# Council Tax Support Application for Universal Credit Claimants



- Please complete this editable form online and send to benefits@sholland.gov.uk
- Please read the guidance notes at Part 15 before you complete the form.
- Remember that you must continue to pay your Council Tax until your entitlement is worked out.
- Please return this form straightaway, or within one month, even if you have documents that are missing delays in submitting the form may cost you money.
- When you have completed the form, please ensure that you have signed the declaration at Part 14.
- If you are in receipt of Universal Credit you need to provide screen shots of all pages of your award summary from your online account or all pages of your award letter, when received, with this form.

Title:	FOR OFFICIAL USE ONLY
Last name:	Date issued:
First name:	Claim number:
Address:	
Postcode:	

If you have received or applied for Council Tax Support in this area before, please give your address at that time.

If you know your reference number, please enter it here:

Continued overleaf

PART 1 About you and your partner				
Do you have a partner?	No 🗌	Yes		
By partner we mean:				
A person you are married to or a pe	erson you live wi	th as if you are married	d to them or	
A civil partner or a person you live	with as if you ar	e civil partners.		
		You	Your Partner	
Last name:				
Other names:				
Any other last names you have used:				
Title: (Mr, Mrs, Ms and so on)				
Address that you are applying for:				
Do not tell us your partner's address if it is the same as yours.				
Postcode:				
Date of birth:	/ /			
National Insurance number:				
We cannot decide your application if very evidence of it. Please see the guidance				
	lf you do not h Insurance num it, please tick t	ber, or cannot find	If you do not have a National Insurance number, or cannot find it, please tick this box	
What is your nationality?				
If your nationality is not British, on what date did you last enter the UK?				
Contact number:				

Email address:

	You	Your Partner
What date did you move or will you move to this address?		
What was your previous address?		
Did you receive any benefits or support at that address?	No Yes	No Yes
Have you told your previous council that you have moved?	No Yes	No Yes
Please tick if you or your partner a	re:	
An apprentice		
On youth training		
In legal custody		
Severely mentally impaired		
Registered blind		

# PART 2 About children

Are there any children in your household?

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Yes

If No, go to Part 3.

If Yes, please complete table below.

Please include children living in your household who are:

- Under 16
- Aged 16 or 17 and registered for work or youth training
- Aged 16 20 and in education doing a course not higher than GCSE A-level, SCE Higher level or GNVQ (advanced), or undertaking an approved training course.

If there are more than three children please ask for an additional child form or use a sheet of paper to give us all the same information we ask for here in Part 2.

If you are sending a separate sheet of paper, please tick this box

	First Child	Second Child	Third Child
Last name:			
Other names:			
Date of birth:	/ /	/ /	/ /
What is the child's sex?			
The child's relationship to you:			
The child's relationship to your partner:			
Usual address (if different from yours):			
Who gets the Child Benefit for them?			
Is the child registered blind?	No Yes If Yes, we need to see evidence of this.	No Yes If Yes, we need to see evidence of this.	No Yes If Yes, we need to see evidence of this.
Does the child get Disability Living Allowance or Personal Independence Payments (PIP)?	No Yes If Yes, how much per week £	No Yes If Yes, how much per week £	No Yes If Yes, how much per week £

# PART 3 About other people who live with you

Do any adults usually live with you and your partner?

No 🔄

Yes

If No, go to Part 4

If Yes, tell us about all the people (except your partner) who usually live with you. If you want to tell us about more than 3 people, use a separate sheet of paper.

By adults we mean people over 16 who nobody gets Child Benefit for.

If you are sending a separate sheet of paper, please tick this box

	First Person	Second Person	Third Person
Last name:			
Other names:			
Date of Birth:	/ /	/ /	
National Insurance No.			
Their relationship to you or your partner:			
eg. brother, daughter, stepson, joint tenant, joint owner, subtenant, lodger, friend etc.			
What was their previous address, if they have not always lived with you?			
Do they get Income	No	No	No 🗌
Support, Income based Job Seekers	Yes	Yes	Yes
Allowance, Income			
related Employment and			
Support Allowance or			
Pension Credit? Are they a full time			
student, a student			
nurse, a care worker, an			
apprentice or on youth			
training? (Please state.)			
Are they severely mentally impaired?	No	No	No
	Yes	Yes	Yes

	First Person	Second Person	Third Person
Are they in legal	No 🗌	No 🗌	No 🗌
custody at the moment?	Yes	Yes	Yes
	When are they expected to come out?	When are they expected to come out?	When are they expected to come out?
	/ /	/ /	/ /
Do they pay rent or	No 🗌	No 🗌	No 🗌
money for board and lodgings to you or your	Yes	Yes	Yes
partner?	If Yes, how much?	If Yes, how much?	If Yes, how much?
	£	£	£
	Does this amount include meals?	Does this amount include meals?	Does this amount include meals?
	No 🗌	No 🗌	No 🗌
	Yes	Yes	Yes
Are they in hospital at the moment?	No 🗌	No 🗌	No 🗌
	Yes	Yes	Yes
	If Yes, when did they go in?	If Yes, when did they go in?	If Yes, when did they go in?
	/ /	/ /	/ /
	When will they come out (if you know this)?	When will they come out (if you know this)?	When will they come out (if you know this)?
	/ /	/ /	/ /
Do they normally work for 16 hours or more a	No 🗌	No	No
week?	Yes	Yes	Yes
	If Yes, please tell us their earnings before any deductions.	If Yes, please tell us their earnings before any deductions.	If Yes, please tell us their earnings before any deductions.
	£	£	£
	We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.	We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.	We need to see evidence of their earnings. This could be their last 5 payslips if paid weekly or last 2 if paid monthly.

Do they have any other income at all?       No       No       No       Yes       No         This includes any benefits or allowances and interest from savings and investments.       If Yes, please give details of all other income along with the frequency and the amount before       If Yes, please give details of all other income along with the frequency and the amount before       No       Yes       Yes	Third Person
We need to see evidence of their income.       and the anount before deductions.       and the anount before deductions.       and the anount before deductions.         1. Income       1. Income       1. Income       1. Income         Amount:       Amount:       Amount:       Amount         £       How often?       How often?       How often?         1. Income       2. Income       2. Income       2. Income         2. Income       2. Income       1. Income       1. Income         4. Mount:       Amount:       Amount:       Amount         1. Income       1. Income       1. Income       1. Income         2. Income       2. Income       2. Income       2. Income         3. Income       3. Income       3. Income       3. Income         3. Income       3. Income       4. Mount:       4. Mount         1. How often?       How often?       How often?       How often?	come

Are any of the people who normally live with you married to each other, civil partners with each other, or living together as if they are married?

No	
Yes 🗌 If Yes, p	ease tell us about this:
	is the partner of
	is the partner of

### PART 4 About your income

### Income for you and your partner (we will need to see proof of each income)

Please read this list of benefits and incomes and tell us about any you or your partner are getting now or have claimed. Tell us the full rate of the benefit or income before any deductions and provide evidence of the amount received. Please see the guidance at Part 18b for the types of documents you can use as evidence.

- Annuity
- Bereavement Allowance
- Carers Allowance
- Child Benefit
- Child Tax Credit / Working Tax Credit
- Employment and Support Allowance
- Fostering / Adoption / Guardians Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit

- Job Seekers Allowance
- Maternity Allowance or Statutory Maternity Pay
- Pension Credit
- Private / Occupational Pension
- Retirement Pension
- Severe Disablement Allowance
- Sickness Benefit or Statutory Sick Pay
- Statutory Paternity Pay
- Universal Credit
- Widowed Parents Allowance

Please tell us below about any income you are getting, or have claimed. If you need to use a separate sheet of paper, please do so and send it with the form.

If you are sending a separate sheet of paper, please tick this box  $\Box$ 

Name of person receiving the income?	What is the income?	Amount	Frequency	Date income started	Benefit applied for

PART 5 About working for	an employer				
Do you or your partner work for an employer?NoIf No, go to Part 6YesIf Yes, please answer the following questions.					
If you work for more than one employ with this form.	er, tell us about all the employers on a	separate sheet of paper and send it			
If you are sending a separate sheet of	paper, please tick this box 🗌				
We must see evidence of any earnings the guidance at Part 15 to see what ye	before we can decide how much bene ou can use as evidence.	fit or support you can get. Please see			
	You	Your Partner			
What kind of work do you do?					
What is your employer's name, address and telephone number?					
When did you start this job?	Tel:	Tel:			
Can we contact your employer?	No Yes	No Yes			
Are you employed for a limited period?	No Yes If Yes, when will you finish?	No Yes If Yes, when will you finish?			
How many hours a week do you usually work?					
How much do you get paid before tax and National Insurance are taken off?	£	£			
How are you paid?					
For example cash, cheque, straight into a bank or building society.					

	You	Your Partner
When was your last pay rise?		
When will your next pay rise be?		
What period does your payslip cover (for example weekly in arrears, monthly in advance)?		
Give details of any regular overtime, bonuses or commission:		
Are you, or will you be, getting Sick pay (SSP). Maternity Pay (SMP) or Paternity Pay from your employer?	No If Yes, when will / did it start?	No If Yes, when will / did it start?
Do you or your partner do	No	No 🗌
any other work at all?	Yes If Yes, tell us about this	Yes If Yes, tell us about this
This could be voluntary work or any other work, even if it is not paid work.	in the space at Part 12.	in the space at Part 12.
PART 6 About being self-e	mployed	
	You	Your Partner
Are you or your partner	No	No
self-employed?	Yes	Yes
Are you or your partner a	No	No
Director of a company?	Yes	Yes
Please tell us what kind of work you do, or details of		
the company:		
How many hours do you work per week?		

Please give an estimate of your earnings for the next year:

You must send us your trading accounts for the last financial year or complete one of our Self-Employment forms. There is more guidance about this at Part 15. You will need to complete a different form for each self-employment. If both you and your partner are self-employed, you will both need to complete a form or supply accounts.

£

£

PART 7	About being	a student
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A	re	you	or	your	partner
а	st	uder	nt?		

No If No, go to Part 8.

Yes

If Yes, tell us about this below.

Please tell us if you or your partner are a student. By student we mean anyone who is undertaking a course of study at an educational establishment, including student nurses.

We must see evidence of your student loan, grant or other income you get for being a student, before we can decide how much benefit you are entitled to. Read the guidance at Part 15 to see what you can use as evidence.

	You	Your Partner
Tell us the name of the course and the name and address of the college or university:		
ls the course full-time or part-time?		
What date does the academic year start and end?	Start:         /           End:         /	Start:         /           End:         /
If you get a grant, how much is it and how often is it paid?		
If you get a student loan, how much is it and how often is it paid?		
If you get money from your parents or a deed of covenant, how much is it and how often is it paid?		

We need to see evidence of any of the following items that you pay. Please see the guidance at Part 15 for the type of proof to provide.

	You	Your Partner
Do you make payments	No	No 🗌
towards a private pension?	Yes	Yes
	If Yes, please state the pension provider's name, amount paid and frequency.	If Yes, please state the pension provider's name, amount paid and frequency.
Are you or your partner	No	No 🗌
required to help support a son or daughter under 25	Yes	Yes
who is at college or university?	If Yes, please give details.	If Yes, please give details.
	How much do you give them and how often?	How much do you give them and how often? £
	every	every

Do you pay a registered childminder, nursery, or after-school club any childminding costs for your children?

No

If No, please go to Part 9.

Yes If Yes, tell us about this below. Please tell us if your child care costs change during term time. We will need to see proof of the amount that you pay.

Name of child	Name and registration number of the minder	How much do you pay each week?

### PART 9 - Capital

In this section please declare all capital that you and your partner hold, even if you have already declared them to us on previous forms. This includes any bank accounts you have which are either empty or overdrawn, as well as any internet-based accounts, ISAs, Savings Bonds, Shares, Paypal Accounts, Unit Trusts, Premium Bonds etc. If your savings total more than £6000 please provide proof such as bank statements, bank books or certificates. Continue at Part 12 if necessary.

Who holds the capital? (you, your partner, etc)	Name of bank, or building society	Full account number	Number of shares / bonds (if applicable)	Total amount

No

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

Yes
If Yes, please give details below.
Address of property or land:
How much is it worth?
Mortgage or loan left to repay if applicable?
Does an elderly or disabled relative live in this property?
No Yes
Does a former partner live in the property?
No
Yes If Yes, do any children live in the property with them? No Yes
Are you or your partner trying to sell the property?
No Yes
If Yes, we will need to see proof that you are selling the property, such as a letter from the Estate Agent.

If the property is for sale, please give the date that it went on the market:

#### PART 10 Information sharing

We would not normally share any of your information with another person should they make enquiries about your application/entitlement. However, you may find it helpful for someone to act on your behalf, such as a family member or a close friend. If this is the case, you must give us your permission before we can do this.

If you want to give us permission to speak to another person about your application, please give their details here:

Name:		
Address:		
Contact number:		
Relationship to you:		

If you have an official appointee or someone holds power of attorney for you, please provide the documents regarding this.

#### PART 11 About your application or entitlement start date

The law limits how far we can backdate your application. The maximum amount is 1 month if you are of working age. Your Council Tax Support will usually start from the Monday after the date we receive your application. Your application will only be backdated to an earlier start date if you can tell us a good reason why you did not apply before. If you would like your application to start earlier, or you have sent us your application early and you want your support to start from a later date (perhaps because your circumstances are due to change soon), please tell us the date that you would like your application to start from here:



If you have asked for us to start your application from an earlier date, please give full reasons for your late application at Part 12. You must give us as much detail as possible to enable us to make a decision. Further guidance about backdating your application can be found at Part 15.

# PART 12 Anything else that you need to tell us

Use the box below to tell us anything else you think we should know about. Please make sure that you tell us about any other income that you have not already told us about on the form. Continue on a separate piece of paper if necessary.

#### **Equality monitoring**

Please indicate your race in the space opposite (optional):

Now please read Parts 13 and 14 and ensure that you sign the form. We cannot process your application if the form is not signed. If something changes while you are claiming Council Tax or support, you must tell us immediately.

#### Your income or your partner's income

- If you start, change or leave a job or the hours you work change, including regular overtime.
- If you start or stop receiving Statutory Sick Pay / Maternity Pay.
- If you start getting another income such as Tax credits.
- If you start or stop getting a benefit such as Income Support, Job Seekers Allowance, Employment and Support Allowance, Universal Credit or Pension Credit. Also tell us if one of these benefits changes to a different type, for example you were getting Job Seekers Allowance (income based) and this changes to contribution based Job Seekers Allowance.
- If you start getting a pension such as State Retirement Pension or a pension from a former employer.
- If the amount you get from your job, tax credits, pension or any other income changes.

Remember, you must tell us if anyone in your household has any changes to their income. This includes you, your partner, other family members or friends.

# Capital you and your partner have

- Any changes to any bank/savings/building society accounts held, such as opening or closing an account, receipt of any lump sum etc. This includes accounts such as TESSAs, ISAs, Paypal, Premium Bonds and Post Office card accounts.
- Any changes to investments or shares held.
- Property you must tell us if you or anyone in your household becomes an owner or part owner of any property or land either in this country or abroad.
- If the amount of your capital exceeds £6,000, including all savings, investments or bank accounts.

#### Your household

- If anyone moves in or out of your home this includes your partner, children, other family, members, lodgers, sub-tenants or friends.
- If a child leaves school.
- If anyone becomes a student or stops being a student.
- If anyone has a baby.

The people in your household and the income they receive can affect the amount of support you get.

## Other changes you must report

- If you move.
- If you will be leaving your property for over two months.
- If someone goes into hospital, a nursing home or to prison.
- If you start or stop paying for child care or the amount of child care you pay changes.

### Remember

- It is your responsibility to tell us about changes in circumstances – You must tell us immediately to avoid having to pay money back later.
- Don't rely on someone else to tell us.
- If you are not sure then contact us on 01507 601111.
- It is an offence not to tell us straight away about any changes that affect your support.
- We may take court action against you if you do not tell us about changes and you get too much support.

### PART 14 Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can.

Please read this declaration carefully and the 'changes you must tell us about' section before you sign and date it.

#### I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- You will use the information I have provided to process my application for Council Tax Support. You may check some of the information with other sources as allowed by the law.
- You may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this. You may also share information between departments of the council, if it is going to be of benefit to me and the law allows this.
- I know I must let the benefit department at the council know about any change in my circumstances which might affect my application.
- I declare the information I have given on this form is correct and complete.
- I declare that I have read (or had read to me) and understand the changes that I must notify the council of.

I am fully aware that I must declare my full and true circumstances when making an application for Council Tax Support. Once I have made an application I have a legal responsibility to notify the council of any changes in my circumstances.

For Council Tax Support, I understand that I must notify the change of circumstance within 21 days of the date the change occurred.

I fully understand that should I fail to notify the benefit department at the council of any changes in circumstances of myself or other household members promptly that I may be prosecuted in accordance with the Social Security Administration Act 1992 or the Fraud Act 2006.

Signature of person making: application:		Partner's signature:	
Date (ddmmyy):	/ / I	Date (ddmmyy):	

If this form has been filled in by someone other than the person making the application, please tell us why?

I declare that as far as possible, I have confirmed with the person making the application that the answers I have written on this form are correct.

Name of person who filled in the form:	Signature of the person:	
Relationship to the person named at Part 1:	Date (ddmmyy):	

## a) Filling in the form

Answer 'yes' or 'no' questions by putting a tick in the relevant box. If you are picking an answer from a list of answers, put a tick in the relevant box. Do not put a cross in any boxes.

If someone fills the form out for you, there is a special space for them to sign.

Your application may be reviewed periodically either by post or by home visit.

## b) Evidence

Throughout this form we tell you that we need evidence of some of the things you have told us about. Please provide this with the form wherever possible as this will help us to process your application faster. We need to see original documents, not photocopies.

If you do not provide all the proof we need we might not be able to pay you any support. We need the same proof for your partner, if you have one, and for any other adults living in your home.

If you cannot send the evidence we need at the moment ensure that you send the form back to us within a month and send the evidence as soon as possible. We can start to process your application, but we will not be able to pay you any support until we have all the evidence. The following list shows the types of documents you can use to provide evidence:

#### Proof of your identity

Birth certificate, Marriage certificate, passport, driving licence, UK residence permit.

#### Proof of your address

A recent gas, electricity or telephone bill, or a credit agreement or similar showing your current address.

#### Proof of National Insurance number

National Insurance number card, payslips or letters from the DWP or HMRC.

#### Proof of income

Letters from the DWP or HMRC, Occupational pension slips and letters.

# c) Backdating your application

We cannot backdate your benefit or support application automatically. You need to prove you have good reasons for not making your application sooner. These good reasons must exist for the whole period – starting from the date you want us to pay from, right up to the date that you ask us to consider backdating. The law limits how far we can backdate your application. The maximum amount is 1 month if you are of working age. We will need proof of all your income and savings from the earliest date that you want us to pay benefit from, and if your household was different during that period we will need full details of that too.

Social Security Commissioners have already decided that the following reasons are not good enough to justify backdating applications, therefore, we will usually refuse to backdate your application if your reasons for not applying sooner are that:

- you thought your illness or situation would not last very long
- you did not know about claiming benefit or support
- you were careless and did not bother to make an application
- you thought that you would not get any benefit or support even if you did apply
- you thought you would only be out of work for a short time.

#### How we collect and use information

We will use the information you give in this form, and in any supporting evidence you send us, to process your application for Council Tax Support.

We may pass the information to other organisations such as the Department for Work and Pensions and HM Revenue and Customs, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to :

- make sure the information is accurate
- prevent or detect crime
- protect public funds.

These third parties include government departments, local authorities and private-sector companies such as banks and organisations that may lend you money.

We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

#### What to do next

When you have filled in the form and read the declaration, please ensure it is signed and send it back to us with the evidence we need to see.

Please return along with any necessary proofs to:

Email: benefits@sholland.gov.uk Post: Benefits Services, South Holland District Council, PO BOX 8, Spalding, Lincolnshire, PE11 2XQ

#### For enquiries:

Tel: 01775 761161 Web: www.sholland.gov.uk

If you do not want to send valuable items such as bank books or passports in the post you can bring the form and evidence to us. Please telephone 01775 761161 for advice on how to do this.

If you suspect anyone of fraud, please telephone our 24 hour FREEPHONE hotline: 0800 002 008

Any information you provide in response to this correspondence will be processed by Public Sector Partnership Services Ltd on behalf of the data controller, South Holland District Council.

We have a legal responsibility to administer claims for Council Tax Support, and this forms our legal basis for processing your information. We may also share this information with other public bodies responsible for auditing or administering public funds, and with other suppliers we commission to support us with our duties.

Please refer to our website www.sholland.gov.uk/HBCTS-Privacy-Notice for more information relating to how your information is processed and your rights as a data subject.