

A claim form for Housing Benefit and Council Tax Reduction for pensioners

This form can also be used for claiming Second Adult Rebate

Part 1 About you and your partner

Do you have a partner who normally lives with you?

No

Yes If you have a partner, you must answer all the questions about them, as well as yourself.

	You	Your partner
Surname or family name	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms, other)	<input type="text"/>	<input type="text"/>
Address, including room number if you have one Do not tell us your partner's address if it is the same as yours.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
What date did you move to this address?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your daytime phone number	<input type="text"/>	<input type="text"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Textphone <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	Letters	Numbers	Letter	Letters	Numbers	Letter
National Insurance (NI) number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
You can find this on letters from social security or the tax office. We cannot normally decide your claim if we do not have your or your partner's NI number. We need to see proof of this.	If you do not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>			If your partner does not have an NI number, or cannot find it, tick this box. <input type="checkbox"/>		

Please turn over ►

For office use only

Date form was requested
 / /

Date form was issued
 / /

Date received:

DWP office date stamp

Date received:

Local authority office date stamp

Initials

Date / /

Initials

Date / /

	You	Your partner
Are you or your partner registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you or your partner claimed Housing Benefit or Council Tax Reduction before?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us about it below.
When did you last claim?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Which council did you claim from?	<input type="text"/>	<input type="text"/>
What name did you use for the claim?	<input type="text"/>	<input type="text"/>
What address did you claim for?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
If you have moved from this address, have you told the council you claimed from?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you or your partner have moved home in the last 12 months, tell us your last address if it is different from above.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Tell us whether you were the homeowner, a private tenant, a council tenant or a lodger at this address.	<input type="text"/>	<input type="text"/>
Have you or your partner come to live in England, Northern Ireland, Scotland, Wales, the Republic of Ireland, the Channel Islands or the Isle of Man in the last two years?	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you about this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We may write to you about this.
What is your nationality?	<input type="text"/>	<input type="text"/>
If your nationality is not British, on what date did you last enter and apply to stay in the UK? The UK is England, Northern Ireland, Scotland and Wales.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you or your partner have to pay the Council Tax Bill for your home?	No <input type="checkbox"/> Go to the next question. Yes <input type="checkbox"/> What is the Council Tax reference number? <input type="text"/>	

- Are you getting Pension Credit at the moment? No
Yes
-
- Do you or your partner have any children that live with you? No
Yes Please complete supplementary form HCTB1(PC)C.
-
- Do any adults usually live with you and your partner? No
Yes Please complete supplementary form HCTB1(PC)ND.
-
- Are you or your partner a student? No
Yes We will contact you about this.
-
- Are you liable to pay rent at your property? No Go to **Part 2 Declaration**.
Yes Please go to the next question.
-
- Is this to your local council? No Please go to the next question.
Yes Go to **Part 2 Declaration**.
-
- Is this to a private landlord or housing association? No
Yes Please complete supplementary form HCTB1(PC)RT.

Part 2 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 before you sign and date it.

- 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 to 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 Reduction, or both. You may check some of the information with other sources as allowed by the law.
- I understand that 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.
- I know that I must let you, my council, know straight away in writing about any change in my circumstances which might affect my claim.

Signature

Full name
(in CAPITAL LETTERS)

Date

 / /

Inverclyde
council

Part 3 What to do next

You should now have filled in the claim form for Housing Benefit and Council Tax Reduction.

Send this to us straight away to

**Inverclyde Council, Housing Benefit and Council Tax Reduction,
Customer Service Centre, Municipal Buildings, Greenock, Inverclyde PA15 1LY**

Questionnaire

HCTB1 PCA *tear-off*

Under the Race Relations Act we have a responsibility to gather details of our clients' backgrounds. This information is used to help us with our equal opportunities policies.

This information is confidential and will be used to improve access to our services and help provide equal opportunities for everyone.

The completion of this survey is voluntary.

A Please indicate which background you feel you belong to:

Asian

- Bangladeshi
- Indian
- Pakistani
- Kashmiri
- Other Asian background Please specify

Black

- African
- Caribbean
- Other black background Please specify

Chinese

- Any Chinese background

Mixed ethnic background

- Asian and white
- Black African and white
- Black Caribbean and white
- Other mixed ethnic background Please specify

White

- Any white background

Any other ethnic background

- Any other ethnic background Please specify

B Please indicate your nationality:

- British or mixed British
- Scottish
- English
- Welsh
- Irish

- Any other nationality Please specify