

# A claim form for Council Tax Support



Please fill in this form and return it to: Chesterfield Borough Council, Benefits Section, Customer Service Centre, PO Box 100, Chesterfield S40 1SN.

For help with the form, telephone 345484 or 345507, text 07960 910 264 or email: [benefits@chesterfield.gov.uk](mailto:benefits@chesterfield.gov.uk) (Use part 11 if you want to explain or clarify any of your answers).

If you have a computer, check our website at [www.chesterfield.gov.uk](http://www.chesterfield.gov.uk) for advice and guidance about Council Tax Support.

If you are just claiming Second Adult Rebate, only fill in Part 1, Part 3 and Part 13 of this form. You can only claim Second Adult Rebate if you have reached the age to claim State Pension Credit.

Are you (please tick one box):

a private tenant?

an owner-occupier?

a council tenant?

a housing association or social landlord tenant?

## Part 1 About you and your partner

Do you have a partner who normally lives with you? By partner we mean someone you are married to or live with as if you were married.

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 partners address if it is the same as yours.	<input type="text"/>	<input type="text"/>
Postcode	<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"/> Code <input type="text"/> Number	<input type="text"/> Code <input type="text"/> Number
Your mobile phone number	<input type="text"/>	<input type="text"/>
An email address that we can use	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance (NI) number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

We cannot decide your claim if you do not have a National Insurance Number.

### FOR OFFICE USE

First date of contact:

Date form issued:  
By:

Date form received:  
By:

	You	Your partner
Have you or your partner claimed Council Tax Support before?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below
When did you last claim?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
What 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"/>
	Postcode	Postcode
If you have moved from this address, have you told the council you claimed from?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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"/>
	Postcode	Postcode
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?	<input type="checkbox"/> No <input type="checkbox"/> Yes We will write to you about this.	<input type="checkbox"/> No <input type="checkbox"/> Yes We will 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" value=" / /"/>	<input type="text" value=" / /"/>
Are you or your partner in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below
When did you go in?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
When will you come out, if you know?	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>

	You	Your partner
Do you or your partner get Personal Independence Payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Daily Living £ <input type="text"/> Mobility £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Daily Living £ <input type="text"/> Mobility £ <input type="text"/>
Do you or your partner get Disability Living Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Care £ <input type="text"/> Mobility £ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Care £ <input type="text"/> Mobility £ <input type="text"/>
Do you or your partner get Attendance Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this
Does anyone get Carer's Allowance for looking after you or your partner?	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this
Have you or your partner been told that you are entitled to Carer's Allowance, even if you do not receive it, because you are getting another benefit instead?	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this
Do you or your partner have a vehicle from a Mobility scheme?	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this	<input type="checkbox"/> No <input type="checkbox"/> Yes We may write to you about this
Do you or your partner pay towards the upkeep of a student?	<input type="checkbox"/> Yes How much do you pay and how often? £ <input type="text"/> every <input type="text"/>	<input type="checkbox"/> Yes How much do you pay and how often? £ <input type="text"/> every <input type="text"/>
Are you or your partner a student? By student we mean anyone who is attending a course of study at an educational establishment, including students nurses.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us if this is full or part time <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us if this is full or part time <input type="checkbox"/> Full time <input type="checkbox"/> Part time
What are your course dates?	Start? <input type="text"/> / <input type="text"/> / <input type="text"/> End? <input type="text"/> / <input type="text"/> / <input type="text"/>	Start? <input type="text"/> / <input type="text"/> / <input type="text"/> End? <input type="text"/> / <input type="text"/> / <input type="text"/>
How much of your income is taken into account when working out your grant?	£ <input type="text"/> a year	£ <input type="text"/> a year
Please tick if you or your partner are:	<input type="checkbox"/> an apprentice <input type="checkbox"/> on youth training <input type="checkbox"/> in legal custody <input type="checkbox"/> severely mentally impaired <input type="checkbox"/> registered blind <input type="checkbox"/> long-term sick or disabled	<input type="checkbox"/> an apprentice <input type="checkbox"/> on youth training <input type="checkbox"/> in legal custody <input type="checkbox"/> severely mentally impaired <input type="checkbox"/> registered blind <input type="checkbox"/> long-term sick or disabled

We will contact you if we need any more information.

We need to know about any children in your household who are:

- under 16,
- aged 16 or 17 and registered for work or youth training, or
- aged 16 to 19, in education doing a course not higher than GCE A-level, SCE Higher level, GNVQ (advanced) or training for entry into work.

Are there any children in your household as described above?

No Go to Part 3

Yes If there are more than three children, tell us their details in the space provided on page 12 on part 11.

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

	First child	Second child	Third child
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
The child's relationship to your partner?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual address, if different from yours.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>	Postcode <input type="text"/>
Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets the Child Benefit for them?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the child have any income?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much is their income? <input type="text"/> £ <i>We need to see proof of this</i>
Does the child have any savings?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes How much are their savings? <input type="text"/> £ <i>We need to see proof of this</i>
Is the child registered blind?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>We need to see proof of this</i>
Does the child get Disability Living Allowance?	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Care <input type="text"/> £ Mobility <input type="text"/> £	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Care <input type="text"/> £ Mobility <input type="text"/> £	<input type="checkbox"/> No <input type="checkbox"/> Yes How much? Care <input type="text"/> £ Mobility <input type="text"/> £
Do you or your partner pay any childminding costs for this child to a registered childminder, a nursery or an after-school club?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below	<input type="checkbox"/> No <input type="checkbox"/> Yes Please tell us about it below
Tell us the name and registration number of the minder	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you pay a week?	<input type="text"/> £ <i>We need to see proof of this</i>	<input type="text"/> £ <i>We need to see proof of this</i>	<input type="text"/> £ <i>We need to see proof of this</i>

Now tell us about all the people who usually live with you and your partner.

Do not tell us about people who just share a hall, bathroom or toilet with you. If you want to tell us about more than three people, use a separate sheet of paper.

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

Do any adults usually live with you and your partner? By adults we mean people over 16 who nobody gets Child Benefit for.

No Go to Part 4

Yes Fill in this section

	First person	Second person	Third person
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Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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	Letters Numbers Letter	Letters Numbers Letter	Letters Numbers Letter
National Insurance number (NI)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Their relationship to you or your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, joint tenant, joint owner, subtenant, lodger, boarder or friend.*

Do they get Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit (Guarantee Credit)?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Do they get Disability Living Allowance or Attendance Allowance?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes How much?	<input type="checkbox"/> Yes How much?	<input type="checkbox"/> Yes How much?
	£ <input type="text"/> a week	£ <input type="text"/> a week	£ <input type="text"/> a week

Are they registered blind?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us which.	<input type="checkbox"/> Yes Tell us which.	<input type="checkbox"/> Yes Tell us which.
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do they pay rent or money for board and lodgings to you or your partner?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> Yes Tell us about it below.
	How much? £ <input type="text"/> a week	How much? £ <input type="text"/> a week	How much? £ <input type="text"/> a week

Does this include money for food?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Does this include money for heating?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Are they severely mentally impaired?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Are they in legal custody at the moment?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes When are they expected to come out?	<input type="checkbox"/> Yes When are they expected to come out?	<input type="checkbox"/> Yes When are they expected to come out?
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

	First person	Second person	Third person
Are they in hospital at the moment?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.
When did they go in?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
When are they due to come out (if you know)?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Do they normally work for 16 hours or more a week?	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their earnings before deductions.
	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
	We need to see proof of their earnings.	We need to see proof of their earnings.	We need to see proof of their earnings.
Do they have any other income at all? Make sure you tell us about all other income they have. This includes any benefits or allowances you have not told us about on this form and interest from savings and investments.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about it below.
1) Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
2) Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
3) Where does this income come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much is it before deductions?	<input type="text" value="£"/> We need to see proof of their income.	<input type="text" value="£"/> We need to see proof of their income.	<input type="text" value="£"/> We need to see proof of their income.
Are any of the people who normally live with you married to each other or living together as if they were married? We call these people <i>partners</i> .	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us their names below.		
	<input type="text"/>	is the partner of	<input type="text"/>
	<input type="text"/>	is the partner of	<input type="text"/>

Are you or your partner getting or waiting to hear about a claim for Income Support, Income Based Jobseeker's Allowance, Income Related Employment Support Allowance, Universal Credit or Pension Credit?

- No Go to Part 5  
 Yes Answer both questions in this part.

Are you or your partner actually getting Income Support, Income Based Jobseeker's Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit at the moment?

You	Your partner
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<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes When did you start getting it? <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="checkbox"/> Yes When did you start getting it? <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

Are you or your partner still waiting to hear about a claim for Income Support, Income Based Jobseekers Allowance, Income Related Employment and Support Allowance, Universal Credit or Pension Credit at the moment?

<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes When did you claim? <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="checkbox"/> Yes When did you claim? <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

Which benefit are you getting or waiting to hear about?	Which benefit are you getting or waiting to hear about?
<input type="checkbox"/> Income Support	<input type="checkbox"/> Income Support
<input type="checkbox"/> Income Based Jobseeker's Allowance	<input type="checkbox"/> Income Based Jobseeker's Allowance
<input type="checkbox"/> Income Related Employment and Support Allowance	<input type="checkbox"/> Income Related Employment and Support Allowance
<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Universal Credit
<input type="checkbox"/> Pension Credit	<input type="checkbox"/> Pension Credit

We can check these government benefits independently. Proof may not be needed, see the checklist at Part 15

**Part 5 About being self-employed**

Are you or your partner self-employed?

- No Go to Part 6  
 Yes Answer the questions on this page. You must send us your trading accounts for the last financial year. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income. Ask for a self-employed earnings declaration form.

You	Your partner
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What kind of work do you do?

When did the business start?  /  /

What is the business address?   
 Postcode

Do you have any business partners?  
 No  
 Yes Tell us their name and address

Postcode

How many hours a week do you usually work?

Do you get a Business Start-up Allowance?  
 No  
 Yes How much and how often?  
 £  every

Do you pay into a private pension scheme?  
 No  
 Yes How much and how often?  
 £  every

Do you or your partner work for an employer?

No Go to Part 7

Yes Answer the questions on this page. If you work for more than one employer, tell us about all the employers on a separate sheet of paper and send it with this form.

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

	You	Your partner
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What kind of work do you do?



What is your employer's name and address?

  
  
 Postcode

  
  
 Postcode

When did you start this job?

 /  / 
 /  / 

What is your payroll, employee or staff number?



Are you employed for a limited period?

No

Yes When will you finish?

 /  / 


No

Yes When will you finish?

 /  / 

How often do you get paid?

 Every

 Every

How much do you get paid before and after tax and National Insurance are taken off? Provide both figures if you can.

 £ Before tax

 £ After tax

 £ Before tax

 £ After tax

How are you paid, for example, in cash, by cheque or straight into a bank or building society account?



When was your last pay rise?

 /  / 
 /  / 

When will your next pay rise be?

 /  / 
 /  / 

How many hours a week do you usually work?



Are you getting Statutory Sick Pay (SSP), Statutory Paternity Pay (SPP), Adoption Pay or Statutory Maternity Pay (SMP) from your employer at the moment?

No

Yes

No

Yes

Are you getting any other sick pay or maternity pay from your employer at the moment?

No

Yes

No

Yes

Do you pay into a private or company pension scheme?

No

Yes How much and how often?

 £ every

No

Yes How much and how often?

 £ every

Give details of any regular overtime, bonuses or commission.



Do you or your partner do any other work at all? This could be voluntary work or any other work, even if it is not paid work.

No Go to Part 8  
 Yes Answer the questions on this page.

	You	Your partner
What kind of work do you do?	<input type="text"/>	<input type="text"/>
What is the name and address of the person you do this work for?	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
When did you start this work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How many hours a week do you usually work?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you get paid? If you only get expenses or tips, still tick Yes and give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> No <input type="checkbox"/> Yes Tell us about this below.
How much do you get before any deductions?	£ <input type="text"/>	£ <input type="text"/>
How often are you paid?	Every <input type="text"/>	Every <input type="text"/>

Evidence of earnings is required. See the checklist at Part 15 for what you can use.

**Part 8 About benefits and pensions**

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed? Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

No Go to Part 9  
 Yes Tell us about the benefits on this page. Tell us the full rate of the benefits before any deductions.

- Adoption Pay
- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Contribution-based Employment and Support Allowance
- Contribution-based Jobseeker's Allowance
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Death Benefit
- Industrial Injuries Disablement Benefit
- Maternity Allowance
- Pension Credit (including Savings Credit)
- Severe Disablement Allowance
- Statutory Maternity Pay
- Statutory Paternity Pay
- State Retirement Pension
- Statutory Sick Pay
- War Disablement Benefit
- War Pension or War Widow's Pension
- Widow's or Widower's Benefit
- Working Tax Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form. If you are sending a separate sheet of paper, tick this box.

	You	Your partner
The name of the benefit or pension	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much, how often and by what method?	£ <input type="text"/> every <input type="text"/> by <input type="text"/>	£ <input type="text"/> every <input type="text"/> by <input type="text"/>

	You	Your partner
The name of the benefit or pension.	<input type="text"/>	<input type="text"/>
Waiting to hear	<input type="checkbox"/>	<input type="checkbox"/>
Getting now	<input type="checkbox"/>	<input type="checkbox"/>
How much, how often and by what method?	£ <input type="text"/> every <input type="text"/> by <input type="text"/>	£ <input type="text"/> every <input type="text"/> by <input type="text"/>

Please use part 11 if you have more benefits or pensions to tell us about.

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No Go to Part 10

Yes Answer the questions on this page. You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust.

This includes occupational pensions, work pensions and private pensions, cash instead of coal, maintenance or child support for you, your partner or any of the children you have told us about on this form, money from a trust fund, training allowances, a student grant or loan, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or subtenants.

	Other money 1	Other money 2	Other money 3
What is the money for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who gets it?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do they get?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/> Every	<input type="text"/> Every	<input type="text"/> Every
How is this paid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did they start getting this income?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When is the income likely to go up?	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Where does the money come from?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does anyone owe money to you, your partner, or any children you are claiming for?	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us about it below	<input type="checkbox"/> Yes Tell us about it below	<input type="checkbox"/> Yes Tell us about it below
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Who is it owed to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you expecting to get any money in the next 12 months? For example, a redundancy payment or a payment instead of notice or holiday.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> Yes Tell us about this below.	<input type="checkbox"/> Yes Tell us about this below.
What for?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

We need to know if you, your partner or any children you are claiming for have any bank accounts, savings, investments or property in the UK or abroad.

List all of the accounts you hold including current accounts and savings accounts with a bank or building society and Post Office® accounts plus cash, Premium bonds, National Savings Certificates, and stocks and shares. State the current balance, even if it is a small amount or overdrawn.

**Do you, your partner or any children you are claiming for have any of the following?**

Bank accounts, even empty or overdrawn ones.	<input type="checkbox"/> No	Name of bank?	<input type="text" value="1."/>		
	<input type="checkbox"/> Yes	Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
		Name of bank?	<input type="text" value="2."/>		
		Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
Building society accounts, even if you don't use them regularly.	<input type="checkbox"/> No	Name of Building Society?	<input type="text" value="1."/>		
	<input type="checkbox"/> Yes	Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
		Name of Building Society?	<input type="text" value="2."/>		
		Account number?	<input type="text"/>	Amount	<input type="text" value="£"/>
Post Office® accounts	<input type="checkbox"/> No	How many accounts?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Premium Bonds	<input type="checkbox"/> No	How many bonds?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Unit trusts, ISAs, PEPs, TESSAs or other investments	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Income bonds or capital bonds	<input type="checkbox"/> No	How many bonds?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Money or property held in trust	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
Any other savings or investments	<input type="checkbox"/> No	How many?	<input type="text"/>	Total amount	<input type="text" value="£"/>
	<input type="checkbox"/> Yes				
		Type of other savings or investment	<input type="text"/>		

**Do you, your partner or any children you are claiming for have any of the following?**

		Name of the company the shares are held in.	Number of shares held
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
Shares - approximate value	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
Do you, your partner or any children you are claiming for have any National Savings Certificates?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Please send us the original certificates as proof. We will return the certificates to you.	
Do any of your savings or investments include:	<input type="checkbox"/> No		
• money from the sale of a house, or	<input type="checkbox"/> Yes	We will write to you about it.	
• money from a charity?			
Apart from your home, do you, your partner or any children you are claiming for own, part own or have an interest in any other property or land in this country or abroad?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	We will write to you about it.	
If it is on a mortgage or a loan, still tick Yes.			

Have you or your partner received:

- a Far Eastern Prisoner of War Compensation payment, or
- a compensation payment made to victims of atrocities that happened during the Second World War?

No

Yes What payment did you receive? Who received the payment?

You

Your partner

A Far Eastern Prisoner of War Compensation payment.



A compensation payment made to victims of atrocities that happened during the Second World War.



We need to know this to make sure we do not count it as part of your savings.

Have you, your partner or any children you are claiming for received a payment from the vCJD (Creutzfeldt-Jakob Disease) Trust?

No

Yes We will write to you about this.

We may see evidence of any savings, investments or property before we decide how much support you can get. Read the checklist at Part 15 to see what you can use as evidence.

### Part 11 Anything else you need to tell us

Please use this space to tell us anything else you think we should know about.

Use a separate sheet of paper and attach it to this form if you need to.

If you are sending any separate sheets of paper with this form, tell us how many.

### Part 12 Backdating

We can usually award support from the Monday after the day we receive your claim. Sometimes we can award support from an earlier date if you have a good reason for not claiming earlier. If you want us to consider awarding your support from an earlier date, tell us when you want support from and why you did not claim earlier.

Date you want to claim support from

For this earlier period, were your circumstances the same as on this form?

No

Yes Use the box below to tell us what was different.

Tell us why you did not claim before, and about anything that has changed since then.

Even if someone else has filled in this 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.

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.
- I **understand** that if I give information that is incorrect or incomplete, you may take action against me. This may include court action.
- I **agree** that you will use the information I have provided to process my claim for Council Tax Support. 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 and Discretionary Housing Payment that I have made or may make. You may give some information to others within the council or 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. For more information about the way we use your personal data please visit [www.chesterfield.gov.uk/privacy](http://www.chesterfield.gov.uk/privacy)
- I **know** that I must tell Chesterfield Borough Council Benefits Section in writing about any changes in my household's circumstances which might affect my claim. More information about changes I need to report is available on Chesterfield Borough Councils website.

Signature of person claiming

Date  /  /

Partner's signature

Date  /  /

If this form has been filled in by someone other than the person claiming.

Please tell us why you are filling in this form for the person claiming.

Name of the person who filled in the form.

Signature

Relationship to the person claiming and contact telephone number.

Date  /  /

Do you want to apply to represent the claimant in everything associated with this form?

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




- No
- Yes We will write to you about this

### Part 14 What to do next

You should now have:

- filled in the claim form for Council Tax Support
- collected any evidence to support your claim – but remember not to send valuable items
- Send the above documents to us at the Customer Service Centre, PO Box 100, Chesterfield S40 1SN

If you are going to send evidence at a later date, send these to us at the Customer Service Centre, PO Box 100, Chesterfield S40 1SN.

If you are sending proofs later, tick this box

What are you sending?

#### ARE WE ACCESSIBLE TO YOU? IF NOT ASK US!

کیا ہم تک آپ کی رسائی ہے؟ اگر نہیں تو ہمیں بتائیے!

你可覺得易於與我們接觸？若不同的話，請提出要求。

Czy łatwo jest skontaktować się z nami? Jeżeli nie, powiedz nam o tym!

Siamo accessibili nei vostri riguardi? In caso contrario rivolgetevi a noi!

Please tick to say what evidence you are sending with this form. We must see **original documents**, not copies.

Please do not send valuable items through the post. If you can, bring them into our reception. We will take the details we need and give you the documents back straight away. If you cannot get into the office, and you have no one to help you, phone us for more advice.

**If you do not provide all the evidence we need, we might not be able to award any support. We need the same evidence for your partner, if you have one.**

If you cannot send the evidence we need at the moment, send the form back to us now and send the evidence later. We can start to process your claim, **but we will not be able to award you any support until we have all the evidence.**

• **Evidence of identity**

Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving licence, UK residence permit, EEC identity card or recent gas or electricity bill. We may need to see several of these documents for each person.

• **Evidence of your address**

Such as a recent gas or electricity bill or a TV licence.

• **Evidence of National Insurance number**

Such as a National Insurance number card, payslips or letters from social security or the tax office.

• **Evidence of capital, savings and investments**

Such as all your bank, building society or post office books, full bank statements, or certificates for premium bonds, National Savings Certificates, ISAs, stocks, shares and unit trusts. We need to see evidence of any interest or dividends you get on investments and savings.  
We need to see this evidence for children in your household as well.

The evidence you send must show details for at least the last three months. We may not require proof if the total is less than £6,000. You will not qualify if the total is more than £16,000 unless you get Guarantee Pension Credit.

• **Evidence of earnings**   
*We also need this for any other adults living in your home.*

This means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid every month. We will contact your employer if you do not have these payslips. If you or your partner are self-employed, we need to see your accounts for the last financial year or, if you have been trading for less than six months, a summary of your trading records so far.

• **Evidence of other income**   
*We also need this for any other adults living in your home.*

Such as pension slips from a former employer or a letter from the court showing how much maintenance you are getting. We need to see evidence of any money people pay you for board and lodgings.

• **Evidence of benefits, allowances or pensions**   
*We also need this for any other adults living in your home.*

Such as current award notices or letters from social security confirming how much you get. If you do not have evidence, let us know straight away. We can check government benefits independently and proofs may not be needed.

• **Evidence of other money paid out**   
Such as letters about student grants or maintenance, agreements or receipts from registered child carers.

**Make sure you have read and signed the declaration at Part 13.**

**For help with this form, telephone the Benefits Section on 345484 or 345507.**

Use this page if you want to tell us more information or keep it to report to us if you have a change of circumstance. Important contact details are on the reverse.

Our benefits office is open during the following hours:

**Monday, Tuesday and Thursday**

8.30am to 5pm

**Wednesday**

10am to 5pm

**Friday**

8.30am to 4.30pm

You can write to us at:

**Chesterfield Borough Council**

**Benefits section,**

**Customer Service Centre,**

**Chesterfield S40 1AH**

Telephone:

**01246 345484**

**01246 345507**

Guidance about entitlement is on our website:

**[www.chesterfield.gov.uk](http://www.chesterfield.gov.uk)**

You can email us at:

**[benefits@chesterfield.gov.uk](mailto:benefits@chesterfield.gov.uk)**

For independent advice you should contact the following:

**Citizens' Advice Bureau**

**Derbyshire Unemployed Workers Centre**

**Derbyshire Law Centre**

**FRAUDLINE**

*Do you know someone who is falsely claiming benefit?*

*If you do please inform the National Benefit Fraud hotline on the free phone number*

**0800 854 440**

