

Application for Council Tax Reduction and Free School Meals

Financial Services
Department,
The Civic Centre,
Oystermouth Road,
Swansea, SA1 3SN.
www.swansea.gov.uk
01792 635353

Mae'r ffurflen hon ar gael yn Gymraeg o Ganolfan Ddinesig
This form is also available in large print from the Civic Centre

1. Your Full Name and Address	<u>FOR OFFICE USE ONLY</u>
Name: Address: Postcode:	Date we received this form (stamp)

2. Contact Details

It may help us to process your claim quicker if you give us your contact details here:

Daytime Number: Mobile Number:

Email address:

IMPORTANT NOTE: Please read the notes in the blue boxes before you complete each section of the application form.

<p>It is essential that you read the notes on every page. They will tell you what evidence is required to process your application. Please complete the form with black or blue ink and do not use correction fluid. Although the form may look long, do not be put off, it will not take as long as you think to fill it in.</p> <p>Fill in the form and send it back straight away. If you wait you could lose money. Where we ask for proof you MUST send original documents not photocopies. Send all the proof you can with the form, do not wait if you cannot send the proof straight away, send it within one calendar month.</p>	<p>Answer every question putting a tick in the "No" or "Yes" box.</p> <p>If you are unsure about any questions on this form, you should contact the Benefits Section at the Contact Centre, Civic Centre, Swansea for help. You may contact the Benefits Helpline on Swansea 635353.</p> <p>Alternatively you can log on to Swansea's Council Tax Reduction website at: www.swansea.gov.uk/CTR</p> <p>You do not have to tell us about any money received from the Macfarlane Trusts, Eileen Trust or Independent Living Fund. You must tell us about all other forms of income and capital.</p>
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Croesewir gohebiaeth yn y Gymraeg. Caiff unrhyw ohebiaeth a dderbynnir yn Gymraeg ei hateb yn y Gymraeg ac ni fydd hyn yn arwain at oedi.

We welcome correspondence in Welsh. Correspondence received in Welsh will be answered in Welsh and this will not lead to a delay.

2. This is my claim for:

Council Tax Reduction Housing Benefit Please tick what you wish to apply for.

If you wish to claim Housing Benefit you will need to make a separate claim. You can apply online at www.swansea.gov.uk/benefitforms. Alternatively Housing Benefit forms are available at the Civic Centre, District Housing Offices or you can telephone the benefits Helpline on Swansea 635353.

3. Date of occupation

a) State the date you moved into your current address.

b) If you have not yet moved into your address, state the date you intend to move in.

You must inform the City and County of Swansea's Benefits Section in writing when you have moved in, you will not be awarded a Council Tax Reduction until you confirm the date.

4. About your other addresses

What was your previous address?

Was the property:-

Did you claim Housing Benefit, Council Tax Benefit or a Council Tax Reduction at your previous address?

Are you claiming at any other address?

If "Yes", at what address?

	You	Your Partner
Owned by you?	<input type="checkbox"/>	<input type="checkbox"/>
Rented?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>
No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

5. You and your partner

By partner we mean someone who:

- you are married to or is your civil partner or
- lives with you as if you are married or in a civil partnership.

Do you have a partner living with you?

If "Yes", complete this section for you and your partner. If "No", complete this section for yourself only. If you or your partner are getting Employment Support Allowance phone 01792 635353 to check who should claim.

Proof: National Insurance number and identity

We need to see proof of National Insurance number and identity for both you and your partner. We need to see this proof if this is the first time that you have claimed Council Tax Reduction, or you have never been asked to provide this information before.

Please provide one original document for National Insurance number and two original documents for identity from the list overleaf. Photocopies will not be accepted.

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section at the Contact Centre, Civic Centre, Swansea, where they will be photocopied and returned to you immediately.

5. You and your partner continued

National Insurance number

- P45
- P60
- Letters from the Department for Work and Pensions
- National Insurance number card
- Pay Slips

Identity

- Current Passport
- Driving Licence in Photocard format
- European Member State Identity Card
- Home Office letter
- Birth Certificate
- Driving Licence
- Marriage Certificate
- Divorce or Annulment papers

- Recent Gas, Electricity, Water or telephone Bill (not mobile telephone) paid in your or your partners name.
- Medical Card
- Current bank statement
- Life assurance or insurance policies
- Letter from a Solicitor, Social Worker or Probation Officer
- Certificate of Employment in HM Forces or Merchant Navy

If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get a Council Tax Reduction.

	You	Your Partner
Title:	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
Surname:		
First Names:		
Have you been known by any other name?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If "yes" please give other name(s) below:	
Date of birth:	/ /	/ /
National Insurance Number: (This must be provided for your claim to be considered.)		
Do you receive Income Support, Income based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you registered blind? If "yes", what is your registration number?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive Disability Living Allowance / Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "yes", which element?	Care / Daily Living <input type="checkbox"/> Mobility <input type="checkbox"/>	Care / Daily Living <input type="checkbox"/> Mobility <input type="checkbox"/>
How much do you receive each week?	£ £	£ £
Do you receive Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
How much do you receive each week?	£	£
Does anyone receive Carers Allowance or the Carers Element of Universal Credit for looking after you? If "yes" please tell us their name and address	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you receive Carers Allowance or do you have an underlying entitlement to Carers Allowance for looking after someone else? If "yes", please tell us the name and address of the person you care for.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

6. Students

	You	Your Partner
Are you or your partner a student?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "No" go to Section 7. If "Yes" give details below		
Where are you studying?	<input type="text"/>	<input type="text"/>
What date did your course start?	/ /	/ /
What date is your course due to end?	/ /	/ /
What are the actual dates of your current academic year?	from / /	from / /
	to / /	to / /
Are you a Post-Graduate?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you entitled to a student loan?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you entitled to a student grant or bursary?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please provide proof of your student financial assessment or other student income.

7. Nationality

	You	Your Partner
Are you a British National?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes" are you a British National returning to the UK?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have answered "Yes" to either of the above go to Section 8. If "No", please give details below.		
What Nationality are you?	<input type="text"/>	<input type="text"/>
When did you arrive in the UK?	/ /	/ /

Depending on your answers we may need to write to you or call you in for an interview for further information.

8. About your dependant children

Dependant children are children who you are responsible for and live at your address.

Do you have any dependant children? No Yes

If "No" go to Section 9. If "Yes" please give details.

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Surname:					
First names:					
Relationship to you:					
Date of birth:	/ /	/ /	/ /	/ /	/ /

Do you or your Partner receive Child Benefit for them?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date Child benefit is due to end:	/ /	/ /	/ /	/ /	/ /

Are they in full time education?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please state which school they attend:					

If you do **NOT** want to receive free school meals please tick here

Free School Meals

Children whose parents receive the following support payments are entitled to receive free school meals:

- Universal Credit if your annualised net earnings are £7400 or less
- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- Child Tax Credit, provided they are not entitled to Working Tax Credit and their annual income does not exceed £16,190 (HM Revenue and Customs are responsible for assessing the level of annual income.)
- Guarantee element of State Pension Credit
- Working Tax Credit 'run-on' - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

Free school meals are available to any full-time pupil who is still at school and eligible.

This includes nursery children who attend full days and also sixth form students.

Free school meals are not available for students in further education institutions.

8. About your dependant children continued

	1st Child	2nd Child	3rd Child	4th Child	5th Child
First names:					
Are they registered as blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they receive Disability Living Allowance / Personal Independence Payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you pay Childcare Costs for them?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "No" go to Section 9. If "Yes" please give details below.					
a) What type of childcare do you pay for ? If you are unsure please check with your childcare provider	Registered childminder caring for children in your own home <input type="checkbox"/>				
	Registered nursery caring for children on nursery premises <input type="checkbox"/>				
	Out of hours club at school <input type="checkbox"/>				
	Out of hours club run by local authority <input type="checkbox"/>				
	Out of hours scheme run by an approved provider <input type="checkbox"/>				
	Registered playscheme <input type="checkbox"/>				
	Nursery or playscheme on government property <input type="checkbox"/>				
	Other - Please describe type of care <input type="checkbox"/>				
b) Name and address of childminder					
c) Their registration number					
d) Weekly charge	£	£	£	£	£

You **MUST** inform this office if your childcare charges change, even if you have already notified Her Majesty's Revenues & Customs.

Proof: Child Care Costs

Proof is required of childcare payments. You can either complete the form 'Proof of Childcare Payments', available from the City and County of Swansea's Benefits Section or provide receipts for 5 weeks or 2 months payments which need to be signed by your childcare provider.

9. Other people who live with you.

These may be boarders, sub-tenants, joint-tenants, joint-owners or non-dependants.

A boarder is someone who pays you rent for accommodation and meals within your property on a commercial basis.

A sub-tenant is someone who pays rent on a commercial basis for accommodation within your property, and you do not provide them with meals.

Non-dependants are people over 16 who nobody gets Child Benefit for.

Do any other people normally live with you and your partner? No Yes

If "no", go to Section 10. If "yes" give details below

Boarders / Sub-Tenants / Joint-Tenants / Joint Owners who live with you.

	1st Person	2nd Person	3rd Person
Surname:			
First names:			
Date of birth:	/ /	/ /	/ /
State if they are a boarder, sub-tenant, joint-tenant / owner			
Are they married to or partner* of someone else on this page? If "yes", tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they have someone else living with them? If "yes", tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Non-dependants who live with you.

	1st Person	2nd Person	3rd Person
Surname:			
First names:			
Date of birth:	/ /	/ /	/ /
National Insurance Number:			
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to you: e.g. son, aunt, brother, friend.			
Are they married to, or a partner* of, someone else on this page? If "yes", please tell us who.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Please amend to: Are they a full time student, student nurse, an Apprentice, on Youth training, carer, care worker or Severely Mentally impaired? If yes – please confirm which	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

We may write to you for further information.

***By partner we mean someone who they are married to, are civil partners with or live together as if they are married or in a civil partnership.**

continued overleaf

9. Other people who live with you continued

	1st Person	2nd Person	3rd Person
Are they in prison at the moment? If "yes" when did they go in? When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	/ /	/ /	/ /
	/ /	/ /	/ /

	1st Person	2nd Person	3rd Person
Are they in hospital at the moment? If "yes" when did they go in? When are they expected to come out?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	/ /	/ /	/ /
	/ /	/ /	/ /

Income

a) Do they get Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Pension Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If you have answered "no" please answer questions b), c) and d).

If you have answered "yes" please go to Section 10.

b) Do they receive Universal Credit?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If you have answered "no" please answer questions c) and d).

If you have answered "yes" please provide a print out of their UC entitlement

c) Do they work?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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	1st Person	2nd Person	3rd Person
Number of hours normally worked each week.	hours	hours	hours
Weekly gross earnings before deductions.	£	£	£

d) Do they receive any other income?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	£	£	£

If "yes", please state total gross weekly income apart from earnings. This includes any income or interest from any savings, capital, investments, shares and property.

You **MUST** inform this office if your non-dependants circumstances change. This can affect your Benefit / Reduction entitlement.

Proof: Income of other Adults (not boarders or sub-tenants)

If you are claiming Council Tax Reduction and are receiving Disability Living Allowance (Care), Personal Independence Payment (Daily Living) or Attendance Allowance no non-dependant deductions will be made from your reduction and you will not be required to provide proof of the income of any other adults who live in your property.

Non-dependant deductions may be made from your reduction because of other people who live with you. The level of any deduction made will depend on their income and circumstances. Please provide proof of all their income. If working we need to see their last 5 payslips if paid weekly, last 3 payslips if paid fortnightly or last 2 payslips if paid monthly. You do not have to provide this proof, but without it we will take the maximum non-dependant deduction from your Council Tax Reduction.

10. Are you or your partner working?

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

	You	Your Partner
Are you or your partner working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" go to Section 12. If "Yes" give details below

Are you or your partner self-employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
----------------------------------------	----------------------------------------------------------	----------------------------------------------------------

If "Yes" go to Section 11. If "no" give details below

Proof: Earnings

We need to see proof of your and your partners earnings. These must be original documents not photocopies. Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea where they will be photocopied and returned to you immediately.

- Please provide the **last** 5 week's payslips (if paid weekly), 3 fortnightly payslips (if paid fortnightly) or 2 month's payslips (if paid monthly). Your pay slips must show your name, National Insurance Number, gross pay to date, tax paid to date and National Insurance paid to date.
- If you cannot give us your pay slips you can ask your employer to complete the enclosed Employers Certificate with pay details immediately **before** the date you sign this form.

If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get a Council Tax Reduction.

10a.	You	Your Partner
Occupation:		
Employer's name and address:		
Date you started work:	/ /	/ /
Is this employment going to last more than 5 weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Number of hours worked:	hours per week	hours per week
Normal pay before deductions:	£	£
How often are you paid? (e.g weekly, fortnightly, 4 weekly, monthly)		
Method of pay (e.g cash, bank credit, cheque)		
Do you benefit from a company share scheme or Pay As You Earn Scheme?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
When is your pay rise due?	/ /	/ /
Is this the only job you have?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" give details overleaf. If "Yes" go to 10b

10a. continued

	You	Your Partner
Occupation:		
Employer's name and address:		
Number of hours worked:	hours per week	hours per week
Normal pay before deductions:	£	£
How often are you paid? (eg weekly, monthly, fortnightly)		
Method of pay (e.g cash, bank credit, cheque)		
When is your next pay rise due?	/ /	/ /

10b.

Are you the owner or director of the company you work for?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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If "Yes", you will need to contact the Benefits Helpline on Swansea 635353 immediately to request a Company Director / Owner form.

11. Self-employed

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

	You	Your Partner
Are you or your partner self-employed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" go to Section 12. If "Yes" please complete the rest of this section

Proof: Self-employed earnings

Please send your most recent set of prepared accounts and last HM Revenue and Customs tax assessment or tax exemption. If you do not have prepared accounts you will need to contact the Benefits Helpline on Swansea 635353 immediately to request a Self-employed Earnings Form.

You will then have to complete the form giving details of the income and expenditure from your business for the last twelve months. If you have just become self-employed we will ask you to provide an estimate of your first three months income and expenditure and your HM Revenue and Customs registration certification. After three months you will need to complete the Self-employed Earnings Form with your actual income and expenditure details.

continued overleaf

11. Self-employed continued

	You	Your Partner
Name of business:		
Address of business:		
What type of work do you do?		
On what date did you become self-employed?	/ /	/ /
How many hours do you usually work per week?	hours per week	hours per week
Do you receive any business grants?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
£		£
If "Yes" how much do you receive and who pays it to you?		
Do you have a business partner(s)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes", please state their name(s) and what percentage of the profit / loss is yours.		
	%	%
Is this the only self-employed business that you have?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "No" please give details on a separate piece of paper which must include your name and address. Make sure you include all the information requested.

12. About your other income

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

Other income is any income you receive which is not from paid work.

Proof: Other Income

We need to see proof of any other income that you and your partner receive. Please provide original documents only, not photocopies.

Proof of benefits:

- All pages of your latest benefit award letters.
- Bank statements showing the last 2 payments if paid into the bank.

Proof of Occupational Pensions / Private Pensions:

- Most current monthly pension slip.
- Recent bank statement showing this payment. However you will need to send in your next pension slip when you receive it.
- P60's are not acceptable.

Proof of Child Tax/Working Tax Credit:

- Forward your Tax award letter.

Proof of any other income:

- Official letters/agreements giving details.
- Student financial assessment.

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea. If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know. If you do not let us know you may not get a Council Tax Reduction.

IMPORTANT: You must tick "No" or "Yes" to every type of income in this section for you and your partner.

	You				Your Partner					
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?
Allowance from government sponsored schemes (eg Jobseeker's grant)	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		
Annuity Income	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		
Bereavement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		
Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		
Cash in Lieu of Coal	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		
Charitable Payments	<input type="checkbox"/>	<input type="checkbox"/>	£			<input type="checkbox"/>	<input type="checkbox"/>	£		

continued overleaf

12. About your other income continued

	You				Your Partner			
	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive? £	How often is it paid?	What date did this rate start?	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive? £	How often is it paid?	What date did this rate start?
Child Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Child Tax Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Employment Support Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Incapacity Benefit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Industrial Injuries Benefits	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Jobseeker's Allowance (contribution based)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maintenance for you	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maintenance for your children	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Maternity Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
New Deal State which option	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Occupational Works Pension. State from which company	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Pension Savings Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Private Pension. State from which source	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Rental Income from a boarder or sub tenant. If Yes , does the rent include an amount for:	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
- Heating?	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
- Meals?	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Rental Income from another property	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		

12. About your other income continued

	You				Your Partner			
	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?	No <input type="checkbox"/> Yes <input type="checkbox"/>	How much do you receive?	How often is it paid?	What date did this rate start?
Retirement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Severe Disablement Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Sick Pay (from an employer)	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Statutory Maternity / Paternity Pay	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Student grant or loan	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Trust Fund Income	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Universal Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
War Disablement Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
War Widow's Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Widow's Allowance / Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Widowed Mothers / Parents Allowance	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Working Tax Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
Do you receive any other income not mentioned above? If "yes" please give details:-	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
		£				£		
		£				£		
		£				£		
Do you receive 'monies' from any other source? If "yes" please give details:-	No <input type="checkbox"/> Yes <input type="checkbox"/>	£			No <input type="checkbox"/> Yes <input type="checkbox"/>	£		
		£				£		
		£				£		
		£				£		

If you have no income at present please state the reason for this and how you are managing for food and household expenses.

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13. Accounts, Savings and Investments

If you have answered yes to receiving Income Support, Income Based Job Seekers Allowance, Income Related Employment Support Allowance or Guaranteed Pension Credit you do not need to complete this section of the form go directly to Section 15.

All capital, savings, property, land and investments must be declared no matter how small. If you have over £16,000 you will not normally qualify for a reduction. However certain amounts and types of capital are disregarded so you maybe entitled to a reduction, even if you have over £16,000.

If you need further information about capital and whether it could be disregarded, please contact the Benefits Helpline on Swansea 635353.

a) Please provide details of ANY sort of account with a bank, building society or any other organisation, ensure you declare all accounts / investments / monies. This includes current accounts, deposit accounts, savings accounts, ISA's, and Paypal. You must tick "No" or "Yes" to every question and state the amount you have in each account even if you are overdrawn you must still declare this:

	You			Your Partner		
	No <input type="checkbox"/> Yes <input type="checkbox"/>	Balance	Account Number	No <input type="checkbox"/> Yes <input type="checkbox"/>	Balance	Account Number
Current Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Deposit Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Building Society Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Post Office Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
I.S.A.	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Pay Pal Account	No <input type="checkbox"/> Yes <input type="checkbox"/>	£		No <input type="checkbox"/> Yes <input type="checkbox"/>	£	
Do you have more than one of the above accounts?	No <input type="checkbox"/> Yes <input type="checkbox"/>			No <input type="checkbox"/> Yes <input type="checkbox"/>		
If "yes" please give details of the type of account		£			£	
		£			£	

Proof: Accounts, Savings and Investments

We need to see proof of any savings, accounts or investments that you and your partner have. Please provide original documents only, not photocopies.

These must show the up to date balance including interest.

- Bank/Building Society/Post Office Books
- Bank/Building Society statements covering last 2 months (not mini-bank / cash machine statements)
- Share Certificates
- Unit trust Certificate
- National Savings Certificate
- Premium Bond Certificate
- Income Bonds

Do not send valuable documents through the post. These can be taken to your local District Housing Office or to the Benefits Section, Contact Centre, Civic Centre, Swansea. If you do not have the proof needed to hand, you should still return this form or you may lose money. If you cannot provide the proof needed within one calendar month you must let us know.

If you do not let us know you may not get a Council tax Reduction.

continued overleaf

13. Accounts, Savings and Investments continued

b) Do you or your partner have any Stocks and Shares?

These will include stocks and shares that you have purchased from your employer or have been allocated to you by your employer through a bonus scheme.

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Number held
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can these be sold?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If the stocks and shares are held by your employer please provide a schedule from your employer giving details when the shares can be sold

c) Do you or your partner have any Bonds?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Type of Bond	Number held

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Type of Bond	Number held

d) Do you or your partner have any National Savings Certificates?

You			
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If "Yes" give details below:			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

Your Partner			
No <input type="checkbox"/>	Yes <input type="checkbox"/>		
If "Yes" give details below:			
Issue Number	Date of Purchase	Number of Units held	Was it an initial 2 or 5 year investment?

e) Do you or your partner have any Unit Trusts?

You	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Value of Units

Your Partner	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "Yes" give details below:	
Name of Company	Value of Units

continued overleaf

13. Accounts, Savings and Investments continued

f) Do you or your partner own any other property or land besides the one you are claiming for? This includes properties / land in this country and abroad

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

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

Provide the full address(es) of the property/land you own: (If you own more than one property or plot of land please tell us in Section 18.)

Is this property / land for sale? If "Yes" state:-

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

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

i) the date it was put on the market

/	/
---	---

/	/
---	---

ii) what is it's current value?

£

£

If your property / land is up for sale you will need to provide proof of this. If you are selling the property / land with an Estate Agent the selling details they provide will be sufficient. If the property / land that you own is not For Sale then the property or land will need to be valued. Please telephone the Benefits Section helpline on Swansea 635353 and request a LA1 form which will be sent to you immediately. You will then have to complete the form giving details of the property / land that you own and forward it to this office.

g) Do you have any other savings and investments which you have not already told us about? (this would include cash)

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

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

If "No" go to Section 14. If "Yes" please complete the rest of this section

You

Your Partner

14. Money you pay out

Do you pay towards student maintenance?

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

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

If "Yes" please state how much and provide proof:

£

£

How often do you pay this amount?

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Do you pay into a Personal Pension Scheme?

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

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

If "Yes" please state how much and provide proof:

£

£

How often do you pay this amount?

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Please provide proof of any money you pay out towards a student grant or personal pension scheme. This may entitle you to more Housing Benefit / Council Tax Reduction.

15. Benefits / Credits you have applied for

Are you waiting for a decision on a Benefit, Tax Credit, Universal Credit or Pension Credit application or appeal?

If "Yes" please state
a) Which benefit or award?
b) Date you applied or appealed?

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

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

16. Absence from the house

Are you currently living at a different address to the one on the front of this form?

If "No" go to Section 17. If "Yes" give details below

No Yes

a) Please give the date of the start of your absence

b) Do you intend to return to this address?

c) When do you intend to return?

d) Is anybody sub-letting the property in your absence?

e) Please state the address you are currently living at.

f) Please state the reason for your absence

You

Your Partner

/ /

/ /

No Yes

No Yes

/ /

/ /

No Yes

No Yes

17. Care of addresses

Does anyone use your address as a "Care of address"?

If "Yes" please give details below.

No Yes

a) Please state name of the person using your address

b) Confirm the address they actually live at

c) The reason why they use your address

--

18. Backdating your award

As a normal rule Council Tax Reduction is awarded from the receipt date of your application form. Sometimes we can make an award from an earlier date if you have good reason for not applying earlier. If you want us to consider making an award from an earlier date, tell us when you want to apply from and why did you not apply earlier.

Do you wish to apply from an earlier date? No Yes

Date you wish to apply from / /

Please provide as much information as possible, together with any documentary evidence to support your reason for not applying at an earlier date.

19. If you receive Social Care services, the Authority can use this form to carry out a Financial Assessment to decide how much you have to contribute towards you or your partners care. If you do not wish the Authority to use the information you have supplied on this form to work out your contribution now or in the future please tick here. We may need to write to you for further information.

20. Further Information

If you have any information to support your claim please write it here

21. Your Privacy

Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law. This is explained in more detail online at www.swansea.gov.uk/RevsandBenspersonalinfo.

Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice at www.swansea.gov.uk/privacynotice.

22. Your Duties

You must tell us straight away about any changes that may affect your Council Tax Reduction, in writing, to the Benefits Section, City and County of Swansea, Civic Centre, Oystermouth Road, Swansea, SA1 3SN or by email to benefits@swansea.gov.uk.

- You or your partner become entitled Universal Credit or have a change to your Universal Credit award.
- You, your partner or someone else in your household has a change in their income or capital *
- If you, your partner or a household member stop receiving Income Support, Jobseeker's Allowance, Employment and Support Allowance, Pension Credit or Universal Credit.
- If you or your partner receive Pension Savings Credit and your capital* goes over £16,000
- If you, your partner or a household member start work.
- If the amount of your childcare payments change.
- The number of people living in your home changes
- If you change address.
- If any of your children leave school.
- If you or your partner go to prison.
- If you or your partner decide to stay permanently in a residential care or nursing home.
- If you leave your address for a temporary period e.g. if you go on holiday, into hospital or into residential care.
- You become a student and/or your student income changes (or grant/loan/income changes)
- You are receiving social care and either your or your partner's health or care changes. You should also report this direct to the Social Care Income and Finance Section.

* capital - any account with a bank or other organisation, savings, investments, property or land

Please note that the above list is not exhaustive. If any circumstances not listed above change please contact the Benefits Section.

23. Declaration - Please read this declaration carefully before you sign and date it

I declare:

- That the information I have given on this form is correct and complete to the best of my knowledge.
- If I have been unable to answer a question because I am waiting for information, I have noted this on the form and will send the details to you when I receive them.
- I understand the Council will make any necessary enquiries to verify the information on this form.
- I understand the Council will cross check the information I have given with other sections within the Council, Rent Officer Service, other Councils and Benefit Authorities.
- I understand that I may be required to submit further personal information in support of my claim, this information will be subject to the same rules of privacy contained in "Your Privacy".
- I understand that if I give information that is incorrect or incomplete or fail to report, promptly or otherwise, any changes which might affect my Council Tax Reduction I may be prosecuted.
- I understand that if the details given on this form change and too much Council Tax Reduction is paid this will have to be repaid.
- I understand that the Council will use the information and evidence I have provided to assess my Council Tax Reduction, these details can also be used for any local reduction, service or benefit that the Council administers. The Council may give information to other government organisations or external bodies, if the law allows this.
- If the information on this form is used for a Social Care Financial Assessment, I agree to pay my contribution including any backdated amount that becomes due following a change in my circumstances.
- I have read and understood "Your Duties" and "Your Privacy"
- I have read and understood this declaration.

Your signature:

Date:

Your partners signature:

Date:

24. If the claimant or partner cannot sign this form themselves

Does anyone have a legal right to look after this person's financial affairs?

No Yes

If yes, please ensure that the person with the legal right to look after this person's financial affairs has signed the declaration above. Evidence of this authority must also be submitted.

Please tell us why you are signing the form for the person claiming:

e.g. Power of Attorney, Court Appointed Deputy, other reason.

Name and address
of the person who
signed the form:

Signature:

Relationship to
person claiming:

Phone Number:

Date:

25. If the claimant or partner cannot fill in this form themselves

I am unable to complete the form myself it has therefore been filled in for me by a member of the Council staff / my support worker*. I have checked the information on the form and it is correct. I have read / the Council staff has read to me / my support worker has read to me* Section 21, 22 and Section 23 which I understand.

Your signature:

Date:

Name of Council staff /
Support Worker*:

Signature:

Job Title:

Name of Organisation:

*Delete as appropriate

About You

The completion of this questionnaire is voluntary.

To improve our services and service delivery to you and consider all your needs we hope you will complete the following questions.

In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only. The information will enable us to determine whether or not our services are equally accessible by everyone.

Would you describe yourself as... (please cross all that apply)

Asian

Asian or Asian British: Bangladeshi

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or British: Any other Background

Black

Black-Black British: African

Black-Black British: Caribbean

Black-Black British: Other

Chinese

Any chinese background

Mixed Ethnic background

Mixed-Any other mixed background

Mixed-White and Asian

Mixed-White and Black African

Mixed-White and Black Caribbean

White

White: Any other White background

White: British

White: Irish

Prefer not to say

