /

Are you eligible to claim benefit in the UK? Yes No

(for non-UK passport holders, see visa entry conditions in your passport)

Address you wish to claim for

E-mail address

Telephone

Password*

*To be given when telephoning the Benefits Team

What date did/will you move in? / /

What date did/will you move in? / /

YOUR PARTNER

Married/Civil Partnership/Living together

Single/Divorced/Separated/Widowed

Surname

Other names

Title Mr Mrs Ms Miss

Other

Please tell us if there are any other names you use or are known by

National Ins. Number

Date of Birth / /

Are you a joint owner or tenant? Yes No

If Yes, who with?

What is your nationality?

Have you lived in the UK for the whole of the last two years? Yes No

If No, please give the date you arrived in the UK / /

Are you eligible to claim benefit in the UK? Yes No

(for non-UK passport holders, see visa entry conditions in your passport)

Part A About you and your partner (continued...)

YOU		YOUR PARTNER	
What was your previous address?	<input type="text"/>	What was your previous address?	<input type="text"/>
Date you left this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date you left this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Did you claim Housing Benefit/Council Tax Support there?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you claim Housing Benefit/Council Tax Support there?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been unable to work for more than 52 weeks through ill health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been unable to work for more than 52 weeks through ill health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give your registration number?	<input type="text"/>	Please give your registration number?	<input type="text"/>
Does anyone get Carers Allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does anyone get Carers Allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, who gets it?	<input type="text"/>	If Yes, who gets it?	<input type="text"/>

Part B About children who live with you

Do you have 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 C**. If there are more than 3 children, please use the space at the end of this form to provide their details. If there are any children who live with you but you or your partner don't get child benefit for them, go to

	1st Child	2nd Child	3rd Child
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Do they receive Disability Living Allowance/Personal Independence Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
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"/>

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

	1st Child	2nd Child	3rd Child
If yes, please give the name and address of the childminder/ nursery / playscheme caring for each child.			
What is their registration number?			
What is the weekly cost of childcare for each child?			
Who gets child benefit for them? <i>(We need to see proof of this)</i>			

For each child, please send ORIGINAL proof of Child Benefit, any childcare costs, Disability Living Allowance, blind registration document and savings if appropriate.

PLEASE REMEMBER—YOU MUST SEND PROOF TO AVOID DELAYS IN ASSESSING YOUR CLAIM.
WE CANNOT ACCEPT PHOTOCOPIES.

More details

Part C Other people who live in your home

Apart from you, your partner and your dependent children, does anyone else live in your home? Yes No

If No, please go to section **D**. 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 there are more than 3 people who live with you, please enter their details on a separate piece of paper.

	1st Person	2nd Person	3rd Person
Surname			
Other names			
Date of Birth			
National Insurance Number			
Date they moved in?			
What is their relationship to you?			
Are they a joint tenant or owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
If yes, How much and how often?			

Go to Section **D** if you only have joint tenants living with you

	1st Person	2nd Person	3rd Person
Does their rent include payment for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does their rent include payment for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does their rent include payment for heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does their rent include payment for hot water?	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 C

Other people who live in your home continued...

	1st Person	2nd Person	3rd Person
If yes, please state what benefits they are receiving and how much they get per week?			

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"/>
If yes, how many hours do they work?			
What are their earnings before tax and national insurance etc ?			
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"/>
If yes, please give details, including the amount.			

Do they any of the following Disability Living Allowance/Personal Independence Payments/Attendance Allowance/ 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"/>
If yes, how much each week?			
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"/>
If yes, who do they			
What is their relationship to this person?			
Are they 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"/>
Are they 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"/>
Are they in prison or in 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 C Other people who live in your home continued...

Are they mentally impaired? Yes No Yes No Yes No

Are they in Prison or Hospital? Yes No Yes No Yes No

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

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

If YES, please say who: Partner of
 Partner of

For each person, please send ORIGINAL proof for all their income or benefits. PLEASE REMEMBER—YOU MUST SEND PROOF TO AVOID DELAYS IN ASSESSING YOUR CLAIM, WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

Part D Self-employed Earnings

Are you or your partner currently self employed? Yes No

If NO, please go to section **E** if YES, please give details below. We may need to write to you for more information.

YOU

YOUR PARTNER

The name of your business

The name of your business

Registered address of your business

Registered address of your business

Business telephone number

Business telephone number

Part D Self-employed Earnings continued...

YOU

What type of business do you run?

When did you start trading?

What is the financial year start date?

Your current estimated weekly profit?

How many hours do you work each week?

How many hours do you work each week?

Are you a partner in the business? Yes No

Do you pay into a pension scheme? Yes No

Are you registered with HMRC? Yes No

YOUR PARTNER

What type of business do you run?

When did you start trading?

What is the financial year start date?

Your current estimated weekly profit?

How many hours do you work each week?

How many hours do you work each week?

Are you a partner in the business? Yes No

Do you pay into a pension scheme? Yes No

Are you registered with HMRC? Yes No

You must send ORIGINAL proof, not photocopies. Please supply your latest properly prepared accounts. If the business is new please send any details that you have and give an estimate of your income and expenditure over the last 13 weeks. If you are a partner in the business provide the payments you make. We may ask you to complete a further form.

Part E Earnings

If you are claiming a second Adult Rebate see page 10 for an explanation of Second Adult Rebate?

YOU

Are you a Director/Secretary of any company? Yes No

Are you in paid employment? Yes No

If NO, go to section **F** If YES please give details below

What is your employee/payroll number?

What is your job title?

Date you started this job?

Is your job seasonal/temporary? Yes No

If YES, when will it end?

How many hours each week do you work?

How much are you paid after deductions?

How often are you paid? (e.g weekly, 4weekly, monthly)

How are you paid? (e.g cash, cheque, direct into bank)

Do you regularly work overtime?

YOUR PARTNER

Are you a Director/Secretary of any company? Yes No

Are you in paid employment? Yes No

If NO, go to section **F** If YES please give details below

What is your employee/payroll number?

What is your job title?

Date you started this job?

Is your job seasonal/temporary? Yes No

If YES, when will it end?

How many hours each week do you work?

How much are you paid after deductions?

How often are you paid? (e.g weekly, 4weekly, monthly)

How are you paid? (e.g cash, cheque, direct into bank)

Do you regularly work overtime?

Part E Earnings continued...

YOU

YOUR PARTNER

Do you receive bonus, tips or commission? Yes No

Do you receive bonus, tips or commission? Yes No

If YES, please state how much each week

If YES, please state how much each week

Expected date of next pay rise? / /

Expected date of next pay rise? / /

Do you pay into a pension scheme? Yes No

Do you pay into a pension scheme? Yes No

If YES Is it? Company Private

If YES Is it? Company Private

Do you have more than one job? Yes No

Do you have more than one job? Yes No

If YES, please give more details here of the employer, the hours you work an how much you earn.?

If YES, please give more details here of the employer, the hours you work an how much you earn.?

SECOND ADULT REBATE

This is only applicable for people of state pension age. Even if your income or capital is too high for you to qualify for Council Tax Support yourself, you could still get Second Adult Rebate. To qualify you must be the only person in your home responsible for paying Council Tax and someone else must live with you who is NOT your partner AND who is on low income AND who does not pay rent to you.

For each job that you and your partner have you must send ORIGINAL proof. Please supply your last five payslips if you are paid weekly, your last three payslips if you are paid fortnightly, your last two payslips if you are paid monthly or four-weekly. PLEASE REMEMBER—YOU MUST SEND PROOF TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

Part F Students

Are you or your partner students? Yes No

If NO, please go to section G. If YES please give details below.

YOU

Are you studying full or part time?

Full time
Part time

Name of college/university

Address of college/university

Title of course

Length of course

Which year of study are you in?

1st 2nd 3rd 4th

Term time dates: Autumn	<input type="text"/>	to	<input type="text"/>
Spring	<input type="text"/>	to	<input type="text"/>
Summer	<input type="text"/>	to	<input type="text"/>

YOUR PARTNER

Are you studying full or part time?

Full time
Part time

Name of college/university

Address of college/university

Title of course

Length of course

Which year of study are you in?

1st 2nd 3rd 4th

Term time dates: Autumn	<input type="text"/>	to	<input type="text"/>
Spring	<input type="text"/>	to	<input type="text"/>
Summer	<input type="text"/>	to	<input type="text"/>

Part F Students continued...

YOU

Do you receive a grant? Yes No

If YES, amount and how often paid?

£ **Every**

Amount of student loan

£

Are you on a sandwich course? Yes No

Do you receive a sponsorship? Yes No

Do you receive a covenant? Yes No

Do you receive parental contribution? Yes No

If YES, please give details

YOUR PARTNER

Do you receive a grant? Yes No

If YES, amount and how often paid?

£ **Every**

Amount of student loan

£

Are you on a sandwich course? Yes No

Do you receive a sponsorship? Yes No

Do you receive a covenant? Yes No

Do you receive parental contribution? Yes No

If YES, please give details

You must send ORIGINAL proof for you and your partner. Please supply your grant notification, if you get one, your financial assessment letter and details of all student loans. We will also need to see evidence of any covenant, sponsorship/scholarships etc.

PLEASE REMEMBER—YOU MUST SEND PROOF TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

Part G Other Income

Please answer, **ALL** the questions in this section. If you do not receive a named pension, benefit or allowance, **please write 'NONE' in the box next to it.**

Where you do receive them, please write the amount you get before any deductions and say whether it is paid to you weekly, fortnightly, or monthly. (You do not need to declare any payments from The Eileen Trust, The Independent Living Trust or the MacFarlane Trust)

	YOU		YOUR PARTNER	
	How much do you get	How often is it paid?	How much do you get	How often is it paid?
<u>Pensions</u>				
State Retirement Pension	£		£	
Private/Former Employer Pensions	£		£	
Widow's Allowance	£		£	
Widow's Allowance	£		£	
Widowed Mothers Allowance or Widow's pension	£		£	
War Widow's or War Dependents Pension	£		£	
War disablement pension (please send award letter)	£		£	
Armed Forces Compensation Scheme	£		£	
Pension Credit (Guarantee credit)	£		£	
Pension Credit (Savings credit)	£		£	

Benefits and Allowances

Income Support	£		£	
Jobseeker's Allowance (Income based)	£		£	
Jobseeker's Allowance (Contribution based)	£		£	
Employment & Support Allowance (Income related)	£		£	
Employment & Support Allowance (Contributory)	£		£	
Child Benefit	£		£	

Part G

Other Income continued...

	YOU		YOUR PARTNER	
	How much do you get	How often is it paid?	How much do you get	How often is it paid?
Working Tax Credit	£		£	
Child Tax Credit	£		£	
Short-term Incapacity Benefit	£		£	
Long-term Incapacity Benefit	£		£	
Attendance Allowance (for people over 65)	£		£	
Disability Living Allowance: Mobility Component OR	£		£	
Care Component/Personal Independence payments or Armed Forces Independence	£		£	
Are you or your partner caring for anyone who gets Attendance Allowance or the Care element of Disability Living Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carer's Allowance (Please send award letter)	£		£	
Severe Disablement Allowance	£		£	
Industrial Injuries Benefits	£		£	
Maternity Allowance	£		£	
Fostering Allowance	£		£	
Guardians Allowance	£		£	

Other Income?

Statutory Sick pay (Paid by employer)	£		£	
Statutory Maternity pay (Paid by employer)	£		£	
Youth Training scheme or Training Credits	£		£	
Maintenance you receive	£		£	
Payments from boarders	£		£	
Weekly amount from letting (or subletting part of) a property)	£		£	

Part G Other Income continued...

YOU

YOUR PARTNER

How much do you get

How often is it paid?

How much do you get

How often is it paid?

Life Insurance Annuities

£

£

Payments from a charity, or other voluntary payments

£

£

Any other income (Please give details)

Have you or your partner recently applied for any benefit(s) or income but have not yet received payment?

Yes

No

Please tell us what benefit(s) or income

What date did you claim it?

Please supply ORIGINAL proof of all income received by you and your partner. You can provide the latest award letter OR a bank statement which shows the payment made to you. Do not send payment books.

PLEASE REMEMBER—YOU MUST SEND PROOF TO AVOID DELAYS IN ASSESSING YOUR CLAIM. WE CANNOT ACCEPT YOUR OWN PHOTOCOPIES.

Part H Cash, savings and investments

You need to tell us about all your bank accounts, building society accounts and Post Office accounts (even if they are over drawn), and all other cash and investments. You must send current statements showing all transactions for the last two months. Please note that mini statements will not be accepted.

Do you or your partner have any bank or building society accounts or other savings or capital either in this country or abroad?

Yes No

Type of Capital	Name of Bank/Building Society and Type of account (current, savings)	Amount held	In the name of			
Bank Account 1	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Account no.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Bank Account 2	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Account no.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Bank Account 3	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Account no.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Building soc.acc (1)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Account no.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Building soc.acc(2)	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Account no.	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Post Office Account	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Cash Savings		£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Type of Capital	Details:- e.g Share names, Certificate no's, Issues No's etc.	Amount held	In the name of			
National Savings bonds	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
National savings certificate	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Income Bonds	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>
Shares or Unit Trusts	<input type="text"/>	£ <input type="text"/>	You <input type="checkbox"/>	Partner <input type="checkbox"/>	Joint <input type="checkbox"/>	<input type="checkbox"/>

Part H Cash, savings and investments continued...

Do you or your partner own or part own a property, land or timeshare other than the home you live in either in the UK or abroad

Yes No

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

If YES what is the address(es)? (Please use further information box on page ?? if required)

How much is it worth?

£

If you have a mortgage or loan for this, how much is left to repay?

£

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

Yes No

Do you or your partner have any other savings, investments or money owing to you which you have not included in the lists above (such as PEP's, ISA's personal loans) If YES, please give details

Yes No

Do you or your partner or any of your children have money or property held in a trust fund, or are you a beneficiary of a trust? If YES, please give details and let us see the documents.

Yes No

Part L Payment

Method of payment

Council Tax: Any support due will be credited onto your Council Tax account

Checklist

Have you answered every question?

Have you enclosed the following **ORIGINAL** documents for you and your partner?

Proof of National Insurance Number—(for new claims only) Yes No To follow

One item for each of you (such as P45 OR P60 for last employer, NINO number, printed wage slips, letter from DWP/Job Centre, letter or tax code from HM Revenues and Customs, occupational pension slip)

Proof of National Insurance Number—(for new claims only) Yes No To follow

In addition to one item from the list above, at least one further item for each of you (such as up-to-date driving license, passport, utility bill, bank statements; we can also accept birth or marriage certificates, divorce papers, medical card, residence permit, letter from Home Office, probation officer, solicitor, social worker or HM Revenues and Customs)

Proof of Earnings—for each of you Yes No To follow

(Payslips must be consecutive)

Five weekly payslips, or three fortnightly, or two monthly OR a detailed letter from your employer OR a certificate of Earnings)

Proof of Self-Employed earnings—for each of you Yes No To follow

(Most recent accounts, bank statements OR a proforma for Self-Employed Earners—ask us for this if you need one.

Proof of Benefits, Pensions, or Allowances—for each of you Yes No To follow

Current award letters from DWP or other pension provider.

Proof of any other income—including student grants/loan Yes No To follow

Proof of savings and investments—for each of you Yes No To follow

(Bank, Building society and Post Office account statement/pass-books for the last two months; for all other investments and capital, please provide certificates or other documentation)

Proof of income, Capital and savings for all Non-dependents Yes No To follow

(These are all the people entered in section **C**)

Proof of Child Benefit and any other income/savings for all dependents Yes No To follow

We also need to see proof of the child's/children's date of birth if the evidence supplied does not include this.

Checklist continued...

Proof of payments to a Registered Childminder and registration certificate of the childminder. Yes No To follow

Proof of payments to a pension scheme Yes No To follow
Except those you make through your employer—they will show on your payslips.

Proof of student ID and course details Yes No To follow

Please read the information on page 20 AND sign the Declaration on page 21

If you do not have all the proof to hand DO NOT DELAY in submitting this form to Runnymede Borough Council as you could lose benefit. You can bring in missing documents later. Your benefit will not be assessed until we receive them.

WE CANNOT ACCEPT PHOTOCOPIES BUT PLEASE DO NOT SEND VALUABLE DOCUMENTS THROUGH THE POST. OUR OPENING TIMES AND CONTACT ADDRESS IS ON THE FRONT OF THIS FORM.

Further information

Please use the section below if you need more space to answer any questions or to tell us anything else you think we may need to know

Changes you must tell us about

We will assess your claim using the information you have given to us. You MUST tell us straight away if there are any changes to your circumstances. Here are some examples of changes you must report.

- You stop receiving Income Support or Job Seekers Allowance
- Your Working Tax Credit or Child Tax Credit changes
- You move (even if you only move to a different room or flat within the same property)
- A child leaves education or leaves home
- You have a baby
- Your child starts to be cared for, or stops being cared for, by a registered childminder or nurse or playgroup
- Someone moves into or out of your home (including boarders and sub-tenants)
- Your income or the income of anyone living with you goes up or down
- You or anyone living with you becomes a student or takes up a Government Training Scheme
- You or anyone living with you goes into hospital or a nursing home or into prison (even if this is on remand)
- You or anyone living with you gets a job or changes their job or becomes unemployed
- You or anyone living with you takes a second job
- You return to work after a period of illness where you have been receiving benefit
- You or anyone living with you has a change in capital or savings (This does not include people who are claiming Income Support Job seekers Allowance (Income Based or Pension Credit Guarantee— you should notify the DWP)
- You and/or your partner will be away from home for 2 weeks or more; where possible tell us BEFORE you go
- You receive a decision from the Home Office
- Someone starts to receive Carer's Allowances for looking after you
- **ANYTHING AT ALL** which is different from what you have told us on this claim form

You must tell us about these changes in writing—a phone call is not enough. Do not rely on anyone else to give us this information or pass on a message, especially not the job centre, Pensions Service or HM Revenues and Customs.

If you don't tell us about the changes you may lose the money you are entitled to or we may pay you too much which we can ask you to repay.

If you're not sure about whether or not you need to tell us about a change, email us at benefits@runnymede.gov.uk we have a team of officers who will endeavour to respond promptly to your query.

FURTHER INFORMATION

Please tell us on page ? About anything else you think we may need to know to help us deal with your claim.

Backdating

We can usually award benefit from the Monday after the day we receive your claim. 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.

Do you want to claim benefit/support from

For this earlier period, were your circumstances the same as on this form?

Yes No

For this earlier period, were your circumstances the same as on this form?

Declaration

Please read this declaration very carefully before you sign and date it. If you have a partner, he or she must sign it as well. If you do not sign it we will have to send the form back to you and this will delay your claim. Where the declaration says 'I' or 'me' or 'my' this refers to both you and your partner

The Council can prosecute you if you if you give false information or if you provide false or altered documents with your claim or if you withhold information (including a change in your circumstances).

- This is my claim for Council Tax Support.
- I will tell you if any of the details on any letter you send me are incorrect.
- The information I give you is true and complete.
- You can check any information on this form. Includes sending a certificate of Earnings to my employer if necessary.
- I am not claiming Council Tax Support at any other address.
- I understand that you may contact Government departments (for example the Department for Work and Pensions or the Home Office) or other local authority offices to check the information I have given on the form and to get other information.
- I understand that if I do not provide a National Insurance Number (NINO) my claim cannot be dealt with.
- I will write you to straight away if there are any changes in my circumstances so that you can work out my entitlement again. If I do not and I get too much Council Tax Support, I understand that the council will adjust my Council Tax Support claim accordingly.
- I understand failure to notify the Council of any change in my circumstances may lead to prosecution.

Signature of person claiming

Date

Signature of Partner

Date

Please see overleaf for declaration support

Declaration continued...

Form filled in by someone other than person claiming

Please tell us why you are filling in this form for someone else

Name of the person who filled in the form

Signature of person

Date

Relationship to the person claiming

I confirm that this form and declaration has been read back to me, and all the details are correct.

Signature of person claiming

PLEASE RETURN TO THE ADDRESS GIVEN ON THE FRONT PAGE.

Sharing information with a relative or friend

If you would prefer us to contact a relative or a friend to:

Please tick

Obtain further information to process your claim

Have claim forms and letters sent to another address

Have someone contacted before you are visited

Discuss information about your claim in person or over the phone

Deal with any aspect of my claim

Name

Address

Sharing information with a relative or friend continued...

Email

Phone
number

Password

Please provide a password so we are able to identify any representatives named and calling on your behalf. (Make sure you tell them the password you have created).

Your
name

Your
address

**Your
signature**

Claim for Council Tax Single Occupancy

Name

Address

Council Tax Reference

Notes

Please note:

Only complete this section if you are the only adult living at the property and you are not already getting a 25% discount on your Council Tax bill but you wish to claim it.

This section represents a separate request for single occupancy and is solely for your convenience. If you do not complete this form it will NOT affect your claim for benefit.

Council Tax Reference number—a seven digit number beginning with an 8 that can be found on your Council Tax bill.

To be eligible for single occupancy discount you must be the only adult living in the property. You can still apply if you have dependant children up to the 18 living with you.

Claim for Council Tax Single Occupancy continued...

Number of people aged 18 or over

If there has been a change recently in the number of adults occupiers, leaving you as the only adult occupant, what date did this happen?

I declare that to the best of my knowledge the information given on this claim form is accurate and complete.

Your signature

Date

Employer's Certificate of earnings

Runnymede Borough Council
Runnymede Civic Centre
Station Road
Addlestone
KT15 2AH

Private and confidential

Employee's name and address

Reference number:

National Insurance number:

Works number:

Job title:

How often are they paid?

Every week Every four weeks Every calendar month

Is the employee contracted out of the national insurance scheme?

Yes

Date their employment started

Average hours worked each week?

Date of last pay rise

Date of next pay rise

If they are paid every week, please give details of the last five weeks pay. If they are paid every four weeks or every calendar month, please details of their last two months pay.

Employer's Certificate of earnings continued...

Week or month ending	Gross Pay	Tax	National Insurance	Works Pension	Net Pay
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£
/ /	£	£	£	£	£

Average gross weekly or monthly overtime if this is not included above

Is statutory Sick Pay included in any of these payments?

Yes No

Average gross weekly or monthly overtime if this is not included above

Employer's signature

Position in firm

Name of Business and address of employer

Official business stamp

Date



Telephone numbers for all Council Services can be found at www.runnymede.gov.uk/contactus

Council Services

Department of Work and Pensions (DWP)

Pension Service 0800 731 0469
Jobcentre Plus 0800 169 0190

Benefits Team

01932 425388

Citizens Advice Bureau

Runnymede and Spelthorne
The Old Library, Church road,
Addlestone, Surrey KT15 1RW
01932 827 187

Benefit Fraud Hotline

0800 013 0814 RBC Fraud Freephone
01932830821 RBC Fraud Hotline
08008544440 National Fraud Hotline

Age Concern

The Orchard, Staines Lane,
Chertsey, Surrey KT16 8PS
01784 444 200

Council Tax Service

01932 838 383 Opt. 1 (Automated)
Opt 2. Council Tax Queries

Safer Runnymede

Addlestone Civic Centre, Station Road,
Addlestone, Surrey, KT15 2AH
Emergency Out of Hours Tel
01932 425 060

Homelessness Officer

01932 838 383 opt.2
(Housing solutions team)

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