



# STROUD DISTRICT COUNCIL

Council Offices Ebley Mill Stroud Gloucestershire GL5 4UB

Telephone 01453 754054

Facsimile 01453 754933

www.stroud.gov.uk

benefit.services@stroud.gov.uk

## COUNCIL TAX SUPPORT (CTS) Claim Form

(For Universal Credit applicants only)

Claim number (if known)			
Claim Address	Full Name		
	National Insurance No		
	Date of Birth		
	Contact No.		
	Email		
We will contact you by email if you are on UC (make sure our emails don't go into your junk mailbox). Please note that by supplying your email address the Council Tax Bill associated to your claim will also be sent by email.			
<b>IF YOU HAVE NOT APPLIED FOR, OR ARE NOT RECEIVING, UNIVERSAL CREDIT DO NOT CONTINUE WITH THIS FORM – ASK FOR A FULL CLAIM FORM</b>			
<b>Please note that you have to be liable to pay Council Tax to receive CTS</b>			
Do you/you and your partner have capital / savings over £16,000?*			Yes / No
What date did you move into this property?			
If you pay rent, what is the weekly or monthly rent charge?		£	per week/month
Have you claimed Council Tax Support (CTS) before?			Yes / No
If yes, name used:			
Are you a student?	Yes / No	Where are you studying?	
What are you studying?		How many hours per wk?	
Have you applied for Universal Credit (UC)?			Yes / No
Are you actually receiving Universal Credit			Yes / No
If not receiving UC yet, what date did you apply?			
Are you or your partner working?			Yes / No
If you are working, how many hours per week?			
Are you the only occupier of the property? If no, complete below			Yes / No
Do you/your partner own a second property or land?			Yes / No
Details:			

\*If you have capital / savings over £16,000 you cannot receive CTS

Does anyone live with you? If yes, continue below.			Yes / No
Partner (Full name)	National Insurance no	Date of Birth	
Children Full name	Date of birth	Child benefit in payment?	Relationship to you
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	

*Continue on a blank piece of paper if necessary*

Other** Full name	National Insurance No	Date of Birth	**Income – proof to be provided.	Relationship to you

*\*\*Non-dependants/joint tenants – continue on a blank piece of paper if necessary.*

If you and your partner have separated recently, what date did this occur?	
What is your partner's new address?	

**\*\*Non-dependants**

You must provide proof of the income of any non-dependant living with you – payslips, tax credits, information about any benefits in receipt, etc.

<b>Backdating</b> We can award Council Tax Support from the date you started receiving Universal Credit if you return the form within one month of the date it starts. Sometimes we can pay benefit from an earlier date if you have a good reason for not claiming it before.	
Please tell us the date you want the benefit to start.	
Please tell us below why you have not claimed before. Continue on a separate sheet if required and where possible, provide evidence to back up what you have to tell us.	



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**Please let the Job Centre/Universal Credit know that you are happy to share information with us as this will save you time, as they will send your monthly awards to us automatically. The alternative is that you must supply the award yourself to us every month.**

## Declaration

- I declare that I have a genuine liability to pay Council Tax. The information I have given to the Benefit Officer to establish my eligibility, including the information that has been recorded on this form, is correct and complete. I have provided / will provide original evidence to support all aspects of my claim.
- I understand that if I knowingly give information that is incorrect you may take action against me, and I understand that I could be prosecuted. It is an offence not to tell us about any change of circumstances that may affect your Council Tax Support. We may take court action against you and if we pay you too much Council Tax Support, you will have to pay it back, together with any "penalties" that may be incurred.
- I understand that this authority is under a duty to protect the public funds it administers, and to this end agree that they may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

**I know that I must let you know about any changes in my circumstances, which might affect my claim, as soon as they happen.**

Signature of Claimant.....Date.....

Full name (print in capital letters).....

**THIS FORM MUST BE RETURNED TO STROUD DISTRICT COUNCIL**