New claim application form for Housing Benefit and/or Council Tax Support

OFFICE USE ONLY

OFFICE ISSUING

DATE OF REQUEST D D M M Y Y Y Y

DATE OF ISSUE D D M M Y Y Y Y

date received stamp

- Only use this form if you need to make a new claim for Housing Benefit and/or Council Tax Support. If you have a existing claim with us and are changing of address, ask us for a change of address form.

- You may find it quicker and easier to make an application or report a change of circumstances online: https://www.shropshire.gov.uk/benefits/

- To find out more information about Housing Benefit and Council Tax Support please visit our website: https://www.shropshire.gov.uk/benefits/

Please answer all the questions carefully, by ticking the boxes and giving us all of the information we ask for. Your claim may be delayed if you do not answer all the questions on your form or provide incorrect information. It is a criminal offence to knowingly give false information on a benefit claim.

EVIDENCE REQUIRED: look out for this symbol, we require you to provide us with evidence. If you do not provide this evidence your claim may be delayed or refused. Do not delay in sending this form in, even if you do not have all the proof we need

Section 1 - What you want to apply for:

I want to make an application for: Please tick the appropriate box(es):

Council Tax Support ✓ Please complete Part 1 “General Information” (pages 1 - 15), and Part 3 “Declaration” (pages 22 - 24) You DO NOT need to complete Part 2 “Housing Costs” (pages 16 - 21)

Housing Benefit ✓ Please complete Part 1 “General Information” (pages 1 - 15), and Part 2 “Housing Costs” (pages 16 - 21), and Part 3 “Declaration” (pages 22 - 24)

PLEASE NOTE: Shropshire is a full service area for Universal Credit. You can only make a new claim for Housing Benefit if you meet specific criteria. If you don’t meet these criteria and you want to claim for help towards housing costs, you will need to apply for Universal Credit. For more information about this please see Page 16

PART 1 - GENERAL INFORMATION

Section 2 - The Address you want to make a claim for:

- What address do you want to claim for?

- On what date did you move into this address?

- If you have not yet moved in, when do you plan on moving in?

- Is this your main/normal address?

EVIDENCE REQUIRED: look out for this symbol, we require you to provide us with evidence. If you do not provide this evidence your claim may be delayed or refused. Do not delay in sending this form in, even if you do not have all the proof we need
Section 3 - About you and your partner:

A partner is someone you are married to or have a civil partnership with, or a person you live with as if you are their husband, wife or civil partner.

- **Do you have a partner who normally lives with you?**

  - No
  - Yes

  Please complete your details below.

  If you have a partner, you must answer all of the questions about yourself and your partner.

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  **Title**
  
  *(Miss, Mr, Mrs, Ms, Other)*

  **First names**

  **Last name**

  **Other names you have been known by**

  **Date of Birth**

  **Gender**
  
  Male [✓]  Female [✓]

  **National Insurance no.**

  **Home phone number**

  **Mobile phone number**

  **Email address**

  
  **EVIDENCE REQUIRED:** You will need to provide proof of identity and national insurance numbers.

Section 4 - previous addresses:

- **Please tell us where you and your partner were previously living**

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  **Post code:**

- **Do you or your partner rent or own any property or land other than your current address**

  - Yes
  - No

  If “Yes” What is the address?

- **Have you or your partner sold any property or land within the last 12 months?**

  - Yes
  - No

  If “Yes” on what date did the sale take place?

  How much were the profits of the sale?

  *(after solicitors fees, outstanding mortgage repayment etc.)*

  We may need to write to you for more information and evidence.
Section 5 - Temporary absence from your normal home:

- Are you currently living away from your normal home? Yes ☑ No ☑

If "Yes" what address are you staying at?

Post code: D D M M Y Y Y Y

On what date did you last stay in your normal home? D D M M Y Y Y Y

Do you intend to return to live in your normal home? Yes ☑ No ☑

Please use this space to tell us why you are currently not living in your normal home:

PLEASE NOTE: You must tell us immediately if you no longer intend to return to your normal home.

Hospitalisation

- Are you and/or your partner currently in hospital? Yes - You ☑ Yes - Your Partner ☑ No ☑

What date were you and/or your partner admitted to hospital? D D M M Y Y Y Y

Care homes

- Are you and/or your partner currently in a care home? Yes - You ☑ Yes - Your Partner ☑ No ☑

What date were you and/or your partner admitted to a care home? D D M M Y Y Y Y

What is the name of the care home?

Is this a permanent placement? Yes ☑ No ☑

If "YES" on what date was the placement made permanent? D D M M Y Y Y Y

Section 6 - Nationality:

- Are you a British Citizen? Yes ☑ No ☑

If "Yes" have you recently returned from living outside of the UK? Yes ☑ No ☑

On what date did you enter/return to live in the UK? D D M M Y Y Y Y

If you are not a British Citizen or are a British Citizen returning from living outside of the UK then we will need to write to you for more information.
Section 7 - Dependent children and young adults:

We need to know about any children and young adults who are part of your household:

Dependent children and young adults must be under 20 years old and be enrolled in education or an apprenticeship scheme.

If they are aged between 16 and 19 years old and are not yet enrolled in education or an apprenticeship, still tell us about them below.

- **Do you have any dependent children and/or young adults in your household?**
  - If “No” please continue to “Section 8”, if “Yes” answer all the questions in this section.

- **Please provide details of all the children and/or young adults in your household below.**
  - If you have more than 4 children and/or young adults in your household, please provide their details in “Section 21 - Other information”

<table>
<thead>
<tr>
<th>First child</th>
<th>Second child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First names</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Last name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Relationship to you</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to your partner</strong></td>
<td></td>
</tr>
<tr>
<td>Who gets the Child Benefit for them?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do they normally live with you?</td>
<td>Yes</td>
</tr>
<tr>
<td>If “No” we will need to write to you for more information</td>
<td></td>
</tr>
<tr>
<td>Are they registered blind?</td>
<td>Yes</td>
</tr>
<tr>
<td>If “Yes” we will need to see proof of their registration</td>
<td></td>
</tr>
<tr>
<td>Have they been awarded Disability Living Allowance or Personal Independence Payments?</td>
<td>Yes</td>
</tr>
<tr>
<td>If “YES” Please tick the rates they have been awarded</td>
<td></td>
</tr>
<tr>
<td><strong>DLA:</strong></td>
<td>Care High</td>
</tr>
<tr>
<td><strong>PIP:</strong></td>
<td>Daily Living</td>
</tr>
<tr>
<td></td>
<td>Care High</td>
</tr>
<tr>
<td></td>
<td>Daily Living</td>
</tr>
</tbody>
</table>
Section 7 - Dependent children and young adults (continued):

<table>
<thead>
<tr>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
<tbody>
<tr>
<td>First names</td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>✓</td>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
<td>✓</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to you</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship to your partner</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

Who gets the Child Benefit for them?

<table>
<thead>
<tr>
<th>Who gets the Child Benefit</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

Do they normally live with you?

<table>
<thead>
<tr>
<th>Do they normally live with you</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

Are they registered blind?

<table>
<thead>
<tr>
<th>Are they registered blind</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

Have they been awarded Disability Living Allowance or Personal Independence Payments?

<table>
<thead>
<tr>
<th>Have they been awarded</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

If “Yes” Please tick the rates they have been awarded

<table>
<thead>
<tr>
<th>DLA: Daily Living</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>PIP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you pay any child care costs?

<table>
<thead>
<tr>
<th>Do you pay any child care costs</th>
<th>Third child</th>
<th>Fourth child</th>
</tr>
</thead>
</table>

If “Yes” we may need to write to you for more information

How much Child Tax Credit do you and your partner receive?

How much Child Benefit do you and your partner receive?

EVIDENCE REQUIRED: *You will need to provide proof of the Child Benefit you or your partner receive, and your latest Child Tax Credit award notice.*
Section 8 - Other people who live with you:

We need to know about anybody else who lives with you including children and young adults who live with you but who you do not claim benefits for, this includes, grown up children, friends, relatives, Sub tenants, boarders and/or lodgers, and the partners and/or dependent children of any of these.

- **Do you have any other people living with you?**

If “No” please continue to “Section 9”.

If you share your property with other tenants you do not need to tell us about them here, if you have more than 4 other people living with you, please provide their details in “Section 21 - Other information”

<table>
<thead>
<tr>
<th>First Person</th>
<th>Second Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>First names</td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender (male or female)</td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
</tr>
<tr>
<td>Relationship to your partner</td>
<td></td>
</tr>
<tr>
<td>National Insurance no.</td>
<td>A B 1 2 3 4 5 6 C</td>
</tr>
</tbody>
</table>

- **Are they employed?**

If “Yes” how often are they paid?

How much are their normal gross wages?

- **Please tell us about any other income they have, this includes benefits, pensions and credits:**

What is their income?

How much is it?

How often is it paid?

What is their income?

How much is it?

How often is it paid?

What is their income?

How much is it?

How often is it paid?

- **EVIDENCE REQUIRED:** You will need to provide proof of their wages, and/or any other income they receive for instance their latest benefit award notices.
Section 8 - Other people who live with you (continued):

<table>
<thead>
<tr>
<th>Third Person</th>
<th>Fourth Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>First names</td>
<td></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender (male or female)</td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
</tr>
<tr>
<td>Relationship to your partner</td>
<td></td>
</tr>
<tr>
<td>National Insurance no.</td>
<td>A B 1 2 3 4 5 6 C A B 1 2 3 4 5 6 C</td>
</tr>
</tbody>
</table>

- Are they employed?
  - Yes ✓ No ✓

- If “Yes” how often are they paid?
  - weekly/fortnightly/monthly

- How much are their normal gross wages?
  - £

Please tell us about any other income they have, this includes benefits, pensions and credits:

<table>
<thead>
<tr>
<th>First names</th>
<th>Last name</th>
<th>Date of Birth</th>
<th>Gender (male or female)</th>
<th>Relationship to you</th>
<th>Relationship to your partner</th>
<th>National Insurance no.</th>
<th>Are they employed?</th>
<th>How much are their normal gross wages?</th>
<th>How often is it paid?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ✓ No ✓</td>
<td>£</td>
<td>weekly/fortnightly/monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ✓ No ✓</td>
<td>£</td>
<td>weekly/fortnightly/monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ✓ No ✓</td>
<td>£</td>
<td>weekly/fortnightly/monthly</td>
</tr>
</tbody>
</table>

EVIDENCE REQUIRED: You will need to provide proof of their wages, and/or any other income they receive for instance their latest benefit award notices.

- If any of the people living with you are the dependent child or young person of one of the other people living with you please tell us about this: Is the dependant of

- If any of the people living with you are living together as a couple then please tell about this: Is the partner of
Section 9 - Disability and care related income:

Please tick the appropriate boxes, to indicate which benefits and/or credits you and/or your partner are receiving.

If you and/or your partner have made an new application to a benefit and/or credit which has not yet been awarded tick the box and tell us what date the claim was made.

<table>
<thead>
<tr>
<th>Disability Related Benefits</th>
<th>Yours</th>
<th>Your Partner’s</th>
<th>Date new claim made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Independence Payments</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Disability Living Allowance</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Attendance Allowance</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

- **If you and/or your partner are in receipt of:**
  - Personal Independence Payments - Daily Living Element, or
  - Disability Living Allowance - Care Component Middle or High rate, or
  - Attendance Allowance.

**Then please answer the following questions.**

Other than your partner does anybody receive Carer’s Allowance for looking after you (or has recently made an application and is awaiting a decision)?

If “**YES**” who is this?

Other than you does anybody receive Carer’s Allowance for looking after your partner (or has recently made an application and is awaiting a decision)?

If “**YES**” who is this?

Are either you and/or your partner registered blind?  

Yes - You ✓  Yes - Your Partner ✓

**Payments from Social Services**

Tell us about any income you receive from Social Services or the Courts which is paid to you in respect of a Child or Young Person who you are looking after.

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Amount Received</th>
<th>Frequency of payment</th>
<th>Date new claim made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostering Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardianship Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Pay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EVIDENCE REQUIRED:** You need to provide documents from Social Services confirming the amounts.
Income Support

Job Seeker’s Allowance - Income Based

Employment and Support Allowance - Income Related

Pension Credit - Guaranteed Credit

Universal Credit

If you receive one of the Means Tested Benefits or Credits listed above we do not need any further information from you in regard to your income or capital. Please go to Part 2 “Housing Costs” if you need help with your rent, otherwise go to Part 3 “Declaration and Signatures”

Other Benefits/Credits

Working Tax Credit

Job Seeker’s Allowance - Contributory

Employment and Support Allowance - Contributory

Pension Credit - Savings Credit

State Retirement Pension

[EVIDENCE REQUIRED: If you have claimed or receive Universal Credit you will need to provide evidence of your claim, you can do this by sending us a PDF or your award or screenshots of your assessment from your online Journal.]

Other Benefits/Credits (continued)

If you receive a benefit we haven’t listed then tell us about it in “Section 14 - Other income”

Type of income | Amount Received | Frequency of payment | Date new claim made
--- | --- | --- | ---
Bereavement Allowance: | | | |
You | | | |
Your Partner | | | |
Industrial Injuries Disablement Benefit: | | | |
You | | | |
Your Partner | | | |
War Pension/ War Widows Pension: | | | |
You | | | |
Your Partner | | | |

[EVIDENCE REQUIRED: You will need to send us your latest award notices]
### Section 11 - Income from employment:

- **Are you and/or your partner employed?**
  - Yes - You ✓
  - Yes - Your Partner ✓
  - No ✓
  
  If "No" go to “Section 12”

You need to use this section to tell us about any employment you or your partner have, this includes: Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay, Maternity Allowance and unpaid absences.

There is space for you to tell us about 3 jobs, if you and your partner have more than 3 jobs, then you will need to tell us about this in “Section 21 - Other Information”

#### Job 1

**Who is employed?**

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Employer’s name:**

**Employer’s address:**

**Employer’s phone no:**

**Payroll/employee/staff no:**

**What day did this job start?**

You

[ ]

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>M</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

**Normal hours how many days each week work is this job for?**

**How often is this job paid?**

- Weekly ✓
- Fortnightly ✓
- 4 Weekly ✓
- Monthly ✓

**What is the normal gross wage before deductions?**

£

#### EVIDENCE REQUIRED: Depending on how often you are paid you will need to send us your last:

- 2 x monthly, 3 x fortnightly, 2 x four weekly, 5 x weekly wage slips

**NOTE: If you only receive online wage slips you can email them directly to us.**

#### Job 2

**Who is employed?**

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Employer’s name:**

**Employer’s address:**

**Employer’s phone no:**

**Payroll/employee/staff no:**

**What day did this job start?**

You

[ ]

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
<th>M</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

**Normal hours how many days each week work is this job for?**

**How often is this job paid?**

- Weekly ✓
- Fortnightly ✓
- 4 Weekly ✓
- Monthly ✓

**What is the normal gross wage before deductions?**

£
### Section 11 - Income from employment (continued):

**Job 3**

<table>
<thead>
<tr>
<th>Who is employed?</th>
<th>You [✓]</th>
<th>Your Partner [✓]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer’s address:</td>
<td></td>
<td>Post code:</td>
</tr>
<tr>
<td>Employer’s phone no:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll/employee/staff no:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What day did this job start?**

[DDMMYYYY]

**Normally how many hours each week work is this job for?**


**Normally how many days each week work is this job for?**


**How often is this job paid?**

- [✓] Weekly
- [✓] Fortnightly
- [✓] 4 Weekly
- [✓] Monthly

**What is the normal gross wage before deductions?**

£

---

### Statutory Sick pay

- **Are you and/or your partner currently unable to work due to illness?**
  - Yes [✓] No [✓]

  **You** [✓] Date your absence started [DDMMYYYY]
  **Your Partner** [✓] Date their absence started [DDMMYYYY]

**EVIDENCE REQUIRED: You need to provide your wage slips showing your Statutory Sick Pay and/or Employers Sick Pay**

---

### Paid parental leave

- **Are you and/or your partner receiving Statutory Maternity/Paternity Pay?**
  - Yes [✓] No [✓]

  **You** [✓] Date your absence started [DDMMYYYY]
  **Your Partner** [✓] Date their absence started [DDMMYYYY]

**EVIDENCE REQUIRED: You need to provide your wage slips showing your Statutory Maternity Pay and/or Statutory Paternity Pay**

---

- **Are you and/or your partner receiving Maternity Allowance?**
  - Yes [✓] No [✓]

  **You** [✓] Date your absence started [DDMMYYYY]
  **Your Partner** [✓] Date their absence started [DDMMYYYY]

**EVIDENCE REQUIRED: You need to provide your latest DWP award notice showing your Maternity Allowance.**
Section 12 - Income from a limited company:

- Are you and/or your partner an owner or director of a limited company?  
  Yes - You ✓  Yes - Your Partner ✓  No ✓

If “No” go to “Section 13”

Directorship 1

Who is a director?  

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The company’s name: ____________________________  
The company’s address: ____________________________  
Post code: ____________________________

Are there other directors apart from you and/or your partner?  

If “Yes” what are their names?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

How many shares are there in the company?  

How many shares are owned by you and/or your partner?  

How often do you draw a wage?  

How much are these wages?  

£

How often do you draw dividends?  

How much are these dividends?  

£

Directorship 2

Who is a director?  

<table>
<thead>
<tr>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The company’s name: ____________________________  
The company’s address: ____________________________  
Post code: ____________________________

Are there other directors apart from you and/or your partner?  

If “Yes” what are their names?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

How many shares are there in the company?  

How many shares are owned by you and/or your partner?  

How often do you draw a wage?  

How much are these wages?  

£

How often do you draw dividends?  

How much are these dividends?  

£

EVIDENCE REQUIRED: You need to provide full annual accounts for the last tax year.
Section 13 - Income from Self Employment:

- Are you and/or your partner Self Employed? 
  Yes - You [✓] Yes - Your Partner [✓] No [✓]
  If “No” go to “Section 14”

Self Employed Business 1

Who is employed by this business? 
You [✓] Your Partner [✓]

The business’ name: [ ]
The business’ address: [ ]

Are there other owners apart from you and/or your partner? 
Yes [✓] No [✓]

When did the business start trading? [ ]

How many hours do you normally work each week? [ ]

Are you paying into a private pension scheme? 
Yes [✓] No [✓]

If “Yes” how much do you pay into the scheme each month? £ [ ]

Do you receive a business start up allowance? 
Yes [✓] No [✓]

If “Yes” how much do you receive? £ [ ]

How often is it paid to you? Weekly [✓] Fortnightly [✓] 4 Weekly [✓] Monthly [✓]

Self Employed Business 2

Who is employed by this business? 
You [✓] Your Partner [✓]

The business’ name: [ ]
The business’ address: [ ]

Are there other owners apart from you and/or your partner? 
Yes [✓] No [✓]

When did the business start trading? [ ]

How many hours do you normally work each week? [ ]

Are you paying into a private pension scheme? 
Yes [✓] No [✓]

If “Yes” how much do you pay into the scheme each month? £ [ ]

Do you receive a business start up allowance? 
Yes [✓] No [✓]

If “Yes” how much do you receive? £ [ ]

How often is it paid to you? Weekly [✓] Fortnightly [✓] 4 Weekly [✓] Monthly [✓]

**EVIDENCE REQUIRED:**
You need to provide audited annual accounts for the last tax year. If you do not have audited accounts available, or if you have been trading for less than 12 months you can complete a Self Employment Declaration form instead, contact us directly to request a form.

**NOTE:** We use different regulations therefore cannot use the Tax Return document used by HMRC.
### Section 14 - Other Income:

**Private/Occupational Pensions**

You must tell us about any private pensions, or pensions from employment that you and/or your partner have.

<table>
<thead>
<tr>
<th>Amount Received</th>
<th>Frequency of payment</th>
<th>Name of the pension provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pension 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whose pension is this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this pension increase?</td>
<td>Yes ✓ No ✓</td>
<td>When is the next increase due?</td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whose pension is this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this pension increase?</td>
<td>Yes ✓ No ✓</td>
<td>When is the next increase due?</td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whose pension is this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this pension increase?</td>
<td>Yes ✓ No ✓</td>
<td>When is the next increase due?</td>
</tr>
</tbody>
</table>

**EVIDENCE REQUIRED:** You need to provide your current statement from your Pension provider.

- **Have you and/or your put off drawing all or part of a State or Private Pension?**
  - Yes ✓ No ✓
- **Have you and/or your taken a lump sum payment of a State or Private Pension instead of drawing it as an income?**
  - Yes ✓ No ✓

**Students**

- **Are you and/or your partner a student?**
  - Yes - You ✓ Yes - Your Partner ✓

**EVIDENCE REQUIRED:** You need to provide proof of the course you are taking and your student finance statement showing details of any loans, grants or bursaries you have been awarded.

**Any other income**

- **Tell us about all other income you receive** (which we haven't already asked about):
  - What is the income, how much You and/or Your Partner receive. and how often do you receive it?

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Yours ✓</th>
<th>Your Partner’s ✓</th>
<th>Amount Received</th>
<th>Frequency received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>£</td>
<td></td>
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<td></td>
<td>£</td>
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</tbody>
</table>

**EVIDENCE REQUIRED:** You need to provide evidence of any other income received by you and/or your partner.
Section 15 - Capital:

In this section you need to provide details of all the Capital you and/or your partner own. It is important that you list all accounts even if they have a zero balance.

By capital we mean any funds that you and/or have, this may be in current accounts, building society accounts, bonds, shares, savings certificates, ISAs, Trust funds, Post Office accounts or any other investment.

<table>
<thead>
<tr>
<th>Name of bank/bs</th>
<th>Account Number</th>
<th>Name(s) of account holder</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Stock and/or shares</th>
<th>Name of the company shares are held in</th>
<th>Name of share holder</th>
<th>Number of units held</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other capital</th>
<th>Name(s) of holder</th>
<th>Value/Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

- How much total (combined) capital do you and your partner have? £

- In the last 6 months has the total (combined) capital you and your partner have exceeded:
  - £6,000.00 - Working Age claims: Yes ✔ No ✗
  - £10,000.00 - Pension Age claims: Yes ✔ No ✗

If “Yes” we may need to write to you for more information.

**EVIDENCE REQUIRED:**
- If you and your partner have reached Pension Age and your combined capital is less than £9,500.00 or if you and your partner have not yet reached Pension Age and your total capital is less than £5,500.00 then we do not need to verify your capital.
- If your combined capital is more than the figures above please see “Section 19 - Evidence checklist” for details of the information we require.
IT IS IMPORTANT THAT YOU READ THE FOLLOWING INFORMATION CAREFULLY BEFORE MAKING AN APPLICATION FOR HELP TOWARDS THE COST OF YOUR RENT.

Shropshire is a Universal Credit Full Service area.

This means if you want to apply for help towards the cost of your rent, you will probably need to apply to Universal Credit.

However if your circumstances are listed below, then you should make the application for help towards your rent through Housing Benefit instead:

- **If you and/or your partner have reached pension credit age**
  This is the age at which you could claim pension credit, you can check this online: https://www.gov.uk/state-pension-age

- **If you are living in Specified Accommodation**
  This means accommodation provided to you with a significant care or support package. This must be registered with and authorised by Shropshire Council.

  Your Landlord and/or Care Organiser should be aware of the rules surrounding Specified Accommodation and should make an application to Shropshire Council when setting up the tenancy.

- **You are Living in Temporary Accommodation**
  This means accommodation organised by the Housing Options Team, Refuges and Probation Hostels.

- **You have 3 or more dependent children/young adults in your household**
  If you have 2 children and are already in receipt of Universal Credit, your claim with them will continue. By late 2019 it is anticipated that this exception will be revoked.

If you make an application to Housing Benefit and one of the exception categories do not apply to you and/or your partner then your application will be rejected and you will be advised to make an application to Universal Credit instead. The time taken by this process may delay your claim to Universal Credit.

Shropshire Council are not responsible for this delay which could result in the loss of benefit.

For more information about Universal Credit or to make a claim you will need to access their online portal: https://www.gov.uk/universal-credit/how-to-claim

If the exception categories DO NOT apply to you and/or your partner, please proceed to “PART 3 DECLARATION AND SIGNATURES”

If one of the exception categories applies to you and/or your partner and you need to apply for help towards the cost of your rent then continue to complete all of the questions in “PART 2 HOUSING COSTS”
Section 16 - About where you live:

- When did you and/or your partner start renting your home?
  - [ ] Yes
  - [ ] No

- Without Housing Benefit, were you able to afford the rent when you moved in?
  - [ ] Yes
  - [ ] No

- Did you and/or your partner previously own this property?
  - [ ] Yes
  - [ ] No

- Other than you and your partner, are there any other tenants at this property?
  - [ ] Yes
  - [ ] No

If “Yes” tell us their name(s) and their relationship to you and/or your partner and the amount of rent they pay:

<table>
<thead>
<tr>
<th>Their name(s)</th>
<th>Relationship to you/your partner</th>
<th>Rent paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

How often do they pay rent?

- [ ] Weekly
- [ ] Fortnightly
- [ ] 4 Weekly
- [ ] Monthly
- [ ] Quarterly
- [ ] Biannually
- [ ] Annually

- Do you have any weeks where you are not charged rent?
  - [ ] Yes
  - [ ] No

If “Yes” how many weeks each year are you not charged rent?

- [ ] Yes
  - [ ] No

- Is your home a Shared or Co-Ownership property? (This is when you part rent, part own your home).
  - [ ] Yes - Shared ownership
  - [ ] Yes - Co-ownership
  - [ ] No

Disability and care

- If you are under 22 years old, are you, or have you been under a care order or looked after under the Children’s Act?
  - [ ] Yes
  - [ ] No

  We may need to write to you for further information regarding this.

- Do you, your partner or another adult in your household require a carer to be present overnight?
  - [ ] Yes
  - [ ] No

  Please note: This refers to a carer who does not normally live with you.

  If “Yes” approximately how often does somebody stay in your home to provide care overnight
  - [ ] Days: per week
  - [ ] Days: per month

  EVIDENCE REQUIRED: We need evidence from a medical/care professional that overnight care is needed, and statement that care is being provided.

- Are you and your partner unable to share a bedroom due to disability or care?
  - [ ] Yes
  - [ ] No

  If “Yes” please explain why you are unable to share a bedroom:

- Do you have a child who is unable to share a room with another child due to their disability and/or care needs?
  - [ ] Yes
  - [ ] No

  If “Yes” please explain why you they are unable to share a bedroom:
Section 17 - About where you live (continued):

- Do you rent your property from one of the following Social Housing Providers? (please tick)
  - Meres and Mosses
  - South Shropshire Housing Association
  - Severnside
  - South Shropshire Housing Association
  - Shropshire Towns and Rural Housing
  - Severnside
  - Wrekin Housing Trust

If you rent your property from one of the listed Social Housing Providers, proceed to “PART 3 DECLARATION
AND SIGNATURES” we will get information about your tenancy directly from them.

If you rent from a Social Housing Provider who is not listed, or if you rent from a private Landlord then you will
need to complete all of the questions in this Part.

- What type of property do you live in? (please tick)
  - Detached house
  - Detached bungalow
  - Flat in a house
  - Studio flat
  - Caravan or mobile home
  - Hotel or bed and breakfast
  - Semi-detached house
  - Semi-detached bungalow
  - Flat in a block
  - Bedsit or rooms
  - Static or park home
  - Houseboat
  - Terraced house
  - Maisonette/Duplex
  - Flat over a shop
  - Board and lodgings
  - Hostel

- How many floors are their in the whole building?

- Which floor(s) do you live on? (please tick all that apply)
  - Basement
  - Third floor
  - Ground floor
  - Fourth floor
  - First floor
  - Other - please specify
  - Second floor
  - Garden(s)
  - A garage

- Does your property have? (please tick)
  - You and your partner
  - Your Landlord
  - Both you and your partner and your Landlord

- Is there any furniture provided as part of your tenancy? (please tick)
  - Yes - Fully furnished
  - Yes - Partially furnished
  - No - Unfurnished

- Do you have meals included in your rent? If “YES” please tick which
  - Yes - Breakfast
  - Yes - Lunch
  - Yes - Evening meal
  - No - meals not included

- Are you charged for anything else in with your rent?
  - For example; heating, lighting, electricity, laundry etc.

- Are you charged for anything else on top of your rent?
  - For example; support, warden, communal areas etc.

Evidence required: If you are charged for anything other than rent we need to see a complete
breakdown of the charges.
Section 17 - About where you live (continued):

- How much rent are you and/or your partner charged?
  £

- How often is payment due?
  Weekly [✓] Fortnightly [✓] 4 Weekly [✓] Monthly [✓] Quarterly [✓] Biannually [✓] Annually [✓]

- When is the next rent increase due?
  
  Evidence required: You must provide proof of the rental liability, if you do not have a tenancy agreement we can provide you with a form for your landlord to complete.

- Has your rent been registered as a fair rent by a rent officer?
  Yes [✓] No [✓]

  Evidence required: If “YES” you need to provide the RO5 notice of registration form.

**Landlord and Agent details**

- What is your Landlord’s full name?
  
- What is your Landlord’s address?
  Post code:

- What is your Landlord’s telephone number?

- What is the Landlord’s email address?

- Does your Landlord use an Agent?
  If “YES” please provide the Agent’s details:

  - What is the Agent’s full name?
  - What is the Agent’s address?
  Post code:

- What is the Agent’s telephone number?

- What is the Agent’s email address?

- Are you, your partner or any of your children related to your Landlord (and/or their partner), their agent (and/or their partner)?
  If “Yes” who is related to whom?

  Is related to
  How are they related?

If a relationship exists we will need to send you and your Landlord forms to gather more information.
We pay Housing Benefit directly into your bank or building society account through the Bank Automated Clearing Service (BACS). This means that cleared funds are available in your account on the day our account is debited.

**Finding out how much is paid into the account.**

We will tell you whenever we know that there is going to be a change in the amount we pay into your account. You can check your Housing Benefit payments on your account statements. If you think your payment is wrong, please telephone us on 0345 6789001.

In most cases we have to pay any Housing Benefit directly to you, it is then up to you to ensure that your rent payments are made to your Landlord or Agent.

However payments can be made directly to a landlord if:

- It is written into the tenancy agreement that any Housing Benefit must be paid directly to the Landlord,
- The rent account is 8 or more weeks in arrears and the Landlord requests that payments are made directly to them,
- are classed as vulnerable, have a history on non-payment of rent, or have issues with substance misuse, or are unlikely to be able to manage to pay your rent yourself.

Please complete the section below, telling us which bank or building society account do you want your Housing Benefit paid into?

**Name of the account holder(s):**

<table>
<thead>
<tr>
<th>Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sort Code: - -</td>
</tr>
<tr>
<td>Account number: (8 digits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll number:</td>
</tr>
<tr>
<td>Which bank or building society is this?</td>
</tr>
<tr>
<td>Bank/building society address:</td>
</tr>
</tbody>
</table>

| Post code: |

Who does this account belong to? (please tick)

- [ ] You
- [ ] Your partner
- [x] Joint - You and your partner
- [ ] Your Landlord

Your representative [✓] You must complete “Section 23 - Acting on behalf of the claimant”.

**Signature of account holder**

Date / / 20

**Signature of joint account holder**

Date / / 20
Do not delay in sending this form in, even if you do not have all the proof we need

- We must see original documents, not copies.
- If the evidence is not available in a paper format, i.e. electronic wage slips or bank statements, then we can accept screenshots, or PDF documents by email.
- Providing the proof required with your application will help us to deal with your claim more quickly.
- If you do not provide all the proof we need, we might not be able to pay you any benefit. We need the same proof for your partner, if you have one.
- If you cannot send the proof we need at the moment, send the form back to us now and send us the proof within a month of giving us the application.
- We can start to process your claim, but will not be able to pay you any benefit until we have all the proof.

Throughout the form you will see this symbol it tells us that we will need to see evidence in order to be able to progress your claim.

In addition you need to provide:

- **2 forms of Identification for both you and your partner**
  Such as a birth certificate, marriage or civil partnership certificate, passport, medical card, driving licence, UK residence permit, EC identity card or recent gas or electricity bill.

- **Proof of your, your partner and any non dependant adults National Insurance Number(s)**
  Such as a payslip or a letter from the Department for Work and Pensions (DWP) or Her Majesty’s Revenues and Customs (HMRC)

- **Proof of rent and tenancy**
  Such a tenancy agreement, we can also accept rent books and/or rent receipts however with these or if your tenancy agreement is older than the initial term, i.e. six months then we will require your Landlord to complete a confirmation of tenancy form.
  
  You can call to request a confirmation of tenancy form by post or download from:
  
  http://new.shropshire.gov.uk/media/2698/confirmation-of-tenancy.pdf

- **Proof of capital, savings and investments**
  Such as all your bank, building society and post office books, full bank statements, or certificates for Premium Bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see proof of any interest or dividends you get on investments and savings.
  
  Bank statements and Building society books must show the last 3 months for each account you and/or your partner hold (even accounts with a zero or negative balance).
  
  Other capital must show the most recent valuation.

Please note: If you do not have paper statements available to you we can accept electronic statements by email.
PART 3 - DECLARATION & SIGNATURES

Section 20 - When you want to claim from

What date do you want to claim from?  

We may be able consider awarding benefit for a limited period prior to the date on which you requested your claim form.

**HOWEVER**, this is only if we accept that there are good reasons which stopped you from making the claim earlier.

In order for us to be able to consider if you have good reasons you must explain why you did not make your claim earlier.

**Why were you not able to make your application to us at an earlier date?**

**PLEASE NOTE:** you should **NOT** intentionally delay submitting your claim form, for example, you are waiting for information or evidence to submit with the claim form, this can be submitted within a month of the claim.

Section 21 - Other information

Please use this space below to tell us any other information you think is relevant to your application. If you need to continue on a separate piece of paper you must ensure that you have written your name and National insurance number at the top of the page, so that we can make sure it is included in your claim.
Even if someone else has filled in the form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign it. If your partner does sign this form, they are signing to agree to the declaration as shown below.

I understand that this claim is made to you, Shropshire Council.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable for prosecution or other action.

I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources as allowed by law.

I understand the information provided will be used to deal with this and any other claim for social security benefits that I have made or may make. It may also be shared with other Council services, Data processors acting on the Council’s behalf and other partner organisations to prevent and detect fraud, to ensure that records are accurate and to help identify services I may be entitled to or interested in.

I agree to act as the claimant for the purposes of the Social Security Acts, Housing Benefit Regulation 82(1), Housing Benefit State Pension Credit Regulation 63(1), and Shropshire Council’s Local Council Tax Support scheme, unless it is beneficial for my partner to act as the claimant. In which case, I allow the Council to decide who is the claimant and who is the partner. If I am no longer treated as the claimant, my partner agrees to accept the legal rights and responsibilities of the claimant.

I understand that any information I provide on this form may be discussed with my partner if this is a joint claim for Housing Benefit and/or Council Tax Support.

I know that I must tell Shropshire Council Benefits Team in writing straight away of any changes in circumstances.

I understand that it is an offence under the Social Security Fraud Act 2001 not to tell you about changes in circumstances straight away.

IMPORTANT: You must have read and understood the declaration above before you sign and date it. If you do not understand any part of it, please ask a member of Shropshire Council Benefits Team for further guidance.

I the undersigned have read and understood the declaration.

Section 22 - Using a care of address

- Do you want your correspondence to be sent to a care of address?  
  Yes [✓] No [✓]

What address do you want to use for correspondence?

Whose address is this?

Why do you need to use a care of address?

Post code:

Even if someone else has filled in the form for you, you must sign this declaration if you can. If you have a partner, getting them to sign this form should allow us to process your claim more quickly, but they do not have to sign it. If your partner does sign this form, they are signing to agree to the declaration as shown below.

I understand that this claim is made to you, Shropshire Council.

I declare that the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable for prosecution or other action.

I agree that you will use the information I have provided to process my claim for Housing Benefit or Council Tax Support, or both. You may check some of the information with other sources as allowed by law.

I understand the information provided will be used to deal with this and any other claim for social security benefits that I have made or may make. It may also be shared with other Council services, Data processors acting on the Council’s behalf and other partner organisations to prevent and detect fraud, to ensure that records are accurate and to help identify services I may be entitled to or interested in.

I agree to act as the claimant for the purposes of the Social Security Acts, Housing Benefit Regulation 82(1), Housing Benefit State Pension Credit Regulation 63(1), and Shropshire Council’s Local Council Tax Support scheme, unless it is beneficial for my partner to act as the claimant. In which case, I allow the Council to decide who is the claimant and who is the partner. If I am no longer treated as the claimant, my partner agrees to accept the legal rights and responsibilities of the claimant.

I understand that any information I provide on this form may be discussed with my partner if this is a joint claim for Housing Benefit and/or Council Tax Support.

I know that I must tell Shropshire Council Benefits Team in writing straight away of any changes in circumstances.

I understand that it is an offence under the Social Security Fraud Act 2001 not to tell you about changes in circumstances straight away.

IMPORTANT: You must have read and understood the declaration above before you sign and date it. If you do not understand any part of it, please ask a member of Shropshire Council Benefits Team for further guidance.

I the undersigned have read and understood the declaration.

Your signature  

Date / / 20  

Partner’s Signature  

Date / / 20
Section 23 - Acting on behalf of the claimant

If you are unable to handle your own affairs, or would like somebody else to be able to discuss your claim on behalf please provide their details below.

Name of the nominated person or agency:

Their relationship to you

Their telephone number:

Their address:

Post code:

Do you want to use this address for your correspondence? Yes ☑️ No ☑️

Their legal capacity to act on your behalf:

Deputy ☑️ Enduring power of attorney ☑️ Appointee (authorised by the DWP) ☑️ None ☑️

If the nominated person has deputyship or power of attorney granted by the court of protection they should provide the certificates with this application and sign below.

If the nominated person does not have to have an existing legal authority to act, the claimant must also sign below to give your authority. Authority can be withdrawn in writing at any time.

I hereby authorise the person or agency named above to act on my behalf.

<table>
<thead>
<tr>
<th>Claimant’s signature of authority</th>
<th>Nominee’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date / / 20</td>
<td>Date / / 20</td>
</tr>
</tbody>
</table>

Section 24 - Filling the form in for the claimant

If you have completed this form for the claimant but are not acting on their behalf you must complete this section.

Name of the person who has completed the form:

Their relationship to the claimant

Their telephone number:

Name of the organisation they work for: (if appropriate)

Please explain why you have completed this form for the claimant:

I declare that the information on this form was provided by the claimant, I have, read the form back to them and that they have confirmed that the information is correct and that they understand their responsibilities.

Signature

Date / / 20
Visit our website:  
http://www.shropshire.gov.uk/advice-and-benefits

We have information and advice about Housing Benefit, Council Tax Support and other housing issues as well as other benefits and credits.

You can also download forms, make an application, report a change of circumstances or contact us online.

By email:  
benefits@shropshire.gov.uk

By telephone:  
0345 6789001

By post:  
Shropshire Council, Revenues and Benefits, PO Box 4749, Shrewsbury, SY1 9GH

By hand:  
You can also hand documents into any one of our customer service points:

Bridgnorth: Bridgnorth Library, Listley Street, Bridgnorth, WV16 4AW

Ludlow: Ludlow Library, 7– 9 Park Way, Ludlow, SY8 2PG

Oswestry: Community Hub, Oswestry Library, Arthur Street, Oswestry, SY11 1JR

Shrewsbury: 1A Castlegate, Shrewsbury, SY1 2AQ

Please note that the staff in our customer service points will not be able to deal with your benefit queries and cannot offer appointments.

Paperless billing for Council Tax

We're now able to offer you the facility of receiving your council tax bill by email rather than having a paper copy sent to you each year. This would be more convenient for you, and will also help us to reduce our costs and we would no longer have to print and post your bill.

You need to have registered for online access @:

https://shropshire.gov.uk/self-service/login/

Then register for electronic billing @:


Please note: If there are two or more people named on your latest council tax bill you'll either need to speak to the other people on your bill and get authorisation from them to send the council tax e-bill to your chosen email address, or the other named people will need to complete a separate application form and opt to have a separate council tax bill emailed to their chosen email address as well. If you don't do this we'll have to send a paper bill as well as an email bill.

Your account online:

You can make Council Tax payments online, go to:

http://shropshire.gov.uk/council-tax/pay-your-council-tax/

Through Citizen Access you can access your Council Tax account online. You can view your Council Tax account, set up a direct debit, apply for a single person discount and notify us about changes of address. For more information and to register go to:

https://shropshire.gov.uk/council-tax/your-account-online/

Contact us