

|  |
| --- |
| **Revenue & Benefit Services,**  **Stroud District Council,**  **Ebley Mill, Ebley Wharf,**  **Stroud, Gloucestershire,**  **GL5 4UB.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Issued** |  | | |
| **Claim Number** |  | | |
| **Initials** |  | | |
| **Are you:** |  | | |
| **A council tenant?** | |  |  |
| **An owner occupier?** | |  |  |
| **A housing association tenant?** | |  |  |
| **A private tenant?** | |  |  |

# Council Tax Support

Please tick which Benefit(s) you wish to apply for:

|  |  |  |  |
| --- | --- | --- | --- |
| **Council Tax Support** |  | **Second Adult Rebate** |  |

|  |  |
| --- | --- |
| **If you have claimed any of these benefits before, when did you last claim?** |  |

Do you have a partner who normally lives with you? No Yes

**You** **Your Partner**

|  |
| --- |
|  |

|  |
| --- |
|  |

Title (such as Mr, Mrs, Ms, Miss)

|  |
| --- |
|  |

|  |
| --- |
|  |

Last name

|  |
| --- |
|  |

|  |
| --- |
|  |

First name(s)

|  |
| --- |
| Postcode |

|  |
| --- |
| Postcode |

Address, including the room

number , if you have one

|  |
| --- |
|  |

|  |
| --- |
|  |

What date did you move to this

address?

|  |
| --- |
|  |

|  |
| --- |
|  |

Your daytime telephone

number

|  |
| --- |
|  |

|  |
| --- |
|  |

Date of Birth

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

National Insurance number

**Please list all of the people who usually live with you, even if they are away temporarily.** This includes lodgers, foster children, subtenants or joint tenants, and people who do not depend on you and their own children). Please also include non-resident carers if they have a room to sleep in.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **First Names** | **Relationship To You** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of all income\* for everyone in the household** | | | |
| Name | Type of income | Amount | Frequency |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*This includes earnings/wages, benefits, pensions, tax credits and any other money coming in.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of all bank/building society accounts & savings for you/you & your partner** | | | |
| Name | Type | Account ref | Balance/Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I/We pay the following expenses:** | | | | | | | | | |
| Childcare costs: | | | |  | | Evidence provided? | |  | |
| Charge | | £ | Frequency | |  | | Provider? | |  |
| Private pension contributions: | | | |  | | Evidence provided? | |  | |
| Amount | £ | | Frequency | |  | | Provider? | |  |

|  |  |
| --- | --- |
| **Backdating**  We can award Council Tax Support from the date you first contacted us 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. | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Sharing Information:** | | |
| I give Stroud District Council permission to share information about my claim with a third party | | |
| Yes/No | Name/details of third party | Relationship to claimant |
|  |  |  |
|  |  |  |

You must provide

**Declaration**

* I declare that I have a genuine liability to pay rent and / or 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. This may include court action.
* I agree that you may use the information I have provided to process this application. You may check some of the information with other sources as allowed by the law.
* I know that I must tell Benefit Services immediately in writing about any changes in my circumstances, which might affect my claim.

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

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

Signature of Partner................................................................................Date....................................

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



**Please complete the enclosed claim form and return it to us with the following information and applicable original documents:**

|  |
| --- |
| * Proof of identification for everyone in your household i.e.: passport, driving licence, birth certificates. |
| * Proof of earnings. The last two months or five weeks pay slips are required. |
| * Child Benefit. |
| * Latest full Tax Credit award letter. |
| * Proof of childcare that shows OFSTED registration number. We will need confirmation from the child minder of the hours your child attends and the amount charged. |
| * State Retirement Pension. |
| * Private Pension. |
| * Disabled Living Allowance. |
| * Attendance Allowance. |
| * Proof of any other income you have. |
| * Bank statements, last two months full statements are required. If you bank online we are able to accept printed statements as long as your name and the account number are on the print out. |
| * Up to date proof of any other savings and capital. |