

Council Tax Support application form



Ribble Valley
Borough Council

www.ribblevalley.gov.uk

Date received:

Date requested

Date issued

About this form

Reference Number:

Please fill in as much of this form as you can. You must fill in any part that is relevant to you and all the questions in that part. Please write your answers clearly. When you have filled in the form, please return it without delay otherwise you may lose out. If you cannot provide the proof we need, you can send it later. You will not be eligible for Council Tax Support if you have capital in excess of £16000.

Alternative Maximum Council Tax Reduction (Second Adult Rebate).

This is Council Tax Support for people who share their home with one (or more than one) adult who:

- is not their husband, wife or partner, and
- is 18 or over, and
- is on a low income, and
- does not pay them rent.

If you are claiming Alternative Maximum Council Tax Reduction only fill in Parts A, B, F, G and H.

If you need help completing this form or need other forms, please phone us or come into our office for advice. You can also find advice on our website. Our contact details are given at the back of this form.

Where you see the sign  you must provide proof

Part A About you and your partner

If you have a partner, you must answer all questions about them. By partner we mean a person you are married to or a person you live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.

You

Your Partner

1. Title (Mr, Mrs, Ms, other)

2. Last Name

3. First Name(s)

4. Date of Birth
(dd/mm/yyyy)

Part A About you and your partner - continued

	You	Your Partner
i 5. National Insurance Number	<input type="text"/>	<input type="text"/>
6. Please tell us of any other names you have used before	<input type="text"/>	<input type="text"/>
7. The address you want to apply for help for	<input type="text"/>	
8. What date did you move into the property?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
9. Contact phone number(s)	<input type="text"/>	
10. E-mail address	<input type="text"/>	

	You	Your Partner
11. What was your last address?	<input type="text"/>	<input type="text"/>
12. At this address were you the owner, tenant or living with friends or family or other?	<input type="text"/>	<input type="text"/>
13. What dates did you live there?	From: <input type="text" value="/ /"/>	<input type="text" value="/ /"/>
	To: <input type="text" value="/ /"/>	<input type="text" value="/ /"/>
14. What is your nationality?	<input type="text"/>	<input type="text"/>
15. If you have come to live in the United Kingdom, when did you last arrive?	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
16. Are you a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Are you registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i 18. Does anyone get Carer's Allowance for looking after you? If 'Yes', who gets this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>

Part B About other people that live in your home

Please tell us about all other people who normally live with you even if they do not pay you rent, this includes children, friends and tenants. If there are more than 5 other people in your household use a separate sheet of paper to tell us all the information we ask for on this page.

	First person	Second person	Third person	Fourth person	Fifth person
Surname:					
First Name(s):					
Date of birth: (dd/mm/yyyy)					
Male or female?					
Their relationship to you or your partner:					
Do you get Child Benefit for this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you pay Childcare for this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they get Disability Living Allowance or Personal Independence Payment (PIP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did they move in?	/ /	/ /	/ /	/ /	/ /
Do they pay rent or money for board and lodgings to you or your partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this include meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they work, how many hours per week do they work?					
If they work, please tell us their gross weekly earnings:					
Do they get any other income? If 'Yes', please give details in Part F.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person is in any of the following categories, please tell us which:					
Categories: Full time student, Student Nurse, Care Worker, Apprentice, Youth Trainee, severely mentally impaired, in legal custody, in hospital.					

If you pay childcare, please fill in a Verification of Child Care Payments form (which you can get from this office). If anyone listed above is working, we must see their last five weekly, three fortnightly or two monthly wage slips. If you do not provide these, it may lead to us paying you less.

Part C Questions about work

1. Do you or your partner do any work, regardless of the hours worked or whether you are paid? Yes No
If 'Yes', please answer all the questions in this part. If 'No', go to Part D.

2. Are you or your partner self-employed? Yes No
If 'Yes', please fill in a Self-employed Income form (which you can get from this office).

You

Your Partner

3. When did you start this job?

4. How many hours do you work on average each week?

i 5. How much do you get paid?

6. How often?

7. Do you pay into a Private Pension Scheme?

Yes No

Yes No

8. Are you getting Statutory Sick Pay, Maternity Pay, Paternity Pay or Adoption Pay from your employer at the moment?

Yes No

Yes No

If 'Yes', when do you expect to return to work?

 / /
 / /

9. Do you have any other jobs? If 'Yes', please give full details in Part F.

Yes No

Yes No

You must tell us straight away if your earnings change, this includes any periods of overtime, or if you earn more or less than usual. If any changes are due in the near future, please give details in Part F.

If you have recently started work and do not have any payslips, please ask your employer to fill in a Certificate Of Earnings form (which you can get from this office).

Part D About the money you have coming in

i 1. Please tell us about any private pensions, occupational pensions and annuities in the boxes below.

Pension or Annuity Provider	How often is it paid?	Gross pay (from advice slip)	Tax (from advice slip)	Received by who?

Part D About the money you have coming in - continued

i 2. Please tell us about all other income you or your partner get or are waiting to hear about.

You need to include State Pensions, Tax Credits, Pension Credits, Jobseeker's Allowance, Universal Credit, Employment and Support Allowance, Income Support, Disability Living Allowance or Personal Independence Payment, Child Benefit, maintenance or child support, rental income, tips, charitable or voluntary payments, or any other income you receive.

If you and your partner have no income, write 'none' and explain why and how you are meeting your day to day living expenses in Part F.

Type of income	Received by who	Received for who	Amount received	How often?	Waiting to hear

Part E About bank and building society accounts, savings and investments

i 1. Do you or your partner have any capital?

Please be aware that when we ask about capital, this includes any bank, building society or Post Office accounts, savings or investments (this includes ISAs linked to mortgages), Premium Bonds or stocks and shares, property in the UK or abroad including any money, property or land that is being looked after for you or any money owed to you.

Yes No If 'No', go to Part F. If 'Yes', please give details of all capital below

i 2. How many bank, building society or Post Office accounts do you and your partner have?

Please enter the total number of accounts in this box

Name of Bank or Building Society	Account Number	Amount

i 3. Do you or your partner own any property (other than the home you live in), land or holiday homes, in the UK or abroad? This includes properties and land on which there is a mortgage or loan, held in trust, or jointly held with another person.

Yes No

If 'Yes', please give details in section F

Part F Additional Information

If you want to give any more information that would help us deal with your application, please give details in this section. If there is not enough room, please attach a separate sheet of paper

Part G Backdating

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

Date you want to claim support from

	/		/	
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Reasons for backdate

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Part H Declaration

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.

- We will use your information in line with the current Data Protection Act. We have a duty to protect public funds and we may use the information you have given us or share it with other organisations to prevent and detect fraud. We will also share your information if we have a legal duty to do so.

Please read this declaration carefully before you sign and date it.

- I understand that this claim form is made to you, my Local Council.
- I confirm that, as far as I know, the information I have given on this form is correct and complete.
- I understand that if I have given information that is incorrect or incomplete, you may take legal action against me.
- 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 law.
- I know that I must let the Revenues and Benefit Service at Ribble Valley Borough Council know, in writing, straight away about any change in my circumstances that could affect my claim. e.g. change in household/change in income/capital.
- I understand that if I do not tell you about any change of circumstances and you award me too much Council Tax Support because of this, I may have to pay back the extra Council Tax Support and you may take legal action against me.

Signature of person applying:

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Date:

	/		/	
--	---	--	---	--

Partner's signature:

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Date

	/		/	
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The section below must be filled in if **someone has filled in the application form for you.**

This includes an agent, appointee, relative or friend.

I have filled in this form on behalf of:

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As they cannot fill in the form because:

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I am (block capitals):

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Relationship to the person applying:

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As far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.

Signature of the person:

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Date:

	/		/	
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Part I Some examples of changes you need to tell us about

- If you or your partner start working or change jobs.
- If you or your partner's savings or investments go up or down
- If the income of anyone in your household goes up or down
- If your Tax Credits change
- If you or your partner's income goes up or down
- If a child leaves school or Child Benefit stops
- If you or your partner come off Income support, Jobseeker's Allowance, Employment and Support Allowance or Universal Credit.
- If anyone joins or leaves your household
- If you or your partner have a baby
- If you move, or are absent from your home

This is not an exhaustive list – if you are unsure if your change will affect your claim, please contact us on 01200 425111.

Part J Proof you need to provide and how we use your information

Proof we need before we can deal with your application for Council Tax Support

If you don't provide all the information we have asked for on this form, we might not be able to pay you any Council Tax Support. We need the same proof for your partner and for any other adults living in your home (such as non-dependants in Part B). If you don't have the proof we need at the moment, send the form back to us now and send the proof later. We can start to process your application, but we may not be able to give you any Council Tax Support until we have all the proof.

If you don't provide the proof within one month of any request and don't let us know you are having difficulties in providing the information, we may have to make a decision without this information. This could mean you get less help.

Proof of identity: Such as a birth certificate, marriage certificate, passport, National Insurance number card, medical card, driving license, UK residence permit, EU National identity card or recent gas or electricity bill. We must see at least two documents that prove both you and your partner's identity (unless previously provided).

Proof of earnings: This means your last five payslips if you are paid weekly, your last three payslips if you are paid every two weeks, or your last two payslips if paid monthly. If you or your partner are self-employed, you need to fill in a Self-employed Income form, that can be obtained at the Benefit Office.

Proof of other income: 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 proof of any money people pay you for board and lodgings. If you receive any benefits or pensions we need to see the award notice from the Department for Work and Pensions, The Pension Service or The Service Personnel and Veterans Agency. If you receive a student grant or loan we need to see your financial assessment notice.

Proof of capital, savings and investments: Such as all your bank statements, building society or Post Office books or accounts with the interest made up to date (showing at least the last two months' transactions), 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.

Privacy Notice

Ribble Valley Borough Council will use the information you provide in this form, and information from any supporting evidence you send, to process your claim for Housing Benefit and Council Tax Support.

We may pass the information to other agencies or organisations which handle public funds, such as the Department for Work and Pensions or HM Revenues and Customs, as allowed by law.

We may check the information you have provided, or information that someone else has given us about you, against other information we already have.

The Council is under a duty to protect public funds and to prevent or detect crime, to that end we may share your information with, obtain information about you from

- Government departments (HM Revenue and Customs, Department for Work and Pensions)
- Other local authorities
- Private Sector companies (banks, organisation that may lend you money and companies that assist us in fraud detection & prevention such as credit reference agencies)

We will not provide your personal information to anyone else or use that information for any other purpose unless the law allows or requires us to do so.

We will only keep your information for as long as it is required. The retention period is either dictated by law or by our information retention policies. Once your information is no longer required it will be destroyed securely and confidentially.

For further information on how your personal information is used, how we maintain the security of your information and your rights to access the information we hold about you, please visit

<http://www.ribblevalley.gov.uk/privacynotice> or contact our Data Protection Officer (email: mail-to:data.protection@ribblevalley.gov.uk, tel no: 01200 425111)

Useful Addresses

Ribble Valley Borough Council Offices

Church Walk
Clitheroe
BB7 2RA

Phone: 01200 425111

Website: www.ribblevalley.gov.uk

Email: benefits@ribblevalley.gov.uk

Office hours: Monday to Friday 8:45am - 5pm

Citizens Advice

19 Wesleyan Row,
Clitheroe
BB7 2JU

Phone: 01200 427336

Lancashire Welfare Rights

0300 123 6739

The Pension Service

0800 731 7898